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AFRICAN PLACENTA RESEARCH NETWORK

12th December, 2025

WHO WE ARE

The African Placenta Research Network (APRN) is a collaborative digital platform connecting researchers, clinicians and healthcare workers across Africa who share a commitment to placental research.

INTRODUCTION

Welcome To Our First Issue

As we publish our first issue, we recognise the placenta's central role in shaping outcomes for women and babies and the importance of generating Africa-led evidence to guide care.

Africa is shaping a new era of placental science, anchored in collaboration, grounded in context, and strengthened by our collective expertise.

Our continent continues to shoulder a disproportionately high burden of maternal and perinatal morbidity and mortality. These high rates are driven by both placenta-mediated complications including preeclampsia, fetal growth restriction, and stillbirth as well as, co-infections such as HIV, TB and malaria.

The African Placenta Research Network (APRN), established in 2024, brings together clinicians, midwives, scientists, policymakers, and innovators committed to strengthening placental research across the continent. Shared resources, continental dialogues, and targeted capacity-building form the foundation of our commitment to advancing impactful, contextually relevant scientific progress.

This issue features:

- Insights from Professor Manu Vatish
- Our Pan-African Network of Ambassadors
- Important Dates and Upcoming Events

EVENTS

COMING IN 2026

Expert-ECR Connect: APRN's Webinar Series

In February 2026, APRN will introduce Expert-ECR Connect, a new knowledge-sharing model designed to integrate senior expertise with early-career innovation.

Important Dates and Upcoming Events

- **73rd Annual Scientific Meeting of the Society for Reproductive Investigation (SRI)**
Puerto Rico Convention Center in San Juan, Puerto Rico
March 24-28, 2026
<https://www.sri-online.org/events/2026/>
- **IFPA 2026 Annual Meeting**
Kamakura, Japan (tentative)
September 1-4, 2026
<https://www.ifpaofficial.com/event-598207>
- **XXVII FIGO World Congress of Gynaecology and Obstetrics**
Montreal Convention Centre
31 October-5 November 2027
<https://congress.figo.org/>

RESEARCH NETWORK

Our ambassadors are distinguished researchers who serve as regional champions - fostering collaboration, mentoring emerging scientists, and ensuring African leadership in global placenta research.



SOUTHERN AFRICA

- **Lesotho** - Assoc. Prof. Derge Negusse Tsige
- **Malawi** - Dr. Louise Afran
- **Namibia** - Mr. Oreganus Uwab
- **South Africa** - Dr. Moses Vutshilo
- **Namibia** - Mr. Oreganus Uwab
- **Zambia** - Prof. Bellington Vwalika

NORTH AFRICA

- **Egypt** - Assoc. Prof. Ahmed Hamed Boraiah Hassan
- **Sudan** - Assoc. Prof. Nahid Abobela Salm Mohamed
- **Tunisia** - Assoc. Prof. Nadia Ouadiane

WEST AFRICA

- **Cameroon** - Dr. Tarko Fatime Ramla
- **Gabon** - Prof. Jean Bernard Lakana-Douk
- **Guinea** - Assoc. Prof. Niouma Nestor Laro
- **Mali** - Dr. Oumar Attaher
- **Nigeria** - Dr. Ibewa A. Nisola

EAST AFRICA

- **Ethiopia** - Dr. Gashaw Garedew Wolosamuuel
- **Rwanda** - Assoc. Prof. Bairette Oliva
- **Uganda** - Assoc. Prof. Annette Nakimuli

BENCH TO BEDSIDE

Translational Perspectives in Placental Science

In this issue, our Research Spotlight is on Professor Manu Vatish, whose contributions to biomarker research, clinical translation, and global maternal health illustrate how robust scientific evidence can inform practice and strengthen decision-making across diverse care settings.



Professor Manu Vatish

Early Career at Oxford and Cambridge

I've spent my career trying to understand one of the most remarkable organs in biology—the placenta—and how its function shapes maternal and newborn health. My medical training began at Oxford, where I studied preclinical medicine and was invited to intercalate a DPhil in placental physiology. That opportunity set the course for my work at the intersection of basic science, clinical care, and global health. After completing my doctorate, I moved to Cambridge for my clinical medical training before returning to Oxford to continue my clinical development.

My academic and clinical journey has taken me across institutions and continents. I joined the University of Warwick and then spent a year in New York as a Fulbright Distinguished Scholar, followed by a Churchill Fellowship at Yale. After completing the fellowship, I returned to the University of Oxford—where I have been based since 2012. I am a Professor of Obstetrics there, and I remain clinically active as a Consultant Obstetrician at the John Radcliffe Hospital. My continued clinical practice keeps me closely connected to the realities of maternal care and directly informs my global health work.

Translational research

As an academic clinician-scientist, my research has focused on placental endocrinology and the mechanisms underlying preeclampsia and gestational diabetes. My translational work on angiogenic biomarkers—such as soluble Flt-1 (sFlt-1) and placental growth factor (PlGF)—led to involvement in the PROGNOSIS study, which established the now widely used sFlt-1/PlGF cutoff of <38, and to leading the first interventional trial using these two biomarkers, INSPIRE. This work alongside the work of others helped pave the way for the UK NHS to adopt angiogenic biomarker testing. I later served on the NICE Specialist Committee that advised on this process and worked with the NHS Accelerated Access Collaborative to support national rollout. I also collaborated with colleagues internationally to introduce these diagnostics in several countries, including Japan. I have also worked on placental extracellular vesicles (which I find fascinating as they are a circulating "biopsy" of the placenta and, to my mind, an unresearched area of placental function), placental mitochondrial function, placental nutrient delivery and AI projects related to fetal monitoring. Working in research means that you can interact with like-minded scientists around the world which is a huge perk of the role and great fun.

Bill & Melinda Gates Foundation

Three years ago, I joined the Bill & Melinda Gates Foundation as Deputy Director for Maternal, Newborn, Child Nutrition and Health, where I now lead the foundation's Discovery & Development work. My portfolio spans maternal and newborn therapeutics, clinical development, microbiome science, and nutritional interventions. I'm also closely involved in advancing AI-enabled ultrasound technologies, including the adaptation of a modified FMI algorithm designed to expand access to high-quality preeclampsia risk assessment in low-resource settings. In parallel, I work with our device development teams to accelerate point-of-care sFlt-1/PlGF diagnostics and support innovation in novel therapeutics for preeclampsia.

Across all this work, my guiding goal remains the same: to help ensure that scientific advances translate into better care for women and babies, wherever they live.

Insights from Prof Manu Vatish

1. What are the key challenges you see in implementing placental health research across diverse African settings right now?

One of the biggest challenges I see is the sheer diversity of context across the continent. "Africa" encompasses dozens of health systems, regulatory environments, cultural beliefs, and research infrastructures. Placental health research can't be approached with a single model—what works in one setting may be entirely inappropriate in another.

Another challenge can be the limited availability in some settings of routine diagnostic tools and laboratory capacity. In many places, even basic antenatal screening is inconsistent, so introducing more advanced placental biomarkers or imaging technologies requires careful thinking about scalability, cost, training, and sustainability.

Finally—and perhaps most importantly—there is the issue of relevance. Research must be shaped by local priorities, not imposed externally. Too often, studies have been designed elsewhere and "parachuted" in. The most successful work I've seen is deeply embedded in local clinical teams, Ministries of Health, and communities from the outset. Building that foundation takes time, but without it, even scientifically strong research will struggle to take root.

2. Kindly share the gaps in placental and maternal health research that you think should be top priority in the next decade.

For me, one major gap is the translation of placental biology into practical, usable tools for frontline healthcare workers. We understand far more about the placenta than we did ten years ago, yet most women in low-resource settings still receive antenatal care that looks much the same as it did decades ago. Bridging that gap—through point-of-care diagnostics, more predictive algorithms, and simple, scalable interventions—should be a priority.

Another gap is understanding biological diversity, both within and across populations. Much of what we know about placental function is based on studies from high-income countries. We urgently need research that reflects the genetic, environmental, and nutritional realities of women in African settings. This includes microbiome science, metabolic profiling, and understanding how infections, climate stressors, and nutrition shape placental development.

Lastly, I think the next decade demands a stronger focus on therapeutics for preeclampsia—areas where we have made surprisingly little progress globally. Diagnostics tell us who is at risk; now we need safe, effective treatments that can be deployed at scale.

3. What advice would you give to early-career researchers looking to establish collaborations in placental research in Africa?

My biggest piece of advice is to start by listening rather than designing. Spend time with academics, clinicians, midwives, and researchers who are deeply rooted in the setting. Ask what problems they see, what bottlenecks limit progress, and what innovations would truly make a difference. Collaborations built around local priorities are more impactful and more sustainable.

Second, be patient and invest in relationships. Good collaborations grow slowly. They require trust, reciprocity, and shared ownership. You'll go out of your way to help someone you like, maybe not so much for someone you don't. Some of the strongest partnerships I've seen come from long-term friendships rather than short-term projects.

Finally, and this is only my own experience, at the beginning of your career don't say "no" to new opportunities. It's easy to be in your safe space but taking risks in new environments is where real rewards come from.

4. Please highlight the greatest challenges encountered in your research career thus far, and how did you overcome these obstacles?

My biggest challenge has been balancing the multiple identities that matter to me: clinician, scientist, global health leader—and father. The reality is that research can be relentless, and I don't always respect family rhythms. There were times when travel, clinical commitments, and the pressure to publish overlapped with the simple need to be present for my children. I won't pretend it was easy. What helped me navigate this was the clarity of purpose underpinning my work and the support of people around me. Staying clinically active at Oxford has kept me grounded, but my family has kept me human.

I've also faced moments of scientific skepticism—times when new ideas, such as angiogenic biomarkers, were met with resistance. Persistence, strong collaborations, and a willingness to generate the evidence needed to shift opinion were essential. Seeing those biomarkers move from concept to clinical practice has been one of the most rewarding outcomes of staying the course.

Through these challenges, I've come to appreciate that purpose, people, and persistence matter more than anything. Science rarely (almost never) follows a straight path, but when you stay anchored in your "why" surround yourself with supportive colleagues and loved ones, and keep moving forward despite the obstacles, the work has a way of finding its path to impact.

HOW TO REACH US

We'd love to hear from you! Whether you're interested in collaborating, learning more about our work, or joining our research community, feel free to reach out.



CONNECT WITH US

Africa's scientific landscape is evolving rapidly, and placental research is no exception. As new tools, technologies, and research capabilities emerge across the continent, APRN is committed to ensuring that African scientists remain connected, supported, and represented at regional and global levels.

We look forward to building this network with you.

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