# DOST-PCHRD
# CALL FOR R&D PROPOSALS 2025

# (for 2027 Funding)

# OVERVIEW

The Philippine Council for Health Research and Development is one of the three sectoral planning councils of the Department of Science and Technology (DOST). It is a forward-looking, partnership-based national body responsible for coordinating and monitoring health research activities in the country.

PCHRD is now accepting research and development (R&D) proposals for funding in 2027. The call for proposals is for specific R&D priority areas under the National Unified Health Research Agenda (NUHRA 2023-2028) and the DOST Harmonized National R&D Agenda (HNRDA), which hinges on emerging and re-emerging health concerns that can be addressed by health research and other innovative solutions.

This call encourages public and private higher education institutes, research and development institutes and other qualified S&T-based organizations to conduct applied R&D and forge collaboration by and among organizations and communities involved in health R&D.

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| **Call Title:** | 2025 PCHRD Call for R&D Proposals (for 2027 Funding) |
| **Proposal Acceptance Period:** | Concept Proposals: March 1-15, 2025, 5 PM<br>Full Blown Proposals: April 5 - May 15, 2025, 5 PM |
| **Evaluation Period:** | May 16 - July 22, 2025 |
| **Release of Final Decision:** | End of July 2025 - Early August 2025 |
| **Target Project Implementation:** | January 2027 |

# TUKLAS LUNAS® (DRUG DISCOVERY AND DEVELOPMENT)

The Tuklas Lunas® Program envisions to “produce world-class medicines derived from the Philippine biodiversity, leveraging on local expertise”. It taps into the potential of Philippine biodiversity as sources of drug candidates, contributing to address the local need for a safer, more effective, affordable and accessible locally-developed health products and to the growth of the local natural products and pharmaceutical industry.

Recognizing that significant resources are needed to bring one (1) successful drug candidate from early discovery to commercialization, the Tuklas Lunas program has adopted a strategic framework that pursues two tracks of development: (1) Herbal (Biodiversity/Folkloric) track: development of standardized herbal drugs, and (2) Drug (Synthesis/Pure Compound) track: the identification of high-value compounds that can be offered for early licensing for further development as drugs. In the process, several outputs may be produced such as functional food, standardized herbal supplements, standardized herbal drugs, and pure drug candidate compounds.

For this call, the Program will accept proposals on the following:

| Priority | Scope | Expected Output/s |
|---|---|---|
| **Drug delivery systems** | Use of technology in improving the delivery of herbal formulations and drugs.<br><br>*Priority: Commercially available formulations or at least candidates in preclinical to clinical stage with delivery issues, and delivery system aimed to reduce the dosage of these without reducing potential bioactivity.* | Developed drug delivery system which can be used by the pharmaceutical industry in enhancing the overall quality and use of herbal formulations and drugs |

# NUTRITION AND FOOD SAFETY

The Nutrition and Food Safety Program seeks to address the human nutrition problems in the country such as micronutrient and macronutrient deficiencies, overnutrition, nutrition related diseases, as well as the current and emerging issues in food safety. The program aims to explore avenues and opportunities using science, technology, and innovation in providing solutions for the improvement of Filipinos' health through proper nutrition and safe food.

## Nutrition

| Priority | Scope | Expected Output/s |
|---|---|---|
| **Nutrition for Rare and Infectious Diseases** | Nutritional intervention for prevention and management of infectious diseases | Developed appropriate nutritional intervention and/or standard protocol for prevention and management of infectious diseases |
| | Nutritional intervention for management of rare diseases | Developed appropriate nutritional intervention and/or standard protocol for prevention and management of rare diseases. |

## Food Safety

| Priority | Scope | Expected Output/s |
|---|---|---|
| **Exposure assessment of selected microbiological hazards/pathogens in foods** | Research on the following microbiological hazards/ pathogen:<br>○ *Entamoeba histolytica* | Information on the occurrence and concentrations of selected microbiological hazards/ pathogens in the Filipino diet.<br><br>Information on the Filipinos' consumption patterns and levels of foods with the mentioned microbiological hazards/pathogens (comprehensive total diet study). |

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| **Dietary exposure assessment of selected chemical and physical hazards in foods** | Research on the following chemical and physical hazards:<br>○ Heavy Metals<br>○ Acylamide | Information on the occurrence and concentrations of selected chemical and physical hazards in the Filipino diet.<br><br>Information on the Filipinos' consumption patterns and levels of foods with the mentioned chemical and physical hazards (comprehensive total diet study).<br><br>Recommendations for standard acceptable levels of chemical hazards. |

## RE-EMERGING AND EMERGING DISEASES PROGRAM

The Re-emerging and Emerging Diseases (RED) Program is dedicated to advancing health outcomes through innovative research and development. It aims to foster inclusive priority setting, equitable resource allocation, and effective monitoring within the realm of health research and development (R&D). With a commitment to building responsive health systems, the program addresses re-emerging and emerging diseases through the development of novel technology platforms, robust surveillance, effective therapeutics, prevention, control and management.

For this year's call, the RED Program will focus on the following areas:

| Priority | Scope | Expected Outputs |
|---|---|---|
| Non-communicable Diseases | Epidemiological research on the following Non-communicable Diseases:<br>1. Chronics Kidney Diseases<br>2. Maternal and Reproductive Health Disorders | Demographic and socio-economic changes impacting disease prevalence<br><br>Evaluation of existing screening and monitoring tools addressing socioeconomic disparities<br><br>Targeted prevention and disease management strategies |
| Communicable Diseases | Epidemiological research on the following Communicable Diseases:<br>1. Leptospirosis<br>2. Acute Watery Diarrhea<br>3. Cholera and other relevant pathogens<br>4. Acute Lower Respiratory Tract Infections<br><br>Vector-borne diseases R&D | Studies on preventive and treatment or management of emerging and re-emerging communicable diseases<br><br>Studies on vector management and control i.e. dengue insecticide resistance monitoring |
| Antimicrobial Resistance (AMR) | Novel Therapeutics and Alternatives to Antibiotics<br><br>Antibiotic Stewardship in Non-Hospital Settings | Research and innovation focused on alternative treatments such as phage therapy, probiotics and/or immunotherapies<br><br>Studies on innovative approaches to promote rational antibiotic use and stewardship in non-hospital settings, such as barangay pharmacies, primary care clinics, in combating AMR at the grassroots level. |

## BRAIN AND MENTAL HEALTH

Guided by the National Mental Health Research Agenda and the Philippine Brain Research Agenda that were launched to address the needed brain and mental health research and innovation in the country, the Brain and Mental Health R&D Program of the DOST and the PCHRD, continuously redefine and broaden the scope of brain and mental health research, by recognizing the interlinkages between the biological, psychological, social, and spiritual dimensions of human experience and use of advanced and emerging technologies for improving prevention, diagnosis, treatment, and rehabilitation of neurological diseases, while ensuring quality, relevant, effective, innovative, and culture and gender inclusive R&D innovations in the country.

For this call, the following topics are identified:

| Priority | Scope | Expected Output/s |
|---|---|---|
| Molecular research for neurological conditions:<br>● Dementia<br>● Stroke<br>● Epilepsy<br>● Neuropsychiatric conditions | Identification of novel biomarkers for identified specific conditions. | Biomarkers for identification, and can be used for screening, diagnosis, and treatment monitoring including but not limited to genomic profiling for drug response prediction or drug discovery for neurological conditions. |
| Neuroimaging and biobanking that is useful in epidemiological research and the creation of data registries | Establishment of neuroimaging and biobanking for neurological conditions including neuropsychiatric conditions<br>● Epilepsy<br>● Mental health disorders<br>● Substance abuse<br>● Neurodevelopmental disorders | Neuroimaging and biobank that can be useful for future radiomics<br><br>Findings that can contribute to epidemiological research and data registries of identified neurological and neuropsychiatric conditions including substance abuse |
| Advanced and emerging technologies for neuroimaging (Radiomics) | Neuroimaging techniques such as but not limited to CT, MRI, PET scans, and fMRI for utilization to study brain functions, structure, and discovery of new radiological markers and patterns for neurological conditions and neuropsychiatric conditions<br>● Neuropsychiatric conditions including substance abuse | New radiological patterns that are useful in understanding the neurological condition, and can aid in screening, diagnosing, therapy, rehabilitation, and prevention of the condition. |

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| | • Neurodevelopmental Disorders<br>• Epilepsy<br>• Movement disorder | |
| Mental Health and well-being for special populations (LGBT, women, children, senior citizens, people with chronic diseases, etc.) | Epidemiological data and research that determines the risk factors and contributing causes (etiological studies) including gender-based violence to the development of specific mental health conditions among special populations.<br><br>Research that can contribute to prevention, therapy/treatment, and overall improvement of well-being of special populations. | Data that can aid stakeholders in the creation of tailored fit programs and/or proper monitoring of mental health conditions<br><br>Innovative solutions such as the incorporation of digital technology for proper monitoring and referral system/s that can be utilized and adopted by the appropriate and identified stakeholders.<br><br>Data and policy recommendations on the prevalence, risk factors, and impacts of gender-based violence<br><br>Framework and policy on support services for said mental health conditions including spiritual well-being strategies |
| Nationwide Mental Health Literacy Studies | Mental health literacy and competencies of health care workers, Local Government Units (LGUs)<br><br>Mental health literacy and health-seeking behavior of Filipino indigenous communities – including local spiritual beliefs about mental disorders or health problems contributing to increased stigma. | Data that could generate guidelines localized for the community's own improvement/enhancement of mental health promotion, protection, treatment, and recovery<br><br>Baseline data improving the competency of health care workers and utilization of mental health services in the communities and other fields (e.g. school and workforce)<br><br>Policy recommendations for MH practitioners, local communities, schools, and the workforce sector.<br><br>Data that can improve mental health care delivery for the psychological safety of vulnerable and special populations |

# DISASTER RISK REDUCTION AND CLIMATE CHANGE ADAPTATION IN HEALTH

The Disaster Risk Reduction - Climate Change Adaptation in Health (DRR-CCAH) Program is the central coordinating body that integrates, promotes, and supports the development of science, technology and innovation with focus on health research & development. Anchored on the Sendai Framework for DRR 2015-2030, National Unified Health Research Agenda (NUHRA) 2023-2028, and National Health Research Agenda in DRR-CCAH (NHRA DRR-CCA) 2023-2028, the DRR-CCAH Program is committed to fostering inclusivity, multidisciplinary collaboration, and long-term relevance for the attainment of efficient strategies catered towards the mitigation and adaptation to DRR, CCA, and its subsequent effects in health. This year's program call is to coordinate and fund health research and development (R&D) initiatives for disaster risk reduction and climate change adaptation in health (DRR-CCAH), build the capacity of researchers and stakeholders, and establish and strengthen networks for DRR and CCA in health through promotion of the NHRA DRR-CCA 2023-2024.

| Priority | Scope | Expected Output/s |
|---|---|---|
| Community Resilience, Engagement, and Participation in Health Emergencies and Disasters | Identification and evaluation of community-driven approaches for climate smart Disaster Risk Management approaches to actively involve communities in identifying, assessing and addressing climate-related hazards and vulnerabilities<br><br>Researches on community perception and response to disaster and climate change health impacts, including cultural adaptation to DRR and climate change in health and the impact of re-emerging diseases on disaster-affected communities | Data for policy recommendations on DRR to strengthen local knowledge, skills, and resources<br><br>IEC strategies in health for disaster preparedness<br><br>Technological innovations or tools to address re-emerging diseases on disaster-affected communities |
| Data Management and Technology in DRR-CCAH | Space-based technologies to address the health impacts brought about by disaster and climate change | Satellite systems, remote sensing and geospatial data that would strengthen processes or technologies in monitoring, assessing, and addressing health implications of natural |

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| | | hazards and shifts in climate patterns |
| | Emerging technologies for disaster prediction and response and climate change adaptation | Data to map vulnerable sectors and characterization climate change sensitive diseases for possible intervention development |
| | Novel technologies for environmental conditions affecting human health | Artificial intelligence, machine learning, remote sensing and IoT devices to enhance air and water quality monitoring and assessment, or which could be adopted into existing surveillance systems |
| Mental Health and Psychosocial Services | Researches on the psychological impact and contributing factors of disasters on both responders and disaster-affected communities<br><br>Identification and assessment of psychosocial interventions for vulnerable communities after disasters<br><br>Impact of cultural beliefs, norms, and practices related to disasters in shaping health-seeking behaviors and mental health outcomes | IECs and data for policy recommendations that promote resilience and psychological well-being in the aftermath of disasters, including community support programs and trauma-informed care<br><br>Tools or systems to efficiently manage, monitor, and address services and resources related to mental health during and after disasters |
| DRR CCAM in healthcare | Researches on analysis of current Disaster Risk Reduction (DRR) and Climate Change Adaptation (CCA) policies within the healthcare sector, focusing on their effectiveness, gaps, and areas for improvement.<br><br>Researches on practical challenges affecting DRR and CCA integration in healthcare settings, including resource limitations, institutional structures, and stakeholder coordination. | Data for policy recommendations in DRR and CCAH to develop a transdisciplinary approach to addressing health in disasters and emergencies<br><br>Data for policy recommendations in DRR and CCAH to address gaps and promote the best practices in the coordination of the private and public sector, including LGUs and DRRM-H responders in |

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| | | disasters |
| Emergency Food Security and Nutrition | Nutrition needs and food security in disasters and emergencies<br><br>RUTF and food accessibility appropriate for maternal and child nutrition, as well as halal, vegetarian, and vegan diets post-disaster and emergency | Data on the nutrition status and needs of the selected populations affected by disasters and emergencies<br><br>Developed appropriate nutrition intervention and models for the selected populations for disasters and emergencies |

## BIOMEDICAL ENGINEERING FOR HEALTH

The Biomedical Engineering for Health or BIOMED program aims to develop accessible, affordable, good-quality, and innovative Philippine-made biomedical devices and technologies that consider sustainability of materials, manufacturing processes, and products; to develop skills and expertise in biomedical engineering and related areas, and; to contribute in establishing and strengthening support systems towards a Philippine Biomedical Engineering Industry.

Biomedical Engineering is an interdisciplinary field that utilizes the advancements in engineering and applied sciences to address the gaps in healthcare. To ensure PCHRD continuously support and elevate the Biomedical Devices Innovations in the country, the following are the research topics prioritized for this Call: *Note that proposals building on previously funded projects will have a strong advantage*.

| Priority | Scope | Expected Output/s |
|---|---|---|
| **Biomaterials and Sensors**<br><br>This research area focuses on the development and application of materials and sensing technologies designed to interact with biological systems for medical purposes. Biomaterials include both natural and synthetic materials used in medical devices and implants such as joint replacements, heart valves, and tissue scaffolds. Sensors involve devices that detect and measure physical, chemical, or biological signals, providing real-time data for diagnostic and therapeutic purposes. Examples include glucose sensors, wearable health monitors, biosensors, and implantable sensors. | | |
| a. Biomimetic materials and sensors | Artificial Extracellular matrix (ECM)<br><br>Nanomaterials for diagnostics and therapeutics | Sensors detecting cell viability (testing of antibiotics effectiveness or detecting specific type of bacteria or viruses quickly)<br><br>Locally-developed biomaterials and biosensors which are ready for clinical testing/ commercialization<br><br>Processes and strategies on analyzing and manipulating cell and molecular interactions<br><br>Locally-developed devices and protocols ready for clinical testing/ commercialization |
| b. Distributed Healthcare and Devices | Devices for better Primary Health Care provision<br>● Elderly/Geriatric Care<br><br>Wearable monitoring devices<br>● Glucose/HBA-1C meters<br>● BP monitor<br>● Smart clothing<br><br>Portable medical devices that can be deployed to GIDAs | |

# OMIC TECHNOLOGIES FOR HEALTH

The Omic Technologies for Health Program utilizes information from different technologies (such as genomics including pharmacogenomics, transcriptomics, proteomics, metabolomics, metagenomics, bioinformatics, immunoinformatics, etc.) in generating meaningful information, as input to the development of precision medicine, diagnostics, therapeutics, and other technologies as a support to health clinical practice guidelines and policies of the Philippines. The use and integration of multiple platforms are essential to provide a more comprehensive view of a specific human condition e.g., disease or state of health. Through this multi-perspective approach, it is envisioned that more comprehensive information regarding diseases/ conditions of utmost importance in the country will be discovered, and in greater resolution. This information is expected to be translated into tools for pre-emptive lifestyle intervention, better disease diagnosis and prognosis, prediction of treatment responses, and targets for the development of diagnostics and therapeutics focused on the Filipino population.

To ensure that we continuously support the generation of novel information and its translation towards achieving Precision Medicine in the country, the program will support research that addresses diseases with the greatest/highest burden and impact on the Filipino population, to ensure that our efforts align with the most urgent health needs of our community.

| Priority | Scope | Expected Output/s |
|---|---|---|
| Follow-up studies on omics-based biomarkers for non-communicable diseases (NCDs) and communicable diseases (CDs) | Testing of previously identified markers in various patient populations to confirm its clinical value/utility<br><br>Population-level studies to ensure relevance of candidate markers across different demographic groups<br><br>Studies building up on the findings of ongoing or completed projects supported by DOST/PCHRD:<br>● Cancers (e.g. breast, lung, colorectal, thyroid, liver)<br>● Neurodegenerative conditions (e.g. Alzheimer's disease, frontotemporal dementia)<br>● Other non-communicable diseases (e.g. cardiovascular | Candidate and/or validated clinically relevant biological molecules/markers associated with the condition or disease with predictive, diagnostic, prognostic, and therapeutic target potential<br><br>Novel and/or updated information on the host-pathogen interactions or mechanisms related to the condition or disease<br><br>Computational and analytical models<br><br>Recommendations for policies/clinical practice guidelines<br><br>Biological sample and data repository<br><br>Publications in high-impact journals |

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| | diseases, type 2 diabetes mellitus and its complications, asthma, lupus)<br>● Sepsis<br>● Leptospirosis<br>● Hearing disorders<br>● Rare diseases (e.g. X-Linked Dystonia-Parkinsonism) | |

## DIAGNOSTICS

The Diagnostics Program supports the development of innovative solutions for screening, diagnosis or monitoring of diseases that are relevant in the Filipino population based on disease burden in the Philippines and the NUHRA 2023-2028. These technologies will be used to improve health outcomes by addressing diagnostic gaps and challenges in the Philippine healthcare system

Proposals that build on previously PCHRD-funded programs or projects will be prioritized. Other locally developed screening, diagnostic or monitoring tools may also be considered for funding, provided that the tool is at Technology Readiness Level (TRL) 3 and has the strong engagement of end users during product development.

| Priority | Scope | Expected Output/s |
|---|---|---|
| Development of screening, diagnosis or monitoring tools for chronic diseases or non-communicable diseases, specifically for:<br>● Cardiovascular diseases (CVD),<br>● Diabetes mellitus (DM)<br>● Liver Diseases, and Cancer<br>● Maternal Health (high risk pregnancies) | Tools for screening/ diagnosis/ monitoring of disease from validated or known biomarkers.<br><br>Low cost, accessible or minimally invasive tests that address gaps in the Philippine healthcare setting.<br><br>Translation of basic research findings into tools that can be used for screening, diagnosis, treatment or monitoring of diseases, specifically:<br><br>- Validation of biomarkers for diagnostic use<br>- Pharmacogenomics<br>- Genetic Risk Assessment<br>- Other previously DOST and PCHRD-funded projects on non-communicable diseases | Innovative screening, diagnostic and monitoring tests that address diagnostic gaps in the Philippine healthcare system<br><br>Tools that use genetics for determining response to treatment for non-communicable diseases<br><br>Tools for determining genetic risk factors for screening, diagnosing or monitoring non-communicable diseases<br><br>Accessible or minimally invasive screening, diagnostic or monitoring tests for non-communicable diseases |

## DIGITAL AND FRONTIER TECHNOLOGIES FOR HEALTH

The Digital and Frontier Technologies for Health (DFTH) Program promotes an advanced healthcare landscape through innovative research and development (R&D) initiatives that focus on developing or enhancing digital health applications and frontier technologies to address health system challenges, thereby improving healthcare services and delivery in the country.

| Priority | Scope | Expected Output/s |
|---|---|---|
| **Artificial Intelligence for Improved Disease Diagnosis** | Use of artificial intelligence, data analysis techniques, or computer vision to interpret patient test results and medical images enabling immediate and accurate diagnosis of diseases or conditions. Studies may integrate continuous machine learning models to allow the system to adapt and improve over time. Explainable AI techniques can also be incorporated to provide clinicians with information on how the diagnosis is derived. | AI-powered diagnostic tools integrated with machine learning models (transfer models) (TRL 4 - 5)<br><br>Innovative AI algorithms<br><br>Intellectual property/ patent for new machine learning models<br><br>Guidelines for clinical use or application of AI-powered diagnostic tools including safety standards<br><br>Collaborations with healthcare professionals to validate the AI technology |
| **Artificial Intelligence for Disease Monitoring and Surveillance** | Use of artificial intelligence, data analysis techniques, or Natural Language Processing (NLP) to track, monitor, and analyze trends, as well as predict potential outbreaks, enhancing the country's capability of disease monitoring and surveillance and improving public health response. | Interactive disease monitoring and surveillance software (TRL 4 - 5)<br><br>AI-based early warning systems (TRL 4 - 5)<br><br>Algorithms for detecting disease trends through NLP and data analytics<br><br>Predictive models<br><br>Coordination with government health agencies<br><br>Policy recommendations for integrating AI into national disease surveillance systems |

## WHO MAY APPLY

Following the eligibility requirements specified in the DOST Grants-in-Aid guidelines, the following may submit proposals for financial assistance:

- Public and private universities and colleges
- Research and Development Institutes (RDIs) including hospitals conducting R&D
- Government agencies and its instrumentalities
- DOST-certified science foundations
- Other public or private non- profit S&T institutions/organizations that are (1) located in the Philippines, (2) operated primarily for scientific, educational, service, or similar purposes in the public interest, (3) with proven competence, and provided that projects align to DOST/PCHRD priorities. Non-profit organizations engaged in lobbying activities are not eligible to apply.

Program and Project Leaders of proposal to be submitted must also meet the following eligibility requirements specified in the DOST Grants-in-Aid guidelines:

- Must be a Filipino citizen, subject to applicable laws
- Must hold a plantilla/permanent position in his/her primary institution of employment and is not due for retirement during the project implementation
- With at least a Master's Degree in a relevant field, have proven research competence / track record
- Must not hold accountability with DOST and its funding agencies
- Must not have have been found guilty of any administrative or criminal case, including those under appeal

## SCOPE OF FUNDING SUPPORT

PCHRD has not set a cap for the funding that will be requested provided that the budget is appropriately justified and supported by details in the proposal. The implementing agency is expected to provide counterpart funding ( at least 15% of the total request budget for public institutions and at least 20% for private institutions) in cash/in kind.

Request for funding should be itemized following DOST Form 4-Project Line-Item Budget. Budget request may cover full or partial costs for project implementation, both direct and indirect costs for personnel services, maintenance and other operating expenses, and capital outlay. Project expenses should be categorized in accordance with the Unified Account Code Structure (UACS) and relevant provisions specified in Section IX.B. "Line Item Budget Preparation" of AO 011 series of 2020, also known as the Revised Guidelines for the Grants-in-aid Program) of the Department of Science and Technology and its Agencies. For capital outlay, this cannot include construction of new buildings and other types of major infrastructure.

## HOW TO APPLY

A two-step submission process shall be applied for this Call:

### 1. Concept Proposals

Proponents interested to submit for this call need to submit first a concept proposal following DOST prescribed format. Proponents planning a program with multiple component projects should submit a Program Concept Proposal and a Concept Proposal per component project. Concept proposals should be submitted via email (pchrd.rnd.concepts@gmail.com) to PCHRD from **March 1 up until March 15, 2025, 5 PM.**

Concept proposals will be evaluated by PCHRD between March 16-31, 2025 based on alignment to priorities and Call topics, duplication and proponent eligibility. The decision on which concept proposals will be shortlisted for full blown submission will be released by PCHRD starting April 4, 2025.

### 2. Full Blown Proposals

Proponents who have submitted concept proposals and informed by PCHRD of the successful shortlisting of their proposals should submit the full blown versions and supplemental documents to the DOST Project Management Information System (http://dpmis.dost.gov.ph) starting **April 5, 2025 until May 15, 2025, 5 PM:**

The following will need to be encoded or uploaded online in the DOST DPMIS:

- Project Proposal following the DOST Detailed Proposal Form
- Work plan Schedule (Gantt Chart of Activities)
- Proposed Line-Item Budget (LIB) including the Counterpart Funding of Implementing Agency
- Curriculum Vitae of Proponent(s)
- Duties and Responsibilities of each Project Personnel
- Endorsement of Agency Head
- Informed Consent Form and Case Report Form, for proposals involving human subjects
- Gender and Development (GAD) Score Sheet

The following are considered supplemental requirements that are optional at the time of the submission of the proposal but are mandatory to be submitted prior to the issuance of final approval for a project:

- Ethics Clearance (for studies involving human subjects)
- Biosafety Clearance, if applicable
- Institutional Animal Care and Use Clearance, if applicable
- Bureau of Animal Industry Clearance, if applicable

The DOST DPMIS will not accept proposal applications after May 15, 2025. Submissions via email or in hard copies will not also be considered. Proponents should allot ample time for registering and verifying their account, and for encoding

the proposal in the DPMIS.

The following will automatically be disapproved under the R&D Call managed by PCHRD's R&D Management Division:

- Proposals not submitted via the DOST DPMIS;
- Proposals from institutions that are not qualified to submit during the Call;
- Proposals not within the priority areas of PCHRD;
- Proposals meant to be submitted in other DOST Calls or for other Council Calls
- Proposals that are purely capacity building and or institutional building in nature
- Proposals that are technology transfer/commercialization in nature
- Proposals that are meant for funding by the PCHRD Regional Health Research Development Consortia

## WHAT WE LOOK FOR IN PROPOSALS

Proponents are expected to follow the DOST-GIA proposal format and provide the details required therein when submitting their application in the e-Proposal portal at DOST DPMIS (http://dpmis.dost.gov.ph.) A copy of the form is available on the DOST DPMIS website (https://dpmis.dost.gov.ph/index.php/transparency/downloads/category/2-dost-forms) to serve as a guide.

The following are additional suggestions that are strongly suggested to be considered in preparing the detailed proposals:

1. The rationale behind the choice of disease/ condition and the proposed study framework/ biological model/ methodology etc. should be strongly justified and supported by relevant data.
2. For any proposal, the state of research, especially in the country, should be discussed thoroughly, including how the proposed outputs will contribute to better health outcomes/ improvement of existing health programs.
3. Proposals building up on the findings of ongoing or completed projects are preferred.
4. For proposals that involve product/device/technology development, the following should ideally be included and/or discussed in the proposal to strengthen the merit of the proposal:
    a. A clear value proposition (i.e. why the proposed output will have more value compared to what is already available, direct and indirect cost benefits) and competition analysis;
    b. Logical Framework (a process flowchart with decision points) to be incorporated into the methodology or submitted as a supplementary document
    c. A technology roadmap clearly reflecting the product/technology development phase (including regulatory aspect) testing phases, clinical trials, re-engineering, and commercialization phases. Target milestones should also be clearly identified.
5. It is encouraged that Program Proposals be multi-institutional/ collaborative. Partnerships with and among regional institutions are also preferred especially if this contributes to upskilling of capacities.
6. Proponents should take a stack of existing DOST-supported and other labs/facilities available in the country. Collaborating with or availing of the services of these local labs/facilities are encouraged. These should also be considered for proposals intending to request capital outlay to maximize the use of existing facilities and minimize duplication of equipment requests.
7. Proposals should be developed with the end-users in mind (e.g., clinicians, relevant healthcare workers, patients, etc.) and to ensure their commitment towards integration and/or adoption of outputs as declared in the 6Ps and 2Is, and target beneficiaries. Proponents are also advised to collaborate and obtain inputs from these end-users even at the prototyping/proposal development stage.
8. Plans for data sharing/ access should be included in the proposal e.g. sharing research outputs to other researchers/ groups who might be interested in further collaboration.

9. DOST promotes gender-sensitiveness in its programs and activities. Thus, proponents are encouraged to use the DOST Checklist for Project Identification and Design Stages to guide the development of their proposals. As much as possible and wherever applicable the following are encouraged:
    a. Achieve gender-balance in the hiring and identification of project staff, experts and consultation
    b. Inclusion of different genders in all phases of the project
    c. Design project activities, methodologies and interventions to be gender-sensitive
    d. Development of gender-sentistive performance indicators
    e. Proper distribution of project outputs across all genders

## EVALUATION PROCESS

Evaluation of PCHRD for full blown proposals will start on May 16, 2025. The following multi-level process shall be observed:

1. In-house screening in terms of alignment to the research priorities, call scope, duplication, and completeness of requirements. Please refer to the section “What We Look For in Proposals” for more detailed tips on what PCHRD looks for in health R&D proposals.
2. Technical review by a panel of experts (may be composed internal DOST and external evaluators) based on the following criteria:
    - Relevance/significance (20 points) - how the study is addressing an important health problem and if it advances scientific knowledge or clinical practice;
    - Technical merit (50 points) - soundness and appropriateness of objectives, study design, sample population, data management and other aspects of the proposal;
    - Financial feasibility (10 points) - commensurateness of budget to proposed work, financial viability, and proponent’s and institutional capacity to manage R&D funds vis-à-vis the proposed workplan and budget
    - Proponent’s/ Institution’s capacity (10 points) - track record including prior related R&D and training undertaken by the proponent; capacity of implementing agency to support undertaking of proposed work;
    - Specific Council Requirements (10 points) - contribution to Program goals/objectives, impact and marketability potential (for product-based proposals)
3. Final evaluation by the PCHRD Governing Council or the PCHRD Executive Director depending on the recommended total budgetary requirement of the proposal. Proposals recommended for DOST-GIA funding will be further presented to and evaluated by the DOST Executive Committee.

In each stage of the review process, the proponent may need to revise the proposal on the basis of the recommendations of the reviewers. The review process will take 40 working days provided that all the requirements have been submitted. Proponents are strongly advised to adhere to the deadlines provided for submission of responses to evaluation and/or revised proposals.

The following will automatically be disapproved during the evaluation process:

- Proposal found to be lacking major details/requirements
- Proposals with very high plagiarism (>30% based on Turnitin) especially in key sections of the proposal
- Proposals who failed to submit additional minor details/requirements within the submission deadline set by PCHRD
- Proposals with major comments during technical review and with scores less cut off set by Council
- Proposals recommended for minor revision during the technical review but failed to submit a response to comments and/or revised proposal within the submission deadline set by PCHRD

## CONTACT INFORMATION

PCHRD Program Head and Project Managers may provide assistance to potential proponents interested in applying for this Call. These may include providing more details about the call-specific priorities, information on the DOST Grants-in-Aid Guidelines, PCHRD requirements and evaluation process, and the process for proposal submission.

| Program | Contact Person and Details |
|---|---|
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## ADDITIONAL REFERENCES

The following documents are available in the 2025 PCHRD Call for Proposals (For 2027 Funding) Kit for Proponents (https://tinyurl.com/2025PCHRDCFPKit) and can be used as additional references for proposal preparation:

1. Harmonized National R&D Agenda 2022-2028
2. National Unified Health Research Agenda 2023-2028
3. DOST Grants-in-Aid Guidelines and other DOST issuances related to DOST honoraria and salary rates
4. DOST Forms and Guide for Preparation
5. DPMIS Submission Guide
6. Other tips and references for proponents