Annual Program Statement Addendum

Addendum N: Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in the Democratic Republic of the Congo (DRC)

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) invites organizations to submit a Statement of Interest (SOI) proposing a project (or projects) to assist with the implementation of the MOU between the Department of State and the Government of Democratic Republic of the Congo (DRC). 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 the SOI is the first step in a two-step process, in which applicants must first submit a concept note that presents a project approach and intended outcomes. Importantly, this is not a full application and will not result in a federal assistance award at this step; the SOI process allows interested organizations 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 DRC
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 $27.5M, 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 eligible organizations to submit SOIs to support the DRC's transition toward sustainable, integrated, and accountable health services, systems, and institutions that improve health outcomes, reinforce health security, and advance long-term country ownership under the U.S. Government – the Democratic Republic of the Congo Health Memorandum of Understanding (MOU) (December 2025–December 2030). This Addendum focuses on two areas: a) integrated supply chain and pharmaceutical systems; and b) laboratory networks and quality systems.

B. Program Description

This Addendum strengthens the integrated supply chain, pharmaceutical, and laboratory systems that the DRC relies on to deliver health services across HIV, tuberculosis, malaria, maternal, newborn, and child health (MNCH), infectious disease surveillance, and outbreak detection and response. This work

supports the *America First Global Health Strategy (AFGHS)*, which emphasizes progressive transition of operational and financial responsibility from donor-financed implementing mechanisms to domestic resources, health systems, and institutions. Investments will align with the MOU and MOU Implementation Plan and will focus on high-burden and underserved areas, including the ten provinces prioritized under the MOU. SOIs should describe the health systems challenge addressed, propose evidence-based and operationally feasible interventions, and show a credible path to long-term Congolese ownership, accountability, and financing within the project period.

1. Goals and Objectives

The goal of this Addendum is to expand access to quality, affordable, and integrated supply chain and pharmaceutical services for essential health commodities, including those for HIV, malaria, tuberculosis, MNCH, immunization, nutrition, global health security, and laboratory services. It further seeks to advance the DRC's transition to sustainable, accountable, and country-led national supply chain and laboratory systems that improve health outcomes, save lives across priority health areas, and strengthen preparedness and response capacities. The purpose of the awards under the Addendum is to assist the Government of DRC in strengthening its public health systems, including pharmaceutical supply chains and laboratory capacity. This initiative represents a collaborative approach to the DRC's health challenges that harnesses U.S. government expertise, aligns with shared health priorities, and positions the DRC government to drive lasting, system-wide transformation of the health sector.

Organizations may submit SOIs addressing one or both objectives, provided they can demonstrate the technical, operational, and institutional capacity required for each objective addressed. Innovative and scalable approaches that strengthen quality, enhance system visibility, reduce fragmentation, and advance unified, data-driven supply chain and laboratory systems that can be sustainably transitioned to national ownership are prioritized.

Objective 1: Strengthen integrated supply chain systems and in-country logistics

The national health commodities supply chain in the DRC is not yet fully country-led and remains fragmented across disease areas. Under this Addendum, recipients are expected to provide targeted system support to strengthen integrated, resilient supply chain and pharmaceutical systems supported by the private sector that ensure reliable and equitable access to quality essential commodities across HIV, tuberculosis, malaria, MNCH, immunization, nutrition, and outbreak response programs.

Recipients will work in close collaboration with the National Agency of Medicine (ANAMED), the Transition Management Unit (TMU) supply chain group, and the GHSD Supply Chain and Logistics Management Team to advance national leadership and achieve integrated, efficient, and sustainable supply chain and pharmaceutical systems nationwide. The scope of work includes providing strategic system support, in-country logistics system support, capacity strengthening, in-country warehousing and distribution operations including contracting private sector and NGO services and operational assistance to enhance core supply chain functions. These efforts will focus on improving end-to-end supply chain performance, ensuring availability of quality product, and reinforcing national systems. Activities under this Addendum will expand data visibility and the use of commodities data, including a phased approach for the adoption of GS1 global standards for product identification, barcoding, and traceability, reduce system fragmentation, strengthen governance and coordination across stakeholders, and progressively transition responsibility and ownership to the Government of the DRC. Together, these actions will contribute to a more resilient and sustainable national supply chain system.

Under this Addendum, the recipient may carry out one or more of the following illustrative activities:

- *Manage in-country logistics operations,* including warehousing and timely last mile distribution of health commodities, ensuring the movement of products from their arrival at the initial Global Fund ship-to locations to 10 provincial warehouses, and onward to no less than 6,000 health facilities, 20 laboratories, and other delivery points across the following nine provinces: Haut-Katanga, Lualaba, Haut-Lomami, Tanganyika, Kasaï-Central, Lomami, Kasaï-Oriental, Sankuru, Sud-Kivu, and the 18 health zones (HZs) in the city-province of Kinshasa.
- *Provide system support to improve warehouse management and distribution operations and facilitate key performance indicator (KPI) evaluation of Regional Distribution Centers (CDRs),* ensuring alignment with national guidelines and international best practices.
- *Strengthen national forecasting, quantification, and supply planning,* supporting the effective use of country approved tools (e.g., QAT, Wambo, and other quantification and procurement platforms) to improve accuracy, data quality, and multi-disease integration.
- *Issue recommendations to streamline duty waiver processing and importation procedures* to reduce importation and delays and enable timely receipt of health commodities. Provide visibility to duty waivers in each step of the process and escalate visibility gaps or delays with the TMU.
- *Build the capacity of ANAMED and other health product management institutions such as the national regulatory authority - Autorité Congolaise de Réglementation Pharmaceutique* (*ACOREP), as well as the broader supply chain workforce*, through targeted training, mentoring, and technical support in data analysis and decision making. These efforts will also improve medicine quality through focused Qualifying, Testing, and Issuing (QTI) interventions, while also supporting efforts, such as implementing Global Benchmarking Tools to evaluate and advance national regulatory systems for medicines thereby contributing to a more effective and reliable national pharmaceutical system and supply chain.
- *Strengthen supply chain monitoring and evaluation* by improving eLMIS data quality and reporting rates, and use for decision making, performance dashboards, field monitoring and supportive supervision visits, and routine analytics to identify gaps and guide corrective action.
- *Lead transition planning* for the phased handover of DRC- financed supply chain functions, advancing national ownership, governance, and sustainability.
- *Support the Government of DRC in the procurement of domestically financed medicines,* ensuring adherence to national procedures and promoting transparency, quality assurance, and timely delivery.

This objective does not principally involve direct procurement of commodities. Instead, the focus should be on strengthening in-country warehousing, last mile distribution services, and providing targeted technical assistance to reinforce supply chain systems. GHSD anticipates that activities under this objective will contribute to building resilient, nationally led supply chains, reducing program fragmentation across disease areas, improving operational efficiency, and increasing commodity availability at health facilities. These efforts are expected to enhance DRC government leadership in supply chain management, decrease reliance on external donors, and advance long-term sustainability.

Objective 2: Strengthen laboratory network infrastructure and quality systems

Laboratory infrastructure and quality systems in the Democratic Republic of the Congo (DRC) are not yet fully country-led or integrated across disease areas. The DRC Government, through the Ministry of Public Health, Hygiene and Social Security and its designated institutions—including the Direction des Laboratoires de Santé (DLS), the Institut National de Santé Publique (INSP), the Institut National de Recherche Biomédicale (INRB), provincial health divisions (DPS), provincial laboratories, and general

referral hospitals—will strengthen a connected, sustainable laboratory network that supports disease detection, outbreak response, and national health security.

Recipients will support the DRC Government to:

- *Lead and map the national laboratory network.* Assess the existing national laboratory system and propose optimization based on the DRC context. Define the roles and minimum service packages and integrate priority services into the government-approved network plan.
- *Expand molecular diagnostics and genomic capacity.* Deploy integrated molecular diagnostics and genomic sequencing at national reference laboratories and regional hubs to support HIV, tuberculosis, malaria, viral hemorrhagic fevers, respiratory pathogens, and emerging infectious diseases.
- Strengthen government-led antimicrobial resistance (AMR) surveillance and quality management systems by embedding routine and outbreak-related genomic surveillance for priority pathogens within sustainable national programs, supported by standardized quality processes for sample management, sequencing, data analysis, reporting, and continuous *improvement.*
- *Improve specimen referrals across the ten designated program provinces.* Map and audit existing referral circuits and connect specimen tracking to laboratory information management systems (LIMS).
- *Strengthen laboratory quality assurance and improvement (QA/QI), external quality assessment (EQA), and accreditation.* Establish quality management practices across supported laboratories and provide Strengthening Laboratory Management Toward Accreditation (SLMTA) training, mentorship, and assessments by developing DRC based mentors, trainers, and auditors. Support laboratories in progressing toward accreditation of readiness in alignment with national priorities.
    - The national laboratory network will implement a government-led QA/QI system covering HIV, TB, malaria, outbreak-related diagnostics, and other priority tests in the approved service menu.
    - Support development of an annual EQA participation plan for priority tests, specifying required laboratories or recommended to participate, the platform covered, and the available national or international EQA and proficiency testing schemes.
- *Improve biosafety, biosecurity, and equipment management*. Apply risk-based biosafety and biosecurity requirements, including staff training, incident reporting, waste management, periodic audits, and postmarket verification of diagnostic products. Establish equipment calibration and preventive maintenance systems, as well as improve reagent management and sample flow.
- *Connect laboratory information and surveillance systems.* Deploy government-approved LIMS and link specimen tracking and results reporting with relevant national platforms, including DHIS2 and approved surveillance systems.
- *Build and sustain the DRC laboratory workforce and services.* Strengthen the national laboratory workforce through training in molecular diagnostics, genomic surveillance, biosafety, and related technical competencies.

This objective does not principally involve direct procurement of laboratory equipment, except in specific, limited cases determined approved by the TMU and GHSD leadership, such as thermocycles or freezers. It also does not involve construction.

By 2030, these activities will contribute to a more efficient and integrated specimen-transport system, faster diagnostic turnaround times, and alignment with DRC government priorities across the designated provinces.

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 DRC 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 DRC'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 DRC context.

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