

AI-Enabled Consumer Engagement to Advance Family Planning

Grand Challenges Webinar

August 2026

Gates Foundation

Webinar Agenda

- 1 Introduction and Grand Challenge Context
- 2 Background and Problem Statement
- 3 RFP Details
- 4 Q&A

Introductions:



From poverty to health, to education, the Gates Foundation's areas of focus offer the opportunity to dramatically improve the quality of life for billions of people. We build partnerships that bring together resources, expertise, and vision—working with the best organizations around the globe to identify issues, find answers, and drive change.



Jenniffer Maroa

Senior Program Officer
Global Partnerships &
Grand Challenges



Erin Reissman

Senior Strategy Officer
Family Planning



GRAND CHALLENGES

Going Further, Faster, Together

WHAT IS GRAND CHALLENGES?

Grand Challenges (GC) is a family of initiatives fostering innovation to solve key global health and development problems.



Sourcing innovation

Engage the world's most creative minds from across sectors, organizations and geographies through open requests for proposals



Aligning research & funding partners

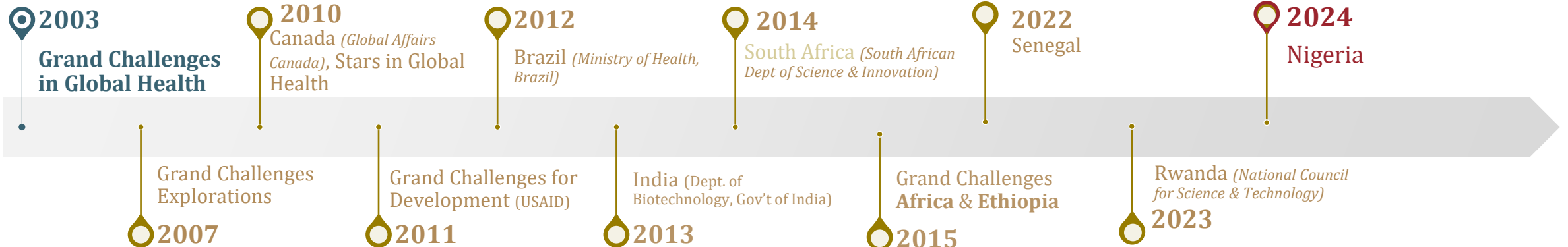
Bring innovation to scale for the benefit of the world's poor through partnership to expedite the process

Grand Challenges, Global Network of Dedicated Partners

A growing community that supports innovation and partnership to advance Global health

Our GC network and platform has enabled diverse stakeholders – **public and private, North and South, funders, decision makers and innovators** – to work together on equal footing to identify and solve global challenges.

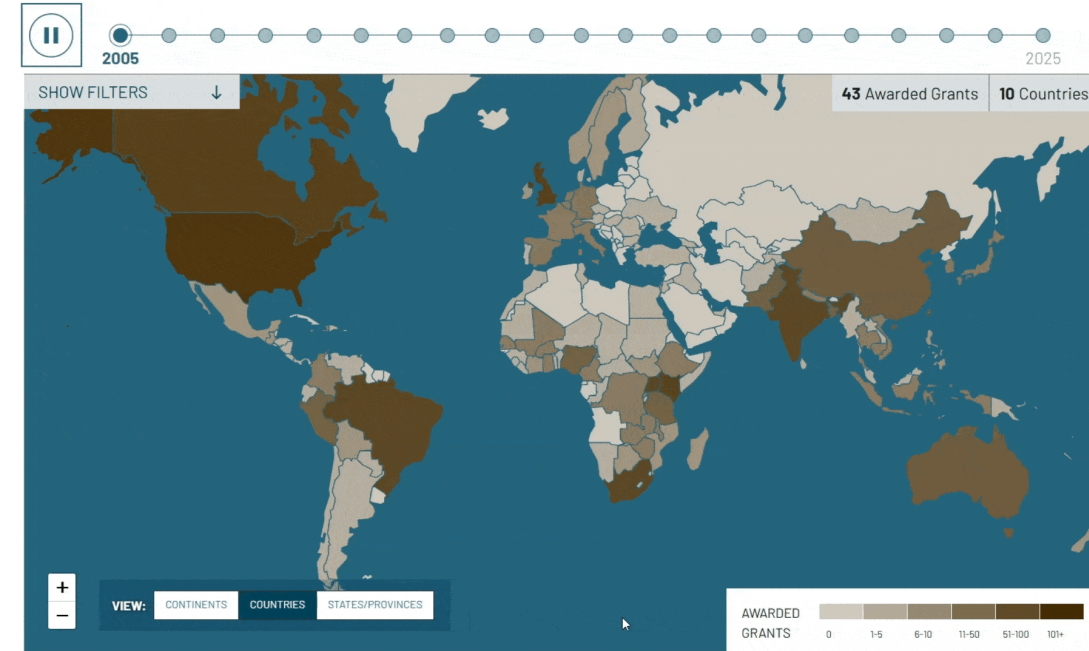
GC programs are now run in over a dozen countries & regions and these programs are putting systems in place to fund and bolster local scientists and scientific infrastructure.



Grand Challenges Grantees: A Global Impact Network

<https://www.grandchallenges.org/>

- Our work spans a **wide range of thematic areas focused on global health, global development, and gender equality**. Examples include:
 - **Data and AI for impact** – using data modeling, analytics, and artificial intelligence to inform public health decision-making and strengthen health systems.
 - **Innovations in global health** – advancing new tools and technologies for disease prevention, diagnostics, and treatment, such as low-cost monoclonal antibodies and next-generation antibiotics.
 - **Women's health and empowerment** – supporting innovations that improve women's health outcomes and expand access to equitable healthcare.
 - **Health product innovation and delivery** – developing scalable, affordable solutions that enhance access to lifesaving medicines and vaccines in low-resource settings.
 - **Cross-cutting enablers** – strengthening local research capacity, digital health infrastructure, and policy frameworks to ensure sustainable and equitable global progress.
- Over **4000 Grand Challenges grants** in **124 countries**
- Grand Challenges **national partners provide grantees with support through their governments** to speed up adoption and scaling of innovations
- **Network collaborations**: webinars, convenings, and the Grand Challenges Annual Meeting



OUR VISION

A sustainable family planning sector where women and girls can reliably access contraceptives as they wish

Access

Women and girls can obtain the contraceptive information, services, and products they want, when and where they need them.

Rights

Women and girls can make informed, voluntary decisions about contraception, free from judgment, discrimination, or coercion.

Equity

The sector reaches those underserved or excluded — irrespective of age, income, geography, disability, marital status, or social identity.

Quality

Services are based on accurate information and a full range of safe options, and ensure continuity of care.



OUR APPROACH

We take a system-wide approach across the value chain, in the geographies with the greatest need

01 Demand

All women aware of family planning and empowered to make informed decisions.

02 Financing

Adequate financing committed to ensure timely procurement.

03 Supply chain

Commodity gap closed, with product available at the last mile when and where required.

04 Service delivery

Skilled providers counsel and deliver methods based on client choice.

05 Systems & infrastructure

Data, digital infrastructure, policy and guidelines in place for public and private sector.

Focus geographies

Nigeria, Ethiopia, Democratic Republic of the Congo, Tanzania, Senegal, Niger, Kenya, South Africa, Zambia, and Côte d'Ivoire.

Why the whole chain

Working end to end enables demand and access, cost effectiveness, country ownership, and private sector growth.

BARRIERS TO FP UPTAKE

Investments leveraging AI should solve a specific, observed problem along this chain

01 · FOCUS OF THIS CHALLENGE

Demand

Access & awareness

Limited access to accurate, culturally appropriate information; persistent myths and misinformation; low male partner engagement and community stigma.

Personalization & trust

Information is not tailored to life stage, fertility intentions, or context, and interactivity is limited.

02

Financing

Funding volatility

Unpredictable budgets and continued donor dependence.

Cost of delivery

High cost of program and system activities, driving up cost per couple-year of protection.

03

Supply chain

Forecasting & planning

Weak demand forecasting and quantification; poor alignment between consumption and procurement data.

Stock reliability

Frequent stockouts, limited real-time visibility into stock levels, and distribution inefficiencies.

04

Service delivery

Workforce capacity

Insufficient training and supportive supervision for providers.

Quality & efficiency

Inconsistent counseling quality, variable adherence to guidelines, long wait times, paper-based processes, and weak referral pathways.

05

Systems & infrastructure

Data quality & visibility

Incomplete and untimely data, limited interoperability across LMIS, DHIS2 and facility registries, and little private sector visibility.

Infrastructure, policy & capacity

Limited digital connectivity, low data literacy at district and facility level, and policies and guidelines still to be updated.

Cost drivers should be explored systematically across the value chain to unlock scale and sustainably reduce cost per couple-year of protection (CYP).

THE CHALLENGE IN BRIEF

Can AI-enabled consumer engagement support increased uptake of modern contraceptives at scale?

Background

Unmet need for contraception remains high across sub-Saharan Africa despite significant investment.

Clinic-based counseling cannot scale, and most digital tools rely on one-way or rule-based messaging.

Large language models now enable multi-turn, personalized conversations at very low marginal cost.

What the field lacks is evidence on which AI-enabled approaches actually work.

The Question this challenge aims to answer:

Can AI-enabled direct-to-consumer engagement improve contraceptive uptake, continuation, and informed choice at scale?

Four objectives for this challenge

01

Generate evidence on impact and scale

Demonstrate whether and how AI-enabled direct-to-consumer engagement improves contraceptive uptake, method continuation, and informed method choice, with a clear pathway to scale.

02

Identify the features of effective engagement

Determine which interaction characteristics, content strategies, personalization approaches, prompts, follow-up models, or conversation patterns are associated with stronger user outcomes, while ensuring safe engagement

03

Build a shared evidence base

Produce labeled conversation examples, interaction taxonomies, quality rubrics, safety, confidentiality and guardrail protocols, and other analytic tools the field can use beyond a single program or platform.

04

Assess cost, feasibility, and added value

Document cost, operational requirements, feasibility, and comparative value relative to alternative engagement or demand-generation models — including the conditions under which AI-enabled approaches add meaningful value.

WHAT WE ARE LOOKING FOR

We are looking for proposals that meet three tests

A running start

An existing women's or consumer health intervention cohort in one of the ten focus geographies.

An existing consumer engagement approach — family planning, women's health, or consumer health more broadly — with an established user base or distribution relationship.

A clearly defined target user, and a case for how relevant that user base is to family planning outcomes.

Led by organizations with deep contextual knowledge of the geography and population.

A credible way to learn

Focus on deployment, learning, and evaluation — not on acquiring users or negotiating platform access.

An evaluation design that measures the quality, safety, and confidentiality of the AI-enabled interaction and downstream user outcomes.

A clear theory of what effective engagement looks like, how interaction quality connects to behavior change, and a plan to test it.

Operating at sufficient scale to generate meaningful findings within the grant period.

Safeguards and contribution

AI-generated content grounded in vetted, locally relevant family planning information aligned with national ministry of health or WHO guidelines.

A described user acquisition model, including key metrics, and retention efforts.

A commitment to producing outputs that contribute to the shared evidence base.

Eligible geographies: Nigeria, Ethiopia, Democratic Republic of the Congo, Tanzania, Senegal, Niger, Kenya, South Africa, Zambia, and Côte d'Ivoire.

OUT OF SCOPE

We will not fund proposals that

Rely on engagement metrics alone

Sessions completed, messages sent, or users registered are not primary evidence of effectiveness.

Lack a credible path to scale

No user base or distribution relationship in a target geography at the time of application.

Propose work outside sub-Saharan Africa

Eligibility only for solutions targeting Nigeria, Ethiopia, the Democratic Republic of the Congo, Tanzania, Senegal, Niger, Kenya, South Africa, and Zambia or Côte d'Ivoire.

Are primarily research-led

Without a real-world operational deployment component at scale.

RFP Details (Deadlines, Eligibility, Awards)

Application Deadline	August 26, 2026, 11:30 a.m. U.S. Pacific Time
Decision Deadline	Decisions communicated to applicants by early November, 2026
Eligibility	Open globally to nonprofit organizations, for-profit companies, international organizations, government agencies and academic institutions. Multi stakeholder collaborations are encouraged. Individuals and organizations classified as individuals for U.S. tax purposes are not eligible to receive an award from the foundation as part of this initiative.
Funding Level	• We will consider proposals for awards of up to \$500,000 USD for each project, with a grant term of up to 12 months. • Proposed budgets should be commensurate with the scale and complexity of the work. • Indirect costs are allowable and must be included within the total requested funding, in accordance with the Gates Foundation's indirect cost policy).

To apply to the RFP

Before applying, applicants should familiarize themselves with the supporting documents for this Grand Challenge, including:

- [Rules and Guidelines](#)
- [Application Instructions](#)
- [Frequently Asked Questions](#)



FAQ

Application Scope

Q: What are the expectations for existing programs, user reach, or implementation experience at the time of application?

A: Applicants should already have an existing consumer engagement approach in family planning, women's health, or consumer health, along with an established user base or distribution relationship in a target geography. The grant is intended to support deployment, learning, and evaluation—not to build a new audience from scratch. Where applicants have an existing experience outside of family planning, we can support with matchmaking to existing FP implementation partners if a project is selected.

Q: What partnership models are encouraged, and what roles can consortium members, local implementers, NGOs, academic institutions, private-sector organizations, and technology partners play?

A: Multi-stakeholder collaborations are encouraged. Strong proposals may combine complementary expertise, such as AI technology, implementation, evaluation, and local health system knowledge. Regardless of partnership structure, applicants should demonstrate deep contextual knowledge of the target population and an established pathway to reach users during the grant period.

Q: What types of AI technologies and delivery platforms are appropriate for this funding opportunity?

A: The RFP is technology-agnostic. It focuses on whether AI-enabled consumer engagement can improve family planning outcomes rather than prescribing specific technologies or platforms. Applicants should demonstrate responsible deployment, meaningful engagement, and rigorous evaluation.

Q: How should applicants address responsible AI, including privacy, confidentiality, informed consent, bias mitigation, and user safety?

A: Applicants should describe how AI-generated content will be grounded in vetted, locally relevant family planning information aligned with national Ministry of Health or WHO guidance, while incorporating appropriate safeguards for privacy, confidentiality, safety, and responsible AI. The challenge also seeks learning that will inform best practices for quality, safety, and governance.

Application Scope Continued

Q: How should AI-enabled solutions integrate with existing health systems, healthcare providers, and community health workers?

A: The RFP allows implementation through public-sector platforms, private-sector channels, or hybrid models. It does not require integration with specific health information systems, but applicants should explain how their solution fits within the local health ecosystem.

Q: How should applicants design solutions that are accessible for underserved populations, including low-literacy, multilingual, and rural communities?

A: Applicants should explain how their solution is appropriate for the populations they intend to serve, including consideration of local languages, literacy levels, and equitable access. The RFP does not prescribe specific accessibility features or technology choices.

Q: What outcomes and indicators are most important for demonstrating meaningful consumer engagement and improved family planning outcomes?

A: The emphasis is on meaningful outcomes such as contraceptive uptake, continuation, and informed method choice. Engagement metrics alone are insufficient; proposals should also demonstrate the quality of AI interactions and their relationship to user outcomes.

Eligibility and Applying

Q: Which countries, organizations, and applicant types are eligible to apply under this funding opportunity?

A: The opportunity is open globally to nonprofit organizations, for-profit companies, academic institutions, international organizations, and government agencies. However, proposed implementation must be in sub-Saharan Africa, and applicants must have existing women's or consumer health intervention cohorts in at least one of the specified countries: Nigeria, Ethiopia, Democratic Republic of Congo, Tanzania, Senegal, Niger, Kenya, South Africa, Zambia, or Côte d'Ivoire.

Q: What are the expectations regarding project budgets, grant duration, allowable costs, number of awards, and opportunities for future funding?

A: Awards of up to US\$500,000 are available for projects lasting up to 12 months. Budgets should be appropriate for the proposed work, and indirect costs may be included up to 15% of the total budget in accordance with the Gates Foundation policy. Opportunities for future funding will be evaluated on a case-by-case basis.

Q: What application materials, proposal documentation, and administrative requirements should applicants prepare before submitting?

A: Applicants should carefully review the RFP, Rules and Guidelines, Application Instructions, Budget Template, and Frequently Asked Questions available on the challenge website. The webinar is intended to supplement these materials.

Q: How will proposals be evaluated, and what evidence, research designs, and impact measures are considered most competitive?

A: The RFP emphasizes credible evaluation designs that measure both the quality of AI-enabled interactions and downstream user outcomes. Strong proposals should demonstrate a clear theory of change, measure outcomes such as contraceptive uptake, continuation, or informed method choice, and generate practical learning. The RFP does not prescribe a single study design; applicants should propose the most appropriate approach for their intervention.

Eligibility and Applying Continued

Q: Are there common application pitfalls or best practices that applicants should consider when preparing a strong proposal?

A: A few themes come up consistently. First, make sure your proposal clearly addresses the specific goals of the RFP rather than using a generic application. Clearly explain the problem you're solving, why your approach is innovative, and how you plan to execute it with realistic milestones and a feasible budget. It's also important to write for a broad review audience, avoiding unnecessary jargon. Finally, be sure to follow all application instructions carefully—strong ideas can be undermined by missing required information or not aligning with the RFP requirements.

For this specific RFP, competitive proposals will demonstrate an existing consumer engagement platform, a clear pathway to impact, a rigorous evaluation plan, and a commitment to generating learning for the broader field. Proposals that rely solely on engagement metrics, lack an existing user base in a target geography, or focus primarily on building infrastructure rather than deploying and evaluating an intervention are less likely to be competitive.

Q&A

If your question is not answered during this webinar, feel free to email grandchallenges@gatesfoundation.org with any additional inquiries.