Annual Program Statement Addendum

Addendum J: Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Mozambique

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), in coordination with the Government of Mozambique (GRM), 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 Mozambique. 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 SOI is the first step in a two-step process. Interested organizations must first submit a concept note presenting a project approach and intended outcomes. This is not a full application and will not result in a federal assistance award at this step. The SOI process allows organizations to submit project ideas for evaluation prior to requiring 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 Mozambique
Deadline for questions	July 17, 2026 [1700 PM EDT GMT-4]
SOI due date	September 15, 2026 [1700 PM EDT GMT-4]
Number of awards anticipated	Up to 15 awards
Total estimated funding	Up to $180,000,000, 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, and 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, in coordination with the GRM, invites eligible organizations to submit SOIs to support Mozambique's transition toward sustainable, integrated, and accountable health services, systems, and institutions that improve health outcomes, strengthen service delivery, reinforce health

security, and advance long-term country ownership under the U.S. Government (USG) –Government of Mozambique (GRM) Health MOU (April 2026–December 2030).

B. Program Description

The USG–GRM MOU Implementation Plan (April 2026–December 2030) establishes a five-year framework to transition Mozambique toward a resilient, integrated, and sustainable health system targeting measurable outcomes in HIV, tuberculosis, malaria, vaccine-preventable diseases (VPDs), maternal, newborn and child health (MNCH), and outbreak preparedness and response, while simultaneously strengthening essential support systems such as laboratory services, health information systems, supply chain management, and human resources to reinforce integration and long-term sustainability. Through government-to-government (G2G) financing with the Ministry of Finance, Ministry of Health (MOH), the National AIDS Council (CNCS), Central Medical Stores (CMAM), and Provincial Health Services (SPS/DPS), U.S. government support will shift from an implementing partner-driven model to a government-led, performance-based model incorporating verification.

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;
- Provide information on how the proposed approaches will support more efficient service delivery; and
- Articulate a credible path to long-term Mozambican ownership, accountability, and financing of health services and systems within the project period.

Proposed projects should prioritize integrated and sustainable service delivery across public, private and community-based health systems, focusing on underserved and high-burden populations across Mozambique. Broad and innovative approaches that promote integration, efficiency, and sustainability are necessary; yet, integration should not be viewed as an end in itself. SOIs should clearly articulate how program-specific needs and specialized interventions will be maintained where necessary and outline sustainable pathways for institutionalization and local ownership.

1. Goals and Objectives

Strengthen Mozambique's national, provincial, and subnational health systems to deliver integrated, resilient, and high-quality health services across public, private, faith- and community-based facilities that reduce morbidity and mortality, sustain gains against infectious diseases, improve maternal and neonatal outcomes, strengthen biosafety and biosecurity and readiness for public health threats, with particular focus on improving HIV, TB, GHS, Malaria, MNCH and immunization health outcomes by 2030.

Organizations may submit SOIs addressing one or more of the six objectives, provided they can demonstrate the technical, operational, and institutional capacity required for each objective addressed.

Objective 1: Provide Integrated Service Delivery and then Transition of Functions to GRM.
This objective strengthens integrated, high-quality health service delivery across HIV, tuberculosis, malaria, MNCH, and immunization at provincial and district levels, reducing morbidity and mortality and improving outcomes for Mozambicans in high-burden and underserved areas. The recipient will provide strategic technical assistance and targeted implementation support for integrated case management by strengthening case finding, ensuring effective referrals, and promoting uptake and retention in care. This includes recruitment, training, employing and supervising qualified personnel,

such as clinicians, community health workers, or other appropriate cadres, where government capacity is insufficient to delivery priority health interventions. The level of implementation support will be tailored to provincial needs, taking into account disease burden, health system capacity, program performance, service coverage, and implementation bottlenecks, with the ultimate goal of transitioning these functions to SPS/DPS through G2G overtime. The recipient will support the transition of service delivery and systems strengthening functions to provincial G2G awards for Mozambique's transition to a sustainable, government-led service delivery model. Sub-objectives are as follows:

a. Strengthen community-facility linkages and targeted community support for continuity of care
b. Improve quality and continuity of integrated facility-based health services in high-burden and underserved areas
c. Strengthen provincial clinical, community, and health system functions that support integrated program performance
d. Promote sustainable provincial implementation models and local ownership

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

- Building district/provincial capacity to analyze and use government health data for planning, performance management, resource allocation, program monitoring, and evidence-based decision-making;
- Institutionalizing quality improvement approaches at facility, district, and provincial levels to improve service delivery performance and support the phased transition of responsibilities from U.S. government-supported implementers to GRM ownership and management;
- Supporting the implementation and strengthening of community-based case finding, referral, care, and treatment services by recruiting, training, mentoring, supervising, and supporting qualified personnel, including community health workers and other appropriate cadres, and partnering with community-based organizations to delivery integrated HIV, TB, and malaria case finding, integrated community case management, linkage to care, and treatment adherence support;
- Implementing integrated multi-disease prevention, health promotion, and social and behavior change interventions that increase health literacy, strengthen community engagement, promote timely care-seeking, and generate demand for health services;
- Strengthening the Community Health Subsystem through training, mentorship, and supportive supervision of community health actors; implementation of the Essential Community Health Package; strengthening Community Health Development Committees; and supporting community-based surveillance and early warning systems;
- Supporting the deployment and utilization of innovative diagnostic technologies (e.g. computer-aided X-ray, molecular testing) to improve case detection and linkage to care; and
- Supporting transition and institutionalization of critical community service delivery functions, including mentor mother programs, peer support, and case management that contribute to continuity of care.

Applicants may propose implementation in one or more provinces or geographic regions (for example: Maputo City and Maputo Province; Gaza/Inhambane; Sofala/Manica/Tete; Nampula/Zambézia; Cabo Delgado/Niassa). Applicants may propose integrated interventions, as well as specific targeted interventions according to epidemiology and other factors, depending on geographic focus.

Objective 2: Enhance Global Health Security through Integrated Disease Surveillance and Outbreak Response

In support of the GRM, this objective strengthens Mozambique's capacity to rapidly detect, notify, investigate, and respond to infectious disease outbreaks and public health emergencies through country-led integrated surveillance and laboratory systems, a functional and unified public health emergency

management system, cross-cutting community engagement, and a skilled workforce. Activities should complement and coordinate with existing U.S. government activities including G2Gs and U.S. government subject matter experts, in support of national global health security priorities. The recipient will promote integrated approaches across human, animal and environmental health sectors and may provide logistical and operations support to the Government of Mozambique. Central to this work is enabling and supporting national leadership, strengthening sustainable government systems, institutional capacity, and workforce development to ensure capacities are sustained. Illustrative interventions may include (but are not limited to):

- Strengthening national/ established integrated disease surveillance systems, including event and indicator-based surveillance, and community-based early warning and event detection systems for priority diseases and public health threats via a One Health approach that considers the interconnectedness of human, animal and environmental health threats;
- Establishing and operationalizing Public Health Emergency Operations Centers (PHEOCs) and outbreak investigation units at national and subnational levels to ensure appropriate emergency management;
- Providing contingency planning, emergency coordination, and rapid response team (RRT) capacity building;
- Training workforce through applied epidemiology training, operational support to GRM's field epidemiology training programs (FETP) and other public health workforce strengthening initiatives;
- Strengthening laboratory networks and systems for timely detection and confirmation of priority pathogens, including specimen collection, referral and transport systems, diagnostic capacity, biosafety and biosecurity; and antimicrobial resistance monitoring;
- Strengthening point of entry screening, including through improved surveillance and cross-border coordination;
- Improving infection prevention and control and case management preparedness; and
- Monitoring of capacity development, including use of the 7-1-7 framework, routine assessments, performance reviews, after-action reviews, simulation exercises, and corrective action planning.

Objective 3: Strengthen and Scale Interoperable Digital Health Systems, and Operationalize Data-Driven Decision-Making

The recipient will support the GRM to develop, deploy, and scale a national, integrated, interoperable, innovative and sustainable digital health ecosystem aligned with the Digital Health Strategy (ESD-MZ 2025-2034) and the broader digital health ecosystem. The recipient will support prioritized deliverables for approved digital health products (e.g. SIS-RME, SIS-Lab, eVIDR/BED Plus, nSIMAM), the National Data Warehouse, the National Health Data Exchange, technology-supported data capture solutions, and other approved digital health solutions. The recipient will support GRM to implement fit-for-purpose digital health solutions across Mozambique's 1900+ health facilities, their associated laboratories, and the health commodity and logistics management ecosystem. The recipient will also support the GRM in operationalizing data-driven decision-making at district, provincial, and national levels. The recipient will collaborate with Health Information Systems subject matter experts from USG and HIS technical teams supported by other donors to deliver support to the GRM. Sub-objectives are as follows:

a. Strengthen Interoperable Digital Health Systems
b. Technology-Supported Data Capture at Low Burden Health Facilities
c. Data Use for Program Management and Improvement

SOIs may focus exclusively on a single or multiple sub-objectives, provided that the proposed approach clearly contributes to strengthening sustainable, government-led digital health systems and aligns with the overall objective.

Strengthening Interoperable Digital Health Systems: illustrative interventions include (but are not limited to):

- Providing strategic technical assistance to GRM to strengthen national and subnational digital health and health information systems by establishing governance frameworks, reporting and interoperability standards, data quality assurance processes, health information management procedures, and integrations of parallel reporting systems to support sustainable government-led health information management;
- Developing digital health systems: The recipient will embed technical staff with GRM for enterprise architecting, software architecting, engineering and development, database architecting and engineering, business analysis, user acceptance testing, and cybersecurity; and provide technical assistance for digital health system maintenance and hosting;
- Implementing digital health systems: The recipient will support procurement and configuration of equipment; assist in conducting health facility readiness assessments and developing and executing mitigation strategies; provide technical assistance for infrastructure installation including security measures; and embed helpdesk staff with GRM;
- Providing digital health governance strategic assistance: The recipient will embed senior-level technical assistance with GRM for product management and software engineering.

Technology-supported data capture solution: illustrative interventions include (but are not limited to):

- Supporting the GRM in procuring a service provider to design, develop, and implement a technology-supported data capture solution for health facilities with lower patient burden and/or unstable electricity and internet that meets the following minimum requirements: fully integration with SIS-RME; hosting infrastructure that complies with relevant Mozambican digital sovereignty laws and requirements; no changes to existing paper forms or registries; and capacity transfer to enable GRM staff to independently operate and support the solution by 2030.
- Upon concurrence from the GRM and USG subject matter experts, supporting the pilot implementation of the technology-supported data capture solution, and, if successful, supporting the GRM in scaling it to additional program areas and health facilities, ultimately reaching all health facilities where SIS-RME is not implemented.
- Supporting the procurement, configuration, and deployment of devices and other equipment required for the implementation of the technology-supported data capture solution.

Data Use for Program Management and Improvement illustrative interventions include (but are not limited to):

- Embedded strategic assistance for GRM to operationalize and institutionalize the use of clinical and program data for performance management, including translation of findings into programmatic quality improvement actions.
- Embedded strategic assistance for GRM to develop, test, and maintain integrated dashboards and other data use products for program monitoring and clinical surveillance; develop and validate data use product requirements; and provide training and support to staff at central MISAU, provincial health offices (SPS/DPS), district health offices (SDSMAS), and health facilities for utilizing data use products.

Objective 4: Strengthen Integrated Supply Chain Systems

This objective strengthens integrated supply chain systems ensuring continuous availability, accessibility and efficient management of essential health commodities across HIV, tuberculosis, malaria, MNCH, immunization, laboratory, and other priority programs. Activities under this objective may support CMAM and other relevant government institutions to strengthen planning, forecasting and quantification, procurement, distribution, inventory management, and use of supply chain data for data-driven decision-making, with progressive transition of supply chain functions to government-led systems. Such support shall be provided based on identified needs and upon request from CMAM, in accordance with applicable government policies, regulations, and procedures governing technical assistance and implementation support. Activities will contribute to strengthening government capacity to manage and sustain supply chain systems, improve integration between commodity and service delivery data, and support the progressive transition of supply chain functions from implementing partner support to government-led systems. This objective will include a focus on supply chain workforce development, system interoperability, and sustainable government ownership and management. Illustrative interventions may include (but are not limited to):

- Strengthening national and subnational commodity forecasting, quantification, and supply planning processes, including documentation and validation of planning assumptions;
- Strengthening data-driven stock monitoring, inventory management, and early warning systems to prevent stock imbalances, stock-outs and expiries;
- Strengthening logistics management systems and improving interoperability and data exchange between LMIS, clinical, laboratory, warehouse, transport, procurement, and other health information systems;
- Strengthening warehouse, inventory, distribution and transport management systems to improve commodity availability and efficiency across the supply chain;
- Supporting the development and implementation of a phased transition plan, jointly defined with CMAM and other relevant government stakeholders, with clear milestones and performance benchmarks to facilitate the progressive handover of responsibilities to government-led systems;
- Strengthening government capacity to manage outsourced supply chain contracts including procurement oversight, contract management, performance monitoring and accountability mechanisms.

Objective 5: Strengthen Health Systems and Institutional Capacity for Sustainable Service Delivery

This objective strengthens the core systems, institutions, and human resources for health, and workforce management required to support sustainable, high-quality, integrated health service delivery under government leadership. It addresses laboratory systems, health workforce capacity, health financing, governance, planning, monitoring and evaluation, and other foundational health system functions. This objective supports institutional strengthening at national, provincial, district, and community levels, with particular emphasis on government leadership, workforce development and efficient distribution, sustainable financing, quality systems, evidence-based decision-making, and the gradual transition of responsibilities to government-managed systems. Sub-objectives are as follows:

a. Laboratory Systems and Diagnostic Capacity
b. Health Workforce Development and Transition
c. Health Financing, Governance, and Public Financial Management
d. Strategic Health Systems Strengthening

SOIs may focus exclusively on a single sub-objective or a subset of sub-objectives, provided that the proposed approach clearly contributes to strengthening sustainable, government-led health systems and aligns with the overall objective.

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

Laboratory Systems and Diagnostic Capacity

- Strengthening laboratory quality management systems through External Quality Assessment (EQA), proficiency testing, continuous quality improvement, mentorship, and support for laboratory accreditation (ISO 15189), including corrective action planning and compliance monitoring;
- Enhancing biosafety and biosecurity systems through workforce training, infrastructure improvements, and adherence to national and international standards;
- Improving laboratory operations and network performance by establishing equipment maintenance and calibration systems and optimizing laboratory information systems and laboratory-clinic linkages to improve turnaround times and diagnostic continuity;
- Strengthening biosafety and biosecurity systems through training, infrastructure improvements, and compliance monitoring;
- Building laboratory workforce capacity through training, certification, and mentorship of laboratory personnel to deliver standardized, quality-assured diagnostic services.

Health Workforce Development and Transition

- Strengthening health frontline workforce planning, financing, and management systems to support the sustainable transition and planned absorption into the public sector. This includes strengthening end-to-end workforce management across the employment lifecycle - including recruitment, deployment, performance management, and professional development – and supporting the structured transition from donor-funded payroll systems to ensure continuity of service delivery, workforce retention, and long-term fiscal sustainability;
- Strengthening HRH management systems and leadership capacity at all levels to improve workforce planning, deployment, performance management, and retention;
- Expanding and developing the health workforce, including Agentes Polivalentes Elementares (APEs) and Agentes Polivalentes de Saude (APS) - the Community Health Workers and Activists, through training, mentorship, TeleSaúde, e-learning, and other continuous professional development approaches.

Health Financing, Governance, and Public Financial Management

- Strengthening public financial management and government financing systems at national, provincial, and district levels, including planning, budgeting, expenditure tracking, financial reporting, and oversight of government-to-government (G2G) funding mechanisms;
- Supporting sustainable health financing and resource mobilization through advocacy, domestic resource mobilization strategies, and efforts to reduce long-term dependency on external donor funding;
- Strengthening health sector governance, coordination, and accountability mechanisms including support to the MOU Steering Committee, Technical Working Groups, civil society engagement, and other platforms that promote transparency, coordination, and evidence-based decision-making.

Health Systems Governance, Research, and Institutional Capacity

- Conducting national health surveys and data quality assessments, including support to the Mozambique Population-based HIV Impact Assessment (I-PHIA) and related analytical studies;
- Supporting targeted health facility infrastructure improvements including minor renovations, WASH upgrades, infection prevention and control enhancements, and essential equipment procurement in underserved facilities;

- Strengthening institutional capacity within government and national research institutions to design, conduct, oversee, and disseminate operational research and implementation science that informs national health policy, strategic planning, and long-term health system strengthening;
- Supporting coordination mechanisms and civil society engagement platforms that strengthen community accountability, health sector governance, and sustainability of government-led implementation.

Objective 6: Strengthen Integrated Health Delivery in Gorongosa District
This objective strengthens integrated health service delivery and district health systems in Gorongosa through targeted infrastructure investments, clinical service strengthening, workforce development, and community-based interventions. It supports establishment and operationalization of a fully functional regional referral hospital and strengthened community health platforms capable of delivering integrated MNCH, immunization, HIV, tuberculosis, malaria, laboratory, emergency, and primary health care services aligned with national standards and MOU priorities. Illustrative interventions may include (but are not limited to):

- Constructing, rehabilitating, equipping, and operationalizing Gorongosa Regional Hospital and associated health infrastructure;
- Strengthening integrated MNCH, HIV, tuberculosis, malaria, laboratory, emergency, and primary health care services in accordance with national standards;
- Building community-facility linkages through referral systems, case management, adherence support, and demand creation;
- Training and mentoring clinical, laboratory, community, and managerial health workers; and
- Strengthening district-level planning, management, monitoring, quality improvement, and health information systems.

2. Guiding Principles

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

- Strengthen Integrated Systems: Recipients should prioritize integrated approaches that improve coordination across programs, systems, and levels of care. It is crucial to link service delivery, laboratories, surveillance, supply chains, and digital health systems to reduce fragmentation and duplication, while improving continuity of care and outbreak surveillance, readiness, and response.
- Promote Sustainability and Country Ownership: Consistent with the America First Global Health Strategy (AFGHS), health assistance should support host-country leadership, national response plans, and sovereign decision-making. All activities should support transition to sustainable Mozambican ownership, financing, and management of systems and services. Recipients should clearly identify how interventions will strengthen long-term institutional sustainability and reduce reliance on external support over time. These investments complement, not replace, government-led efforts. Interventions that create parallel structures or indefinite dependence on external technical assistance will not be considered.
- Leverage Local Organizations and Partnerships: There should be a priority placed on working collaboratively with Mozambican 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 Mozambique private sector expertise, technology, and investment to accelerate innovation, strengthen market systems, and expand the use of U.S. technologies, standards, and solutions.

- Protect Continuity of Life-Saving Services: Activities must protect continuity of essential HIV, tuberculosis, malaria, MNCH (including immunization), and outbreak response services during transition processes and systems strengthening efforts.
- 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, performance monitoring and coordinated implementation that maximizes impact and advances Mozambique'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.
- Utilize Evidence-Based and Context-Appropriate Approaches: All proposed activities must be informed by localized evidence and adapted to Mozambique's policy, operational, cultural, and economic context.
- Prioritize Data for Action: All interventions must generate timely, high-quality data flowing into GRM 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.
- Innovation: SOIs should present approaches, methodologies, technologies, or partnerships that offer new or improved solutions, including digital health solutions, community-based models, public-private partnerships, or evidence-based practices adapted to the Mozambican context.
- Separation of Religious Activities: Faith-based organizations may retain their religious character and identity. However, explicitly religious activities must be kept separate in time or location from U.S. government-funded health service delivery. Health services must be provided without regard to beneficiaries' religious beliefs, and participation in religious activities may not be required as a condition of receiving services.