Annual Program Statement Addendum

Addendum P: Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Tanzania

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 Tanzania (GOT). 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 Memorandum of Understanding (MOU) Implementation in Tanzania
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 12 awards
Total estimated funding	Up to $200M, 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 2. 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 interested organizations to submit SOIs to support Tanzania'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 Tanzania (GOT) Health Memorandum of Understanding (MOU).

B. Program Description

The USG-GOT MOU Implementation Plan establishes a five-year framework to transition Tanzania toward a resilient, integrated, and sustainable health system targeting measurable outcomes in HIV, tuberculosis, malaria, global health security (GHS), polio eradication, and maternal and child health (MCH), while strengthening the supply chain, laboratory, and health information systems that underpin these results. Through this partnership, the United States is contributing more than $1.3 billion and the Government of Tanzania is co-investing $1.8 billion, for a combined $3.1 billion investment. Consistent with the America First Global Health Strategy (AFGHS), U.S. government support will shift from an implementer-driven model toward a government-led, performance-based model that reinforces Tanzanian ownership and accountability.

SOIs should prioritize integrated and sustainable service delivery across HIV, TB, malaria, GHS, polio, and MCH programming on Mainland Tanzania and in Zanzibar, with particular attention to underserved and high-burden populations. Innovative approaches that promote integration, efficiency, and sustainability are encouraged; however, integration should not be viewed as an end itself, but rather as a means to achieve efficiencies and improve health outcomes. SOIs should clearly articulate how program-specific results will be achieved and outline a sustainable pathway for transition and local ownership.

1. Goals and Objectives

The overarching goal of this Addendum is to accelerate Tanzania's transition to a sustainable, accountable, and government-led health system capable of sustaining gains in HIV, tuberculosis, malaria, GHS, polio, and MCH. To achieve this goal, the Department of State will support investments across seven objectives.

Interested organizations may submit SOIs in response to one or more of the following objectives, provided they can demonstrate the technical, operational, and institutional capacity required for each objective addressed.

Objective 1: Strengthen Integrated HIV, TB, Malaria, and MCH Service Delivery and Subnational Leadership for Transition

This objective strengthens integrated, high-quality service delivery across HIV, tuberculosis, malaria, and MCH at the regional, district, and site levels, reducing morbidity and mortality in high-burden and underserved areas of Mainland Tanzania and Zanzibar. Implementation will prioritize cost-efficiency, local ownership, and transition to GOT. This includes specific emphasis on strengthening subnational health management and leadership to enable this transition. Illustrative interventions may include (but are not limited to):

- Ensuring continuity of governance, coordination, and project management as service delivery and related oversight currently supported by the U.S. government transition to government management at national, regional, and council levels;
- Institutionalizing subnational implementation oversight, performance monitoring, financial accountability and reporting, including budget execution through government planning and financial systems;
- Supporting the transition to the government system of frontline health workers who serve as the first point of contact for HIV services, tuberculosis diagnosis and treatment, malaria case management, and MCH services;
- Implementing differentiated, client-centered facility- and community-based service models, including:
    - Mobile outreach;
    - Multi-month dispensing;
    - Community adherence clubs;
    - Pediatric-specific screening systems;
    - Mother-mentor models;
    - Pre-exposure prophylaxis (PrEP) delivery, including long-acting PrEP;
    - Index case finding;
    - Tuberculosis screening, detection and treatment services;
    - Malaria case management; and
    - Integrated vector control including entomological surveillance;
- Engaging private health facilities and pharmacies to expand integrated HIV, TB, MCH, and malaria screening, treatment, referral, and reporting including innovative approaches to decentralize commodity delivery;
- Strengthening and monitoring diagnostic capacity for HIV viral load and CD4 testing, TB diagnostics (both drug-sensitive and drug-resistant disease), malaria testing, outbreak response laboratory capacities, poliovirus testing, and MCH-related laboratory services, equipping health workers with the tools needed for early disease detection and treatment monitoring;
- Building the capacity of GOT health care providers at facility, community, regional, and district levels to use digital technology to collect data, report accurate data on time, analyze data, and use data from government systems for planning, performance management, resource allocation, program monitoring, and evidence-based decision-making;
- Institutionalizing quality improvement approaches at the facility and site levels to strengthen program performance and support transition, including innovative approaches to Regions and Councils coordination and oversight of integrated multi-disease service delivery.

Through this integrated approach, Recipient(s) will help Tanzania accelerate progress toward eliminating mother-to-child transmission of HIV, expanding access to PrEP, improving maternal, newborn, and child survival, reducing malaria transmission in mainland and supporting elimination goals in Zanzibar, and preventing HIV/TB co-infection and mortality, efficiently delivering results that improve health outcomes across all four program areas.

Objective 2: Strengthen Supply Chain Systems and Regional Market Access

This objective strengthens Tanzania's pharmaceutical supply chain and positions the Medical Stores Department (MSD) as a gateway to regional pharmaceutical markets. Illustrative interventions may include (but are not limited to):

- Building MSD's capacity to directly procure health commodities currently donated by bilateral and multilateral partners with the goal of transitioning procurement to MSD;
- Build MSD's capacity to fully operationalize MSD's selection as the pooled procurement agent for the Southern African Development Community (SADC) Pooled Procurement Services (SPPS) and leverage the East African Community (EAC) pooled procurement mechanism to expand access to medicines while opening new markets for American pharmaceutical, medical product, and technology manufacturers across 22 countries, and establishing a bi-annual U.S. government/SADC/EAC regional industry summit to raise MSD's regional profile, strengthen public-private partnerships, and connect U.S. businesses with procurement, supply, and market opportunities across SADC and EAC markets;
- Supporting the Tanzania Medicines and Medical Devices Authority (TMDA) and Zanzibar Food and Drugs Agency (ZFDA) in designing and institutionalizing a GS1-based end-to-end pharmaceutical traceability system that enables real-time product visibility and reduces diversion, theft, counterfeiting, and leakage;
- Supporting TMDA and ZFDA post-marketing surveillance through a centralized U.S. Food and Drug Administration (FDA) sentinel-style registry and FDA-aligned unique device identification systems across the supply chain and applying super intelligence and analytics to dossier assessments to streamline the transition to electronic, automated workflow systems;
- Strengthening regulatory systems, governance, and technical capacity to advance toward Global Benchmarking Tool (GBT) Regulatory Maturity Level 4 (ML4);
- Strengthening Tanzania's warehousing, inventory, and cold-chain systems through ISO certification, facility renovations, Warehouse-in-a-Box (WiB) installation in Zanzibar, and the modernization of MSD and Zanzibar's Central Medical Stores Agency (CMSA) to improve storage capacity, inventory management, and reliable distribution of medicines and health commodities;
- Strengthening national and subnational supply planning through improved commodity forecasting, quantification, and end-to-end supply chain visibility to improve performance, prevent stockouts, and sustain commodity security;
- Strengthening data-driven stock monitoring and early warning systems and improving interoperability between logistics management information systems and clinical, laboratory, and warehouse data systems, to prevent stock imbalances and expiries;
- Support national and sub-national structures on pro-active supply chain management, commodity tracking, and supply chain performance monitoring of key performance indicators;
- Laboratory supply chain strengthening with a more integrated support targeting national and subnational level; and
- Supporting supply chain and logistics systems at the regional and site level to ensure commodity security and maintain uninterrupted supplies of antiretrovirals, TB medicines, antimalarials, insecticide-treated nets, polio testing supplies and equipment, and MCH essential medicines, equipment, and supplies; and ensure transitioning of these responsibilities to the GOT.

Objective 3: Strengthen Laboratory Systems and Diagnostic Capacity
This objective strengthens an integrated, multi-tiered laboratory network capable of safe and timely pathogen detection, outbreak confirmation, genomic sequencing, specialized diagnostics, quality assurance, and real-time information sharing. This network will serve as the backbone for specimen referral, routine patient care (tuberculosis, malaria, HIV, GHS, polio), outbreak testing, and coordinated response to public health threats, underpinned by data systems fully integrated with national surveillance. Illustrative interventions may include (but are not limited to):

- Strengthening sustainable national and subnational laboratory capacity, building on existing systems and infrastructure, for advanced pathogen detection, genomic surveillance, bioinformatics, and use of genomic data for public health decision-making, with progressive transition of technical leadership and oversight to GOT-designated institutions;
- Strengthening integration of specialized and quality-assured diagnostic capacity within stipulated turnaround time for TB (including drug-resistant TB), malaria, polio, MCH, and HIV at all tiers of the healthcare system in Tanzania;
- Institutionalizing quality management systems (QMS) and continuous quality improvement (CQI) initiatives across the laboratory network and facilitate a shift from relying on externally managed frameworks;
- Transitioning functional and actively monitored External Quality Assessment (EQA) and Proficiency Testing (PT) administration to a government -led national reference laboratory(ies);
- Supporting laboratories across all tiers in achieving and maintaining national/international accreditation standards (e.g., ISO 15189, ISO 17043, SLIPTA/SLMTA) including strengthening the capacity of the national accreditation body;
- Strengthening biosafety and biosecurity, and waste management practices and processes, including laboratory improvements using a risk-based approach to ensure functional and redundant utilities, air handling systems, sealed floors and benches, and essential safety infrastructure for biocontainment at the sites to ensure safe, reliable, and sustainable operation in compliance with national requirements and applicable international standards;
- Building sustainable coordination mechanisms linking laboratories (the intersection of human, animal, and environmental health through the “One Health” integrated, collaborative, multidisciplinary approach that aims to sustainably balance and optimize the health of people, animals, plants, and their shared ecosystems), epidemiologists, and emergency response teams under GOT public health emergency operations centers;
- Institutionalizing laboratory workforce capacity strengthening by establishing sustainable partnerships with learning institutions and expanding access to distance-learning and continuous professional development opportunities;
- Building supervisory, leadership, and managerial competencies among laboratory personnel on equipment, commodities, facility management, operational planning, and financial resource management; and/or
  Enhance electronic laboratory systems utilization, reporting and data analysis for laboratory services Improvement.

Objective 4: Expand and scale an integrated, interoperable digital health architecture that strengthens data-driven decision-making across the health system

This objective will support the GOT to deploy and scale the national integrated, interoperable digital health ecosystem aligned with National Digital Health Strategy (2025 – 2030) organized around five defined domains; clinical care, health financing and insurance, supply chain, public health and surveillance, and citizen services. Given Tanzania's health governance structure in which Zanzibar operates under a semi-autonomous framework the MOU intend to maintain harmonized investment in both Tanzania Mainland and Zanzibar to promote coordinated reporting, cross-jurisdictional surveillance, and comprehensive epidemic control throughout and beyond the transition period. It will also support the GOT to implement digital health solutions across Tanzania's 8000+ health facilities, their associated laboratories, health commodity finance, human resource for health information systems (HRHIS) and logistics management ecosystem. The selected organization(s) will collaborate with Health Information Systems subject matter experts from USG and HIS technical teams supported by other donors to deliver support to the GOT.

SOIs may focus exclusively on strategic technical assistance (above site) or implementing digital health systems, provided that the proposed approach clearly contributes to strengthening sustainable, government-led digital health systems and aligns with the overall objective. Sub-Objectives are as follows:

- Deliver strategic technical assistance to the Government of Tanzania to strengthen the governance, interoperability, and operational standardization of national and subnational digital health information systems to enable sustainable, government-led stewardship of health information;
- Support the GOT in scaling digital health systems to additional program areas and health facilities, ultimately reaching all health facilities where they are not implemented; and/or
- Support the procurement, configuration, and deployment of devices and other equipment required for the implementation of the technology-supported data capture solution.

Illustrative interventions may include (but are not limited to):

- Supporting the GOT in developing a DHIS2-based data exchange platform that streamlines America First Global Health Strategy (AFGHS) reporting to the U.S. government, so both governments can track transparently the outcome and process metrics agreed in the Memorandum of Understanding (MOU);
- Supporting the scale-up and standardization of Afya eHMS, GoTHOMIS, and ZanEMR to reach 95 percent coverage of public health facilities. Support integration of these systems with vertical systems, such as the Care and Treatment Clinic (CTC) and electronic TB and Leprosy (eTL) systems, to ensure continuity of care across mainland Tanzania and Zanzibar;
- Scale up the national ePrescription and Dispensing System (ePS) a nationally governed electronic prescribing and dispensing chain that extends the ePrescription module already embedded in Afya eHMS beyond the facility boundary to 2,000+ pharmacies and private healthcare providers;
- Strengthening Afya Zetu/HDU's capacity to aggregate data from all connected systems, enabling shared health records, longitudinal patient records, and system-wide analytics, while supporting DHIS2's continued function as the aggregate HMIS;

- Supporting the roll out, scale up, development, interoperability, and expansion of the Unified Community System (UCS) in mainland and AfyaJamii in Zanzibar in module updates and new support development of new modules for injectable PrEP, at-risk population HIV services, MCH, TB, global health security, polio, and measles to strengthen frontline surveillance and service delivery;
- Supporting integration of laboratory information systems with EMRs and testing machines, expand deployment across all laboratories and hubs, broaden coverage to non-HIV disease areas, and strengthen laboratory data visualization capabilities;
- Supporting integration of eLMIS with EMRs, development of automated paperless facility reporting, and advanced analytics (forecasting, dashboards) to strengthen commodity and pharmacy management visibility;
- Strengthening eIDSR's routine and event-based surveillance, automated early warning capabilities, outbreak detection and response coordination, mortality trend monitoring, and integration with AfyaMsafiri and PHEOC MIS;
- Strengthening national interoperability layers (HIM/Muungano Gateway, GovESB, ZHIL) and support implementation of the National Cybersecurity Framework to ensure secure, integrated data exchange across all connected systems;
- Strengthening national, regional, district, and facility-level capacity to use integrated digital health data for evidence-based planning, performance management, and resource allocation, while supporting sustainable data-sharing arrangements and long-term system continuity; and/or
- Systems improvement for tracking deployment, retention and absorption of frontline health care workers in HRHIS systems and budget execution, expenditure and commitments used across all areas of cooperations through the finance and planning systems through PlanRep and FFARS.

Objective 5: Strengthening national capacity to implement health surveys and use health data for maximum programmatic impact

Support the GOT in developing and implementing comprehensive and cost-effective strategies to collect and produce timely, high-quality, and actionable health data through surveys. Overarching purposes are to strengthen national capacity to track epidemiological status and progress towards MOU goals, inform efforts to improve population health outcomes, and reduce costs and implementation timelines. Illustrative interventions are as follows (but are not limited to):

- Supporting national structures to oversee and implement national and other population-based surveys, potentially also conducting targeted surveys of most-at-risk populations, to measure disease burden, monitor epidemic trends, assess program impact, and address critical programmatic gaps;
- Supporting national systems to strengthen data analysis and use by triangulating survey, surveillance, laboratory, and routine clinical data, while leveraging artificial intelligence and advanced analytics to generate insights for national and subnational planning, program monitoring, and decision-making for targeted public health action; and/or
- Strengthening institutional capacity within GOT and local institutions to design, implement, and oversee surveys and conduct effective analyses of survey findings and triangulated health data enhancing long-term health system strengthening through the institutionalization of innovations and the transfer of knowledge, technology, and ownership.

Objective 6: Strengthening Clinical Research Capacity in Tanzania
Strengthen clinical research, advanced laboratory, and superior bioinformatics capabilities among Tanzanian health research institutions through strategic partnerships with American and Tanzanian companies, governmental technical and regulatory institutions, university/research institutions, and hospitals (public, private, FBO) with the goal of generating high-quality data to accelerate medical innovations. Foster tie-ins with local pharmaceutical manufacturing, production, and research and development in support of AFGHS. Enhance effectiveness of medicine and medical devices regulatory systems as an essential component of strengthening research and development capability. Illustrative activities include the following:

- Strengthening local research and development capacity related to clinical, laboratory, and pharmaceutical products in support of efforts to enhance pharmaceutical production in Tanzania.
- Promoting the local development and testing of innovative clinical interventions and programmatic approaches.
- Enhancing the advanced clinical research capabilities and supportive infrastructure of select Tanzanian institutions, with regards to highly specialized laboratory testing and high-power bioinformatics (combining high-performance computing, massive genomic data, and superior intelligence to process complex and ultra-large biological information datasets), and train machine learning algorithms to screen for clinical trial consistency, bioequivalence summaries, and regulatory variations.
- Strengthening standardized regulatory cycles for research and development laboratory capability as part of an expanded scope of quality control testing for medicines and medical devices, including upgrading quality management systems in line with regulatory practices, such as those employed by FDA, to enhance regulatory preparedness and emergency access.
- Strengthening the U.S.-Tanzania collaboration with regards to advanced clinical research and build the credibility and capability of Tanzanian institutions to compete for and leverage further funding opportunities.

Objective 7: Catalyze U.S. Private-Sector Investment in Tanzania's Health Manufacturing Sector
The United States seeks to catalyze U.S. private-sector investment in Tanzania's health manufacturing sector to strengthen sustainable local production capacity, advance shared health security priorities, and create opportunities for mutually beneficial commercial partnerships. These might also include expanded market opportunities beyond Tanzania to the broader SADC and EAC regions. The U.S. government is looking to identify eligible U.S. companies interested in directly establishing or expanding manufacturing operations in Tanzania, including through partnerships with Tanzanian firms and other domestic stakeholders. Areas of interest may include pharmaceuticals, diagnostics, medical devices, laboratory supplies, and other health commodities aligned with bilateral health priorities. SOIs may focus on describing the proposed investment, intended products and markets, anticipated development timeline, potential domestic co-investment, and expected contributions to sustainable manufacturing capacity and supply chain resilience.

SOIs may also describe the regulatory, financial, infrastructure, workforce, operational, and market-related barriers that may constrain prospective investments, as well as the specific forms

of support that could enable commercially viable manufacturing operations. The U.S. government may engage with interested companies to further assess investment opportunities and develop company-specific de-risking plans, potentially supported by MOU resources. Such plans may identify targeted, time-bound interventions designed to address demonstrable barriers to market entry, mobilize private capital, and establish a sustainable path to commercial operation without indefinite reliance on U.S. assistance.

2. Guiding Principles

All proposed interventions shall be guided by the following 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 Tanzania 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, demonstrates cost-efficiencies at all levels. and advances Tanzania's health system goals while supporting U.S. government priorities.
- Accountability: GHSD expects rigorous financial and program reporting; adherence to established programmatic and transition performance indicators; and regular data-driven reviews to monitor activity transition and 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 Tanzania context.

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