Annual Program Statement Addendum
Addendum R: Health Foreign Assistance Multi-Year Plan Implementation in Mexico

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 Department of State's Multi-Year Plan in Mexico. 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. Interested organizations must first submit a concept note presenting a project approach and intended outcomes. 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 Multi-Year Plan (MYP) Implementation in Mexico
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 2 awards
Total estimated funding	Up to $1,500,000, subject to availability

Proposed projects should be completed in five years or less.

This notice is subject to availability of funding.

As noted in the "Advancing Global Health" APS, the Department of State may opt to utilize a consultative program design process for certain Addenda. SOIs submitted under this Addendum may be recommended for continued review through consultative program design prior to recommendation for funding and submission of phase two. Additional details about the consultative program design process can be found in the main APS document within Section F: "Application Review Information."

2. *Executive Summary*

The Department of State invites eligible organizations to submit SOIs to support Mexico's transition toward sustainable, integrated, and accountable health systems and institutions that strengthen epidemic control, rapidly detect and respond to outbreaks, reinforce health security, and advance long-term country ownership under the U.S. Government–Government of Mexico MYP Implementation Plan (July 2026–December 2030).

B. Program Description

Mexico has established national epidemiological surveillance, laboratory, and emergency-response systems; however, its implementation and technical capacity remain uneven across federal, state, and local levels, particularly in the six northern border states. Border jurisdictions manage large volumes and frequent cross-border movement while also facing differences in infrastructure, workforce capacity, laboratory access, and the timely availability and use of surveillance data. Local authorities often rely on multiple information systems and reporting processes that are not fully interoperable, limiting ability to combine epidemiological, laboratory, wastewater, antimicrobial resistance, and other relevant data for early warning and rapid decision-making, as well as sharing information between sectors to detect and respond to outbreaks of emerging infectious diseases in humans including high-risk zoonotic diseases. These challenges are especially significant in rural, remote, and underserved border communities, where access to diagnostic services, trained epidemiologists, sequencing capacity, and rapid-response resources may be limited.

Across the U.S.–Mexico border region, several persistent operational gaps continue to limit effective infectious disease surveillance, preparedness, and response. These include:

- Differences in case definitions and reporting requirements across jurisdictions and between sectors, which can delay real time information sharing and coordinated action;
- Fragmented surveillance platforms and restricted access to data;
- Limited availability of affordable laboratory testing and rapid diagnostic tools, particularly in rural and underserved areas;
- Insufficient procedures for timely sample sharing and joint training of laboratory personnel;
- Uneven capacity for antimicrobial resistance characterization and pathogen sequencing;
- Limited opportunities to test preparedness and response systems through regular joint exercises; and
- Unclear procedures for mobilizing medical countermeasures, diagnostic samples, and health personnel during public health emergencies.

The Addendum seeks to address these challenges by strengthening existing systems, improving coordination, and supporting timelier and more effective multisectoral and public health action.

In response to these specific and assessed gaps, this Addendum supports the implementation of the U.S. Government–Government of Mexico Global Health Security Multi-Year Plan by advancing targeted investments to strengthen Mexico's capacity to prevent, detect, report, and respond rapidly to infectious disease threats. The program will promote sustainable, government-led systems that improve cross-border health security, strengthen national and subnational preparedness and responses, and protect communities in both Mexico and the United

States. The investment will bring together three parts of Mexico's public health system that are closely connected: the people responsible for interpreting and acting on public health information, the laboratories and surveillance activities that generate that information, and the digital systems used to organize, communicate, and apply it. Support will focus on improving coordination among these existing resources rather than establishing separate programs or parallel government structures.

Activities will be carried out through Mexican institutions and aligned with national systems, policies, and technical standards. Federal authorities will provide overall leadership and technical guidance, while state health authorities and laboratories will support implementation in priority locations. Coordination with relevant institutions in the United States will focus on threats that require timely information exchange or joint public health action.

The program will also complement existing national, bilateral, and other regional investments in surveillance, laboratory capacity, wastewater monitoring, antimicrobial resistance, and epidemiology training. From the beginning, implementation will include plans for national and subnational governmental institutional ownership, data governance, recurring costs, maintenance, and the gradual transition of responsibilities to the Government of Mexico. The intended result is a more connected and sustainable public health system that can identify high-risk pathogens of pandemic potential in humans, including zoonotic emerging infectious diseases, earlier and turn information into timely action.

1. *Goals and Objectives*

The overarching goal of this Addendum is to accelerate Mexico's transition to a sustainable, accountable, and government-led health system capable of sustaining gains in outbreak preparedness and response under the U.S. Government–Government of Mexico MYP Implementation Plan.

The purpose is to strengthen Mexico's government-led capacity to identify, assess, communicate, and respond to infectious disease threats by improving surveillance and preparedness in high-risk border environments; integrating relevant surveillance and laboratory data; facilitating timely information exchange and coordinated action; and strengthening the public health workforce.

Single Objective: Initiate an Integrated and Phased Approach to Strengthen Infectious Disease Surveillance, Early Warning, Preparedness, and Response in Mexico

This Addendum will support the first year of implementation of the U.S. Government–Government of Mexico Global Health Security Multi-Year Plan for October 2026 through September 2030. Applicants must submit one integrated SOI addressing all three components of the plan: an interoperable public health information platform, technical preparation for wastewater surveillance in the northern border region, and targeted strengthening of the applied epidemiology workforce.

The components are designed to reinforce one another over a five-year period. Public health systems and laboratories generate information; the interoperable platform brings selected information together for analysis and decision-making; and trained epidemiologists review signals, assess risks, investigate events, and support timely response. The first-year activities

will establish the foundation for this longer-term model rather than attempt to implement it at national scale.

Consistent with the sequencing approved in the Multi-Year Plan, the majority of first-year resources should support the design and initial development of the interoperable platform. A smaller, targeted investment should support the Medical Residency in Epidemiology and its connection to UIES. The wastewater component should be limited to technical preparation, pathogen selection, institutional coordination, and planning for implementation in later years. It should not include first-year laboratory procurement, routine sampling, or operational support.

The applicant may establish a prime recipient and subrecipient structure to bring together expertise in information systems, cybersecurity, epidemiology, antimicrobial resistance, laboratory science, wastewater surveillance, zoonotic disease surveillance, and workforce development. The prime recipient will be responsible for ensuring that the three components are implemented as one coordinated program.

Component 1: Primary First-Year Investment in the Interoperable Platform

The recipient will strengthen and interconnect selected existing Government of Mexico public health information systems and data assets to improve interoperability, early warning, and coordinated action in support of the 7-1-7 approach. The activity will build on existing Mexican platforms and ongoing interoperability efforts rather than replace them or create a parallel surveillance system. First-year activities should include:

- Mapping and documenting existing systems, platforms, laboratory networks, interoperability initiatives, users, and data flows, including previous or current Government of Mexico health intelligence platforms.
- Conducting a functional and technical gap assessment to determine which existing capabilities can be reused, strengthened, configured, or connected before proposing new development.
- Defining initial use cases, with the National Antimicrobial Resistance Observatory serving as a priority data asset.
- Identifying the specific functions of existing platforms that require strengthening to support secure information exchange or download.
- Establishing technical architecture, interoperability standards, governance requirements, and institutional roles.
- Defining privacy, cybersecurity, and role-based access safeguards.
- Designing secure connections for a limited number of priority data streams.
- Developing an initial consolidated dashboard or minimum viable product.
- Designing alert, signal-validation, reporting, escalation, and response-documentation workflows.
- Aligning the platform with SINAVE, SISVE-AR, UIES, InDRE, the National Network of Public Health Laboratories, CENAPRECE, and selected public, private, or academic laboratory information sources.
- Conducting initial user consultation and testing.
- Connecting a limited number of priority data streams to demonstrate integrated signal review, validation, reporting, escalation, and response-documentation workflows aligned with 7-1-7.
- Preparing a costed roadmap for optimization, operational use, expansion, maintenance, hosting, and transition in subsequent years.

The initial platform should connect only the systems and data streams necessary to demonstrate agreed priority use cases. The recipient is not expected to achieve nationwide deployment during the initial period.

Component 2: Preparatory Work for Future Wastewater Surveillance Implementation

The recipient will complete the preparatory work needed to begin wastewater surveillance activities in later years of the Multi-Year Plan that are aligned with the first year allocation. No direct wastewater surveillance implementation costs are projected for the first year. First-year activities may include:

- Mapping relevant laboratories, wastewater surveillance infrastructure, potential sampling areas, and institutional responsibilities across the six northern border states.
- Developing criteria for future site and laboratory selection.
- Reviewing existing sampling, testing, quality assurance, biosafety, transportation, and reporting practices.
- Preparing a standardized laboratory and site readiness assessment.
- Defining the roles of SALUD, DGE, InDRE, the National Network of Public Health Laboratories, CONAGUA, COFEPRIS, and participating state authorities.
- Developing draft sampling, testing, interpretation, reporting, and quality assurance procedures.
- Confirming the proposed pathogen and resistance-marker panel.
- Defining how validated wastewater surveillance findings will feed SISVE-AR, the interoperable platform, and existing epidemiological decision-making processes.
- Establishing criteria for baseline development, signal review, escalation, and public health action.
- Preparing a costed plan for phased implementation beginning in later years.

Candidate targets for the wastewater pathogen surveillance drawn from the Multi-Year Plan include influenza A viruses of pandemic concern, mpox, measles, cholera, and priority antimicrobial resistance markers such as VIM, GES, NDM, KPC, and CTX-M.

The final panel should be validated with SALUD and InDRE. First-year activities will not include routine wastewater sampling, major equipment procurement, full laboratory operations, staffing of participating laboratories, or broad commodity support.

Component 3: Targeted First-Year Support to the Medical Residency in Epidemiology and UIES

The recipient will initiate targeted workforce activities aligned with the first-year allocation for the Medical Residency in Epidemiology. Activities may include:

- Supporting training of a limited initial cohort of approximately five residents through competency-based training and supervised field experience.
- Reviewing and updating selected program and curriculum content.
- Strengthening faculty and mentorship arrangements.
- Building competencies in surveillance for diseases of pandemic potential, outbreak investigation, data analysis, antimicrobial resistance, epidemiological intelligence, and the 7-1-7 approach.
- Assigning residents or trainees to priority functions to support the prevention, detection, and response of emerging infectious diseases within DGE, UIES, CENAPRECE, or selected state epidemiology units.

- Engaging participants in platform design consultations, signal review, system assessments, outbreak analysis, and epidemiological intelligence activities.
- Establishing baseline workforce indicators and a plan for future enrollment, placement, and institutionalization.
- Developing a transition approach for any temporary external support.

The SOI should not assume long-term U.S. government financing of salaries or permanent positions. Any temporary direct support should be defined during work planning, limited to the initial phase, and linked to a credible Government of Mexico transition plan.

At the end of the initial period, the integrated program should have produced:

1. A documented map of priority systems, data streams, users, and institutional responsibilities.
2. Agreed technical and governance requirements for the interoperable platform.
3. An initial dashboard prototype or minimum viable product focused on selected use cases.
4. Strengthened initial functions of the National Antimicrobial Resistance Observatory.
5. A wastewater surveillance readiness framework, candidate pathogen panel, draft protocols, and phased implementation plan.
6. A limited cohort of MRE residents or trainees with strengthened competencies and supervised assignments.
7. Initial baselines and monitoring procedures aligned with 7-1-7.
8. A coordinated five-year roadmap distinguishing completed first-year activities from later expansion.
9. A sustainability and transition plan for systems, training, hosting, maintenance, supplies, and recurrent responsibilities.

2. Guiding Principles

Implementation under this Addendum should be guided by the following cross-cutting principles:

- 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 organizations with a strong emphasis on faith-based and community-based providers 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, including (for example) federal, state, and local government entities, faith-based organizations, community leaders, and traditional institutions 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 Mexico'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: Innovation is an expected element of all SOIs submitted under this Addendum. Applicants should present approaches, methodologies, technologies, or partnerships that offer new or improved solutions beyond traditional interventions and demonstrate clear added value over existing programming in Mexico. This may include digital health solutions, community-based models, public-private partnerships, or evidence-based practices adapted to the Mexico context.