# EVIDENCE FOR AI IN HEALTH INITIATIVE APPLICATION GUIDELINES: EVALUATION PATHWAYS A and B

This document contains an Overview, Budget Guidelines, Application Checklist, and Application Questions Preview for research proposals submitted under the **Evidence for AI in Health (EVAH) initiative RFP**, issued by Wellcome Trust, the Gates Foundation, and the Novo Nordisk Foundation and delivered in partnership with the Abdul Latif Jameel Poverty Action Lab (J-PAL) and the African Population and Health Research Center (APHRC).

EVAH's first RFP supports evaluations of AI-enabled clinical decision support tools used by frontline community and primary health care workers in low- and middle-income countries within Sub-Saharan Africa, South Asia, and Southeast Asia. **The RFP offers two evaluation pathways:**

- **Pathway A (up to USD $1,000,000 with a project term of 3-12 months)** supports real-world evaluation of AI-enabled CDSTs that are early in deployment. The pathway focuses on how the tools perform in practice, including usability, workflow integration, adoption, and safety, and supports research that can inform future impact evaluations.
- **Pathway B (up to USD $3,000,000 with a project term of 12-24 months)** supports rigorous impact evaluations of AI-enabled CDSTs that are ready to be deployed at scale. This pathway focuses on measuring the effects of these tools on health outcomes and system performance at scale.

**Please see the RFP for details on the goals and scope of each pathway**, and review this document carefully before submitting your proposal.

## OVERVIEW

***Submission instructions:*** All applicants must submit their complete application on WizeHive by ***April 1*** at 10:00am Eastern Daylight Time; 4:00pm Central Africa Time; 7:30pm Indian Standard Time—using the relevant application link from the RFP webpage, and following the WizeHive Instructions.

Strong evaluation proposals will demonstrate:

1. A **clear research question** that is clearly discussed in relation to one or more EVAH

themes (as outlined in EVAH's RFP Overview in the RFP page), and

2. A **rigorous and appropriate evaluation design**, including well-defined research instruments, data sources, and a credible approach to inference.
    a. A range of methods generating real-world evidence will be considered (e.g. randomized evaluations, Health Technology Assessments, quasi-experimental designs, etc.). **Applicants should choose the research method most appropriate for their context and research questions**.
    b. Applicants should justify their design choices and explain how available data (e.g. pilot data, administrative or operational data, or prior studies) inform power, precision, or robustness considerations for the outcomes to be measured
3. A **feasible implementation plan**, and
4. A **strong partnership** commitment from implementing organizations (e.g., agreement to research design, sharing of costing information and data, relevant sample size estimation or secondary analysis), including at least one clinical implementation partner, and including indications of the potential for significant scale-up of research findings by partners or health systems.

***Eligibility:***

Applicants that do not meet the eligibility requirements outlined below **will not receive further consideration** in the review process and will not receive funding. Please review these criteria carefully before preparing a proposal.

- **Organization type:** This initiative is open to nonprofit organizations, for-profit companies, international organizations, government agencies, academic institutions, or collaborations among these actors.
    - Proposals should include partner(s) responsible for clinical implementation (e.g., Ministry of Health, public sector health facility, NGO), overall project management, and the evaluation.
    - The team must demonstrate expertise in health systems research or impact evaluation.
- **Legally recognized entity:** Only individuals who are applying through a legally recognized corporate entity are eligible.
- **Where the applicant operates:** The lead applicant must be legally registered and operational in SSA, South Asia, or Southeast Asia, with the PI/Project Lead based in the region.
- **Research location:** All evaluations must be conducted in low- and middle-income countries within Sub-Saharan Africa, South Asia, and/or Southeast Asia. For a full list of eligible countries, please see here.
- **Where funds are spent:** At least **80%** of funds must flow to SSA, South Asia, or Southeast Asia-based entities. Core project activities, including evaluation and

deployment, should be led or co-led by organizations based in SSA, South Asia, or Southeast Asia. **The lead applicant organization is expected to be the primary award recipient and accountable organization.**

- **Clinical implementation partner:** Applicants must identify at least one clinical implementation partner (e.g., Ministry of Health, public sector health facility, or NGO).
- **Collaboration:** Proposals that foster collaboration between technologists, health system actors, researchers, and implementers are strongly encouraged, especially where they engage local health authorities and communities.
- **Demonstrated experience:** Lead applicants must be able to demonstrate the experience needed to drive and lead a project and to deliver on the objectives.
- **Terms and conditions:** Applicants must be able to sign up to the terms and conditions of all of the funders to be eligible to apply (outlined in the RFP Overview in the RFP page).

***Funding per award:*** Applicants can apply for up to **USD $1,000,000 under Pathway A** or up to **USD $3,000,000 under Pathway B**. Please refer to the Budget Guidelines when preparing your budget.

***Timeline:*** Pathway A evaluations must be completed within 3–12 months of receiving their award and Pathway B evaluations must be completed within 12–24 months of receiving their award.

***Questions***: Prior to the submission of your full proposal to the RFP, you have an opportunity to submit any questions you may have on RFP priorities, application and review processes, eligibility, and general inquiries. **All questions related to the RFP must be submitted to evah@povertyactionlab.org by March 6.** Please make sure you ask all questions at this stage.

- Questions will be collated and anonymized and responses will be published on the RFP page as a public FAQ on **March 13**. *Do not expect a private response.*
- **Additional questions after this deadline will not be answered** to ensure a fair, transparent, and equitable process, except for technical support questions on WizeHive.

## BUDGET GUIDELINES

Please submit a project budget using the **budget template** provided at the RFP page. Applications must include a brief **budget narrative** document detailing the major costs within the budget in addition to the budget template. We also strongly encourage applicants to include **budget notes** in the column provided in the budget template, specifying input costs for line items within the budget.

When preparing your budget, please note that budgets should be commensurate with the scope, duration, and complexity of the work proposed. In addition, please follow these guidelines:

- ***Primary Award Recipient:*** The lead applicant organization is expected to be the **primary award recipient and accountable organization**. The lead applicant organization (i.e. primary award recipient) must be legally registered and operational in Sub-Saharan Africa, South Asia, or Southeast Asia. It is your responsibility that your budget follows the lead applicant organization's policies for costs.
- ***Funds Flowing to Sub-Saharan Africa, South Asia, or Southeast Asia:*** At least **80 percent** of funds must flow to Sub-Saharan Africa, South Asia, or Southeast Asia-based entities. Proposals that come near to meeting this requirement but cannot quite meet it should provide a justification in their budget narrative to be considered for a rare, case-by-case exception.
- ***Implementation Costs:*** This funding is intended to support rigorous evaluation and evidence generation in real-world settings, and will only support necessary implementation and scaling costs needed to enable the evaluation.
- ***Unallowable Costs:*** The funding will not support software or product development, or the broad deployment of AI tools unrelated to evaluation and evidence generation.
- ***Indirect Costs:*** Indirect costs may be charged at a maximum rate of 20 percent of direct costs. If selected for funding, this rate may be subject to revision in line with the requirements of the individual funder supporting the award.
- ***Budget revisions:*** If you are selected for funding, **you may be asked to submit a revised budget following an assigned lead funder's final budget guidelines** (either Wellcome Trust, Gates Foundation, or Novo Nordisk Foundation's guidelines).

## APPLICATION CHECKLIST

Please complete all sections in WizeHive by the full proposal deadline listed in the Overview section. You must upload several documents to complete your full proposal.

1. **Proposal Narrative:** Guidance pertaining to the narrative prompts is included in the Application Questions Preview below.
2. **Proposal Budget**: Carefully review the Budget Guidelines in this document, then use the EVAH **Budget Template** provided in the RFP page, which must be completed in its entirety and saved as a single Excel file with the title: [PI Last Name, First Name][Budget].xls(x) for upload to the application.
3. **Budget Narrative:** Detail the major costs within the budget, referring to the Budget Guidelines above, in a Word document with the title [PI Last Name, First Name][Budget Narrative].doc(x) for upload to the application. This document is required in addition to the Proposal Budget—i.e. notes included in the Excel sheet do not suffice.

4. **Letter(s) of Support**: It is your responsibility to obtain a letter of support from the following, if required, ensuring that the language meets the conditions as listed. The review boards value letters of support demonstrating partners' willingness to work with the research team when reviewing proposals. Save each letter as a single PDF file with the title [PI Last Name, First Name] [Name of Organization Letter of Support].pdf. If any of your letters are not in English, please upload a version that has been translated to English. Given that there can be changes to government and partner support, we request that letters are no more than six months old at the time of submission.
    5. **Required: Letter of Support from Clinical Implementation Partner** – *If the lead applicant is **not** a clinical implementation partner*, a letter of support is required from a clinical implementation partner detailing their ability to hold adequate resources to conduct the proposed work.
        a. **Optional:**
            i. A letter of support from each (additional) **implementing partner**, indicating the details of their commitment to partner on the research, and their willingness to share relevant program cost data.
            ii. A letter of support from the **primary award recipient/ITRA** stating approval of the proposal materials and budget from each proposed institute to receive award (ITRA).
            iii. A letter of support from a **potential scale-up partner,** e.g. from the Ministry of Health, relevant national health or science office, or other scale-up partner to demonstrate willingness to review the outputs from the evaluation study, and consider adoption if results are positive.
            iv. A letter of support from their **tech partner** if there is one, indicating a willingness to work with the research team.
    6. **(Possible) Additional Attachments/Addendums:**
        a. If your proposal builds on completed **pilot findings**, please submit an addendum detailing the pilot results that inform the proposed evaluation design.
        b. Further, applicants must demonstrate that the AI-enabled CDST has moved beyond proof of concept and is ready for real-world deployment. You will be asked in the application to describe any prior research, pilot studies, or deployments showing that the tool **performs its intended clinical or operational function.** Supporting documentation may be uploaded in the "Additional Attachments" section as an addendum.
7. If you have a graphic for your **project timeline**, please upload it under the "Additional Attachments."

# APPLICATION QUESTIONS PREVIEW

The online application will require you to address the below prompts. Exact wording and sequencing of questions is subject to change.

## 1. ELIGIBILITY AND KEY APPLICANT DETAILS

1. **Basic eligibility confirmation** – Please confirm that the lead applicant and applicant organization meet all of the following criteria [YES/NO]:
    a. The application is submitted through a legally recognized corporate entity
    b. The organization is one of the following types: nonprofit organization, for-profit company, international organization, government agency, or academic institution
    c. The lead applicant is legally registered and operational in Sub-Saharan Africa, South Asia, or Southeast Asia, and the PI/Project Lead is based in the same region

    *If the lead applicant does not meet all of the criteria above, the eligibility criteria for this funding round have not been met. Please refer to the RFP materials for more information.*

2. **Clinical Partnership Eligibility Confirmation** – It is required that at least one partner is a clinical implementation partner, such as a Ministry of Health, public sector health facility, or NGO. Please confirm which of the following applies: [Yes, the lead applicant organization is the clinical implementation partner; Yes, the proposal has a clinical implementation partner separate from the lead applicant organization; No, the proposal does not have any clinical implementation partner]
    a. *[Logic based if answer above is "Yes, the proposal has a clinical implementation partner separate from the lead applicant organization"]* **Name of Clinical Implementation Partner** – Indicate the name(s) of the relevant clinical implementation partner. Please note: You will be required to submit a letter of support from the clinical implementation partner detailing their ability to hold adequate resources to conduct the proposed work at the end of the application. [30 words/200 characters max]
    b. *[Logic based if answer above is "No, the proposal does not have a clinical implementation partner"]* Applicants are required to partner with at least one clinical implementation partner (e.g., Ministry of Health, public sector health facility, or NGO) to apply for this RFP, or the lead applicant themselves must be a clinical implementation partner. If you do not have a clinical implementation partner, your application will not receive further consideration.

3. **Clinical Decision Support Tool (CDSTs) Eligibility Confirmation** – Please confirm your evaluation meets the following eligibility requirement: [YES/NO]

a. The planned evaluation focuses on an AI-enabled clinical decision support tool to be used by frontline community and primary health care workers.
    i. *[Logic based if answer above is No]* Your evaluation must focus on an AI-enabled CDST used by community and primary health care workers to be eligible to apply. If you propose to evaluate another type of intervention or another target population (e.g. a direct-to-patient AI tool), your application will not be considered.

4. **Deployment-ready Eligibility Confirmation: Deployment-ready Eligibility Confirmation: AI-enabled CDST Performance and Technical Readiness Evidence** – Applicants must demonstrate that the AI-enabled CDST has moved beyond proof of concept and is ready for real-world deployment.
    a. Please describe any prior research, pilot studies, or deployments showing that the tool performs its intended clinical or operational function. Supporting documentation may be uploaded in the "Additional Attachments" section. Please include available validation or test performance evidence, which may include, as appropriate:
        i. Validation against a relevant reference standard
        ii. Key performance metrics (e.g. sensitivity, specificity, AUROC, calibration, error rates, or task-specific accuracy measures)
        iii. Evidence of testing in settings or populations relevant to the proposed evaluation
        iv. Safety-related performance analysis, including known limitations or failure modes
    b. Where formal validation evidence is limited, applicants must clearly justify why and describe how performance, safety, and reliability will be assessed and monitored as part of the proposed evaluation.

    **Please note:** Your application may not be considered further if you cannot demonstrate that the AI tool has moved beyond proof of concept and is ready for real-world deployment. Interventions are required to demonstrate baseline accuracy and performance prior to funding. This RFP will **not** support further model development, training, or algorithmic optimization. Funded activities must focus on evaluation of deployed tools rather than improving core model performance.
    [300 words]

5. **Lead Applicant** – Please identify the project's lead applicant. [First Name; Last Name; Email Address]

a. **Country Where Lead Applicant is Based** – Please indicate the country where the Lead Applicant primarily lives and/or works (e.g., primary country of residence or professional base). Please only select one country.

6. **Lead Applicant Organization**
   a. **Organization Name** [200 characters max]
      i. ***Please note:*** *The lead applicant organization is expected to be the primary award recipient/institute to receive award (ITRA) and accountable organization. Please plan and prepare your budget accordingly.*
   b. **Organization Address** [200 characters max]
   c. **Organization Country** [Country dropdown]
      i. Please indicate the country where the Lead Applicant's employing organization is legally registered or headquartered. Please only select one country.
   d. **Organization Type –** Which of the following best describes the applicant organization? Please only select one organization type. [University, Government, NGO, Private for Profit, Non profit, Other]
      i. *[Logic based answer if answer is **Other**]* **Organization Type Details** – If you chose "Other", please briefly explain your organization type. *Reminder*: This initiative is open to nonprofit organizations, for-profit companies, international organizations, government agencies, and academic institutions.

7. **Team Members & Roles**
   Please add all your project team members and indicate their role(s) on the project/application below. Role options are:
   - Primary PI
   - co-PI
   - Collaborator
   - Reporting Contact
   - Secondary Reporting Contact
   - Contact for Contracting

   Complete and accurate assignment of collaborator roles will help the initiative to communicate with members of the research team more efficiently. [First Name*; Last Name*; Role or Title*; Email Address*]. *You may enter up to 10 contacts.*

## 2. PROJECT DETAILS

### 2a. PROJECT OVERVIEW

8. **Full Title of Proposal** – [30 words]

9. **Funding Amount Requested** (USD)

10. **Proposed Period of Performance Start Date** – What is the proposed start date for this project's activities? **[**MM/DD/YYYY]

11. **Proposed Period of Performance End Date** – What is the proposed end date for this project's activities?

12. **Research Location** – In which country or countries will your research take place? Please note that all evaluations must be conducted in low- and middle-income countries within Sub-Saharan Africa, South Asia, and/or Southeast Asia. For a full list of eligible countries, please see here. [Country dropdown]

13. **Evaluation Method** – Which evaluation design best describes your proposed study? If your project is a clinical trial and you are selected for funding, you will be expected to adhere to the funders' clinical trial policies, which we encourage you to review here: Wellcome; Gates; Novo Nordisk Foundation.
    a. Health Technology Assessment (HTA-style);
    b. Mixed-methods / Implementation science;
    c. Quasi-experimental (e.g. DiD, ITS, RDD, matching);
    d. Observational;
    e. Randomized Controlled Trial (RCT)/Randomized Evaluation, incl. A/B Testing and/or Implementation Science w/ Random Assignment;
    f. Other
        i. **(Optional) Evaluation Type Details** – If your proposed study uses multiple methods or you chose "Other", please briefly explain your evaluation type(s). [30 words/200 characters max]

14. **Evaluation Pathway**
    Are you applying for funding under **Evaluation Pathway A** or **Evaluation Pathway B**? Please refer to the RFP overview in the RFP page for details. [Dropdown to select "Pathway A" or "Pathway B"]

15. **Abstract** – Please provide a brief study abstract that describes your key research question, evaluation design, primary and secondary outcomes, and the value of your research for future policy and practice. Be sure to briefly describe the AI-enabled clinical decision support tool to be studied, how community and primary health care workers engage with the tool and their role in the evaluation, and how the tool fits into any broader intervention (if applicable). Please provide context on the project setting and proposed partners. This abstract may be added to EVAH's webpage if the project is funded. [200 words]

## 2b. DETAILS ON POLICY PROBLEM AND PROPOSED AI SOLUTION

16. **The Health System Challenge or Policy Problem** – Provide a summary of the health system challenge or policy problem that motivates this research, explaining its importance, the aspects of local community and primary health care systems that make it amenable to evaluation, and how it aligns with the research priorities in the RFP Overview. Support your case with descriptive data, a brief literature review, or other evidence of the problem in this setting. Save finer details of the intervention for the Intervention Description question below. [250 words max]

17. **Study Setting and Sample Selection** – Please describe the study sites, population, and sample. Explain why these sites and participants were selected and how representative they are of typical primary health care settings and patient populations in the country or region. If the study focuses on a subset of providers, facilities, or patients (e.g., early adopters, higher-capacity facilities, or better-resourced settings), please explain the rationale and describe any steps taken to assess or mitigate site or sample selection bias. [350 words max]

18. **Intervention Description** – Describe the AI-enabled clinical decision support tool to be evaluated and how it is expected to improve one or more of the following priority outcomes: health outcomes and understanding of underlying mechanisms; clinical workflows; health system efficiency, safety, and cost-effectiveness; equity and inclusion; and usability and trust. In your response, please also briefly describe:

    a. The rationale for evaluating this intervention in the proposed context, including the existing evidence base and any remaining uncertainty regarding effectiveness, implementation, equity, or system-level impact (e.g., uncertainty about *whether*, *how*, *for whom*, or *under what conditions* the intervention achieves its intended outcomes).
    b. The learning objectives of the evaluation and why the project aligns with Evaluation Pathway A or B as defined in the RFP. [350 words max]

19. **AI Technology Details and Relevance** – Popular AI models (e.g., large language models or predictive algorithms) are typically trained on global data and may not naturally reflect the linguistic, cultural, legal, or contextual nuances of specific populations. They may also be out of reach for lower-resource and low-connectivity settings. To ensure relevance and prevent harm, please describe the steps you have taken to ensure that the AI model delivers appropriate, culturally sensitive, accurate outputs for the population and primary care settings relevant to this evaluation. In your response, explain the type of AI model or system involved and address:
    a. How the model has been adapted to the linguistic, cultural, legal, and clinical context of the target population; and

b. How the study sites and participants reflect typical patients and providers in the country (rather than only early adopters or unusually well-resourced settings), and any steps taken to mitigate site or sample selection bias; and
c. Efforts made to ensure that the model is accessible and does not deliver biased, insensitive, ineffective, or harmful information; and
d. To what extent humans will be included in any decision process or supervision of the tool. [500 words max]

## 2c. EVALUATION DESIGN

**20. Evaluation Design** – Please describe your evaluation design. In your description, please include the following:

**a. Details of Evaluation Design:**

i. Discuss your overall research design. Why is this design appropriate for the implementation and policy context?
ii. Discuss your theory of change. What is the theorized causal relationship between the intervention and the outcomes to be tested? How will you test these mechanisms?
iii. **(Most relevant for Pathway B)** Explain how your design supports credible inference about the effects of the AI tool. What is the comparison group or counterfactual? What assumptions are required, and how will you assess them?
iv. What is the sample size? How will it be divided into intervention and comparison groups (if applicable)?
v. What are the main sources of bias, confounding, or threats that could compromise the validity of results in your design? How will these be mitigated analytically or through study design?
vi. Will your study include any qualitative evaluation methods? If yes, which ones?
vii. **(Pathway A only)** How will the proposed activities help fill key design or implementation gaps? Describe whether and how the proposed activities inform the relevance and design of a potential follow-on impact evaluation (encouraged). If so, **explicitly state what impact evaluation method you would expect to pursue in the future** (e.g. an RCT).

b. **Data Collection and Key Outcomes:**

i. Succinctly describe your data collection plan and key outcome measures of the study.
ii. What are your intermediate and final outcomes? How will these be measured? When will you take measurements, and how frequently? If

there are more than two intervention groups, please list them using numerals.

iii. How is exposure to the AI tool defined and measured in real-world use (e.g., intensity, frequency, adherence, override behavior)?

iv. In the "Additional Attachments" section, you may also attach more detailed pilot data and results as an appendix, but please highlight in this section of your narrative the key details.

[1,000 words max]

21. **Implementation, Adaptation & System Learning** – Please indicate how implementation varies across sites, users or time, and how this variation will be analyzed or interpreted. Describe how users interact with the AI tool in practice, and how this will be studied. [250 words max]

22. *[Logic based if answer to Evaluation Method Q is **anything except RCT**]* **Statistical Power or Precision:** Describe how you assessed whether the study has sufficient statistical power or precision to detect meaningful difference or effects or trends. This may include minimum detectable changes, detectable slope changes, confidence interval width, or sensitivity analyses. [250 words max]

23. *[Logic based if answer to Evaluation Method Q **is RCT above**]* **Randomized Evaluation Design Details and Power**
    a. **Please provide the following additional evaluation design details specific to randomized evaluations:**
        i. What are the units of randomization and analysis (e.g., individual, household, village, etc.)?
        ii. What is the method of randomization (e.g., lottery, phase-in, encouragement, etc.)?
    b. **Power Calculations:**
        i. Please provide detailed, convincing, and well-justified power calculations, e.g., based on current or past pilot data, existing literature, admin data of ongoing operations, etc., for any impacts that the research team plans to measure. Power calculations should quantitatively demonstrate that the study is well-powered enough to detect effects on the outcome(s) of interest that would be practically or conceptually meaningful. Proposals should articulate which null hypotheses are relevant for this exercise and why (in particular, not assuming that the null of zero impact is necessarily the relevant one). Be sure to answer these two questions:
            1. What is the minimum detectable effect size? Why do you believe this is an appropriate size?

ii. Include and describe variance, clusters, observations per cluster, and intra-cluster correlation.
iii. Clearly state what data and assumptions you use for these estimates. Please include assumptions of take-up, and do not assume take-up will be 100% for the purposes of power calculations.

If your evaluation is a "mini-RCT" pilot to inform a future full randomized evaluation, then please provide power calculations for the pilot itself and preliminary power calculations for the expected design of the eventual full-scale RCT.

For more detailed information about power calculations, see this resource. [500 words max]

24. **Implications on Equity and Social Inclusion** – Please comment on whether the research proposal and design addresses equity or social inclusion. In your response, please address the following:

    a. Does the project design allow us to learn about baseline differences and/or differential impacts on groups based on, e.g., gender, income level, location, ethnicity, race, language, citizenship status, disability, age, or the intersection of multiple factors?
    b. Are there reasons to expect that the intervention(s) studied may have disproportionate benefits for certain groups?
    c. Please describe whether and how representative your study sites and participants are of typical health care settings and patients in the country. Are they below, at, or above median in terms of socioeconomic status? Are you reaching vulnerable, underserved, and rural populations? If so, please describe. Is the technology designed to function in low resource and low connectivity settings? [200 words max]

25. **Timeline** – Please write out a timeline with key project activities. If you have a graphic for your timeline, please upload it in section 5c of the application, under "Additional Attachments." [200 words max]

## 3. RESPONSIBLE RESEARCH

### 3a. POTENTIAL RISKS

26. **Potential Risks** – *To protect research participants, staff, and community members, to comply with donor requirements, and to maintain a strong reputation for ethical research, EVAH wants researchers to think carefully about the risks their research projects could pose and face and how they will address*

*such risks. Successful applicants may be asked to provide updated answers in subsequent grantee reports.*
**Please summarize the potential risks related to your research project. In your response, please address the following:**

a. **Participants, Staff, Community Members Risks** – For each of the groups below, please describe any potential unintended consequences or risks of this project to them, including any technology-specific risks. What proactive measures have you taken or will you take to assess, monitor, and mitigate/prevent any such potential risks? Please also describe any technology-specific risks you have identified and the safeguards you will put in place to manage them.
    i. Program and research participants
    ii. Staff (e.g., implementing partners, research assistants, enumerators)
    iii. Community members (e.g., untreated members of a household, untreated neighbors, children or broader communities if the treatment might have spillover or downstream effects beyond the study sample)

b. **Contractual Limitations** – Are there any contractual limitations on the ability of the researchers to analyze, publish, or fully report the results of the study (including model performance, failures, or heterogeneity of impacts)? If so, what are those restrictions, and who are they from?

c. **Completion Risks** – Are there any technical, logistical, ethical, or political obstacles and risks that might threaten the completion of the project (e.g., technical platform not ready, implementation capacity, government authorization, or other funding)? Please consider risks related to AI system readiness or reliability (e.g. performance in low-connectivity settings, integration with existing clinical workflows, regulatory constraints, etc.) How do you plan to monitor and prevent/address these types of risks throughout the project?

d. **Implementing Partners Risks** – Please discuss any information about the implementing partner(s) or technology providers that could pose ethical, reputational, or legal risks (e.g., corruption or misuse of funds, data governance practices, incentives to promote the tool beyond the evidence, procurement or vendor lock-in concerns, etc.). If applicable, what proactive measures have you taken or will you take to assess, monitor, and mitigate/prevent any such potential risks?
[1000 words max]

## 3b. INSTITUTIONAL REVIEW BOARD

**Institutional Review Board (IRB) Requirements** – For awards that include **human subjects research**, IRB approvals (including exemptions) are required to be in place **prior** to a subaward agreement being issued and **prior** to any human subjects research commencing. If this proposal receives funding and includes human subjects research, you will be required to submit: All IRB approval(s) or exemption(s); All IRB-approved protocols; Any IRB-approved consent forms.

1. Will this project obtain or does it currently have approval from an Institutional Review Board (IRB)? [Yes/No]
    a. *[Logic based if answer is yes]* **Institutional Review Board (IRB) of Record** – Provide the name of the IRB of Record below.
    b. *[Logic based if answer is yes]* **Optional Institutional Review Board (IRB) of Record (#2, 3, and 4)** – If this evaluation has multiple IRBs, please provide the name of the second/third/fourth IRB of Record below.
2. **Local Legal Requirements Certification** – All PIs and Co-PIs certify that they understand they must adhere to all local legal requirements, including obtaining local IRB approval and government research permits, where applicable. Do you agree? [Yes, No]

## 4. POLICY IMPACT & PARTNERSHIPS

### 4a. PATHWAYS TO POLICY IMPACT, SCALE, AND ACCESS

27. **Impact on Policy and Practice and Potential to Scale** – Please discuss your plan for integrating learnings from this evaluation into health system decision-making – a key priority for EVAH. What is the likely impact of this intervention in the **context where it is happening** on policy or practice (changes in policies, programs, processes, or delivery mechanisms)? Please also comment on the ability of this intervention to potentially **scale and translate in other contexts** (e.g. across geographies, disease areas, or cadres of health workers). Consider the following questions in your response:

    a. How will the project inform potential readiness to scale, future impact evaluations, or understanding of what is required to responsibly deploy AI-enabled clinical decision support tools in diverse primary care contexts (for Pathway A evaluations)?
    b. How will the project inform policy decisions, regulatory considerations, and/or large-scale adoption or scale-ups by Ministries of Health and other health system actors (for Pathway B evaluations)? [400 words max]

28. **Dissemination of Project Results** - Which local, national, regional or international platforms do you intend to disseminate your results? Please indicate any relevant partnerships needed to ensure the results have a wide reach. [150 words max]

29. **Global and Open Access** - Please explain how your project will advance the goals of Global Access and Open Access, including how evidence generated through the project will be made widely accessible and how you will advance equitable access to the benefits of the intervention? If applicable, describe how your project plan takes a holistic approach to access, and engagement with end users, regulators, and policymakers. *Note: Funded projects will be expected to follow the funders' related policies (Wellcome Trust Global and Open Access; Gates Foundation Global and Open Access; Novo Nordisk Foundation IP policy))* [100 words]

## 4b. PARTNERSHIP QUESTIONS

*In this section, please provide details about the organizations or entities partnering on or funding your project. These may include field research implementers, government agencies, co-funders, and technology providers.*

30. **Current Project Funding**: Do you currently have other funding partners supporting the proposed evaluation or underlying project? [YES/NO]
    a. *[Logic based if answer is "Yes"]:* **Current Funding Details:** Please list each funder, the total amount of funding received or committed in USD, the funded project title, and the name of the primary PI for the co-funded project. [100 words max]

31. **Partnership Status** – Do you have any partners involved in this evaluation (e.g., scale-up, research, implementation, government, or technology partners)? [YES/NO]

    a. *[Logic based if answer is "Yes"]:* **Name of Partner Organization** – Indicate the name of the partner organization. [30 words/200 characters max]

    b. *[Logic based if answer is "Yes"]:* **Role of Partner Organization –** Indicate the role of the organization on this project.
    [Scale-up Partner; Research Partner; Intervention Implementation Partner; Government Partner, Tech Partner]

    c. *[Logic based if answer is "Yes"]:* **Partner Description** – Please provide a brief description of the partner(s) and the partner's involvement in project activities. If applicable, describe (a) how the partner will support the integration of evidence from the evaluation into health system decision-making, and (b) whether partnerships are already in place to support further health system integration, scale-up, or adaptation of the AI-enabled tool (e.g., expansion to additional clinics or adapting to additional disease areas) if it is found to be effective. [250 words max]

    d. *[Logic based if answer is "Yes"]:* **Point of Contact Based at the Partner Organization** – Please provide details about your point of contact at the partner organization. [First Name, Last Name, Role or Title, Email Address]
    *You can enter up to five partner organizations.*

## 5. SUPPORTING DOCUMENTATION

### 5a. RELEVANT EXPERIENCE

32. **Related Publications and Project Reports** – Please list up to 5 related publications and/or publicly available resources from evaluations conducted by the lead applicant, lead PI, or co-PIs. This could include academic published or working papers, organizational project reports, policy briefs, or other project documents demonstrating relevant evaluation experience. Include the title, year, evaluation method (e.g. randomized evaluation, quasi-experiment, etc.), and a link (DOI or URL) for each publication/report.

    We encourage applicants to submit publications that demonstrate their experience leading a project similar in method, scale, and/or scope to what they intend to propose, e.g. if you are proposing a randomized evaluation in this RFP, please provide an example of a prior randomized evaluation you have led, and similarly for other methods. If no related publications exist, please indicate "None." *You can list up to 5 papers.* [300 words max]

33. **Experience with Proposed Evaluation Method and Context** – Please describe the lead applicant and/or co-PIs' experience with the proposed evaluation method and experience with the local context. In your response, describe the nature of their involvement in prior evaluations using this method, the sectors or contexts in which the evaluations were conducted, and any notable outcomes arising from this work. Further, please describe the research activities or past experience that will ensure the research is locally grounded and contextually aware. [200 words max]

### 5b. BUDGET

***Please note:*** *Budgets should be commensurate with the scope, duration, and complexity of the work proposed. The lead applicant organization is expected to be the primary award recipient and accountable organization. At least 80 percent of funds must flow to and be spent in Sub-Saharan Africa, South Asia, or Southeast Asia-based entities. This funding is intended to support rigorous evaluation and evidence generation in real-world settings, and will only support necessary implementation and scaling costs needed to enable the evaluation. The funding will not support software or product development, or the broad deployment of AI tools unrelated to evaluation and evidence generation. Indirect costs may be charged at a maximum rate of 20 percent of direct costs. If you are selected for funding, this rate—and your budget—may need to be revised to align with the lead funder's guidelines.*

***Budget Template***

*From the RFP webpage, download and complete the Evaluation Budget Template. There are two tabs: one for the EVAH-specific budget and one for the total project budget (i.e., the initiative-specific budget plus any other sources of funding you may have). When done, please upload your completed budget in the field below. Please note that the budget template is formatted specifically for this application. Do not remove the formatting, change any of the formatting, or create new columns.*

1. **Budget Upload –** Please upload a single Excel file with the title: [PI Last Name, First Name][Budget].xls(x)

2. **Budget Narrative Upload** – Please justify the expenses outlined in your budget in a Word document with the title [PI Last Name, First Name][Budget Narrative].doc(x), and upload it here. This document is required in addition to the Proposal Budget. Notes included in the Excel sheet of the budget do not suffice.

## 5c. LETTERS OF SUPPORT & ADDITIONAL MATERIALS

1. **Lead Applicant and Co-PI CVs** – Please upload the most recent CV/resume for the lead applicant, lead PI and any co-PIs listed on this application as a PDF. The CV should include educational and professional background, current organizational affiliation, and relevant research experience, whether in academic, non-profit, public, or private sector settings. You can upload up to 10 attachments.

2. *[Logic based if answer to Question "Clinical Partnership Eligibility Confirmation" above is "Yes, the proposal has a clinical implementation partner separate from the lead applicant organization"]* (**Required**) **Letter of Support from Clinical Implementation Partner** – Since the lead applicant is not a clinical implementation partner, a letter of support is required from a clinical implementation partner detailing their ability to hold adequate resources to conduct the proposed work. Please upload the letter of support as a PDF.
3. **(Optional) Letter of Support from Additional Implementing Partner** – Applicants are encouraged to provide a letter of support as a PDF from each implementing partner(s) of the evaluation. This letter should indicate a willingness to work with the research team and an agreement to share program cost data with EVAH delivery partners (through the PI) for the purpose of conducting a cost-effectiveness analysis. Letters of support from implementing partners and partnership strength will be considered during the review process. Note: If you were already prompted to upload a Letter of Support for a clinical implementation partner, you do not need to resubmit it here.
4. **(Optional) Letter of Support from Primary Award Recipient/ITRA** – Applicants are encouraged to provide a letter or document as a PDF stating approval of the proposal

materials and budget from each proposed institute to receive award (ITRA). The lead applicant is expected to also be the primary award recipient and accountable organization.

5. **(Optional) Letter of Support from Potential Scale-Up Partner** – Applicants are encouraged to provide a support letter from the Ministry of Health, relevant national health or science office, or scale-up partner as a PDF to demonstrate willingness to review the outputs from the evaluation study, and consideration for adoption if results are positive.
6. **(Optional) Letter of Support from Tech Partner** – Applicants are encouraged to provide a letter of support from their tech partner as a PDF if there is one. This letter should indicate a willingness to work with the research team.
7. **Additional Attachments** – Please attach any relevant materials discussed in your answers to the previous questions as PDF documents, e.g. supporting AI validation and testing data, project timeline graphic, pilot data or results, etc.

## 6. OPTIONAL DEMOGRAPHIC INFORMATION

**Optional Demographic Information**: EVAH is collecting information about all project teams, including demographic information, to better understand and support applicants. Responses will not be used in the assessment of proposals. As the lead applicant, please complete this form and send this link to all co-PIs and collaborators on your proposal research team to complete.