Request for Proposals: Evaluating AI-Enabled Decision Support Tools for Frontline Workers in Primary and Community Health Care Settings

This RFP is issued by **Wellcome Trust**, the **Gates Foundation**, and the **Novo Nordisk Foundation** through the **Evidence for AI in Health (EVAH) initiative**, delivered in partnership with the **Abdul Latif Jameel Poverty Action Lab** (J-PAL) and the **African Population and Health Research Center** (APHRC).

EVAH seeks proposals to evaluate 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.

Before applying, applicants should familiarize themselves with the supporting documents for this RFP, including the terms and conditions of Wellcome Trust, the Gates Foundation, and the Novo Nordisk Foundation.

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Background

In many low- and middle-income countries (LMICs), frontline primary health care (PHC) workers operate with limited access to diagnostic tools or clinical decision support. Several early-stage artificial intelligence (AI) applications—such as large language model (LLM)-powered chat interfaces, triage assistants, and symptom checkers—have emerged to support frontline workers in diagnosis, triage, or referral decisions.

However, the majority of investment in AI research, development, model training, product integration, and evaluation continues to occur in high-income contexts. This skews innovation pipelines toward tools optimized for those settings—often reaching LMICs much later, without the requisite evidence on safety, effectiveness, and equity. As a result, the real-world evidence base for AI in LMIC primary and community health care settings remains limited (WHO Global Strategy on Digital Health 2020–2025; AU Continental AI Strategy 2024). Without such evidence, adoption of AI tools carries significant risks—from biased or underperforming outputs when models are trained on non-representative data, to integration failures when tools are deployed without adaptation to local languages, clinical workflows, or health system structures. These challenges can fragment care delivery, erode trust, and deepen inequitable access.

At the same time, governments and health systems across LMICs are prioritizing digital transformation and primary health care strengthening as central to achieving universal health coverage (UHC) and the Sustainable Development Goals (SDGs). Rigorous, regionally led evaluations are therefore critical to ensure that AI-enabled clinical decision support tools (CDSTs) are safe, trusted, and beneficial in LMICs in real-world contexts.

The Call

This call seeks proposals to **evaluate AI-enabled tools that support frontline community and primary health care (PHC) workers to follow best practices and strengthen their clinical decision-making in low- and middle-income countries within Sub-Saharan Africa (SSA), South Asia, and Southeast Asia.** For a list of eligible countries, please see here.

The goal is to generate robust evidence on whether—and under what conditions— AI-enabled clinical decision support tools (CDSTs)[1] can improve health outcomes, enhance system efficiency, and reduce inequities in access and care.

What We're Looking For

We seek evaluations of AI-enabled CDSTs that:

- **Address cross-cutting PHC functions**, including but not limited to triage, diagnosis, or referral across multiple conditions or patient populations.
- **Demonstrate integration** within broader in-country health systems and service delivery pathways rather than stand-alone use cases.
- **Show potential for horizontal scalability or adaptation** across geographies, disease areas, or cadres of health workers.

What Evaluations Should Measure

We will consider a **range of methods generating real-world evidence** (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.

Our goal is to support evaluations that generate evidence on:

- **Workflow integration**– effectiveness of intervention in achieving its intended clinical use, such as improving diagnosis, triage, referral, etc.
- **Efficiency, safety and cost-effectiveness** – effects on workload, consultation time, referral patterns, and incremental costs or savings to providers/patients and/or health systems.
- **Equity and inclusion** – sub-group analysis of access and outcomes across gender, age, geography, or other sensitive groups.
- **Usability and trust** – perceptions, ease of use, and acceptance by frontline workers, patients, and supervisors.
- **Health impacts** – individual and population-level health outcomes, including long-run outcomes where possible.
- **Mechanism of impacts** – assessment of the conditions that enabled or hindered the success of an intervention (i.e. "why" a program was effective or not, such as its ability to address behavioral barriers, staff capacity, or institutional incentives).

[1] CDSTs are digital tools designed to support clinicians in following best practices by providing them with the right information at the time of decision-making. Many modern CDSTs incorporate artificial intelligence, including machine learning and deep learning algorithms, to analyze complex clinical data, generate predictive insights, and offer personalized recommendations. By doing so, they help reduce errors, improve healthcare delivery, and minimize inequities by standardizing care. For a broad overview of CDSTs, see an illustrative implementation guide with examples of use cases.

While workflow integration is a necessary starting point, EVAH will prioritize evaluations that examine multiple dimensions of impact.

Priority Areas of Exploration

While the call is open to a range of PHC contexts, we particularly welcome evaluations that:

- Strengthen **integration of service delivery** across levels of care (e.g., between community health workers and PHC facilities).
- Examine **integration of health commodities** (e.g., medications, rapid tests, where regulation allows).
- Assess **system-level fit**, including interoperability with digital health tools, data systems, and referral processes.
- Explore **multimodal applications** (e.g., tools using voice, text, or image inputs).
- Focus on **reducing inequities** by extending reach to vulnerable, underserved, or rural populations.
- Address **high-burden conditions** with potential for significantly improved outcomes.

Who Should Apply

This call is intended for organizations or consortia that have **access to an AI-enabled CDST already deployed or ready for deployment in primary health care settings, and the capacity to conduct—or partner with institutions that can conduct—rigorous evaluations**. Applicants may include nonprofit organizations, for-profit companies, international organizations, government agencies, academic institutions, or collaborations among these actors.

Proposals should be **led by institutions based in the regions of focus** and designed to generate decision-relevant evidence for Ministries of Health, implementers, and funders on how AI-enabled CDSTs can be responsibly integrated into primary health care systems and, where appropriate, inform future scale-up decisions.

What We Will Not Consider

The intent of this call is to focus on AI tools that **strengthen frontline decision-making within primary health care systems**. Proposals primarily centered on the following will **not** be considered:

- Proposals focused on narrow, single-use applications without clear pathways for system level learning or integration.
- Direct-to-patient or consumer-facing tools, including self-use diagnostic, wellness, or preventive health applications.

- Isolated chatbots or conversational agents without integration into health worker workflows, supervision systems, or digital health platforms.
- Training or fine-tuning of large language models as standalone R&D activities.
- Virtual or augmented reality applications.
- AI-enabled analytics or management dashboards designed primarily for policymakers, planners, or non-frontline users.
- Projects lacking a clear frontline worker–centered use case or implementation pathway within community or PHC settings.
- Proposals unable to meet the Global Access and data-sharing policies of the Wellcome Trust, Novo Nordisk Foundation, and Gates Foundation.

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.

Funding Pathways

We recognize that AI-enabled tools for frontline health workers are at different stages of their development and scale-up journey. As a result, this RFP distinguishes between two evaluation pathways, each with a funding opportunity to enable evidence generation, allowing a complementary approach to generating real-world evidence along a common continuum of deployment and scale-up journeys:

- **Pathway A:** 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. (Up to USD $1,000,000)

- **Pathway B:** 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. (Up to USD $3,000,000)

Applicants should align their proposal with the single pathway that best reflects the maturity of the tool and the primary decisions the evidence is intended to support. Applicants may not submit proposals for more than one evaluation pathway.

Both pathways require interventions to have moved beyond proof of concept, i.e. demonstrable accuracy and performance in validation studies. This funding will not support further model development or training—interventions must already be

deployment-ready. Partnerships with health facilities to deploy and/or scale interventions should be in place.

Evaluation Pathway A: Real-World Deployment and Systems Integration Evidence

This pathway applies to AI-enabled CDSTs that are deployment-ready in real-world settings, but for which critical uncertainties remain regarding how the tool fits within health system workflows, infrastructure, and capacity.

The purpose of this pathway is to generate deployment-focused real-world evidence, such as:

- How the tool integrates into frontline workflows, supervision arrangements, and referral pathways;
- Interoperability with existing digital health platforms, health information systems, or commodity supply chains;
- Capacity, training, and change-management needs for frontline workers and implementing institutions;
- Usability, acceptability, trust, and operational feasibility in routine care settings;
- Early cost-effectiveness analysis of AI-Enabled CDSTs.

Evidence generated through this pathway is intended to inform potential readiness to scale and future impact evaluations, rather than immediate policy or adoption decisions. Pathway A projects are encouraged to include activities to help them prepare for a future impact evaluation of the AI-enabled CDST.

These studies also contribute to landscaping and shared learning on what is required to responsibly deploy AI-enabled CDSTs in diverse PHC contexts, including in lower-resource and low connectivity settings.

Funding and duration:

Grants of up to USD $1,000,000 will be awarded for Evaluation Pathway A projects, with a project term of 3-12 months. Projects shorter than six months requesting more than USD $500,000 must provide strong justification.

Evaluation Pathway B: Real-World Impact and Health System Evidence

This pathway applies to AI-enabled CDSTs that are sufficiently mature and integrated to support rigorous real-world evaluation of their effects on clinical decision-making, health outcomes, and health system performance.

The purpose of this pathway is to generate decision-grade real-world evidence, including:

- Effectiveness in improving diagnostic accuracy, triage, referral, or downstream health outcomes;
- Effects on efficiency, workload, and cost-effectiveness for providers, patients, and health systems;
- Effects on adoption and use of the CDST among providers and patients
- Equity impacts across relevant population sub-groups;
- Conditions required for sustainable integration into national or sub-national health systems.

Evidence generated through this pathway should be suitable to inform policy decisions, regulatory considerations, and large-scale adoption or scale-up by Ministries of Health and other population health system actors.

Funding and duration:

Grants of up to USD $3,000,000 will be awarded for Evaluation Pathway B projects, with a project term of 12–24 months. Longer studies should measure health outcomes where possible.

For additional guidance on what is considered under Pathways A and B, please see the FAQ here.

Eligibility

Applicants that do not meet these eligibility requirements 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.

Application Timeline and Process

Release Date	February 20, 2026
Applicants Submit All Questions via evah@povertyactionlab.org	March 6, 2026 ***Note:*** *Prior to the submission of your full proposal to the RFP, you have an opportunity to submit any questions you may have on the RFP.* ***All questions must be submitted to evah@povertyactionlab.org by March 6. Please make sure you ask all questions at this stage. Additional questions after this deadline will not be answered*** *to ensure a fair, transparent, and equitable process, except for technical support questions on WizeHive.* *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.*
Submitted Questions are Anonymized and Answers Posted on RFP Page FAQ	March 13, 2026

Application Deadline	**April 1, 2026** **By 10:00am Eastern Daylight Time; 4:00pm Central Africa Time; 7:30pm Indian Standard Time**
Anticipated Notification Date	June 2026 ***Note**: This is when we estimate that applicants will first be notified whether their proposal is advancing with a funder (either Wellcome Trust, Gates Foundation, or Novo Nordisk Foundation) for further due diligence. Final funding decisions and associated timeline to award remain subject to each funder's internal due diligence processes.*

Application Process

To respond to this RFP, please follow the directions listed below.

1) EVAH is using the online platform WizeHive to collect proposals. Please use the **WizeHive Instructions** and follow the prompts on the RFP webpage to create a new login. Or, if you have already successfully submitted an LOI or proposal to a funding competition delivered by J-PAL, log into WizeHive with your existing credentials.
2) From the RFP webpage, please download the **Application Guidelines** and follow the steps outlined to prepare your application. Please read these guidelines carefully ***before*** **answering the proposal questions in WizeHive**. The guidelines include a checklist of necessary application materials and guidance on what to address within each narrative prompt.
3) Upon completing your proposal and uploading proposal attachments (budget, letters of support, etc.), submit the proposal by the deadline above.

Additional Requirements

This RFP is a collaboration between Wellcome Trust, the Gates Foundation, and the Novo Nordisk Foundation, **jointly funded under the EVAH initiative**. Each funder will make independent funding decisions. Each project selected for funding will be assigned to a lead funding organization, but all awards will follow common eligibility and reporting requirements.

Budgets should be commensurate with the scope, duration, and complexity of the work proposed. Please download the **Application Guidelines** from the RFP webpage for details on how to prepare and submit your budget. The required **budget template** can also be found there.

Global and Open Access

EVAH seeks to ensure that AI-enabled tools and the evidence generated through this initiative are developed, evaluated, and shared in ways that advance the goals of Global and Open Access. Applicants will be asked to share how they plan to advance these goals. If your project is selected for funding, you will be required to follow the policies and guidelines of the specific funder supporting your project (Wellcome Trust Global and Open Access; Gates Foundation Global and Open Access; Novo Nordisk Foundation IP policy).

All funded projects will contribute to a broader ecosystem of evidence generation, and applicants **must be willing for their findings to be synthesized** with other studies to inform collective learning.

Terms and Conditions

Applicants should familiarize themselves with the relevant grant terms and conditions for each funder at the following links:

- **Wellcome Trust**: Grant conditions and Grant funding policies (Different funding mechanisms made via program related investments (convertible loans or revenue sharing agreements) can be applied as relevant if subsequent commercialisation of identified lead compounds is a possibility.)
- **Gates Foundation**: Sample terms and conditions and RFP terms and conditions.
- **Novo Nordisk Foundation**: Sample terms and conditions.

Clinical Trials Policies

For funded clinical trials, please note the following policies:

- **Wellcome Trust:** Clinical Trials Policy
- **Gates Foundation:** Evaluation Policy
- **Novo Nordisk Foundation:** Data Ethics and AI Policy

Please note that the final terms and conditions for awards made under this RFP will have additional conditions specific to EVAH and to align with the wider trilateral partnership (Wellcome, Gates Foundation, and Novo Nordisk Foundation) under which EVAH is being run. Further information will be provided to applicants selected for funding.

Links to All RFP Materials

All submission templates and reference documents that make up the overall RFP package, are available at: https://www.povertyactionlab.org/initiative/evidence-ai-health-evah-rfp

Other FAQs

For questions on RFP priorities, application and review processes, eligibility, and general inquiries, please visit the EVAH initiative landing page. **Applicants also have the opportunity to submit any questions to evah@povertyactionlab.org by March 6, 2026**. All submitted questions will be collated, anonymized, answered and published as a public FAQ on the RFP page on **March 13, 2026.** Please make sure you ask all questions at this stage, as additional questions after this deadline will not be answered. Please do not expect a private response to each of your questions.

Technical support for WizeHive, the application platform, will be provided throughout the RFP process. If you encounter errors or technical issues, please check this guide to WizeHive. For further assistance, contact application_help@povertyactionlab.org and cc: evah@povertyactionlab.org.