

Annual Program Statement Addendum
Addendum D: Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Nigeria

U.S Department of State
Bureau of Global Health and 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 Nigeria. 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 Nigeria
Deadline for Questions	June 17, 2026 [1700 PM GMT-4]
SOI Due Date	July 31, 2026 [1700 PM EDT GMT-4]
Number of awards anticipated	Up to 20 awards
Total estimated funding	Up to \$200 M, subject to availability

Important: All interested organizations should review Amendment 1 Q&A before submitting questions because the Department of State will not repeat answers.

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 Nigeria’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–Federal Republic of Nigeria Health Memorandum Of Understanding (MOU) (December 2025–December 2030).

B. Program Description

“Strengthening Integrated Health Services and Systems in Nigeria” is a multi-year initiative to strengthen Nigeria’s capacity to deliver integrated, sustainable, and self-reliant health services across HIV, tuberculosis, malaria, Maternal Neonatal and Child Health (MNCH), immunization, nutrition, infectious disease surveillance, and outbreak detection and response. Projects funded under this Addendum will align with the *America First Global Health Strategy (AFGHS)*, which emphasizes progressive transition of operational and financial responsibility from donor financed implementing mechanisms to sustainable Nigeria resources, health systems and institutions. SOIs should: clearly describe the sustainability or health systems challenge addressed; propose evidence-based and operationally feasible interventions aligned with national health systems and MOU priorities; and articulate a credible path to long-term Nigerian ownership, accountability, and financing of health services and systems within the project period.

Projects should prioritize integrated and sustainable service delivery models across public, private, faith-based, and community-based health systems, with a focus on underserved and high-burden populations across Nigeria’s 36 states and the Federal Capital Territory (FCT). The initiative emphasizes partnerships with Nigerian government institutions, faith-based organizations, private sector providers, and community platforms to strengthen locally led health services and systems, and reduce fragmentation created by parallel disease-specific approaches. Broad and innovative ideas that support integrated health services and systems that can be transitioned to the national government are encouraged.

1. *Goals and Objectives*

Expand access to quality, affordable, integrated health services and systems across public, private, faith- and community-based health facilities in Nigeria by 2030 through strengthened partnerships, sustainable financing, and strategic health assistance that improve health outcomes, particularly for women and children.

This initiative represents a collaborative approach to Nigeria's health challenges that harnesses U.S. government expertise, aligns with shared health priorities, and positions the Government of Nigeria (GON) to drive lasting, system-wide transformation of the health sector.

Objective 1: Enhance faith- and community-based integrated health service delivery to improve health outcomes

Currently, health service delivery is fragmented and siloed by disease area in many health facility and community settings. To address this, recipients will strengthen the integration of health services through faith and community-based hospitals and clinics to improve health outcomes at the subnational level. [Note: This objective excludes health service delivery at government-run hospitals and clinics, which are being accounted for in other parts of the MOU implementation plan]. Applicants should propose a one-stop, people-centered model at faith- and community-based health facilities to provide standardized, high-quality integrated health services encompassing MNCH and immunization, HIV, tuberculosis, and malaria.

Applicants should consider providing these services in high-burden and underserved areas and are encouraged to propose innovative approaches to ensure strong community linkages and referral systems in compliance with national policies and reporting requirements. Strong

coordination with Local Government Area (LGA) Health Teams, the national Sector Wide Approach (SWAp) health reform initiative and the Federal Ministry of Health will be critical to ensuring interventions are sustained.

Objective 2: Expand health insurance access for women, children and their families

Currently fewer than 20 percent of women and children have financial protection against healthcare costs in most states. To improve access to integrated health services for women, children, and vulnerable populations, the GON is prioritizing the expansion of health insurance for women, children and their families -- with the expectation that expanded health insurance protection will result in increased access and ultimately improved health outcomes. Working with the National Health Insurance Authority (NHIA), federal and state government institutions, and other stakeholders, recipients will support concrete approaches to expanding health insurance coverage. Illustrative activities include:

- Enrolling people living with HIV and/or tuberculosis (particularly children, adolescents, and their families) into health insurance schemes;
- Supporting premium payments through NHIA mechanisms;
- Creating reimbursement systems for complicated maternal and child healthcare services under the NHIA Comprehensive Emergency Obstetric and Newborn Care (CEmONC) program;
- Establishing claims-management verification processes and accountability systems; and
- Providing strategic assistance to standardize health insurance benefits packages across State Health Insurance Agencies (SHIAs).

Objective 3: Enhance global health security through integrated disease surveillance and outbreak response.

At present, disease surveillance and outbreak response is not fully integrated or coordinated across diseases in all settings and states across Nigeria. The recipient will strengthen the Nigeria Centre for Disease Control (NCDC) and federal and state government institutions capacity for integrated disease surveillance and to detect and respond to disease outbreaks across all disease areas and in all settings. In particular, recipients will support the establishment and operationalization of national and subnational and multisectoral Public Health Emergency Operations Centers (PHEOCs) through workforce training, supportive supervision, coordination with sectoral emergency operations centers, and steady-state disease monitoring and surveillance. To strengthen outbreak detection, notification, and response performance, recipients may implement biannual simulation exercises and 7-1-7 assessments; and strengthen rapid response team (RRT) systems. Recipients may also support specimen transport and referral systems for priority pathogens; and scale-up community-based early warning surveillance systems through training, logistics support, and community health worker networks.

Objective 4: Strengthen digital health systems, interoperability, and data-driven decision-making

In addition to not being well integrated across disease areas, health data systems are not fully interoperable, which impedes data-driven decision making. Therefore, to improve interoperability, data quality, and evidence-based decision-making across integrated health programs and outbreak preparedness and response, recipients will deploy, integrate and scale-up national and subnational interoperable digital health systems and health information exchanges

(HEIs), including SORMAS, LIMS, NHMIS, mSupply, and electronic medical record (EMR) platforms. As a critical step, recipients will support the migration of U.S. government-supported EMR systems to Government of Nigeria-owned platforms across 4,000 primary, secondary, and tertiary facilities, including deployment of hardware, digital devices, cloud infrastructure, networking equipment, and interoperability solutions. To safeguard data, recipients will also implement cybersecurity and data protection measures aligned with the Nigeria Data Protection Regulation, including such activities such as security audits, network monitoring, privacy safeguards, and mobile device management. Applicants are encouraged to propose other ideas that will facilitate a sustainable, interoperable digital health ecosystem that improves data visibility and evidence-based decision-making in alignment with transition to the national government ownership and management. These may include (but are not limited to) development of integrated analytics and data visualizations; development of national facility, provider, and client registries; etc.

Objective 5: Strengthen integrated supply chain systems

Currently, the health commodities supply chain is neither fully government-led nor is it integrated across disease areas. Through provision of technical assistance for supply chain systems, recipients will strengthen integrated supply chain systems to ensure reliable access to and availability of essential health commodities across HIV, tuberculosis, malaria, MNCH, immunization, nutrition, and outbreak response programs. Recipients will work with the National Product Supply Chain Management Project (NPSCMP), Department of Food and Drug Services (FDS), and State Logistics Management Coordination Units (LMCUs) on supply chain strengthening activities. This objective encompasses strategic assistance, capacity building, and operational support activities that enable supply chain functions including support of:

- Strengthening forecasting and supply planning (FASP), including use of the Quantification Analytics Tool (QAT);
- Streamlining duty waiver processing and importation procedures;
- Technical strengthening for warehouse management and distribution operations;
- Training and mentoring supply chain personnel, including use of supply chain data for decision-making; and
- Supply chain monitoring and evaluation (M&E);
- Transition planning, including phased handover of GON-financed supply chain functions, to advance GON ownership and management;

This objective does not include direct provision of procurement, warehousing, or last mile in-country distribution services. GHSD expects that the activities under this objective will result in resilient, country-led supply chains, reduced fragmentation across disease areas, improved efficiency, and improved commodity availability at health facilities.

Objective 6: Strengthen laboratory network infrastructure and quality systems

Currently, laboratory network infrastructure and quality systems are neither fully government-led nor are they integrated across disease areas. To ensure resilient, safe, and secure country-led laboratory systems that strengthen disease detection and response and achieve health security priorities, recipients will:

- Deploy integrated molecular diagnostics and genomic sequencing capacity (including next-generation sequencing platforms and bioinformatics infrastructure where relevant) at national reference laboratories and a minimum of five regional hubs supporting testing

for HIV, tuberculosis, malaria, viral hemorrhagic fevers, respiratory pathogens, and emerging infectious diseases. Train at least 500 laboratory personnel in molecular diagnostics and genomic analysis, including appropriate biosafety measures.

- Support routine and outbreak-related drug resistance monitoring activities using government-led genomic surveillance systems, including sequencing at least 1,000 HIV samples, 500 tuberculosis isolates, and 500 malaria samples annually.
- Ensure timely, safe, secure, and integrated specimen transport referral networks by establishing (where needed) or optimizing specimen referral networks across all 36 states and the FCT. This should include (but not be limited to) support of third-party logistics management, cold chain systems, and integrated specimen tracking linked to Laboratory Information Management Systems (LIMS) platforms; and laboratory network assessments including development of standard operating procedures in coordination with relevant stakeholders.
 - GHSD expects that these activities will result in transport of at least 500,000 specimens annually through hub-and-spoke models, maintaining cold chain compliance above 98 percent, on-time delivery rates above 95 percent, specimen rejection rates below 5 percent, and turnaround times under 48 hours.
- Conduct post-market verification for diagnostic products;
- Provide equipment calibration and maintenance;
- Provide technical assistance for laboratory accreditation (including Strengthening Laboratory Management Through Accreditation or SLMTA training, quality management system development, and mock assessments) with at least 10 laboratories achieving ISO 15189 accreditation by 2030.

By 2030, collectively these activities aim to ensure 80 percent of the population will receive results within two hours of diagnostic service and 15 percent reduction in per-test costs.

Objective 7: Improve health facility infrastructure

Health facilities face persistent infrastructure challenges, including unreliable power, limited water access, and insufficient medical equipment; these challenges are particularly acute in rural and underserved areas. Recipients will support the GON to expand reliable access to safe water and electricity for at least 3,800 facilities. Additional high-priority facility improvements may include: creating partitions and painting; improving ventilation and infection prevention and control (IPC) measures; and/or procuring essential equipment (such as weighing scales, examination tables, cabinets, refrigerators, and medical furniture). Recipients will also establish intensive care units for maternal and newborn care in select CEmONC health facilities and provision of equipment to support complicated deliveries. Recipients will also provide training to frontline health workers on use of procured equipment for service delivery in alignment with national policies and protocols. Recipients should also prioritize infrastructure improvement, and equipment upgrades for at least 360 facilities that provide these CEmONC services, including procurement and deployment of life-saving equipment and commodities such as radiant warmers, oxygen concentrators, CPAP machines, phototherapy units, obstetric emergency trolleys, calibrated drapes, and anti-shock garments. For all these upgrades, recipients should ensure wraparound support for quality assurance, freight, and deployment support. Recipients should establish preventive maintenance systems, service contracts, and technical support networks for U.S. government-funded equipment.

Objective 8: Improve health financing and budget allocation of health workforce

At present, a large portion of the health workforce is dependent on donors for salary and benefits, and the overall health workforce lacks predictable and reliable financing. Recipients will support phased workforce transition strategies that progressively shift responsibility from U.S. government support to GON financing for health workforce, including salaries, stipends, benefits and operational support. Beginning in 2027, U.S. government salary support for full-time equivalent (FTE) frontline health workers (including community health workers, doctors and clinical officers, nurses and midwives, pharmacy workers, and campaign workers) will decrease by 25 percent annually, with full transition to GON financing of salaries and benefits by the end of 2030. Recipients will provide support for salaries, stipends, non-monetary compensation, and travel for persons delivering frontline health services. Simultaneously – and working with federal and state government institutions and other stakeholders – recipients should strengthen workforce planning, recruitment, retention, and management systems, including development of human resources for health (HRH) management tools and harmonized Community Health Worker (CHW) service delivery models. Recipients should further strengthen workforce financing and long-term sustainability through support for national transition frameworks, training-of-trainers programs, and continuous professional development in areas such as software development and IT project management. Additional activities may include:

- Maintaining e-learning platforms to support health workforce mentoring, including providing user support and updating e-learning content (especially for the 3,800 upgraded health facilities in Objective 7).
- Deploying telehealth technologies to support remote consultations.

It is expected that these activities will result in phased handover of workforce costs, reduce long-term dependency on donor-funded staffing models, and support sustainable, government-led health workforce management.

2. Guiding Principles

Applicants should integrate the following principles into their proposed interventions to align with U.S. foreign policy goals:

- 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 Nigerian 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.
- Reach Vulnerable Populations: Expanding access to high-quality health services for vulnerable populations, including underserved communities, rural populations, women and children, and people living with HIV, tuberculosis, and malaria is at the heart of this investment. Service delivery strategies should consider expanded outreach to insecure hard-to-reach areas, and integrated services that meet multiple health needs.

- 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 Nigeria'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 Nigerian context.
- Separation of Religious Activities: Faith-based organizations receiving funding under this program may retain their religious character and identity. However, recipients must ensure that explicitly religious materials or explicitly religious activities, including religious services, worship and religious instruction, are kept separate in time or location from U.S. government-funded health service delivery activities. Health services funded under this program must be provided without regard to the religious beliefs of beneficiaries, and participation in religious activities may not be required as a condition of receiving health services.