

Annual Program Statement Addendum

Addendum E: Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Uganda

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 Uganda (GOU). 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 Uganda
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 15
Total available funding	Up to \$60,000,000

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 the availability of funding.

2) Executive Summary

The Department of State invites interested organizations to submit SOIs to support Uganda'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 Uganda MOU Implementation Plan (April 2026–December 2030).

B. Program Description

The U.S. Government–Government of Uganda MOU Implementation Plan is a five-year transition framework (April 2026–December 2030) to build a resilient health system that prevents disease, supports economic growth, and counters infectious disease threats. Designed around measurable outcomes in HIV, tuberculosis, malaria, vaccine-preventable diseases, maternal and child health, and outbreak preparedness and response, the Implementation Plan has a phased transfer of functions from implementing partners to GOU systems. Through progressive government-to-government (G2G) financing channeled through the Ministry of Finance, Planning and Economic Development (MOFPED), the Ministry of Health (MOH), referral hospitals, the National Medical Stores (NMS), and districts, U.S. support will shift from a partner-driven model to a government-led, performance-verified system while increasing momentum on epidemic control and health security.

Central to this transition is the establishment of the enabling systems required to make government-led, performance-based programming accountable and sustainable. The MOU Implementation Plan prioritizes the following:

- Transitioning interoperable digital health systems (EMRs, laboratory information systems, DHIS2-based surveillance, and the National Data Warehouse) to MOH ownership;
- Establishing GS-1 traceability with last-mile commodity visibility and routine supply chain audit;
- Performing quality assurance for priority public health interventions, including Indoor Residual Spraying (IRS);
- Ensuring sustainable power for health facilities;
- Conducting district-level risk assessments to verify GOU readiness to receive direct U.S. government funding; and
- Completing independent quarterly milestone verification to trigger performance-based payments.

Together, these enabling systems form the operational backbone through which the MOU's health outcomes will be financed, delivered, measured, and sustained.

Uganda's faith- and community-based health sector is recognized within the MOU Implementation Plan as a key contributor to national service delivery and an integral partner in advancing the Plan's health outcomes. The sector provides significant proportions of outpatient visits, first antenatal care attendances, tuberculosis case notifications, malaria treatments, and child immunizations nationwide. The network manages more than 220,000 people living with HIV on antiretroviral treatment across hundreds of ART-accredited facilities. The sector also plays a critical role in outbreak detection and response, providing frontline surveillance and capacity to contain infectious disease threats at the community level. Strengthening the financial sustainability of this sector is therefore a core component of the MOU's broader transition agenda.

Through this Addendum, the Department of State seeks partners that can drive sustainable, systemic change across the faith- and community-based sector and the enabling systems that underpin government-led, performance-verified health programming. This approach will shift support for life-saving activities in faith- and community-based facilities from recurrent, time-bound project funding to sustainable, institutionally anchored assistance, while strengthening the GOU systems through which the MOU's health outcomes will be financed, delivered, measured,

and sustained. It aligns with the Department's Agency Strategic Plan (FY26–30) and advances the Administration's commitment to protecting U.S. investments in global health while fostering country self-reliance.

1) Goals and Objectives

The overarching goal of this Addendum is to accelerate Uganda's transition to a sustainable, accountable, and government-led health system capable of sustaining gains in HIV, tuberculosis, malaria, MNCH, immunization, and outbreak preparedness and response under the U.S. Government–Government of Uganda MOU Implementation Plan. To achieve this goal, the Department of State will support investments under two complementary tracks comprising eight objectives.

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.

Track 1: Sustainable Faith- and Community-Based Health Systems

As described above, Uganda's faith- and community-based health sector (e.g., non-government run hospitals and clinics) is a critical pillar of national service delivery, providing a substantial share of outpatient care, HIV treatment, tuberculosis case detection, malaria treatment, immunization, and maternal and child health services across the country. However, much of this sector remains dependent on time-bound, externally funded project support that risks disruption of life-saving services. Objectives under this track will build financial sustainability, institutional capacity, and integrated service delivery platforms necessary to ensure these facilities can sustain operations through domestically anchored revenue and governance structures:

Objective 1: Establish and Scale Sustainable Community-Based Health Financing Mechanisms. Recipients will develop and implement community health insurance (CHI) schemes as the primary mechanism for transitioning from direct service delivery grants to sustainable, community-owned financing models. Activities include establishing new CHI units, strengthening governance structures, deploying digital platforms for enrollment and claims management, and building actuarial and financial management capacity. Recipients should link CHI groups to income-generating initiatives within broader faith- and community-based platforms to stabilize premium payment capacity and reduce attrition. They will also need to scale up user fees based on willingness-to-pay studies and establish transparent waiver systems to maintain client-centered access to care.

Objective 2: Sustain Integrated Service Delivery in Faith- and Community-Based Facilities.

Recipients must maintain delivery of integrated HIV, tuberculosis, malaria, MNCH, immunization, and global health security services across faith- and community-based health facilities through a coordinated, people-centered model while the sustainable financing mechanisms established under Objective 1 mature. Continuity of life-saving services, including antiretroviral therapy, tuberculosis treatment, and prevention of mother-to-child transmission, must not be disrupted during this transition.

Recipients should implement integrated, one-stop service delivery models that reduce programmatic fragmentation and align with the Ministry of Health Integration Strategy and

District Health Team coordination structures. Recipients should strengthen facility-level systems essential to sustain service quality, including electronic medical records, laboratory and diagnostic networks, commodity management, and human resource performance management. Recipients should build clinical workforce competency through structured onsite mentorship, continuous quality improvement, and data-driven performance reviews. Recipients should develop phased transition plans that progressively shift facility operational costs, including health worker salaries, to domestic revenue streams established under Objective 1, with verified service continuity benchmarks across ART retention, viral suppression, tuberculosis treatment success, immunization coverage, and maternal health indicators.

Objective 3: Build Faith- and Community-Based Organization and Network Capacity.

Recipients will strengthen the institutional capacity of the governance and oversight structures that manage networks of affiliated faith- and community-based health facilities, including medical bureaus, community-based organizations, and network coordinating bodies. These structures provide the institutional permanence, fiduciary systems, and governance authority necessary to sustain operations across their affiliated facility networks. Activities may include conducting organizational capacity assessments, developing tailored capacity-building plans, building financial management capacity to establish dedicated health budgets, and leveraging network assets, including affiliated financial institutions, training institutions, and community mobilization platforms, to diversify revenue. Recipients will develop and execute phased transition plans that demonstrate each institution's progressive assumption of facility operational costs, including health worker salary absorption and consolidated performance accountability across facility networks

Track 2: Enabling Systems for Accountable, Government-Led Programming

As Uganda transitions to government-led, performance-verified health programming under the MOU Implementation Plan, robust enabling systems are essential to ensure accountability, transparency, and sustained results. This track invests in the foundational digital, energy, supply chain, fiduciary, and quality assurance infrastructure required to finance, deliver, measure, and verify health outcomes through GOU systems. Together, these investments establish the operational backbone that makes direct government financing credible and sustainable.

Objective 4: Strengthen and Scale Interoperable, Fit-for-Purpose Digital Health Systems. Recipients will support the deployment, integration, and progressive GOU's responsibility for Uganda's national health data architecture, including electronic medical records and pharmacy management systems (eAfya, ClinicMaster), laboratory information systems (ALIS, LabExpert), surveillance and outbreak management systems (eIDSR, Integrated Outbreak Management System), warehouse management systems (NMS and Joint Medical Stores ERPs), the National Data Warehouse, the electronic Community Health Information System (eCHIS), and the integrated Human Resource Information System (iHRIS). All systems must be fit-for-purpose, interoperable, and fully under GOU responsibility and operation by project close, with documented transition of staffing and recurrent operating costs to the Ministry of Health.

Objective 5: Expand Sustainable Power Solutions for Health Facilities. Recipients will deliver sustainable power solutions at up to 700 health facilities by 2029, including system

design, commissioning, user training, and post-commissioning maintenance and monitoring. Technology selection should be justified through lifecycle cost analysis and implemented in close coordination with the MOH Infrastructure Division and other relevant GOU entities.

Objective 6: Institutionalize Supply Chain Accountability, GS-1 Traceability, and Annual Audit. Recipients will support the GOU, through the National Drug Authority and other relevant institutions, to deploy GS-1 standards (GTINs and serial numbers) enabling unique identification and end-to-end traceability of medicines from central warehouses to facility dispensing points. Specifically, recipients will:

- Integrate GS-1 data with LMIS and other digital health systems to enable automated alerts, reconciliation, and audit trails;
- Support last-mile commodity visibility and data-driven quantification at national and sub-national levels; and
- Improve Joint Medical Stores ERP operations and efficiency.

Recipients will also conduct an annual risk-based supply chain audit covering: (a) Procurement and Contract Management; (b) Warehousing and Inventory Management; (c) Distribution and Transport; and (d) Supply Chain Information Systems and Data Quality.

Objective 7: Conduct District-Level Risk Assessments and Independent Verification for Performance-Based Financing. Recipients will conduct G2G risk assessments of all entities proposed to receive direct U.S. government funding, including local government authorities. Each assessment should include (a) a funds flow analysis verifying IFMIS readiness to segregate USG funds under the on-budget disbursement model; (b) systems verification confirming that internal data and reporting systems can provide objective proof of results required for performance-based payment; and (c) risk identification and mitigation addressing fiduciary integrity and operational readiness. Recipients will also support assessed entities to develop and execute risk mitigation plans in coordination with MOFPED and the Ministry of Local Government. In addition, recipients will, at the direction of the U.S. government, carry out routine quarterly, semi-annual, annual, or ad hoc verification of milestones to enable performance-based payments to the GOU and, at times, implementing partners, drawing on GOU national information systems and physical verification of source documents as needed.

Objective 8: Provide Indoor Residual Spraying (IRS) Quality Assurance. Recipients will deliver IRS quality assurance in 35 districts, including technical assistance for spray planning, verification of 85 percent household spray coverage, environmental and safety compliance assurance, and verification of 100 percent spray efficacy at day 30 post-spray in sampled households.

2) Guiding Principles

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

- **Promote Sustainability and Country Ownership:** All activities should support progressive transition to sustainable Ugandan ownership, financing, and management of systems and services. Applicants should clearly identify how interventions will strengthen long-term institutional sustainability and reduce reliance on external support over time. Interventions that create parallel structures or indefinite dependence on external technical assistance will not be considered.

- Protect Continuity of Life-Saving Services: Activities must protect continuity of essential HIV, tuberculosis, malaria, MNCH, immunization, and outbreak response services during transition processes and systems strengthening efforts.
- Prioritize Data for Action and Accountability: All interventions must generate timely, high-quality data flowing into GOU national systems and demonstrate how decision-makers at national, district, and facility levels will use that data to guide resource allocation, improve services, and strengthen accountability. Applicants must show how activities move beyond data collection to actionable data use for program management and course correction.
- Strengthen Integrated and People-Centered Systems: Applicants should prioritize integrated approaches that improve coordination across programs, systems, and levels of care while reducing fragmentation and duplication.
- Leverage Local Institutions and Partnerships: There should be a priority placed on working collaboratively with Ugandan government institutions, local organizations, faith-based organizations, and community stakeholders to deliver services, strengthen local systems, and ensure culturally appropriate, sustainable, and accountable implementation at national and sub-national levels. Recipients plan to leverage U.S. and Ugandan private sector expertise, technology, and investment to accelerate innovation, strengthen market systems, and expand the use of U.S. technologies, standards, and solutions.
- Utilize Evidence-Based and Context-Appropriate Approaches: All proposed activities must be informed by localized evidence and adapted to Uganda's policy, operational, cultural, and economic context.
- Oversight, Coordination, and Collaboration: Recipients must align all programming with the priorities of the Uganda MOH and other relevant GOU institutions. Recipients must actively participate in designated coordination, performance monitoring, and implementation review platforms and ensure close coordination with relevant national and sub-national stakeholders.
- 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.