Annual Program Statement Addendum

Addendum Q: Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Malawi

U.S. Department of State
Bureau of Global Health Security and Diplomacy (GHSD)

A. Basic Information

1. *Overview*

The Bureau of Global Health Security and Diplomacy (GHSD) of the U.S. Department of State invites organizations to submit Statements of Interest (SOIs) to carry out projects to assist with the implementation of the MOU between the Department of State and the Government of Malawi. The purpose of this Addendum is to indicate specific areas where the Department of State would like to receive SOIs. Submission instructions are included in the "Advancing Global Health" Annual Program Statement (APS). The submission of an SOI is the first step in a two-step application process. Applicants must first submit a concise SOI clearly communicating project ideas and objectives. Importantly, this is not a full proposal and will not result in a federal assistance award at this stage; the SOI process is to allow applicants to submit project ideas for evaluation prior to requiring the development of a full proposal application.

Funding opportunity title	Advancing Global Health
Funding Opportunity Number	DFOP0017890
Addendum title	Health Foreign Assistance MOU Implementation in Malawi
Deadline for Questions	December 3, 2026 [1700 PM EST GMT-5]
SOI Due Date	January 29, 2027 [1700 PM EST GMT-5]
Number of awards anticipated	Up to 4 awards
Total estimated funding	Up to $35 M, subject to availability

Proposed projects should be completed in five years or less.

This notice is subject to availability of funding.

2. *Executive Summary*

The Department of State invites interested organizations to submit SOIs to support Malawi's transition toward sustainable, integrated, and accountable health systems and institutions that strengthen epidemic control, improve service delivery outcomes, reinforce health security, and advance long-term country ownership under the U.S. Government–Government of Malawi MOU Implementation Plan (April 2026–December 2030).

B. Program Description

The USG-Malawi Health MOU provides Malawi a five-year path to a health system that is resilient, integrated and sustainable. It sets measurable targets for HIV, tuberculosis, malaria, vaccine-preventable diseases, maternal newborn and child health (MNCH), and outbreak preparedness and response. The MOU's accompanying Implementation Plan replaces a partner-driven model with a government-led, performance-based model. U.S. funding is expected to flow increasingly through government-to-government (G2G) channels: the Ministry of Finance, Economic Planning, and Decentralization (MoFEPD), the Ministry of Health and Sanitation (MOHS), the Central Medical Stores Trust (CMST), and District Councils. As these channels grow, implementing partners are expected to hand their functions over to GOM systems in phases. Throughout the transition, Malawi must keep making progress on epidemic control and health security.

The Implementation Plan first puts in place the institutions and systems needed for accountable programming. It then moves service delivery under GOM leadership and strengthens integrated services, supply chains and health information systems. GHSD expects NGO projects to transition operational and financial responsibility steadily from outside implementers to lasting Malawian institutions.

This approach supports the America First Global Health Strategy (AFGHS) and the Department's Agency Strategic Plan (FY 2026–2030). It does so by strengthening how the health system is governed and by protecting gains in HIV, tuberculosis, malaria, MNCH, and outbreak preparedness and response. Consistent with the AFGHS, GHSD seeks prime partners, particularly Malawian and locally-led organizations, that can engage GOM institutions effectively, navigate the local context, and contribute to Malawi's economic growth. This keeps capacity and expertise in Malawi as U.S. assistance shifts to G2G channels. GHSD particularly encourages SOIs that demonstrate established operational presence in Malawi, sustained working relationships with MOHS, MoFEPD, CMST, and District Councils, and leadership and technical teams based in Malawi. Applicants may draw on specialized international expertise when it adds clear, time-limited value and comes with a defined plan to transfer skills to Malawian staff and institutions.

1. *Goals and Objectives*

The overarching goal is to accelerate Malawi's transition to a sustainable, accountable, government-led health system that can sustain gains in HIV, tuberculosis, malaria, vaccine-preventable diseases, MNCH, and outbreak detection and response. The purpose of the awards is to support the GOM in strengthening its public health institutions and systems, improving the delivery of essential health services, and building sustainable national capacity to prevent, detect, and respond to infectious diseases.

Interested organizations may submit SOIs in response to one or more of the following objectives. SOIs should clearly identify the objective(s) addressed and demonstrate the technical, operational, and institutional capacity required for implementation.

Objective 1: Build national and district capacity to own, finance, and deliver sustainable integrated health services

The U.S. government has long supported health service delivery in Malawi through implementing partners, which has helped the country make major gains in the areas of HIV, tuberculosis, malaria, and MNCH. More recently this support has also included substantial progress in the areas of surveillance and outbreak response. To maintain these gains, the U.S. government is shifting resources and responsibility to GOM institutions as outlined in the MOU signed by both governments in January 2026. A key principle is supporting integrated service delivery platforms that create efficiencies and enhance sustainable government systems in alignment with the Health Sector Strategic Plan III (HSSP III) 2023-2030. The transition requires strong action at both national and district levels. At the national level, MOHS sets service delivery standards and oversees the health sector, and MoFEPD manages the national budget and fiscal transfers to districts. At the district level, Malawi's decentralization framework makes District Councils responsible for delivering services locally. Gaps remain at both levels. For example:

- Service delivery platforms are often split by disease or donor instead of integrated.
- National and district budgets do not yet fully include the costs of services that U.S. government partners and other donors now cover.
- Many councils still need stronger systems in financial management, procurement, planning, human resources, data use, and oversight before they can manage direct U.S. government funding.

At the central level, the Recipient will support the MOHS to develop or update national standards, guidelines, and service packages that integrate HIV, tuberculosis, malaria, and maternal and child health services at facility and community levels, as well as support domestic resource mobilization and sustainable financing strategies for priority health services. At the district level, the Recipient will mentor District Councils and District Health Management Teams (DHMTs) to lead service delivery, and strengthen public financial management, procurement, internal controls, and reporting so councils meet U.S. government accountability standards for G2G funding. All activities must prioritize local ownership and engagement so that national and district systems suit the Malawian context and the GOM can sustain them. The Recipient should draw on and strengthen existing Malawian expertise, institutions, and service providers, including those already working with District Councils and DHMTs, and build structured knowledge transfer and mentoring into every activity. Illustrative activities include:

- Work with MOHS to develop and roll out national integrated service delivery standards and a national transition framework.
- Work with MoFEPD and MOHS to cost transitioned services, health workers, and commodities. Support the inclusion of these costs in national and district budgets and the timely transfer of funds to districts.
- Use the G2G programmatic and fiduciary risk assessment results of District Councils and central level entities to identify areas that need strengthening. Turn the findings into time-bound action plans that set priorities for capacity strengthening.
- Help District Councils and DHMTs prepare annual operational plans and District Implementation Plans that set priorities, plan activities, and build budgets and strategies for resource mobilization.

- Build district skills in budget tracking, expenditure reporting, financial forecasting, procurement, internal controls, and compliance with GOM financial rules. Help GOM institutions meet pre-award and ongoing requirements for G2G funding mechanisms.
- Assess human resource planning, budgeting and workforce management jointly with MOHS and DHMTs at national and district levels, and then use the results to develop a phased plan for moving frontline worker functions from implementers to GOM oversight.
- Help districts use government health data for decision-making, manage and report data through government health information systems, and sustain quality improvement efforts.

GHSD expects that activities under this objective will result in the GOM, through the MOHS, MoFEPD, and District Councils, owning, financing, and sustaining integrated health services and taking over U.S. government implementers' responsibilities without disrupting services.

Objective 2: Build an integrated supply chain system that the GOM can manage and sustain independently

Supply chain performance varies considerably across central warehouses, district stores, and health facilities. In addition, development partners manage selected commodities, including HIV and malaria commodities, through parallel supply chains outside the national system. This fragmentation duplicates costs, limits end-to-end visibility, and weakens government stewardship of the supply chain. The GOM envisions a fully integrated, digitally enabled, adequately financed, efficient, transparent, and resilient health commodity supply chain that ensures reliable, uninterrupted access to quality-assured essential medicines and medical supplies.

This objective is designed to support the following GOM strategies:

- Malawi National Supply Chain Transformation Plan (2023–2030);
- The National Traceability Strategy;
- Malawi Supply Chain Systems Architecture for Commodity Tracking Tracing (September 2022); and
- HSSP III, 2023–2030.

The Recipient will:

- Strengthen MOHS leadership of forecasting and supply planning (FASP) for HIV, tuberculosis, malaria, MNCH, immunization, nutrition, laboratory, outbreak response, and essential medicines commodities, using standard tools such as the Quantification Analytics Tool (QAT) and data-driven decision-making to inform national quantification, procurement planning, and resource allocation and mobilization.
- Strengthen supply chain coordination among the MOHS, CMST, district health offices, national health programs, and development partners by helping GOM entities define clear roles and responsibilities, monitor performance against agreed key performance indicators (KPIs) through routine supply chain monitoring and evaluation, and use resources more efficiently.
- Build the technical and managerial capacity of CMST so that life-saving commodities flow without interruption during the transition to G2G management. This includes technical assistance to improve warehouse, inventory, and distribution management; approval and use of standard operating procedures (SOPs), with staff trained, mentored, and supervised against them; and support for CMST to achieve ISO certifications, including ISO 9001:2015, ISO 14001:2015, ISO 28000, and ISO 45001.

- Strengthen the Logistics Management Unit (LMU) as the central coordination hub, with approved terms of reference, staff in post, and routine operations, including monthly national stock status reports and quarterly supply planning reviews.
- Support faster processing of duty waivers and simpler importation procedures to reduce delays in the receipt of health commodities.
- Work with the MOHS Digital Health Directorate, CMST, the Objective 3 recipient, and other stakeholders to strengthen end-to-end digital visibility of health commodities by expanding and harmonizing logistics management information systems (LMIS), such as OpenLMIS; improving interoperability with other national systems; putting GS1 traceability standards into operation, with barcode scanning at receipt and dispatch; improving the timeliness and accuracy of stock reporting; and establishing a national supply chain dashboard used in routine decisions such as resupply, redistribution, and emergency orders.
- Develop, with the MOHS and CMST, a phased transition plan with readiness criteria under which CMST takes on agreed FASP and logistics functions on schedule, and support its implementation.

All of the above activities must prioritize local ownership and engagement so that supply chain solutions suit the Malawian context and the GOM can sustain them. The Recipient should draw on and strengthen existing Malawian supply chain expertise and institutions wherever feasible, and build structured knowledge transfer and mentoring into every activity.

GHSD expects that activities under this objective will result in a resilient, government-led supply chain, reduced fragmentation across disease areas, improved efficiency, and continuous availability of health commodities at all levels of the supply chain.

[Note: Direct procurement, warehousing and/or last-mile distribution services of health commodities in Malawi will not be funded under this objective]

Objective 3: Advance cost-effective and sustainable digital health data systems nationwide

The GOM faces significant challenges in establishing and sustaining integrated, reliable, and affordable health data systems nationwide. Digital platforms are fragmented; infrastructure, connectivity, and personnel capacity are limited; and domestic financing for ongoing operations and maintenance is constrained. A government-led, cost-effective hybrid approach is needed that builds on existing investments, integrates digital and paper-based processes where appropriate, strengthens interoperability and data use, and progressively expands sustainable data systems across all health facilities and service delivery points while reducing dependence on external assistance. The GOM envisions cost-effective and sustainable hybrid digital health data systems in all health facilities and service delivery points by 2030.

This objective is designed to support Malawi's national Digital Health Strategy. All activities must prioritize local ownership and engagement so that solutions suit the Malawian context and the government can sustain them.

The Recipient will:

- Support the GOM to deploy, integrate, and scale cost-effective, interoperable digital health information systems at national and subnational levels that improve data quality,

strengthen integrated program management, inform evidence-based decisions, and enhance outbreak preparedness and response.

- Support a hybrid approach matched to each facility's capacity and service needs. GOM-led electronic medical records (EMRs) remain the main system at high-volume facilities, complemented by lower-cost solutions, including AI-enabled scannable paper tools, at lower-volume facilities.
- Extend interoperable data systems to program areas where electronic point-of-care systems are not yet practical, including MNCH and malaria.
- Provide technical assistance to maintain, troubleshoot, and optimize existing and emerging systems; support appropriate equipment procurement; and strengthen interoperability and data governance.
- Build the technical, management, and operational capacity of GOM institutions and local stakeholders to manage, maintain, and use these systems. The Recipient should draw on and strengthen existing local expertise, institutions, and service providers wherever feasible, and build structured knowledge transfer and mentoring into every activity.
- Support the GOM to take ownership and operational responsibility for its digital health architecture in stages. Priority systems include, but are not limited to:
    - The integrated laboratory information management system (OneLIMS);
    - OpenLMIS and the integrated supply chain management information system;
    - The Multisectoral Integrated Disease Surveillance Platform, including its expansion to animal health;
    - The Central Data Repository, expanded beyond HIV data;
    - The Integrated Human Resource Management Information System (iHRIS);
    - The Child Protection Information Management System (CPIMS); and
    - The civil registration and vital statistics (CRVS) system, with continued district-by-district expansion.
- Work with the GOM and local stakeholders to put in place the technical, institutional, and financial arrangements needed to sustain these systems, with clear transition milestones and defined capacity transfer objectives that steadily reduce reliance on outside technical assistance.

GHSD expects that activities under this objective will result in integrated and interoperable health data systems, routine use of data by decision-makers, and GOM leadership and oversight of digital health coordination.

2. ***Guiding Principles***

Applicants should integrate the following principles into their proposed interventions:

- Integrated Health Security and Systems Approach: It is crucial to link service delivery, laboratories, surveillance, supply chains, and digital health systems to reduce fragmentation and improve continuity of care and outbreak surveillance, readiness, and responses.
- Country Ownership: Consistent with the America First Global Health Strategy, health assistance should support and reinforce host-country leadership, national response plans, and sovereign decision-making. These investments are intended to complement, not replace, country government-led efforts.

- Leverage Local Organizations: There should be a priority placed on engaging local Malawian organizations to deliver services, strengthen local systems, and ensure culturally appropriate, sustainable, and accountable implementation at national and sub-national levels.
- Coordination and Stewardship: Strong coordination and collaboration among all stakeholders is critical for success. Effective partnerships should be built on shared objectives, clear roles and responsibilities, and regular communication to ensure alignment, avoid duplication, and leverage complementary strengths. Collaborative mechanisms should facilitate joint planning, resource mobilization, and coordinated implementation that maximizes impact and advances Malawi's health system goals while supporting U.S. government priorities.
- Accountability: GHSD expects rigorous financial and program reporting; adherence to established performance indicators; and regular data-driven reviews to inform course corrections. Oversight of U.S. government assistance should be demonstrated through transparent resource management, evidence-based decision-making, and a commitment to delivering measurable outcomes that advance shared health priorities and protect taxpayer funds.
- Innovation: GHSD expects that SOIs present approaches, methodologies, technologies, or partnerships that offer new or improved solutions beyond traditional interventions. This may include digital health solutions, community-based models, public-private partnerships, or evidence-based practices adapted to the Malawi context.

All activities must fully align with the Department of State's Promoting Human Flourishing in Foreign Assistance (PHFFA) policy.