"Advancing Global Health" APS, Round 2b Q&A

Please be sure to read the Q&A for Round 1 and Round 2a first as those amendments contain many questions relevant to the preparation of your SOI. We do not answer duplicate questions, so it's critical that you read all three Q&A documents: Round 1, Round 2a, and now this Round 2b

Addendum G: Cameroon Q&A

1. Required Format: Must proposals be submitted in English, or is the local/official language of the country accepted?
   Per Section D in the APS, all documents must be written in English.
2. Technical Platform: Is submission made via Grants.gov, direct email, or through a specific embassy portal?
   As stated in the APS, SOIs may only be submitted through Grants.gov or MyGrants. SOIs are not accepted by direct email or through an embassy portal. Organizations should follow the submission instructions outlined in Section E of the APS and the applicable Addendum.
3. Scoring Criteria: Is there a scoring grid used by the selection committee to evaluate expressions of interest?
   SOIs will be evaluated based on the merit review criteria outlined in Section F of the APS.
4. Financial and Budgetary Arrangements : What is the maximum amount a bidder can claim in Cameroon?
   The total estimated funding available under Addendum G is up to $5,400,000, subject to the availability of funds, with up to three awards anticipated. Organizations should not assume that this amount will be divided equally among anticipated awards. The final size and number of awards will be determined based on the results of the SOI review process and Phase 2. Organizations should propose a budget that is reasonable and appropriate to the proposed scope and period of performance.
5. During the project implementation period, is it possible for our organization to benefit from another US government project?
   Organizations may receive funding under other U.S. government awards during the same period, provided that the activities and costs are distinct, complementary, and not duplicative and that the organization(s) complies with the terms and conditions of each award.
6. Can our organization subcontract with government agencies or religious organizations?
   Applicants may propose subrecipient, contractual, consortium, or other partnership arrangements where appropriate to achieve the objectives described in the Addendum. Proposed arrangements must comply with applicable federal assistance requirements, and applicants should clearly describe the roles and responsibilities of participating organizations. Eligible faith-based organizations may participate consistent with the eligibility provisions in Section B of the APS. Detailed partner and budget arrangements may be further reviewed during Phase 2.
7. Will our organization act as a Technical Assistance Provider to the Government or as an Implementing Institution, transferring resources to the Government?
   The Department has not prescribed a single implementation role for a prospective applicant. Organizations should propose an implementation approach that is responsive to the Addendum and clearly describe their anticipated role, the role of Government of the Republic of Cameroon institutions, and any proposed technical assistance, implementation, or resource-transfer arrangements. Government-to-government (G2G) financing is a distinct mechanism from assistance awarded under the APS.
8. Timeline: Processing Times: What is the estimated date for notification of results after submission of the Expression of Interest?
   All SOIs will be reviewed following the applicable submission deadline. The Department aims to complete the review and communicate results in a timely manner; however, the timeline may

vary based on the volume of submissions and operational considerations. Applicants should anticipate that the full process from SOI submission to potential award may take several months.

9. Can our organization manage its Expression of Interest independently, without partnering with other organizations?

   Applicants may submit an SOI independently or propose a consortium, partnership, or other collaborative implementation arrangement. Organizations should select and clearly justify the structure best suited to achieving the objectives described in the Addendum.

10. Where is the binding constraint in Cameroon's 7-1-7 pathway? Has the joint Government of the Republic of Cameroon (GRC)-U.S. Government assessment identified whether the principal district-level delay occurs in recognition of an unusual event, notification to the district or Public Health Emergency Operations Center within one day, or verification, specimen referral, and initiation of response within seven days? Are baseline 7-1-7 data, representative districts, or common failure points available that applicants should use to target and measure improvement? This would help applicants distinguish whether the highest-value investment is last-mile signal generation, information routing, or downstream response activation.

    The Department has not identified a single binding constraint in Cameroon's 7-1-7 pathway for applicants to target. Applicants are expected to draw on their own analysis, field presence, and understanding of the local context to identify where the most critical operational gaps lie, whether in recognition, notification, verification, specimen referral, or response activation, and to then propose an approach responsive to those gaps. Applicants should identify critical operational gaps and prioritize strategies that strengthen the full 7-1-7 pathway to meet 7-1-7 goals in line with international standards. Consistent with Addendum G's guiding principles, related SOIs should also demonstrate clear technical capacity transfer mechanisms and a roadmap to government-led sustainability by 2030. Organizations should clearly explain in their SOIs how their proposed approach and supporting evidence contribute to achievement of the Addendum's objective.

11. What distinguishes a specialized digital capability from a stand-alone product? The Addendum welcomes highly specialized proposals and anticipates up to three awards. For a proposal centered on smartphone-based AI technology for early detection, what minimum operational components should the applicant deliver directly, and which may be provided through formal interfaces with other recipients or GRC programs, to demonstrate a government-led detection-to-response capability rather than a technology deployment? For example, relevant linkages could include district surveillance and PHEOC governance, frontline and veterinary workforce development, human review, referral and specimen workflows, laboratory feedback, infection prevention and control and risk-communication actions, and Rapid Response Team activation.

    A specialized digital capability is not defined by the development of a new application; rather, applicants should demonstrate how the proposed approach advances Cameroon's domestic resilience and self-reliance, consistent with the Addendum's guiding principles. Applicants should build from existing efforts already underway in-country and should demonstrate clear awareness of, and integration with, current GRC systems, rather than duplicating or bypassing them. The pieces the applicant delivers directly versus accesses through formal interfaces with GRC or other recipients is the applicant's own design decision and should be clearly justified in the SOI against the gaps identified on the ground. Organizations should explain in their SOIs how a proposed detection tool would close an identified operational gap and contribute to achievement of the Addendum's objective.

12. What One Health operating model and decision rights should applicants design around? The Addendum identifies the Zoonosis Program as the existing multisectoral platform and notes that the National Public Health Institute is not yet fully established. During the award period, which institution is expected to own cross-sector signal triage, integrated risk assessment, and activation decisions? Does GHSD seek a shared operational workflow, including common event definitions, joint investigations, specimen-referral protocols, simulation exercises, and escalation from border

communities and livestock corridors, or primarily technical data interoperability among sector systems?

The One Health institutional landscape in Cameroon is already defined, and applicants should design around it. The Zoonosis Program is the existing multisectoral platform, and the Addendum acknowledges that coordination remains "ad hoc, with limited routine information sharing, lack of joint surveillance, lack of integrated risk assessments, and uncoordinated outbreak investigations", and that the National Public Health Institute is not yet legally established. Applicants should therefore not propose new or competing decision-rights structures but instead design their SOI to reinforce and strengthen the existing platform during this transitional period, while remaining adaptable to the NPHI's eventual assumption of these functions. The Addendum's guiding principles make clear the ambition extends beyond data connectivity to strengthening the Government of Cameroon's resilience in intersectoral outbreak prevention, detection, and response. Applicants should therefore build toward shared operational practice and ground their proposed role in what existing GRC structures are already doing.

13. Can a remote university or teaching-hospital hub anchor a district sentinel network? Would GHSD view a university-affiliated teaching hospital or field-research site in a remote, forested area as an appropriate sentinel, referral, validation, and workforce-development hub if it is formally linked to district and regional authorities? Such a hub could connect community and veterinary workers to specialist review, specimen referral and confirmatory laboratories, PHEOC and Rapid Response Team escalation, simulation exercises, infection prevention and control readiness, and patient transport. What governance or service-agreement arrangements would be needed to ensure that this model strengthens, rather than parallels, government systems?

    Organizations may propose a university-affiliated teaching hospital or field-research site as part of a district sentinel or referral network where the approach is responsive to the Addendum and appropriate to the Cameroonian context. The SOI should clearly describe the proposed institution’s role, its formal linkages with relevant district, regional, and national authorities, and how the approach would strengthen existing government surveillance, referral, laboratory, workforce, and response systems rather than establish parallel structures. Specific governance or service-agreement arrangements may be further developed during consultative program design or Phase 2, if applicable.

14. What authoritative systems, data owners, and geospatial data flows should be assumed? At the SOI stage, can GHSD identify the authoritative owners and current or planned platforms for Integrated Disease Surveillance and Response, laboratory information, PHEOC incident management, and One Health reporting in Cameroon, together with any required data-exchange standards? If detailed specifications will only be available later, should applicants propose a vendor-neutral integration layer that can export structured human and animal alerts, referral and specimen status, and anonymized village- or health-area-level geospatial signals? At what stage would selected applicants receive system inventories, data dictionaries, application programming interfaces, and data-sharing requirements?

    The Department is not providing additional system inventories, data dictionaries, application programming interfaces, or technical specifications at the SOI stage. Applicants should demonstrate awareness of the relevant Government of the Republic of Cameroon systems, governance structures, and data-protection requirements and clearly explain the assumptions underlying their proposed approach. Organizations may propose vendor-neutral or other interoperable approaches where appropriate, provided they support government ownership, sustainability, and integration with approved national systems. Detailed technical and data-sharing requirements may be further refined with relevant government counterparts during consultative program design or Phase 2, if applicable.

15. What is the required 2030 end state for Cameroonian ownership and financing? For a digital surveillance and workforce component, which functions must be demonstrably under Cameroonian control by December 2030, including data governance, user administration, model and configuration

oversight, hosting and compute, help desk, licensing, connectivity, and recurrent workforce costs? Does the MOU require full GRC budget absorption of these costs, or may a sustainable mixed-financing arrangement involving government, university or hospital, and private-sector mechanisms be acceptable? What evidence of future financing or institutional commitment is expected at the SOI stage?

Applicants should ground their sustainability narrative in the Addendum's own guiding principles, which call for proposals to reinforce host-country leadership and include technical capacity transfer mechanisms with a clear roadmap to government-funded activities by 2030, while also encouraging partnership with the private sector to accelerate innovation and expand the use of advanced technologies.

16. Non-duplication and demarcation of scope. The Addendum requires that funded activities complement, and do not duplicate, existing United States supported programs. Could the Bureau clarify the mechanism and the stage at which the boundary between award activities and ongoing instruments (in particular CDC cooperative agreements, STRIDES, and, where relevant, Global Fund supported activities) will be delineated, and whether the beneficiary Ministry will be consulted in establishing that boundary?

    Non-duplication is addressed at multiple stages of this process, with responsibility shared between the applicant and the Department, most especially at full-application stages. Applicants are encouraged to describe, to the best of their knowledge at the SOI stage, how their proposed activities are distinct from and complementary to known ongoing U.S. government, GRC, or other donor-supported programming. Applicants bear primary responsibility for demonstrating a cost-effective approach that avoids duplication, consistent with Addendum G's guiding principles.

17. Articulation with the future National Public Health Institute. Given that the Addendum refers to the establishment of Cameroon's National Public Health Institute (INSP), how does the Bureau expect funded activities to articulate with the Institute's mandate and leadership, notably for the coordination of surveillance and rapid response?

    Applicants should design funded activities to be adaptable to the NPHI's evolving mandate and therefore support surveillance and rapid response functions in a manner that strengthens current institutional arrangements during this transitional period, while building the technical foundation that can be transferred to NPHI leadership once it is legally established. Proposals should reflect awareness that NPHI is expected to progressively assume national coordination functions.

18. Eligibility and legal applicant of a national institution. Section B of the Annual Program Statement lists governmental institutions among eligible applicants. For a Cameroonian governmental institution, could the Bureau confirm whether the legal applicant would be the institution itself or the Republic of Cameroon, and specify the legal personality, registration, and public financial management requirements, including any risk review under 2 CFR 200.206, that would apply to such an applicant?

    Eligibility requirements are described in Section B.1 of the APS. A governmental institution seeking to apply must have the legal authority and institutional capacity to enter into and administer a U.S. federal assistance award and must satisfy all applicable eligibility and pre-award requirements. Whether a particular institution may apply in its own name will depend on its legal status and authority under applicable Cameroonian law. Additional documentation and required pre-award risk reviews, including those conducted consistent with 2 CFR 200.206, would be addressed during Phase 2 and the pre-award process.

19. Applicant status of a beneficiary-country institution and conflict-of-interest safeguards. Where a governmental institution of the beneficiary country wishes to submit a Statement of Interest, while its parent Ministry acts as the national coordinating authority for the Memorandum of Understanding, could the Bureau confirm that such an institution is eligible to apply, and specify the conflict-of-interest safeguards it expects, including the recusal of the Ministry and of any official connected to a submission from any advisory or review role for Addendum G, so that the integrity of the merit review is preserved?

Governmental institutions are eligible to apply consistent with Section B.1 of the APS, provided they meet all applicable eligibility requirements. The Department of State is responsible for conducting the merit review and selection process in accordance with Section F of the APS and applicable federal assistance requirements. Individuals with an actual or apparent conflict of interest may not participate in the evaluation or selection of a related submission and must disclose and address such conflicts consistent with applicable requirements. Additional safeguards may be established as appropriate during the review and pre-award process.

20. For "Addendum G: Health Foreign Assistance MOU Implementation in Cameroon" under the Global Health APS (#DFOP0017890), the Department of State's budget ceiling is $5,400,000 USD (subject to availability), for up to 3 awards, with each award having a period of performance of up to 5 years. As you can appreciate, this is quite a low budget ceiling, amounting to only $360,000 per year per award if three awards are made, and amounting to only about $1 million per year per award if one award is made. (Both estimates assume a 5-year period of performance, to allow sufficient time to transition activities to domestic leadership and ensure their sustainability in the absence of USG funding.) Such a low budget ceiling would severely constrain an offeror's ability to deliver on even a partial set of the "key interventions" listed on p. 4 of the addendum. With this in mind, would the Department of State consider raising the budget ceiling for this opportunity?

    The total estimated funding available under Addendum G remains up to $5,400,000, subject to the availability of funds. Final funding levels and budget periods will be determined during the award process and are subject to availability of funds. The funding amount reflects the total funding available for the initial award(s). The period of performance for the proposed project should be 5 years or less. Additional funding may be added, subject to the availability of funds, contingent on strong performance. Applicants are not expected to address every intervention listed in the Addendum and should propose a focused, feasible approach that is responsive to the Addendum objective and appropriate to the available funding. The final number and size of awards will be determined based on the results of the SOI review process and Phase 2.

21. With STRIDES already supporting GHS in Cameroon, is this funding intended primarily to expand existing activities, transition current activities, or establish new complementary interventions?

    The Department has not categorized this funding relative to existing U.S. government-supported instruments, such as STRIDES, and applicants are not required to characterize this relationship in order to submit a competitive SOI. As stated in Addendum G, the Department's expectation is that applicants take appropriate action to avoid duplicating activities funded elsewhere by the U.S. government, GRC, or other funders for the duration that their award is active. The Department will evaluate SOIs based on the extent to which proposed activities are distinct from and complementary to known ongoing programming. Applicants should therefore focus their SOI on clearly describing their proposed activities and demonstrating, to the best of their knowledge, that these activities are distinct from and complementary to known ongoing programming, rather than attempting to characterize their proposal's relationship to any specific named instrument such as STRIDES.

22. Since the addendum award may last five years while other funding streams such as STRIDES, may conclude earlier, could STATE and the Cameroon Post please articulate any preference for a phased approach. Does GHSD have expectations regarding sequencing of activities (e.g., institutional strengthening first, followed by scale-up), or is implementation strategy left entirely to the applicant, FHI 360?

    The Department has not prescribed a single sequencing or phasing model. Organizations should propose and justify an implementation strategy that is responsive to the Addendum, feasible within the proposed period of performance and funding level and appropriately coordinated with existing or anticipated investments. Organizations should clearly describe major phases, dependencies, transition milestones, and how the proposed sequencing supports government ownership and sustainability.

23. The Addendum discusses strengthening governance, lack of sustainable financing, and several issues creating a "critical leadership vacuum at the center of the country's emergency response architecture". However, policy, governance and financing activities are not included in the discussion of Key Interventions of the single objective. Would State and the Cameroon post please indicate if strengthening governance, health financing, technical leadership, agency mandate clarification and related policy initiatives are considered part of One Health coordination. If not, should bidders be sure to address these governance, finance, and policy level challenges as part of developing sustainable, country-led systems at national and district level?

    Governance, financing, technical leadership, and policy-related challenges are described in this Addendum as contextual gaps informing the overall rationale for the program, but they are not enumerated among the key interventions under the single objective. Applicants should focus their SOIs on the technical and operational interventions outlined under the objective and should not assume governance, financing, or policy reform activities are in scope unless directly and clearly tied to enabling one of the listed key interventions. Any proposal seeking to address governance, financing, or policy dimensions should articulate this linkage explicitly and should not treat these as a primary program focus area under this Addendum.

24. Please advise about the requirement of Defense Base Act (DBA) insurance worker's compensation coverage for employees and consultants. Is DBA insurance a requirement that should be included in the budget for U.S. Department of State Opportunities?

    Defense Base Act (DBA) insurance is generally a requirement for U.S. government contracts, not for grants or cooperative agreements. DBA insurance is not included in the Department of State's standard award provisions for grants and cooperative agreements. Because awards resulting from this APS and Addendum G are anticipated to be issued as grants, cooperative agreements, or fixed amount awards rather than contracts, applicants generally should not include DBA insurance costs in their budgets. Applicants with questions about their specific personnel arrangements should direct them to the Grants Officer at the appropriate stage of the award process.

25. For the Phase I/SOI submission, is it expected to only include a summary budget? Is it recommended to include a high-level org chart with the Phase I submission.

    The SOI does not require a summary budget or a detailed budget breakdown. A full budget narrative and detailed cost breakdown are not requested until Phase 2. Similarly, an organizational chart is not a required component of the SOI and is not mentioned in the SOI content requirements. Applicants should prioritize the five-page narrative content, since annexes are limited to four pages total and reviewers will only evaluate the narrative up to the specified page limit. If an applicant believes an org chart would meaningfully clarify partner roles within the five-page/four-annex limit, it may be included as one of the permitted annexes, but it is not expected or scored as a required element.

26. Is there an amount an organization must justify that he has managed in the past before to apply as Principal Recipient?

    The APS does not establish a minimum prior grant management dollar threshold as an eligibility requirement. Instead, organizational capacity is assessed qualitatively as part of the merit review. The APS evaluation criteria include "Organizational Capacity and Record on Previous Grants," which asks the SOI to "demonstrate the organization's expertise and previous experience in administering programs," without specifying a required dollar amount. Separately, prior to making an award, the Department conducts a risk review considering financial stability, management systems and standards, history of performance, audit reports, and ability to effectively implement. Applicants of any size or funding history may apply; however, organizations should be prepared to substantiate their capacity to responsibly manage the specific award amount they are requesting, proportionate to their proposed scope of work.

27. Can an organization proposed a project for the total amount 5, 400, 000 $ or this amount is for 03 projects? The budget of 5, 400, 000 $ is for one year or for 3 years?

The total estimated funding available under Addendum G is up to $5,400,000, subject to the availability of funds, with up to three awards anticipated. The final size and number of awards will be determined based on the results of the SOI review process and Phase 2. Applicants should propose a budget that is reasonable and appropriate to the proposed scope and period of performance.

28. Please confirm that the funding envelope of $5,400,000 is for the entirety of the 5 years.

    The total estimated funding available under Addendum G remains up to $5,400,000, subject to the availability of funds. Final funding levels and budget periods will be determined during the award process and are subject to availability of funds. The funding amount reflects the total funding available for the initial award(s). The period of performance for the proposed project must be five years or less. Additional funding may be added, subject to the availability of funds, contingent on strong performance. Applicants are not expected to address every intervention listed in the Addendum and should propose a focused, feasible approach that is responsive to the Addendum objective and appropriate to the available funding. The final number and size of awards will be determined based on the results of the SOI review process and Phase 2.

29. Please confirm that activities should be conducted at the national level.

    While certain interventions target national-level systems and institutions, Addendum G includes considerations for sub-national implementation, as illustrated by references to regional Public Health Emergency Operations Centers, district-level Rapid Response Team training, and district-level institutional strengthening in priority districts. Applicants should design activities at the level(s) most appropriate to addressing the specific gap(s) their proposal targets, which may span national, regional, and/or district levels within Cameroon.

30. The single objective spans workforce, laboratory, supply chain, surveillance, IPC, border health, and digital health under a $5.4M ceiling. Are highly specialized proposals, e.g. those focused exclusively on digital health and data interoperability, anticipated, or does GHSD expect each award to span multiple intervention areas?

    Applicants should propose the scope they judge most appropriate, not solely to cover specific gaps, but to advance Cameroon's broader trajectory toward sustainable, country-led health security resilience by 2030. Addendum G does not prescribe a required breadth of coverage; the applicant is best positioned to determine whether a specialized or integrated approach will most effectively contribute to that outcome, provided the proposal is clearly justified and responsive to Addendum priorities.

31. For the One Health data linkage component, is the expectation a shared platform across human and animal health ministries, or data exchange between ministry-owned systems? Is there a designated GRC digital health coordinating body with authority to mandate cross-ministry data standards?

    Applicants should design their proposed approach based on what already exists in-country, what most directly addresses the most critical documented needs related to One Health data linkage, and the current institutional and technical context in Cameroon, including existing ministry-owned systems and the current state of cross-sector coordination. Proposals should clearly identify which GRC counterparts the applicant intends to engage directly and should account for the current absence of a fully mandated cross-ministry governance mechanism when designing their approach.

32. For outcomes: how would they prefer we present direct vs indirect outcomes? The outcomes we are able to measure will depend significantly on who our partners are for this work re: system strengthening (BAO's contribution) and health outcomes (delivery org). Should outcomes include: health, cost, efficiency, etc.? The list could be extensive under a single objective.

    Applicants have flexibility to present outcomes in the manner that most clearly and credibly reflects their proposed approach, partnership structure, and what their organization and partners are positioned to deliver and measure. Given the five-page narrative limit, applicants should prioritize the outcomes most central and most credibly attributable to their specific proposed activities.

Addendum H: Cote d'Ivoire Q&A

1. Multi-objective SOIs. Applicants may address one or more of the four objectives. Does the five-page / 2,500-word limit (§D) apply per SOI regardless of the number of objectives addressed, and does GHSD have a preference between focused single-objective and integrated multi-objective concepts
   The five-page limit applies for each SOI, regardless of the number of objectives.
2. Objective 1 infrastructure. Are the capital elements named under Objective 1 — the Bingerville Central Virology Laboratory P3 upgrade, three mobile laboratories, and rehabilitation of three regional animal laboratories — within scope for funding under this Addendum, or delivered through the parallel government-to-government mechanism with the recipient providing surrounding technical assistance? If in scope, should applicants budget for construction and equipment procurement
   Organizations may propose infrastructure, equipment, and related technical-assistance activities that are responsive to Objective 1. At the SOI stage, the Department is assessing the overall merit, responsiveness, and feasibility of proposed concepts rather than making determinations regarding the allowability of specific budget line items or the final division of costs between APS and government-to-government mechanisms. Applicants should clearly describe the proposed scope, assumptions, and relationship to other anticipated investments. Detailed budget and cost-allowability considerations will be addressed during subsequent phases, if applicable.
3. Objective 3 workforce transition. Objective 3 describes absorbing implementer-employed staff into MSHPCMU positions and aligning salaries to the Government of Côte d'Ivoire scale from FY27. Are transition costs — for example severance, salary-differential bridging, or retraining — allowable under an award, and what division of responsibility does GHSD anticipate between recipient and government?
   Applicants should propose and justify a feasible workforce-transition approach that is responsive to Objective 3, including anticipated roles for the recipient and the Government of Côte d'Ivoire, major milestones, and measures to support sustainability. At the SOI stage, the Department is assessing the overall concept rather than making determinations regarding the allowability of specific transition costs. Detailed staffing, budget, cost-allowability, and government-responsibility arrangements will be addressed during subsequent phases, if applicable.
4. Coordination with existing mechanisms. How should proposed projects interface with current PEPFAR (HIV), PMI (malaria), and Global Fund activities in Côte d'Ivoire to avoid duplication and support integration, and are current implementers of those programmes eligible and encouraged to apply?
   Applicants should demonstrate awareness of relevant U.S. government, Government of Côte d'Ivoire, Global Fund, and other partner-supported activities and explain how the proposed approach would complement rather than duplicate those investments. Current implementers may apply, provided they meet the eligibility requirements described in Section B.1 of the APS. All SOIs will be evaluated according to the criteria outlined in Section F of the APS.
5. Leahy vetting. Objective 1 references equipping mobile laboratories for the armed forces health service. Does support reaching the armed forces health service trigger Leahy vetting (§E.5.b), and what pre-submission steps should applicants anticipate?
   Activities that constitute assistance to foreign security forces will be subject to applicable Leahy vetting and other relevant U.S. government requirements. Applicants are not required to complete Leahy vetting before submitting an SOI but should clearly identify any proposed engagement with the armed forces health service. Organizations invited to subsequent phases will receive additional guidance and may be required to provide information necessary to complete applicable vetting before assistance is furnished.
6. MOU period. Addendum H cites the implementation period as both December 2025–December 2030 and December 2025–September 2030. Which end date should applicants use to bound the project period and phased milestones?
   September 30, 2030.

Applicants should consider the implementation period end date of September 30, 2030.

7. Controlling calendar and portal. Do the Addendum H dates (questions 17 July 2026; SOI 15 September 2026) supersede the quarterly-window schedule in §E.4, and on what dates will the grants.gov / MyGrants submission window for this Addendum open and close?
   As listed in Addendum H, the SOI submission window closes on September 15, 2026 at 1700 PM EDT GMT-4.
8. Consultative design. Given the Addendum's reference to consultative program design, does GHSD anticipate that SOIs under this Addendum will generally proceed through co-design before any Phase 2 invitation?
   Consultative program design is one of the possible outcomes of an SOI. The Department retains flexibility in whether or not to utilize that optional phase and how consultative program design is conducted if used.
9. Per-award funding. Addendum H sets total funding at up to $50,000,000 across up to three awards. Does the main APS per-award range of $500,000 to $250,000,000 (§A.1) apply unchanged to this Addendum, and does GHSD anticipate a preferred award size or range for individual awards?
   The total estimated funding available under Addendum H is up to $50,000,000, subject to the availability of funds, with up to three awards anticipated. The Department has not established a preferred funding amount or range for individual awards beyond the parameters stated in the APS and Addendum. Applicants should propose a budget that is reasonable and appropriate to the proposed scope and period of performance. Final award sizes will be determined based on the results of the SOI review process and Phase 2.
10. Funding instrument. Does GHSD anticipate awards under this Addendum as grants or as cooperative agreements with substantial involvement (§A.1, §C)? The distinction affects the monitoring and decision-rights structure applicants should design toward.
    As stated in the APS, GHSD retains the right to use of both instruments: traditional grants, as well as cooperative agreements. Additionally, GHSD retains the right to use fixed amount awards.
11. Definition of "local." Addendum H emphasises local Ivoirian, faith-based, and community-based organisations, while §B.1 admits U.S. and foreign entities without a local-registration condition. Is local status a formal eligibility requirement for this Addendum, a scoring preference, or a partnering expectation, and how is "local" defined (place of incorporation, Ivoirian ownership or control, or in-country registration)?
    Eligibility requirements are described in Section B.1 of the APS. Eligible local, national, regional, international, and other qualifying organizations may apply, consistent with the APS eligibility requirements. All SOIs will be evaluated based on the published evaluation criteria outlined in Section F of the APS.
12. Objective 4 – Facility Network: Could GHSD provide, or indicate whether it will provide, a detailed list of the faith-based and community-based facilities referenced under Objective 4, including their names, locations, and facility type where available?
    A detailed list of faith-based and community-based facilities in Cote d'Ivoire is available at the MSHPCMU.
13. Eligibility of Lead Applicant under Addendum H: Could GHSD clarify whether international organizations are eligible to apply as the lead/prime applicant under Addendum H, consistent with the broader eligibility provisions of the Annual Program Statement, or whether the lead applicant must be a local Ivoirian organization?
    Eligibility requirements are described in Section B.1 of the APS. Eligible local, national, regional, international, and other qualifying organizations may apply as prime applicants, consistent with the APS eligibility APS requirements. All SOIs will be evaluated according to the criteria outlined in Section F of the APS.
14. Objective 1 lists interventions "including but not limited to" laboratory-network, diagnostic, and infrastructure components (connected laboratory network, three mobile laboratories, Bingerville P3

upgrade, regional animal laboratories). Will an SOI that addresses a defined subset of Objective 1 — real-time and multi-channel disease-data collection, surveillance-system interoperability, and PHEOC operational readiness — be evaluated as fully responsive, or is coverage of the laboratory-infrastructure components expected within any Objective 1 award?

Objective 1 has been revised to exclude activities related to rehabilitation and equipping of laboratories as this is covered under lab strengthening by a lab partner.

15. Are the digital-surveillance and emergency-operations-coordination elements of Objective 1 considered a stand-alone fundable scope, or does GHSD expect them to be bundled with laboratory and diagnostic strengthening?

    Activities under Objective 1 should exclude equipping and upgrading laboratories as these are covered under the laboratory strengthening strategy (please see the amended Addendum which has been re-posted). The scope of Objective 1 should therefore be treated as stand-alone given that equipping and rehabilitation will no longer be part of this objective.

16. Are consortia or prime–subrecipient arrangements permitted at the SOI stage? If so, should partners be named, and how are the respective capacities of consortium members assessed?

    Applicants may propose consortium, prime–subrecipient, partnership, or other collaborative implementation arrangements where appropriate. Applicants should identify proposed partners where known and clearly describe their anticipated roles and responsibilities. Formal partnership agreements are not required at the SOI stage. The proposed implementation structure and the relevant capacity and experience of participating organizations will be considered under the evaluation criteria outlined in Section F of the APS.

17. May an applicant address Objective 1 jointly with a laboratory / diagnostics partner so the full objective is covered across the team?

    Objective 1 has been revised to exclude Capital expenditures, construction, and major equipment procurement as this is covered under lab strengthening by a lab partner.

18. May a non-local organization serve as prime with a local partner, or must the prime applicant itself qualify as local?

    Eligible local, national, regional, international, and other qualifying organizations may apply as prime applicants consistent with Section B.1 of the APS. A non-local organization may serve as the prime applicant and may propose partnerships with local Ivoirian organizations. All SOIs will be evaluated according to the criteria outlined in Section F of the APS.

19. What weight is given to documented endorsement from the Government of Cote d'Ivoire (MSHPCMU / INHP) at the SOI stage? Is a letter of support expected, beneficial, or not considered until a later phase?

    Organizations are not required to submit letters of support, endorsements, or formal agreements from Government of Côte d'Ivoire institutions at the SOI stage. Applicants should nevertheless demonstrate an understanding of relevant government priorities and explain how the proposed approach would support government ownership and sustainability. Formal coordination arrangements may be developed during consultative program design or Phase 2, if applicable.

20. How should applicants evidence coordination with existing actors (WHO, Africa CDC, WAHO/OOAS, the 7-1-7 Alliance / Resolve to Save Lives, AFENET, the national FETP, and Institut Pasteur de Cote d'Ivoire) to demonstrate complementarity and avoid duplication?

    Applicants should demonstrate awareness of relevant government, regional, international, and partner-supported activities and explain how the proposed approach would complement rather than duplicate existing efforts. Applicants are not required to submit formal coordination agreements at the SOI stage. The SOI should provide sufficient information for reviewers to understand the proposed coordination approach, anticipated partner roles, and areas of complementarity.

21. Under what circumstances would an Objective 1 SOI be routed to the consultative program design process referenced in the Addendum and APS Section F, and what would that imply for timeline and for adjusting scope after submission?

Consultative program design is one possible outcome of the SOI review process. The Department retains flexibility in determining whether to use this optional phase based on the nature of the proposed concept and program-design needs. If used, consultative program design is intended to be a structured, time-bound process during which the proposed technical approach, geographic scope, partnership structure, budget, and other design elements may be refined. Participation in consultative program design does not guarantee an invitation to Phase 2 or an award.

22. For digital-platform and community-reporting investments, what evidence of a domestic financing and ownership pathway is expected within the five-year period? Does GHSD anticipate Government of Cote d'Ivoire commitments toward recurrent costs (hosting, connectivity/telecom, staffing)?

    In the MOU agreement, the Government of Côte d'Ivoire has pledged to provide co-financing to achieve the planned objectives. While exact allocation across activities remained to be detailed, the ultimate goal is for the government to assume most or all recurrent costs within the MOU period.

23. Are there specific U.S., bilateral (MOU), or Ivorian data-governance, privacy, consent, or data-localization requirements that apply to population-facing community-reporting data collected under this program?

    Yes, there is a law (N° 2013-450) on the protection of personal data adopted by the Government of Côte d'Ivoire in 2013, as well as a decree (N° 2021-915) adopting the security policy for information systems in public administration that address these requirements.

24. Given "up to 3 awards" and "up to $50,000,000" total: is there an indicative per-award ceiling or expected range for an Objective 1 award, and may a single applicant be awarded for a single objective?

    The Department has not established an indicative funding range for individual objectives or awards beyond the parameters stated in the APS and Addendum H. Applicants should propose a budget that is reasonable and appropriate to the proposed scope and period of performance. An applicant may propose an award focused on a single objective. Final award sizes and distribution across objectives will be determined based on the results of the SOI review process and Phase 2.

25. Please confirm the required SOI structure, page limit, and mandatory sections for this Addendum, and whether any Objective 1-specific attachments (e.g., partner letters, capability statements) are expected at the SOI stage.

    Applicants should follow the submission requirements and formatting instructions outlined in Section D of the APS and the formatting clarifications provided in this Q&A. The five-page or 2,500-word limit applies to the narrative portion of each SOI regardless of the number of objectives addressed. There are no additional Objective 1-specific attachments required at the SOI stage. Letters of support, formal partnership agreements, and separate capability statements are not required.

26. The Addendum identifies multiple health systems priorities, including HIV, malaria, maternal and child health, and global health security. At the SOI stage, does GHSD anticipate supporting concepts from international partners that focus on a subset of these priorities where applicants have comparative technical strengths, or is it seeking concepts that address a broader cross-section of the MOU's health priorities?

    Organizations may propose concepts addressing one or more objectives or a defined subset of health priorities. Applicants are not required to address every health priority identified in the Addendum. The SOI should clearly explain how the proposed scope reflects the organization's comparative strengths and contributes to achievement of the selected Addendum objective or objectives.

27. Could GHSD clarify whether applicants are encouraged to leverage and strengthen existing government systems and prior U.S. Government-funded investments, where appropriate, rather than proposing entirely new implementation approaches or models, provided the proposed activities complement rather than duplicate existing efforts?

Applicants may propose approaches that leverage and strengthen existing government systems and prior U.S. government or partner-supported investments where appropriate. Organizations should clearly explain how the proposed approach would complement rather than duplicate existing efforts, address identified gaps, and support integration, sustainability, and Government of Côte d'Ivoire ownership.

28. Does GHSD anticipate making awards that focus on a single objective, or is there a preference for integrated approaches that address multiple objectives within a single application? How would GHSD define a successful transition to country ownership by 2030, and what key indicators or benchmarks will be used to assess progress toward this objective?

    Organizations may propose concepts addressing one or multiple objectives. The Department has not established a preference for single-objective or integrated multi-objective SOIs; applicants should propose and justify the approach best suited to achieving the selected objective or objectives. Applicants should also describe a clear pathway toward country ownership, including proposed transition milestones, institutional responsibilities, sustainability measures, and indicators appropriate to the concept. Specific performance and transition requirements may be further refined during subsequent phases.

29. The Memorandum of Understanding (MOU) is expected to conclude in 2030, while awards under this solicitation may extend through 2031. The Statement of Interest (SOI) does not specify the anticipated timing for Phase 3 activities under Objective 3. Should applicants assume that Phase 3 is expected to begin toward the end of 2030, aligning with the conclusion of the MOU and continuing through the final year of the award?

    Applicants should not assume a prescribed start date for Phase 3 beyond the sequencing described in Addendum H. Organizations should propose and justify a realistic, phased implementation and transition schedule that is consistent with the proposed award period and supports achievement of the Objective 3 outcomes. Specific timing and milestones may be further refined with the Department and Government of Côte d'Ivoire during consultative program design or Phase 2, if applicable.

30. Would GHSD consider allowing a five-page limit in lieu of the 2,500-word limit for the Statement of Interest; especially with font size being less for footnotes, captions, tables and charts.

    Applicants should follow the formatting requirements in Section D of the APS. The SOI narrative must not exceed five pages. The Table Listing of Critical Details and permitted annexes, tables, charts, diagrams, and other visual materials are treated as described in the formatting clarifications provided in Round 1 and Round 2a Q&A.

31. Would GHSD permit the use of a sans serif font (minimum 10-point) within tables, figures, charts, and other graphics, while maintaining the required font for the main narrative?

    Font sizes as small as 10 points are acceptable within tables, charts, figures, diagrams, and other visual elements, provided the content remains clear and legible. Applicants should continue to follow the required formatting as detailed in the APS instructions.

32. The addendum states there will be "Up to 3 awards" with a total estimated funding of "Up to $50,000,000." How does the Department of State anticipate dividing this funding among the three awards? Are there specific funding ceilings or minimums associated with each of the four objectives?

    The Department has not established a predetermined distribution of funding among the anticipated awards or specific funding ceilings or minimums by objective beyond the parameters stated in the APS and Addendum H. Applicants should propose a budget that is reasonable and appropriate to the proposed scope and period of performance. Final award sizes and distribution across objectives will be determined based on the results of the SOI review process and Phase 2.

33. The document notes that organizations may submit SOIs addressing "one or more of the four objectives." Does the Department of State prefer to fund comprehensive consortia that address all four objectives together, or are single-objective/dual-objective SOIs (such as an application focusing solely on Objectives 1 and 3) evaluated equally?

The Department has not established a preference for SOIs addressing all four objectives. Organizations may propose concepts addressing one or more objectives and should clearly explain how the proposed approach contributes to achievement of the selected objective or objectives. All SOIs will be evaluated according to the criteria outlined in Section F of the APS.

34. Objective 1 explicitly includes "Upgrading the Bingerville Central Virology Laboratory to a P3 laboratory" and "Rehabilitating three regional animal laboratories". Can the Department of State clarify if capital expenditures, construction, and major equipment procurement for these upgrades are expected to be fully covered by the project budget, or is co-financing from other partners/government expected?

    A revised, Objective 1 focuses specifically on strengthening surveillance, detection, and outbreak response systems and capabilities including laboratory network integration for multi-disease detection, rapid diagnostics, specimen transport, workforce training, and communication channels under the 7-1-7 framework. Capital expenditures, construction, and major equipment procurement **are no longer** included within Objective 1's scope or budget. Recipients must coordinate with the laboratory partner to meet this objective.

35. Under Objective 1, one of the specific interventions is "Equipping three mobile laboratories (two for the armed forces health service and one for the Ministry of Health)". Can the Department of State clarify if this requires the recipient to procure the actual mobile vehicles themselves, or merely to procure and install the diagnostic equipment and digital reporting interoperability tools within vehicles already owned by the Ivoirian government?

    Objective 1 has been revised to exclude capital expenditures, construction, and major equipment procurement as this is covered under lab strengthening by a laboratory partner. Recipients must coordinate with the laboratory partner to meet this objective.

36. Phase 2 of Objective 3 mandates a strategic shift to a Government-to-Government (G2G) financing mechanism beginning in FY27, which includes transitioning implementer salaries to align with the official Government of Cote d'Ivoire salary structure. If the host government faces macroeconomic delays and cannot financially absorb these salaries by FY27, what contingency plans or flexibilities will the U.S. government permit for the recipient?

    Recipients anticipating delays should raise concerns early through the established governance process.

37. The addendum mentions that SOIs may be recommended for continued review through a "consultative program design process" before phase two. What specific criteria or characteristics will the Department of State use to determine which SOIs are selected for standard review versus this consultative design pathway?

    Consultative program design is one possible outcome of the SOI review process; it is not a separate review track or evaluation standard. All SOIs will be evaluated according to the criteria outlined in Section F of the APS. Following merit review and internal review, an SOI may be recommended for consultative program design where the Department determines that the concept would benefit from additional collaboration to refine its alignment with Addendum priorities, technical approach, scope, geographic focus, implementation structure, sustainability, or other design elements. The Department retains flexibility in determining when and how to use this optional process. Participation in consultative program design does not guarantee an invitation to Phase 2 or an award.

38. For Objective 4, recipients are expected to advocate for the inclusion of faith- and community-based facility costs within national health budgets and the Universal Health Coverage (CMU) scheme. Will the awarded recipient be granted formal, facilitated channels by the U.S. government to advocate directly with the Ministry of Finance and the MSHPCMU, or is the recipient expected to forge these advocacy pathways independently?

The U.S. government health team in-country can facilitate introductions with various ministries including the MSHPCMU.

39. The Addendum requires the implementation of the 7-1-7 epidemic response model, which strictly mandates that health systems "notify the relevant authorities... within one (1) day of detecting an infectious disease outbreak". To achieve this rapid 1-day notification at the community level, frontline workers will require reliable mobile devices and continuous internet/data connectivity. Should the recipient's implementation budget include the direct procurement of digital hardware (such as Android smartphones/tablets) and recurring data plans for these community health workers, or will the Ministry of Health (MSHPCMU) provide the necessary physical IT infrastructure for the project to leverage?

    The applicant's proposed implementation budget should include procurement for digital hardware and data/internet connectivity for a limited amount of time. The recipient will be expected to work with the Ministry of Health to establish a transition plan that transfers these recurring costs to the Ministry prior to contract's end.

40. Can a local consulting firm be included in the consortium under Objective 3?

    Eligibility requirements are described in Section B.1 of the APS. Eligible local, national, regional, international, and other qualifying organizations may apply, consistent with the APS eligibility requirements. All SOIs will be evaluated based on the published evaluation criteria outlined in Section F of the APS.

41. Is a private firm eligible to be part of the consortium?

    Eligibility requirements are described in Section B.1 of the APS. Eligible local, national, regional, international, and other qualifying organizations may apply, consistent with the APS eligibility requirements. All SOIs will be evaluated based on the published evaluation criteria outlined in Section F of the APS.

42. What is the starting date of the project implementation?

    The Department will communicate the official implementation start date during the award-making stage; generally speaking, however, the Department anticipates that the start date will be in the rage of January 15 to March 15, 2027.

43. Please confirm that the funding envelope of $50,000,000 is for the entirety of the 5 years.

    The number of awards anticipated is up to three, and the total estimated funding is up to $50,000,000 subject to availability. The official period of performance will be negotiated during the award making phase.

44. The executive summary specifically invites "eligible local organizations". Does this restrict eligibility to organizations legally incorporated in Côte d'Ivoire, or can organizations with established in-country operational presence but international headquarters apply?

    Eligibility requirements are described in Section B.1 of the APS. Eligible local, national, regional, international, and other qualifying organizations may apply, consistent with the APS eligibility requirements. All SOIs will be evaluated based on the published evaluation criteria outlined in Section F of the APS.

45. The guiding principles state that linking digital health systems across all objectives is "crucial," but there's no dedicated digital health objective. Should applicants addressing multiple objectives propose an integrated digital architecture spanning those objectives, and does GHSD see that as a distinct technical component or purely as an enabler embedded within each objective's scope

    Applicants should not propose an integrated digital architecture spanning multiple objectives. The digital health objective is a distinct technical component that is currently executed by the Ministry of Health and local implementing partners. Only one of the subcomponents is operated by an American company due to proprietary ownership of the tool.

46. The executive summary invites "eligible local organizations" to submit Statements of Interest, and the Guiding Principles prioritize engagement of local Ivoirian organizations. Does this language narrow the applicant eligibility defined in the main Advancing Global Health APS for this Addendum, or

does the APS-wide eligibility continue to govern, with local organizations identified as a stated priority?

Eligibility requirements are described in Section B.1 of the APS. Eligible local, national, regional, international, and other qualifying organizations may apply, consistent with the APS eligibility requirements.

47. Objective 4 references performance-based financing linked to verified service delivery outputs, and Objective 3 references performance-based monitoring structures under the Government-to-Government mechanism. Does the Department expect verification of results to be performed by the implementing recipient, or by a party independent of service delivery?

    The verification of results will be performed by a party independent of the service delivery.

48. The Addendum notes that Statements of Interest may be recommended for continued review through a consultative program design process. At what stage, and on what basis, does the Department expect implementation partners and technical or research partners to be identified within that process

    Applicants should identify proposed implementation, technical, or research partners at the SOI stage where known and describe their anticipated roles and responsibilities. However, formal partnership agreements and final identification of all partners are not required at the SOI stage. If an SOI is recommended for consultative program design, the Department may work with the applicant to refine the proposed implementation structure and identify additional capabilities or partnerships needed to achieve the Addendum objectives. Applicants selected for this phase will receive further guidance regarding any additional partner information or commitments required.

Addendum I: PPEV (Survey & Surveillance) Q&A

1. Could you kindly confirm that Burkina Faso is an eligible benefiting country under Addendum I, given that it does not currently have a bilateral MOU with the Department of State?

   The Addendum does not limit proposed activities to countries with bilateral health MOUs.

2. The Addendum supports work in "countries" and promotes representative consortia while emphasizing context-specific, country-owned approaches. Would a proposal focused on a single country be considered fully responsive if it demonstrates a scalable and adaptable model that could be replicated in other settings?

   Organizations may propose a single-country or multi-country approach, provided the proposed scope is responsive to the Addendum objectives and appropriately justified. A single-country SOI should clearly explain how the proposed approach would support country ownership, generate meaningful results, and, where relevant, offer potential for adaptation or replication in other settings.

3. For consortium applications, does the Department have expectations regarding the respective roles of local implementing organizations and international partners? Specifically, are locally led implementation models with international technical support encouraged?

   Applicants may propose consortium, partnership, or other collaborative arrangements appropriate to the proposed approach. The Department has not prescribed specific roles for local and international partners. Applicants should clearly describe the roles and responsibilities of each proposed partner and demonstrate how the proposed structure supports technical quality, local capacity, country ownership, sustainability, and successful implementation.

4. The APS emphasizes both country ownership of surveillance systems and broader public accessibility of data for global public health purposes. How does the Department intend to balance national data sovereignty with expectations for centralized data platforms, public access, and global reporting, particularly where national data-sharing regulations may limit external access?

   The Department has not prescribed a single model for balancing country data sovereignty with global public accessibility; applicants may propose data governance approaches that comply with countries' data-sharing regulations while supporting appropriate public access for global reporting, model calibration, and benchmarking purposes. Specific data-sharing and governance arrangements may be further refined throughout later stages of program design.

5. Country selection and MOU linkage: The Addendum names priority health areas (HIV, TB, malaria, NTDs, nutrition) and emphasizes country ownership, but does not specify priority countries. Does GHSD have a preference for SOIs sited in countries with existing bilateral MOUs or PEPFAR programs, or are proposals in other countries equally competitive, provided the proposed site is well justified against the Addendum objectives? The opportunity is listed under Assistance Listing 19.029 (PEPFAR), which raises the question of whether funding is effectively oriented toward MOU or PEPFAR-supported countries. Clarity here would help applicants determine appropriate geographic scope.

   The Addendum does not limit proposed activities to countries with bilateral health MOUs or existing PEPFAR programs, nor are proposed activities limited to the named health areas (HIV, tuberculosis, malaria, NTDs, nutrition), which are listed as illustrative examples rather than an exhaustive list. Applicants may propose countries and health areas (e.g., MCH, polio) that are appropriate to the Addendum objectives and should clearly justify the proposed geographic and technical scope based on epidemiological, programmatic, operational, and country-ownership considerations. All SOIs will be evaluated according to the criteria outlined in Section F of the APS.

6. Host-government engagement at the SOI stage: Given the Addendum's strong emphasis on country ownership, self-run National Surveillance Strategies, and regular data-sharing with country institutions, does GHSD expect evidence of host-government engagement or a named country institutional partner at the SOI stage, or is this expected at Phase 2 or during consultative program design? Prior APS Q&A indicated letters of support are not required at the SOI stage generally; however, the ownership framing in this Addendum is more pronounced than in others, and applicants would benefit from knowing how much country alignment to evidence at Phase 1.

   Applicants should demonstrate an understanding of relevant country priorities, institutions, and data-governance requirements and explain how the proposed approach would support country ownership. Organizations are not required to submit letters of support, formal agreements, or other documentary evidence of government endorsement at the SOI stage, nor are they required to have finalized all country partnerships. However, given the Addendum's emphasis on country ownership and the 75-day submission window, a well-developed SOI would generally be expected to identify relevant host-government counterparts and anticipated country institutional partners, where known, and describe the nature of any engagement to date or the applicant's concrete plan for securing that engagement. Specific partnerships and formal coordination arrangements may be further refined throughout later stages of program design or Phase 2, if applicable.

7. Use of existing biorepositories and prior survey assets: The Addendum encourages leveraging existing biorepositories where available, including in countries that conducted previous PHIAs. May an SOI propose to access, transfer, or build upon specimens and data from prior U.S. government–funded surveys (e.g., PHIA, DHS)? Are there data-use, consent, or specimen-ownership constraints applicants should anticipate? Feasibility and cost-savings for a rolling, multi-disease survey design depend substantially on whether existing specimen and data assets can be reused.

   An SOI may propose to access, transfer, or build upon specimens and data from prior U.S. government-funded surveys, consistent with the Addendum's emphasis on leveraging existing biorepositories where available. Applicants should anticipate applicable data-use, consent, and specimen-ownership constraints, including with the country governments, and should describe in their SOI their understanding of these considerations as relevant to the proposed approach.

8. "Global public good" data access versus country data sovereignty: The Addendum calls for centralized data platforms that enable appropriate public access for reporting, model calibration, auditing, and global benchmarking, while also respecting country data-governance frameworks. Where a host government restricts open publication of surveillance microdata, how should applicants reconcile the global-accessibility principle with country sovereignty? Would a tiered or aggregated public-access model be considered responsive? These two principles can be in tension in practice, and

applicants would benefit from understanding GHSD's expectations before designing data-governance approaches.

Applicants should design data-governance approaches that prioritize compliance with countries' data-sharing regulations while proposing appropriate mechanisms to support global reporting, modeling, and benchmarking where open publication of microdata is restricted. A tiered or aggregated public-access model would be considered responsive, such as public summary and final reports or public dashboards with aggregate data, as well as a methodology for researchers, modelers, or other users to request appropriate disaggregated data access. This could include support to country governments in this process, as well as supporting archival storage of survey or surveillance data. Applicants should plan to have clear data sharing agreements with country governments before implementation.

9. Methodological research and validation as an outcome: Objective 1 invites novel sampling methodologies "backed by sound methodological and scientific evidence," and institutions of higher education are named as eligible applicants. Where an applicant proposes to generate and publish validation evidence—for example, comparing a rolling continuous-sampling design against a traditional cross-sectional survey—will that methodological evidence be recognized as a project outcome in its own right, or must every activity tie to a service-delivery or implementation result to be considered responsive? This determines how applicants with academic and analytic capacity structure their proposed activities, outcomes, and budgets.

   Applicants may propose methodological research and validation activities, such as evaluating a novel sampling design, as a component of a proposed project, provided the overall SOI is centered on implementing survey and/or surveillance activities responsive to one or more objectives in Section B.1 and aligned with the guiding principles in Section B.2. Proposals consisting solely or primarily of academic research without corresponding implementation of survey or surveillance activities that generate usable results for country health systems may not be considered responsive,

10. "Tiers of support" within a single SOI: The Addendum asks recipients to provide tiers of support describing low-cost through more-complex innovations for survey and/or surveillance work. Should a single SOI present multiple tiers as a menu from which GHSD may select, or commit to a single tier? Does proposing an optional higher-complexity tier alongside a low-cost tier affect competitiveness or budget expectations? The Addendum's language could be read either as a request for a menu of options or as a directive to design one scalable approach; confirmation would help applicants structure the concept.

    Applicants may present multiple tiers of support or propose a single scalable approach, provided the SOI clearly identifies the recommended approach, underlying assumptions, anticipated results, and cost and operational implications of each tier. Presenting multiple tiers will not by itself increase or decrease an SOI's competitiveness. All SOIs will be evaluated according to the criteria outlined in Section F of the APS.

11. At-risk population coverage and anti-discrimination certification: The Addendum directs projects to address population demographics (including age and sex) and to ensure surveillance captures data across high- and at-risk populations. Applicants that are institutions of higher education also note the APS certification regarding programs promoting Diversity, Equity, and Inclusion.

    Applicants should design epidemiologically sound survey and surveillance approaches that are responsive to the Addendum, including appropriate collection and analysis of age- and sex-disaggregated data and coverage of relevant high-risk, at-risk, or hard-to-reach populations. All proposed activities must comply with applicable award terms, certifications, and U.S. government requirements. The inclusion of populations based on documented epidemiological or public-health considerations does not, by itself, make an otherwise responsive survey or surveillance methodology ineligible.

12. Can GHSD confirm that designing surveys and surveillance to reach at-risk and hard-to-reach populations, as the Addendum directs, is understood as epidemiological methodology and is not

implicated by that certification? Applicants would benefit from confirmation before designing sampling frames that intentionally reach at-risk populations, to ensure the survey methodology the Addendum requests does not create a certification conflict.

Applicants should design epidemiologically sound survey and surveillance approaches that are responsive to the Addendum, including appropriate collection and analysis of age- and sex-disaggregated data and coverage of relevant high-risk, at-risk, or hard-to-reach populations. All proposed activities must comply with applicable award terms, certifications, and U.S. government requirements. The inclusion of populations based on documented epidemiological or public-health considerations does not, by itself, make an otherwise responsive survey or surveillance methodology ineligible.

13. Human subjects review pathway: The Addendum requires that surveys funded wholly or partially by the U.S. government adhere to applicable human-subjects and IRB requirements. For population-based surveys, is host-country IRB approval sufficient, or does GHSD expect U.S.-based or single-IRB review? Is documentation of the review pathway expected at the SOI stage or at Phase 2? The review pathway may affect applicants survey timeline and startup sequencing, which are central to the Addendum's cost-effectiveness and speed objectives.

    Applicants should propose a human-subjects review approach appropriate to the survey design, country context, and their own organization's applicable human-subjects review requirements as applicable, consistent with the Guiding Principle requiring that all surveys funded wholly or partially by the U.S. government adhere to applicable legal, regulatory, and ethical requirements. Detailed documentation of the specific review pathway is not required at the SOI stage and may be further refined throughout later stages of program design or Phase 2, if applicable.

14. Consultative program design and the performance period: The Addendum notes that SOIs may be recommended for continued review through consultative program design prior to Phase 2. For multi-year survey fieldwork, does time spent in consultative program design count against the five-year performance period, or does that period begin at award? For long-cycle survey and surveillance work, this affects how applicants scope realistic fieldwork timelines.

    The period of performance begins at award, not during consultative program design; time spent in consultative program design does not count against the five-year performance period. Applicants should scope proposed fieldwork timelines based on an anticipated award start date, recognizing that consultative program design, if applicable, occurs prior to Phase 2 full application.

15. Single SOI Applied for Three (3) Different Countries: We appreciate the guidance for a single, well-developed SOI. Does GHSD prefer a single SOI spanning Tanzania, Pakistan, and Senegal, or separate SOIs per country, and are there any restrictions on presenting all three countries within one SOI? We see an exciting opportunity for cost-effective scalability across many countries, starting with our partners in Tanzania, Pakistan, and Senegal.

    GHSD has no stated preference between a single multi-country SOI or separate SOIs per country, and there are no restrictions on presenting multiple countries within one SOI. GHSD welcomes cost-effective, scalable proposals. Applicants should note that the Addendum anticipates up to four awards in total and should ensure the proposed multi-country approach is coherent, appropriately justified, and reflective of that funding structure.

16. HMIS/DHIS2 Exchange Direction: Must proposed systems support bidirectional exchange with the national HMIS/DHIS2 and related systems, or may applicants propose standards-based one-way reporting where bidirectional exchange is not technically or operationally justified?

    GHSD has not prescribed bidirectional exchange as a mandatory requirement; applicants may propose standards-based one-way reporting where bidirectional exchange is not technically or operationally justified, provided the proposed approach supports interoperability with national HMIS/DHIS2 and related systems consistent with the Addendum's integration and interoperability guiding principle. Applicants should clearly justify the proposed data exchange design relative to the operational context and objectives being addressed.

17. Historical Cost and Turnaround Comparisons: Will GHSD provide or reference comparator cost and cycle-time data for surveys such as DHS, PHIA, and TB prevalence surveys, or should applicants select, document, and justify their own historical baselines when demonstrating that each proposed tier is lower-cost and faster-turnaround?
    GHSD will not provide comparator cost and cycle-time data; applicants should select, document, and justify their own historical baselines as appropriate to the health area(s) and metrics of interest to demonstrate that a proposed approach is more cost-effective and/or faster-turnaround than traditional methods. Applicants should note that the Department has moved away from supporting some traditional prevalence survey models (e.g. tuberculosis prevalence surveys) for specific health areas given their high cost and lengthy implementation and reporting timelines, and are encouraged to propose alternative, higher-value approaches consistent with the Addendum's guiding principles.
18. Public-Good Access versus Partnered Government Governance: For data products intended to function as global public goods, where should the line fall between mandatory public access and government-retained release approval? Specifically: which outputs (aggregated indicators, methods, metadata) must be openly accessible by default, and which categories of restricted microdata should remain subject to a designated national authority's approval under applicable law, governance agreements, and host-country political constraints?
    GHSD has not prescribed a fixed line between outputs requiring mandatory public access and those subject to government-retained approval; applicants may propose a governance framework identifying which categories (e.g., aggregated indicators, methods, summary or final reports, metadata) they intend to make openly accessible by default, and which categories (e.g., restricted microdata) may remain subject to a designated national authority's approval, consistent with applicable law and governance agreements. Proposed approaches should explain how the framework balances country sovereignty, open access, and the program's public-health and biosecurity objectives.
19. Given that this is a US-taxpayer-funded initiative intended to strengthen health security for the United States and its partners, how does GHSD envision maximizing public access to non-sensitive data and derived products? Where a partner government's release requirements and the initiative's public-access goals are in tension, does GHSD have a preferred hierarchy or set of criteria for resolving them, or should applicants propose and justify a governance framework that balances open access, data sovereignty, and the program's public-health and biosecurity mission?
    Applicants are expected to propose and justify their own governance framework that prioritizes compliance with national data-sharing regulations while maximizing appropriate public access to non-sensitive or aggregated data and derived products consistent with the Addendum's guiding principles. Proposed approaches should clearly explain how the framework balances country sovereignty, open access, and the program's public-health and biosecurity objectives.
20. What is GHSD's baseline for "more cost-effective and faster than historically seen"? What does GHSD treat as the historical cost and timeline benchmark; for a PHIA-scale survey, a TB prevalence survey, or a national DHS survey? Is GHSD willing to share representative cost-per-country figures from prior awards to enable applicants to frame their proposed efficiencies against an actual baseline?
    GHSD has not established a specific historical cost or timeline benchmark and is not providing representative cost-per-country figures from prior awards; applicants should reference publicly available information on traditional survey costs and timelines (e.g., PHIA, DHS, TB prevalence surveys, MICS, MIS, etc.) to frame and justify their proposed cost and timeline efficiencies. Applicants are expected to independently identify appropriate baselines and clearly demonstrate how their proposed approach improves upon them.
21. "Real-time or near-real-time surveillance", what latency is considered acceptable? In low-connectivity environments, daily or even weekly batch sync may be the realistic ceiling without substantial infrastructure investment. Does GHSD have a target latency threshold in mind (e.g.,

aligned with 7-1-7 detection timelines), or are applicants defining and defending their own target latency threshold acceptable?

GHSD has not established a fixed target latency threshold for "real-time" or "near-real-time" surveillance; applicants should propose and justify their own target latency appropriate to the surveillance use case, connectivity environment, and cost-effectiveness considerations, including alignment with 7-1-7 detection timelines where relevant. Proposed approaches should clearly explain the rationale for the selected latency target and any tradeoffs given infrastructure constraints.

22. The guiding principles encourage "decentralized representative consortia" with local institutions and regional hubs. For a global thematic addendum potentially spanning many countries, must applicants at SOI stage name specific local and regional partners in target countries, or is describing the consortium design model and partner selection criteria sufficient for Phase 1?

    Consortia applicants are not required to name specific local and/or regional partners at the SOI stage; describing the proposed consortium design model, partner selection criteria, and decentralized implementation approach is sufficient for Phase 1. Applicants should identify proposed partners where known, and specific partner identification and formal arrangements may be further refined throughout later stages of program design or Phase 2, if applicable.

23. How is population-based survey defined for the purpose of the NOFO? Does this refer only to household-based surveys, or are facility-based and other sampling approaches also considered population-based?

    The Addendum does not provide a strict definition limiting "population-based survey" to household-based surveys; it invites novel sampling methodologies and data sources that measure epidemiological metrics. Applicants may propose alternative sampling approaches, including facility-based or other novel designs, provided they clearly justify how the approach is statistically sound, feasible, and rigorously measures population-level epidemiological metrics consistent with Objective 1.

24. Are the population-based surveys expected to be nationally representative?

    The Addendum does not require that population-based surveys be nationally representative; applicants may propose national, subnational, or targeted sampling approaches, including novel methodologies to reach hard-to-reach populations, provided the proposed design is scientifically sound and responsive to the objectives and guiding principles of Addendum I. Applicants should clearly justify their proposed sampling scope and representativeness relative to the health area(s) and epidemiological questions being addressed.

25. Is recency testing an option to measure incidence?

    HIV recency testing on its own should not be used to estimate or serve as a proxy measure for HIV incidence in any setting. Applicants should consider alternative or additional approaches used in conjunction with recency testing to estimate population-level incidence. Consistent with Objective 1's emphasis on approaches "backed by sound methodological and scientific evidence" and the Addendum's guiding principle of cost-effectiveness, applicants proposing recency testing as part of a broader incidence-estimation strategy should clearly describe the complementary methods used, the scientific basis supporting the overall approach and use of recency testing, and how the combined approach remains cost-effective.

26. Should mortality surveillance also be prioritized?

    The Addendum does not establish a priority for mortality surveillance specifically; applicants may propose mortality-related surveillance approaches where responsive to Objective 2's emphasis on strengthened routine and programmatic surveillance. Organizations should clearly justify how their proposed scope, including any mortality surveillance component, addresses the objectives and guiding principles outlined in Addendum I.

27. For the “Routine and program-based surveillance utilizing continuous, granular age/sex-stratified data at the site level, including routine program data, case surveillance, antenatal care,” do we assume the metrics listed in the America First Global Health Strategy Merics guide are what would be collected?

Applicants should not assume the Metrics Guide's indicator list or disaggregation are the required or exclusive set of data elements to collect or measure; rather, applicants should propose the data elements appropriate to their proposed approach, informed by epidemiological value, need, and, where relevant, standardized global metrics. Applicants should tailor their proposed metrics to the objectives and guiding principles of Addendum I.

28. Regarding "Real-time or near-real-time surveillance platforms" can you elaborate on what is considered real time and near real time.
    The Addendum does not define fixed thresholds for "real-time" versus "near-real-time"; applicants should propose and justify their own definition and target latency based on the specific surveillance use case, data source, and operational context, consistent with the Addendum's emphasis on timeliness and cost-effectiveness.
29. Are SOIs including both objectives preferred to SOIs with one objective?
    The Department has not established a preference between SOIs addressing one objective versus both objectives; applicants should propose the scope that best reflects their technical approach and capacity, provided the concept is responsive to at least one of the objectives and the guiding principles outlined in Addendum I. All SOIs will be evaluated according to the criteria outlined in Section F of the APS.
30. May an SOI under this Addendum name target countries that have not signed an MOU, such as a regional approach spanning both signatory and non-signatory countries? If so, will MOU status factor into the Merit Review Panel's assessment?
    The Addendum does not limit proposed activities to countries with bilateral health MOUs or existing PEPFAR programs; regional approaches are responsive, regardless of country mix. Applicants may propose countries that are appropriate to the Addendum objectives and should clearly justify the proposed geographic scope based on epidemiological, programmatic, operational, and country-ownership considerations. All SOIs will be evaluated according to the criteria outlined in Section F of the APS.

Addendum J: Mozambique Q&A

1. Section B of Addendum J says, "Section B: 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." Could you please clarify the level of involvement of the host country government in the evaluation of the SOI and full application, and during implementation? If there is involvement, how would GHSD avoid conflicts of interest given that governments are eligible to apply?
    The Department applies appropriate safeguards to identify and mitigate potential conflicts of interest consistent with applicable federal requirements.
2. Does GHSD expect the selected organizations to provide TA only, and the MoH being the implementer?
    The Department has not prescribed a technical-assistance-only role for recipients. Applicants should propose an implementation approach responsive to the selected objective or objectives and clearly describe the anticipated roles of the recipient, Government of Mozambique institutions, and any proposed partners. Depending on the objective and proposed approach, recipient activities may include technical assistance, systems strengthening, service-delivery support, capacity development, or other functions described in the Addendum.
3. The scope under objective 2 is very similar to that of the Addendum on Rapid Outbreak Response in Round 1. How will the two projects be coordinated if Mozambique is selected under Round 1?
    Applicants should demonstrate awareness of relevant U.S. government, Government of Mozambique, and partner-supported activities and explain how the proposed approach would

complement rather than duplicate those investments. Detailed coordination and activity demarcation between awards may be further refined with relevant government counterparts, U.S. government agencies, and recipients during consultative program design, Phase 2, or award implementation, as applicable.

4. May a single SOI propose different geographic implementation models simultaneously (for example, one province under an intensive provincial model and another geographic cluster under a regional implementation model), or should each SOI adopt a single geographic implementation approach throughout?

   Applicants may propose different geographic implementation models within a single SOI where the approach is coherent, responsive to the selected objective or objectives, and appropriately justified. The SOI should clearly describe each proposed model, its geographic scope, the rationale for using different approaches, and how the components would be coordinated and contribute to achievement of the Addendum objectives.

5. If multiple geographic models are permissible within one SOI, may different objectives be implemented in different geographic areas, or should all proposed objectives apply consistently across the entire geographic scope?

   Applicants may propose different objectives or activities in different geographic areas where appropriate. The SOI should clearly identify the geographic scope associated with each objective, explain the rationale for the proposed configuration, and demonstrate that the overall approach is coherent, feasible, and responsive to the Addendum.

6. Should current AJUDA/sustainability transition site lists be considered the initial basis for planning under Objective 1, or will GHSD and the Government of Mozambique establish a new prioritization process for facilities and districts?

   At this stage, the Memorandum of Understanding (MOU) between the U.S. government and the Government of Mozambique is still being operationalized. As such, the Department does not prescribe a specific geographic prioritization approach or site list at the SOI stage. Applicants are encouraged to develop and justify their proposed geographic focus based on the APS objectives and the best available information, which may include current transition and sustainability planning data. Any prioritization of facilities and districts may be further refined in collaboration with the Government of Mozambique, GHSD, and other relevant U.S. government counterparts during subsequent consultative program design (if applicable), Phase 2, and/or award implementation.

7. May one organization participate in multiple SOIs as a consortium partner or subrecipient, while only serving as prime applicant in one submission?

   An organization may participate in more than one SOI, including serving as the prime applicant in one submission and as a consortium partner or subrecipient in another. Each SOI should present a distinct, coherent approach, and applicants should clearly describe the organization's proposed role and demonstrate sufficient capacity to fulfill all proposed commitments.

8. May Government institutions (for example SPS, DPS, CMAM, CNCS or INS) formally participate as subrecipients, or does GHSD expect these institutions to participate only as implementation partners outside the subaward structure?

   Applicants may propose appropriate arrangements with Government of Mozambique institutions, including implementation partnerships or, where legally and operationally appropriate, subrecipient arrangements. Proposed structures must comply with applicable federal assistance requirements and the institution must have the legal authority and capacity to perform the proposed role. Applicants should clearly describe the proposed arrangement and flow of funds, if any. Detailed legal, financial-management, and risk considerations will be addressed during subsequent phases, if applicable.

9. The Addendum emphasizes progressive transition of functions to Government. Does GHSD expect applicants to define explicit transition milestones, readiness criteria, and verification mechanisms for each function being transferred?

Applicants should describe their proposed approach to the transition of functions, including anticipated milestones, readiness considerations, and verification mechanisms, at a level of detail appropriate to the SOI stage. The Department has not prescribed a standard set of transition milestones or readiness criteria. Detailed transition frameworks may be developed jointly with the Government of Mozambique and the Department during consultative program design, Phase 2, and/or award implementation, as applicable.

10. How does GHSD envision the relationship between recipient-supported activities and future Government-to-Government (G2G) awards? Should applicants explicitly describe how recipient-supported activities transition into future G2G mechanisms?

    Awards made under this Addendum would be distinct federal assistance awards to recipients and would remain separate from government-to-government (G2G) mechanisms. Recipient-supported activities are expected to complement and support the transition of functions to government-led, G2G-financed implementation over time. Applicants should describe how proposed activities would align with, reinforce, and facilitate this transition, recognizing that detailed sequencing and coordination arrangements may be refined during subsequent phases.

11. Under Objective 1, should applicants assume that transition decisions will occur primarily at provincial level, district level, health facility level, or through another administrative approach?

    The Department has not prescribed a single administrative level at which transition decisions will occur. As described in the Addendum, 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. Applicants should propose an approach appropriate to their geographic scope and explain the rationale. Detailed transition arrangements may be refined with government counterparts during subsequent phases.

12. Does the transition described under Objectives 1 and 5 include monitoring and evaluation functions, including data quality assurance, routine reporting, and program performance monitoring, or are these expected to remain under recipient support for a longer period?

    The Department has not prescribed which functions must transition on a particular timeline. Monitoring, evaluation, data quality assurance, and performance monitoring functions may be included within a proposed transition approach where appropriate. Applicants should describe the anticipated phasing of these functions and the rationale for the proposed sequencing.

13. Given the reference to performance-based implementation incorporating verification, does GHSD anticipate recipients continuing to support independent verification after service delivery functions have transitioned to Government?

    The Department has not predetermined the role of recipients in verification activities over time. The Addendum describes a government-led, performance-based model incorporating verification, and applicants may propose approaches in which verification support continues as service delivery functions transition. Detailed verification arrangements may be defined during consultative program design, Phase 2, and/or award implementation, as applicable.

14. Should monitoring, evaluation and verification activities be considered primarily within Objective 1, Objective 3, or as cross-cutting functions supporting multiple objectives?

    Monitoring, evaluation, and verification activities may be proposed within the objective or objectives to which they are most relevant, or as cross-cutting functions supporting multiple objectives, depending on the proposed approach. Applicants should clearly identify where these functions sit within the proposed design and how they contribute to achievement of the Addendum objectives.

15. Is the transition of monitoring and evaluation expected to occur simultaneously with service delivery transition, or should applicants anticipate a phased approach where verification functions continue beyond the transition of clinical services?

    The Department has not prescribed the sequencing of monitoring, evaluation, and verification transition relative to service delivery transition. Applicants may propose a phased approach, including approaches in which verification functions continue beyond the transition of clinical

services, and should clearly explain the rationale and how the proposed phasing supports sustainability and accountability.

16. Under Objectives 1 and 5, may applicants' budget for salaries of health workers and community cadres during the transition period where Government capacity is not yet sufficient, provided that a clear transition plan is presented?

    As described under Objective 1, activities may include recruitment, training, employment, and/or supervision of qualified personnel where government capacity is insufficient to deliver priority health interventions. Applicants proposing such costs should present a clear, credible plan for the transition of these functions and associated costs to government systems over time, consistent with the sustainability and country ownership principles of the Addendum. All proposed costs must be reasonable, allowable, and allocable under applicable federal cost principles.

17. Does GHSD expect applicants to include structured workforce transition plans, including phased Government absorption scenarios, or will workforce financing strategies be developed jointly during later stages?

    Applicants should articulate a credible approach to workforce transition within the SOI, including anticipated pathways toward government absorption where relevant. The MOU framework anticipates the structured, phased absorption of U.S. government-supported personnel aligned with MISAU cadres into the public sector workforce over the MOU period, planned and reviewed through joint governance mechanisms. Detailed workforce financing strategies and absorption scenarios will be developed and reviewed jointly with the Government of Mozambique, and applicants should design approaches that can align with these processes

18. Must all proposed digital solutions exclusively use existing approved Government digital platforms, or may applicants propose complementary technologies that fully integrate with approved national systems?

    Applicants may propose complementary technologies where they are responsive to the Addendum and can integrate with approved Government of Mozambique systems. The SOI should explain how the proposed approach would support interoperability, data security, government ownership, long-term operability, and sustainability without creating duplicative or parallel systems. Specific technical requirements and approval processes may be further addressed during subsequent phases.

19. Would GHSD consider innovative approaches such as AI-supported decision support systems, predictive analytics, or federated learning acceptable where these strengthen Government decision-making while maintaining Government data ownership and interoperability with national systems?

    Organizations may propose AI-supported or other innovative technologies where they are responsive to the Addendum objectives and appropriate to the Mozambican context. Applicants should clearly explain the proposed use case, evidence base, governance, human oversight, data protection, interoperability, operational feasibility, and pathway to Government of Mozambique ownership and sustainable use. The Department has not identified a preferred technology or technical approach at the SOI stage.

20. Objective 5(c) refers to strengthening public financial management at national, provincial and district levels. Would a proposal focused on only one or two administrative levels, consistent with the applicant's comparative advantage and geographic scope, be considered fully responsive?

    While Objective 5(c) includes strengthening public financial management at national, provincial, and district levels, the APS allows applicants to address one or more objectives or sub-objectives as long as the proposed approach contributes to sustainable, government-led health systems. A proposal focused on only one or two administrative levels would therefore be considered responsive, provided the SOI clearly justifies the selected levels, aligns with the applicant's comparative advantage and geographic scope, and demonstrates how the work supports strengthened, sustainable public financial management within the broader system.

21. Does GHSD expect applicants to propose support across multiple health system building blocks simultaneously, or may proposals focus on selected sub-objectives within Objective 5?

Applicants may focus on selected sub-objectives within Objective 5. As stated in the Addendum, 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.

22. Is there an indicative funding range for individual awards under this Addendum, recognizing that up to USD 180 million may support up to 15 awards?

    The Department has not established an indicative funding range for individual awards under this Addendum. The ceiling is specified in the Addendum, and final size and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications). Applicants should propose a budget that is reasonable and sufficient to implement the activities described in the SOI.

23. Does GHSD anticipate making awards primarily by geographic area, by technical objective, or through a combination of geographic and thematic awards?

    The Department has not predetermined the structure of awards. Awards may be made by geographic area, by technical objective, or through a combination of geographic and thematic approaches. Final size, scope, and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).

24. Would GHSD generally encourage one comprehensive SOI addressing multiple complementary objectives, or multiple narrower SOIs focused on individual objectives where these represent distinct implementation approaches?

    Applicants are encouraged to submit their most competitive and responsive concept or concepts. In many cases, a single well-developed SOI presenting an integrated, comprehensive approach to complementary objectives may be more effective than multiple narrowly focused or overlapping submissions. Applicants should carefully consider whether related concepts can be presented within a single SOI. Both configurations are permissible where each SOI presents a distinct, coherent approach.

25. Objective 6 focuses specifically on Gorongosa District. Should applicants consider this objective fully open for competition, or does it build upon an existing Government or GHSD investment that applicants should consider when designing proposals?

    Objective 6 is open for competition under this Addendum. Applicants should demonstrate awareness of existing Government of Mozambique, U.S. government, and partner investments in Gorongosa District and design proposals that complement, rather than duplicate, those investments.

26. For applicants selected for consultative program design, does GHSD anticipate that geographic scope, technical objectives, budget, and consortium composition may be substantially refined during co-design, or should applicants consider these elements largely fixed at the SOI stage?

    Applicants selected for consultative program design should anticipate that elements of the proposed approach, including geographic scope, technical focus, budget, and partnership arrangements, may be refined collaboratively with the Department and, as appropriate, the Government of Mozambique. Applicants should nonetheless present their strongest, most complete concept at the SOI stage, as SOIs will be reviewed on the basis of the information submitted. Additional details on the consultative program design process are provided in Section F of the main APS

27. For Objective 1, does GHSD anticipate that provinces and districts will transition at different rates based on demonstrated readiness, or should applicants assume a common transition timeline across the proposed geographic area?

    The Department anticipates that transition will be informed by demonstrated capacity and readiness, and, as described in the Addendum, the level of implementation support will be tailored to provincial needs. Applicants should propose a transition approach appropriate to their proposed geographic area and explain how differing rates of readiness would be managed.

28. Beyond routine performance indicators, does GHSD anticipate using specific health system readiness

or institutional capacity benchmarks to determine successful transition to Government ownership?

The Department has not published a prescribed set of readiness or institutional capacity benchmarks at the SOI stage. Applicants should propose the benchmarks and verification approaches they consider appropriate. Detailed performance and transition frameworks may be developed jointly with the Government of Mozambique during subsequent phases.

29. Are there any preferences of selection for true locally-based applicants with a good relationship track record with the Mozambican government?

    The Addendum places priority on working collaboratively with Mozambican government institutions, local organizations, faith-based organizations, and community stakeholders, as reflected in the Guiding Principles. Eligibility is governed by the main APS, and all SOIs will be reviewed in accordance with the review criteria described therein. Local presence and established relationships may strengthen the feasibility and sustainability of a proposed approach, but selection will be based on the published review criteria.

30. For Objective 5 (Strengthen Health Systems and Institutional Capacity), specifically the WASH infrastructure and community health workforce (APE/APS) sub-components, would GHSD consider SOIs from local Mozambican organizations applying as prime applicants for a geographically and thematically narrow scope (e.g., limited to Sofala Province), or is this Addendum primarily intended for organizations capable of engaging across the full national/provincial G2G scope?

    Local Mozambican organizations may submit SOIs as prime applicants, including SOIs with a geographically or thematically focused scope, provided the proposed approach is coherent, responsive to the selected objective or objectives, and appropriately justified, and the applicant demonstrates the technical, operational, and institutional capacity required. The Addendum is not limited to organizations proposing national-scale engagement.

31. What minimum institutional and financial management capacity or prior award-size track record is expected of a prime applicant under this Addendum, versus what could be fulfilled through a specialist local sub-partner arrangement?

    Eligibility requirements are described in Section B.1 of the APS Section B.1 of the APS; the Addendum does not establish a separate minimum award-size track record for prime applicants. Applicants must demonstrate the technical, operational, and institutional capacity required for each objective addressed, and may do so through the capacities of the prime applicant, consortium members, or subrecipient arrangements, with roles clearly described.

32. Does GHSD encourage local Mozambican organizations to identify themselves as potential sub-partners at the SOI stage, and if so, is there a recommended mechanism for connecting with prime applicants who are developing SOIs for the Sofala/Manica/Tete geographic cluster?

    Local organizations may identify themselves and their proposed roles within SOIs submitted by prime applicants. The Department does not operate a formal mechanism for connecting prospective partners, and teaming arrangements are at the discretion of applicants.

33. Can community-based, non-clinical organizations apply directly as a prime applicant under Addendum J, or are such organizations only eligible to participate as a sub-recipient/partner under a clinical organization serving as prime?

    Eligibility to apply as a prime applicant is governed by Section B.1 of the APS Section B.1 of the APS and is not limited to clinical organizations. Community-based, non-clinical organizations may apply directly as prime applicants provided they demonstrate the technical, operational, and institutional capacity required for the objective or objectives addressed. Such organizations may also participate as consortium partners or subrecipients.

34. Addendum J covers Mozambique, which is made up of 11 provinces. Can multiple organizations be selected as awardees within the same province (e.g., for complementary or different scopes of work), or is the intent to select a single organization per province?

    The Department has not predetermined the number of awardees per province. Under Objective 1, which is organized around integrated, province-level implementation and the transition of functions to provincial government-to-government mechanisms, applicants are encouraged to

propose coherent, province-wide approaches that consolidate integrated service delivery rather than address a single province through fragmented or overlapping scopes. Under other objectives, multiple awards supporting complementary or distinct scopes within the same geography may be appropriate. In all cases, final award configuration is subject to the results of the SOI review process and Phase 2, and applicants should demonstrate awareness of relevant activities and explain how the proposed approach would complement rather than duplicate other investments.

35. The Addendum indicates up to 15 awards and up to $180M total. Can the Department indicate the anticipated distribution of awards or funding across the six objectives, or expected award size ranges per objective?

    The Department has not predetermined the distribution of awards or funding across the six objectives, nor established expected award size ranges per objective. Final size, scope, and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).

36. Are the geographic groupings listed under Objective 1 (e.g., Sofala/Manica/Tete) indicative or fixed? Does the Department anticipate one award per grouping, and may applicants propose alternative geographic configurations?

    The geographic groupings listed under Objective 1 are illustrative, as indicated by the phrase "for example" in the Addendum. The Department has not predetermined the number of awards per grouping, and applicants may propose alternative geographic configurations where the approach is coherent and appropriately justified.

37. Under sub-objective 3b, is the recipient expected to serve as the technology provider, or to manage the GRM-led procurement of a third-party service provider? May a technology firm participate as prime or subrecipient?

    Under sub-objective 3(b), the Addendum anticipates that the recipient will support the Government of Mozambique in procuring a service provider to design, develop, and implement the technology-supported data capture solution. Technology firms are not precluded from participating as prime applicants or subrecipients under this Addendum, subject to the eligibility requirements of the main APS. Applicants should clearly describe the proposed role and how it aligns with the approach described in the Addendum.

38. Under sub-objective 5b, does the anticipated scope include continued salary support for currently donor-funded health workers during the absorption period, or is the scope limited to technical assistance for workforce planning and transition systems?

    Under sub-objective 5(b), the anticipated scope includes strengthening workforce planning, financing, and management systems and supporting the structured transition from donor-funded payroll systems. Applicants may propose workforce-related support during the absorption period where government capacity is not yet sufficient, provided the SOI presents a clear, credible transition plan consistent with the sustainability principles of the Addendum and the phased absorption approach anticipated under the MOU framework. All proposed costs must be reasonable, allowable, and allocable under applicable federal cost principles.

39. What is the expected award date?

    The Department has not established a specific expected award date. The timing of award will depend on completion of the SOI review process, Phase 2 (full application), and required approvals, and is subject to the availability of funds. Applicants should anticipate that the full process from SOI submission to potential award may take several months.

40. The Addendum states that the total estimated funding is up to $180 million, subject to availability and project periods of up to five years. Could the Department of State confirm whether the $180 million represents the total cumulative funding available across all awards for the entire five-year period?

    The total estimated funding is up to $180 million annually, pending the availability of funds. Funding in all years is subject to the availability of appropriations and Department priorities.

41. Should applicants assume a five-year implementation period beginning in late FY27, or a shorter

period ending at the MOU end date?

Proposed projects should be completed in five years or less, as stated in the Addendum. Applicants should propose a period of performance appropriate to the proposed approach and explain how the proposed timeline aligns with the objectives of the USG-GRM Health MOU (April 2026-December 2030).

42. Are Mozambican national organizations — including local research institutions — eligible to apply as prime recipients, or is prime eligibility limited to U.S. or international organizations with local entities serving only as sub-recipients?

    Mozambican national organizations, including local research institutions, are eligible to apply as prime applicants, subject to the eligibility requirements as stated in Section B.1 of the APS Section B.1 of the APS. Prime eligibility is not limited to U.S. or international organizations, and the Addendum places priority on working collaboratively with Mozambican institutions and local organizations.

43. Are applicants expected to propose an indicative budget or budget band at the SOI stage?

    A detailed budget is not required at the SOI stage. Applicants are only required to provide the Total Federal Share Requested as a dollar amount. Applicants should follow the instructions in Section D of the main APS.

44. May a single organization submit multiple SOIs across different objectives, and is there a cap on the number of SOIs per organization?

    Organizations may submit multiple SOIs under a given Addendum and participate in multiple submissions as a prime applicant, subrecipient, or consortium member. However, applicants are encouraged to submit their most competitive and responsive concept(s) rather than multiple variations of similar approaches. In many cases, a single well-developed SOI that presents an integrated and comprehensive approach to the Addendum objectives may be more effective than multiple narrowly focused or overlapping submissions. Applicants should carefully consider whether related concepts can be presented within a single SOI.

45. Where an SOI addresses multiple objective**s**, should this be submitted as one integrated SOI or as separate SOIs per objective?

    Where a single organization proposes an integrated approach addressing multiple objectives, this may be submitted as one integrated SOI, provided the approach is coherent and clearly describes how each objective would be addressed. Separate SOIs are appropriate where the concepts represent distinct implementation approaches. Applicants are encouraged to consider whether related concepts can be presented most effectively within a single, well-integrated submission.

46. Given the shift to a government-led, G2G model, what is the intended relationship between a non-governmental recipient's award and the parallel G2G awards to MISAU, CNCS, CMAM and SPS/DPS — will recipient funds flow through government systems, or remain a separate assistance award supporting government functions?

    Awards to non-governmental recipients under this Addendum would be distinct federal assistance awards and would remain separate from G2G awards to Government of Mozambique institutions. Recipient funds would not flow through government financial systems by default, although applicants may propose arrangements with Government of Mozambique institutions, including subrecipient arrangements where legally and operationally appropriate, as addressed elsewhere in this Q&A. Recipient-supported activities are expected to complement G2G mechanisms and support the progressive transition of functions to government-led implementation.

47. The addendum emphasizes integrated surveillance and outbreak response through a One Health approach, recognizing the interconnectedness of human, animal, and environmental health. Could you please clarify the extent to which GHSD is seeking activities focused on zoonotic diseases and animal health surveillance as part of this objective? Specifically, would proposals that strengthen integrated One Health surveillance and preparedness for priority zoonotic diseases, such as through enhanced collaboration between the human, animal, and environmental health sectors, including veterinary services and animal health surveillance systems — be considered responsive to this objective?

As described under Objective 2, the Department is seeking integrated approaches across human, animal, and environmental health sectors consistent with a One Health approach. Proposals that strengthen integrated One Health surveillance and preparedness for priority zoonotic diseases, including enhanced collaboration among the human, animal, and environmental health sectors and strengthening of animal health surveillance where linked to public health outcomes, would be considered responsive to this objective. Applicants should clearly describe how proposed activities support country-led surveillance and response capacities and complement existing U.S. government and partner investments.

48. Additionally, are there any priority zoonotic diseases or One Health technical areas that GHSD and the Government of Mozambique would particularly encourage applicants to address?

    The Addendum does not identify specific priority zoonotic diseases. Applicants should propose priorities informed by Mozambique's national plans, epidemiological evidence, and risk assessments, and should explain the rationale for the proposed focus.

49. For Objective 1, could the Department share an indicative timeline for the provincial government-to-government (G2G) awards to SPS/DPS, so that applicants can align proposed transition milestones with the expected G2G rollout?

    A detailed timeline for provincial G2G awards is not available at the SOI stage. Applicants should propose transition milestones with sufficient flexibility to align with the evolving G2G rollout and should describe how the proposed approach would adapt to different sequencing scenarios. Applicants invited to consultative program design or to submit a full application under Phase 2 may receive additional programmatic information relevant to sequencing at that stage, and detailed alignment with provincial G2G mechanisms may be further refined during Phase 2 development and award implementation, as applicable.

50. Given that Addendum J frames SOIs around the USG - GRM MOU Implementation Plan (April 2026–December 2030), will this Plan, or a summary of its provincial priorities, be made available to applicants?

    The USG-GRM MOU Implementation Plan is a bilateral planning document reviewed periodically through the joint governance mechanisms established under the MOU; it is not being distributed through this funding opportunity. The Addendum reflects the priorities of the Implementation Plan relevant to this opportunity, and applicants should base their SOIs on the Addendum. Applicants invited to consultative program design or to submit a full application under Phase 2 may receive additional programmatic information relevant to refining their proposed approach at that stage. Any additional information the Department determines can be made available to applicants will be provided through amendment to this Addendum.

51. For SOIs under Objective 1 that include Sofala Province: how should applicants treat Gorongosa District, given the dedicated Objective 6? Should Gorongosa be excluded from Objective 1 geographic coverage, or should applicants propose coordination arrangements?

    Applicants proposing coverage of Sofala Province under Objective 1 should not exclude Gorongosa district; however, they should demonstrate awareness of specific considerations under Objective 6 and describe how proposed activities would be coordinated with and would complement rather than duplicate activities that may be supported under Objective 6. Further detail and alignment of the proposal regarding this point may be addressed during subsequent phases.

52. The APS states that "Submissions should be no more than 5 pages or 2,500 words, not inclusive of charts and tables." Could you please clarify how this requirement should be interpreted when tables and charts are embedded within the narrative rather than provided as appendices? For example, if a submission contains 2,200 words but includes 5 embedded tables and 3 embedded charts, resulting in a document that is 10 pages long, would it still be considered compliant because the narrative remains under both the 2,500-word and 5-page limits? Or, when tables and charts are embedded in the text, do they count toward the 5-page limit?

    As clarified for this APS, the 5-page limit is the operative limit for the SOI narrative; the 2,500-

word figure was provided as a reference marker. Submissions will be reviewed only up to the 5-page narrative limit and no further. The required Table Listing of Critical Details (Section D.1.a) does not count toward the 5-page limit and may be included as a cover page. Tables and charts are not included in the 5-page narrative limit and may be placed within the narrative or as annexes; diagrams, conceptual frameworks, and other visual representations may be treated as charts and are likewise excluded, and font sizes as small as 10-point are acceptable for these elements. Applicants may include up to four annexes of no more than one page each to present supporting tables, charts, or visual materials; annexes supplement rather than replace the narrative. Reviewers will primarily evaluate the 5-page narrative in accordance with the APS review criteria.

53. Given the emphasis on prioritizing local organizations under the America First policy and this APS, can international organizations submit applications as prime recipients independently, or is partnership with local organizations the preferred approach? Could you provide guidance on your expectations regarding the role of international organizations in this APS?

    International organizations may submit SOIs as prime applicants, subject to the eligibility requirements of the main APS. Consistent with the Guiding Principles of the Addendum, priority is placed on working collaboratively with Mozambican government institutions, local organizations, faith-based organizations, and community stakeholders. Applicants, including international organizations, should clearly describe how the proposed approach engages local organizations, strengthens local systems, and supports a credible path to Mozambican ownership and sustainability.

54. What specific criteria will be used to determine whether a local organization is eligible and competitive to serve as a prime recipient under this APS? Are there minimum requirements related to organizational capacity, financial management, past performance, or other qualifications?

    Eligibility requirements applicable to all applicants, including local organizations, are described in Section B.1 of the APS. The Addendum does not establish separate minimum requirements for local organizations. All SOIs will be reviewed in accordance with the review criteria in the main APS, which address, among other elements, the applicant's capacity to achieve the proposed results.

55. May a single organization submit multiple Statements of Interest (SOIs) address different Strategic Objectives under this APS? For example, could Organization A submit one SOI covering Objectives 1 and 2, and a separate SOI for Objective 4, or should all proposed objectives be consolidated into a single SOI?

    Organizations may submit multiple SOIs under this Addendum, including SOIs addressing different objectives or combinations of objectives. Applicants are encouraged to submit their most competitive and responsive concepts and to consider whether related concepts can be presented within a single, integrated SOI, which in many cases may be more effective than multiple overlapping submissions.

56. Could the Department provide guidance on the expected balance between direct service delivery, technical assistance, and health systems strengthening under Objective 1?

    The Department has not prescribed a specific balance among direct service delivery, technical assistance, and health systems strengthening under Objective 1. As described in the Addendum, the level of implementation support should be tailored to provincial needs, taking into account disease burden, health system capacity, program performance, service coverage, and implementation bottlenecks. Applicants should propose and justify the mix of approaches appropriate to their proposed geographic scope.

57. Will the technical evaluation place greater weight on demonstrated provincial implementation experience, existing relationships with SPS/DPS, organizational sustainability, or proposed innovation?

    SOIs will be reviewed in accordance with the review criteria described in the main APS, Section F. The Department has not established additional weighting among the factors described in the

question.

58. Could the Department clarify whether funding under Objective 1 is expected to taper over time as provincial G2G mechanisms become operational, and whether applicants should propose a phased transition of costs and responsibilities to SPS/DPS?

    Consistent with the objective's emphasis on transitioning functions to SPS/DPS through G2G over time, applicants should propose a phased approach to the transition of responsibilities, and may propose corresponding evolution of costs over the project period. The Department has not prescribed a specific funding taper. Detailed alignment with provincial G2G mechanisms may be refined during subsequent phases.

59. For organizations that are legally registered in Mozambique and have long-term provincial implementation structures, how will the Department assess local organizational status when the organization has previously received funding through international prime awards?

    Determinations regarding organizational status will be made in accordance with the definitions and requirements of the main APS, including the definitions of foreign organization and foreign public entity in 2 CFR 200.1. Prior receipt of funding through international prime awards does not, in itself, affect an organization's status. Evaluation will be conducted in accordance with Section F of the APS; there are no additional considerations regarding local status beyond what is written in the APS.

60. Geographic prioritization and baseline information: At the SOI stage, are applicants expected to independently identify and justify priority provinces and districts using publicly available epidemiological, service coverage and health system data? Alternatively, will GHSD and the Government of Mozambique provide information on priority districts, expected geographic coverage, service delivery gaps, government capacity and existing USG-supported interventions during the consultative program design or Phase 2 process?

    At the SOI stage, applicants should identify and justify proposed priority geographies using available epidemiological, service coverage, and health system information, and should demonstrate awareness of existing U.S. government-supported activities. The Department anticipates that additional programmatic information may be shared with applicants invited to consultative program design or Phase 2, as applicable.

61. Relationship between the APS recipient and government-to-government financing: Could GHSD clarify the expected division of responsibilities between the APS recipient, SPS/DPS, SDSMAS, institutions receiving government-to-government financing, existing USG-supported partners and health facilities? In particular, should the APS recipient combine direct implementation, embedded technical assistance, institutional capacity strengthening and performance verification, or will some of these functions be assigned to separate actors?

    The Department has not prescribed a fixed division of responsibilities. Applicants should propose the roles they anticipate for the recipient, Government of Mozambique institutions at each level, and other actors, and may propose approaches that combine direct implementation, embedded technical assistance, institutional capacity strengthening, and performance verification where coherent and justified. Detailed arrangements may be refined with government counterparts during subsequent phases.

62. Health workforce costs and transition to government systems: Could GHSD clarify which health workforce costs may be included, including salaries, community health worker incentives, peer-support or mentor stipends, supervision, training and rural retention support?

    Applicants may propose health workforce costs that are necessary and reasonable for the proposed approach, which may include salaries for personnel recruited where government capacity is insufficient, community health worker incentives, supervision, training, and related support, consistent with the Addendum's objectives. All costs must be allowable, allocable, and reasonable under applicable federal cost principles, and applicants should present a credible pathway for transition of recurrent costs to government systems over time.

63. Does GHSD have preferred provinces or geographic clusters under Objective 1, or are applicants free to propose any combination of provinces based on comparative advantage and existing footprint?

    The Department has not identified preferred provinces or geographic clusters under Objective 1. The groupings listed in the Addendum are illustrative, and applicants are free to propose the combination of provinces or regions best suited to their comparative advantage and the epidemiological and health system context, with clear justification.

64. Is GHSD seeking a fully integrated HIV/TB/malaria/MNCH/immunization model in all proposed geographies, or can applicants emphasize specific technical areas according to epidemiological needs?

    The operationalization of the MOU and the definition of the package of services to be provided across different geographic areas are still being finalized. Applicants may seek additional information from the Government of the Republic of Mozambique (GRM) during the second phase of the application process. At this stage, applicants should propose an integrated essential package of services that is responsive to the epidemiological profile and contextual realities of the geographic areas included in their proposal. While the overall approach should be integrated, applicants may tailor the emphasis of specific interventions to reflect local needs and priorities. Applicants should clearly justify their proposed approach and demonstrate how it aligns with the objectives of the APS.

65. Are adolescent health and reproductive health interventions considered eligible components under this objective?

    Activities proposed under this Addendum should be responsive to the stated objectives and priority health areas, including HIV, tuberculosis, malaria, MNCH, immunization, and global health security. I

66. What level of direct staffing support is anticipated under the objective, and what are GHSD expectations regarding timelines for transferring personnel functions to government systems?

    The Department has not prescribed a level of direct staffing support or a fixed timeline for transferring personnel functions to government systems. Applicants should propose staffing support tailored to provincial needs and present a credible, phased approach to transition, recognizing that detailed arrangements may be refined with government counterparts during subsequent phases.

67. How does GHSD define a successful transition of functions to SPS/DPS under Objective 1? What specific milestones or benchmarks are expected?

    The Department has not published a standard definition of successful transition or a prescribed set of milestones at the SOI stage. Applicants should propose the milestones, benchmarks, and verification of approaches they consider appropriate for the functions being transitioned. Detailed transition and performance frameworks may be developed jointly with the Government of Mozambique during consultative program design, Phase 2, and/or award implementation, as applicable.

68. Will transition funding mechanisms be coordinated directly with provincial G2G awards, and how should applicants describe that coordination?

    Coordination between recipients' activities and provincial G2G awards is expected to be defined progressively with relevant government counterparts and U.S. government agencies. At the SOI stage, applicants should describe their anticipated approach to coordination, including how activities would align with and support the operationalization of provincial G2G mechanisms, while allowing flexibility for detailed demarcation during subsequent phases.

69. What role does GHSD expect community-based organizations and local NGOs to play in future government-led service models?

    The Department anticipates that community-based organizations and local NGOs will continue to serve as integral partners within future government-led service delivery models. Their expected contributions include community-level case identification, referral and linkage, care and

treatment support, health promotion, and strengthening accountability mechanisms. As outlined in the Addendum, applicants are expected to articulate strategies that advance the transition and institutionalization of these essential community functions within governmental systems, and to delineate how community actors will be engaged, supported, and sustainably incorporated under government leadership.

70. Will transition metrics (government capacity, sustainability, institutionalization) be weighted equally with service delivery indicators?

    SOIs will be reviewed in accordance with the review criteria (Section F) in the main APS. The Department has not published a weighting between transition-related metrics and service delivery indicators. Program-level performance frameworks, including the treatment of transition and sustainability measures, may be defined during subsequent phases and at award.

71. Is there an expected funding envelope per province or geographic cluster?

    The Department has not established an expected funding envelope per province or geographic cluster. Proposed budgets should be commensurate with the proposed scope, geography, and anticipated results.

72. What is GHSD's vision for the long-term financing and institutionalization of community-based service delivery platforms (APEs, mentor mothers, community case management, and referral systems) after donor support ends?

    The Department's long-term vision, consistent with the MOU and the Addendum, is the progressive institutionalization of community-based service delivery platforms within government-led systems, with sustainable Mozambican ownership, management, and financing. The Department further anticipates that Mozambique's existing community cadres will be reviewed and consolidated under national workforce policy, with remaining cadres working under the coordination of the Agente Polivalente de Saude (APS) cadre and transitioning to government management to the extent possible. Applicants should propose credible pathways toward these outcomes, which may include strengthening the Community Health Subsystem, phased integration of community cadres and functions into government structures, and support for domestic resource mobilization, while protecting continuity of essential services during transition.

73. Eligibility of a specialized Mozambican hospital: Can a Mozambican private or not-for-profit specialized hospital apply as the prime applicant, provided that its proposed activities strengthen public-sector capacity, referrals, workforce development, diagnostic systems, and long-term government ownership?

    Eligibility to apply as a prime applicant is governed by Section B.1 of the APS. Subject to those requirements, a Mozambican specialized hospital may submit an SOI where the proposed activities are responsive to one or more objectives of the Addendum, strengthen public-sector capacity and government-led systems, and articulate a credible path to sustainability and Mozambican ownership.

74. Cardiovascular services within MNCH and health-system strengthening: Would activities addressing cardiovascular conditions be considered responsive when they are integrated into maternal, newborn and child health, HIV/TB clinical management, emergency care, referral systems, laboratory and diagnostic capacity, or health workforce development, rather than proposed as a stand-alone cardiovascular program?

    Activities proposed under this Addendum must be responsive to the stated objectives and priority health areas. Stand-alone cardiovascular or other non-communicable disease programming is outside the scope of this Addendum. Activities may be considered only where they are integrated within, and clearly contribute to, the stated priorities, such as MNCH service quality, clinical management, referral systems, laboratory and diagnostic capacity, or health workforce development, and where the primary purpose of the proposed activities remains achievement of the Addendum objectives.

75. Specialized referral and training institutions: Under Objectives 1 and 5, may a specialized institution serve as a national or regional referral, training and mentorship hub supporting provincial and district

health facilities through clinical mentorship, TeleSaúde, e-learning, quality improvement and referral-system strengthening?

Organizations may propose approaches in which a specialized institution serves as a referral, training, and mentorship hub supporting provincial and district facilities, including through clinical mentorship, TeleSaude, e-learning, quality improvement, and referral-system strengthening, where the approach is responsive to the selected objective or objectives and clearly contributes to strengthening sustainable, government-led systems.

76. Government involvement at SOI stage: Is a formal endorsement or letter of support from the Ministry of Health, a Provincial Health Service or another Government of Mozambique institution required at the Statement of Interest stage, or may formal government agreements be developed during consultative program design or Phase 2?

    A formal endorsement or letter of support from a Government of Mozambique institution is not required at the SOI stage. Applicants should describe anticipated government engagement and roles, and formal arrangements may be developed during consultative program design, Phase 2, and/or award implementation, as applicable.

77. Geographic scope: May an applicant based in Maputo propose a project with national or multi-province reach through referral networks, remote mentorship, training and data systems, without maintaining permanent operational offices in every proposed province?

    Organizations may propose national or multi-province reach through referral networks, remote mentorship, training, and data systems without maintaining permanent operational offices in every proposed province. The SOI should demonstrate that the proposed operational model is feasible, provides adequate presence and support for the proposed activities, and can achieve the intended results.

78. Consortium structure: Is there any preference under Addendum J for applications led by a Mozambican organization, or may a Mozambican institution participate as a technical lead or subrecipient within a consortium led by an international organization?

    Both configurations are permissible. A Mozambican institution may lead an application or participate as a technical lead, consortium partner, or subrecipient within a consortium led by an international organization. Consistent with the Guiding Principles, priority is placed on collaboration with Mozambican institutions and local organizations, and all applicants should clearly describe the roles and contributions of local partners.

79. Minimum award amount: Does the general APS minimum award amount of USD 500,000 apply individually to every award made under Addendum J, including projects focused on one sub-objective of Objective 5?

    As stated in the main APS, the funding floor is $500,000 and applies to awards under this Addendum, including projects focused on a single sub-objective of Objective 5. The ceiling is specified in the Addendum.

80. Equipment and minor infrastructure: For projects under Objective 5, is there an indicative limit on the proportion of the budget that may be allocated to essential diagnostic equipment, laboratory quality improvements, infection prevention and control, WASH upgrades or minor renovations?

    The Addendum does not establish an indicative limit on the proportion of the budget that may be allocated to essential equipment, laboratory quality improvements, infection prevention and control, WASH upgrades, or minor renovations under Objective 5. All proposed costs must be reasonable, necessary, allowable, and clearly justified in relation to the proposed approach and the sustainability objectives of the Addendum.

81. Under Objective 1, does the Department of State have guidance on which provincial clusters (e.g., Sofala/Manica/Tete) are still open for proposals, to avoid overlap with existing or anticipated awards?

    All objectives and geographic areas described in this Addendum are open for SOIs. Applicants should demonstrate awareness of relevant existing and anticipated U.S. government, Government of Mozambique, and partner-supported activities in proposed areas and explain how the proposed approach would complement rather than duplicate those investments.

82. What specific Mozambican digital sovereignty laws, data residency requirements, or hosting certifications must the technology-supported data capture solution comply with? Is documentation of these requirements available to applicants prior to SOI submission?

    Applicants should demonstrate awareness of applicable Mozambican legal and regulatory requirements relevant to the proposed approach. The Department is not providing a compilation of Mozambican digital sovereignty, data residency, or hosting requirements at the SOI stage. Specific technical and compliance requirements for the technology-supported data capture solution will be addressed with the Government of Mozambique and relevant subject matter experts during subsequent phases.

83. Is technical documentation (for example, APIs, data schemas, or system architecture references) for the existing GRM digital health systems referenced in Objective 3 (SIS-RME, SIS-Lab, eVIDR/BED Plus, nSIMAM) available to applicants before SOI submission, to support accurate scoping of an interoperability approach?

    Detailed technical documentation for existing Government of Mozambique digital health systems is not being distributed at the SOI stage. SOIs should describe the proposed interoperability approach at a conceptual level, including relevant experience and methods for working within established national architectures. Additional technical information may be made available to applicants during consultative program design or Phase 2, as applicable.

84. Given the government-to-government (G2G) financing structure described throughout the Addendum, will equipment and technology procurement generally flow through the awardee organization (which would then engage vendors/subcontractors directly), or would such procurement occur through a separate Mozambican government procurement process funded by G2G disbursements?

    Procurement arrangements will depend on the activity and funding mechanism. Procurements financed under a recipient's federal assistance award would generally be conducted by the recipient in accordance with applicable federal requirements, while procurements financed through G2G disbursements would follow the applicable government-to-government arrangements and Government of Mozambique procedures. Applicants should describe the procurement assumptions underlying the proposed approach.

85. Objective 1 states that the level of implementation support will be tailored to provincial needs. Can you please clarify if applications should select a province or region for interventions without specifying the particular provinces?

    Applicants should identify the proposed province or provinces, or geographic region or regions, in the SOI and justify the proposed scope. As stated in the Addendum, applicants may propose implementation in one or more provinces or geographic regions, and the level of implementation support should be tailored to provincial needs.

86. The APS allows applicants to propose implementation in one or more provinces or geographic regions. Can applicants propose a grouping of provinces different from the groupings specified in the APS document?

    The geographic groupings in the Addendum are illustrative, and applicants may propose alternative groupings of provinces where the configuration is coherent, responsive, and appropriately justified.

87. Mentor Mother programs are mentioned in Objective 1 as a critical community service delivery function to be transitioned to the government of Mozambique. Is there a specific Mentor Mother model that is being reference in this case?

    The Addendum does not prescribe a specific mentor mother model. Under the MOU framework, mentor mother programming is anticipated to continue as a targeted retention and adherence support function within priority areas, with progressive institutionalization within government-led community health platforms. Applicants should propose approaches consistent with national policies and guidelines, evidence-based, and designed to support continuity of care and the transition of these functions to government-led systems.

88. How are globally available (central) projects aligned with the APS process (and related budgets)? For instance, if a government is wanting work that aligns to a central award, does funding from that come out of budgets set aside for APS awards?

    Funding under this Addendum is specific to the activities described herein and is separate from centrally funded awards or mechanisms. Applicants should demonstrate awareness of relevant centrally supported activities and describe how proposed activities would complement them. Coordination between country-level and central investments is managed by the Department.

89. Can one organization submit multiple Statements of Interest? a. If yes, can we submit these by country or region? Or differentiated between countries that have signed MOU's (therefore a clear plan for the next 5 years) and those that may be in process? Or differentiated by the maturity of health systems and therefore response capability/preparedness?

    Organizations may submit multiple SOIs under this APS; however, each SOI must respond to a specific Addendum and should present a distinct, coherent approach responsive to that Addendum's scope. Applicants are encouraged to submit their most competitive and responsive concepts rather than multiple variations of similar approaches. In many cases, a single well-developed SOI presenting an integrated, comprehensive approach to complementary objectives may be more effective than multiple narrowly focused or overlapping submissions. Applicants should carefully consider whether related concepts can be presented within a single SOI. Both configurations are permissible where each SOI presents a distinct, coherent approach.

90. Should the approaches, activities, outcomes, and results be presented in table format? If additional tables are included in the annex, after the 5-page limit, will they be reviewed?

    Applicants should follow the format instructions in Section D of the main APS. Approaches, activities, outcomes, and results may be presented in narrative or table format at the applicant's discretion. Tables and charts are not counted toward the 5-page narrative limit and may be placed within the narrative or as annexes. Applicants may include up to four annexes of no more than one page each; annexes should present supporting tables, charts, and visual materials and supplement rather than replace the narrative. Reviewers will primarily evaluate the 5-page narrative and will not review material beyond the stated limits.

91. Is it okay to submit a technically focused proposal where the org is the prime while also being a technically focused sub for another organization with a broader focus?

    An organization may serve as the prime applicant on one SOI while participating as a subrecipient or technical partner on another organization's SOI. Each SOI should present a distinct, coherent approach, and the organization should demonstrate sufficient capacity to fulfill all proposed commitments.

92. Will the State Department consider coalitions post-award based on the subject matter expertise of the different entities?

    Refinement of partnership and consortium arrangements may occur during consultative program design, Phase 2, and/or award implementation, as applicable, with the concurrence of the Department. Applicants should nonetheless present their anticipated consortium composition and roles as completely as possible at the SOI stage.

93. In Objective 3, reference is made to SIS-Lab. Can you confirm if this is the LIMS that is selected for Mozambique, and what the status of the implementation is?

    SIS-Lab is the Government of Mozambique's planned national, open-source laboratory information management system and is among the approved digital health products referenced under Objective 3. It is currently in early implementation and is anticipated to be progressively scaled across the laboratory network over the MOU period, replacing the legacy DISA system. Applicants should propose approaches that support government-led development, rollout, and ownership of national systems; detailed implementation status will be addressed with the Government of Mozambique and relevant subject matter experts during subsequent phases.

94. For Objective 6, the focus is on the Gorongosa District. Why was this district singled out?

Objective 6 reflects priorities identified jointly by the U.S. government and the Government of Mozambique under the MOU, including the establishment and operationalization of a fully functional regional referral hospital and strengthened district health systems and community health platforms in Gorongosa District. Applicants should design proposals responsive to the objective as described in the Addendum.

95. How do you anticipate the awards being distributed across possible 15 awardees especially in Objective 4. Will awards be specific to the systems that are listed in the APS and MOU? e.g SIS-Lab

The Department has not predetermined the distribution of awards. The systems named in the Addendum (e.g., SIS-RME, SIS-Lab, eVIDR/BED Plus, nSIMAM) are illustrative of approved digital health products; awards will not necessarily be structured system-by-system. Final size, scope, and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).

96. Objective 1 states "the recipient will support the transition of service delivery and systems strengthening functions to provincial G2G awards". Does this mean that the recipient's award will be required to fund provincial government?

The recipient's award would not be used to fund provincial governments. Provincial G2G awards are separate mechanisms between the U.S. government and the Government of Mozambique. The recipient's role, as described under Objective 1, is to support the transition of service delivery and systems strengthening functions to provincial G2G awards, including through technical assistance, capacity strengthening, and coordinated phase-down of recipient-supported functions.

97. For technical staff that need to be embedded with GRM under Objective 3, will these be considered contractors to GRM or staff of GRM?

Personnel embedded with Government of Mozambique institutions under Objective 3 would remain personnel of the recipient or its partners, engaged under the recipient's award to provide technical assistance within government institutions. They would not become employees of the Government of Mozambique by virtue of the award. Applicants should describe the proposed embedding arrangements and the pathway for transferring functions and capacity to government staff.

98. What will be the evidence needed to demonstrate that activities are being transitioned to Mozambican ownership and financing? At what intervals will this need to be demonstrated?

The Department has not prescribed specific evidence requirements at the SOI stage; applicants should propose the milestones, indicators, and verification approaches appropriate to the functions being transitioned. Applicants should anticipate that awards under this Addendum will operate within the monitoring and accountability framework of the MOU, under which implementing organizations maintain transition plans with annual milestones for transferring functions to government or G2G mechanisms, with regular reporting and joint review through MOU governance structures. Detailed performance monitoring and reporting requirements will be established at award.

99. Are consortium applications encouraged, and are there any restrictions regarding consortium composition, participation in multiple applications, or the role of local organizations and private sector partners?

Consortium applications are acceptable. There are no Addendum-specific restrictions on consortium composition beyond the requirements of the main APS. Organizations may participate in multiple submissions in different roles, and the participation of local organizations and private sector partners is encouraged, consistent with the Guiding Principles. Applicants should clearly describe the roles, responsibilities, and capacities of all consortium members.

100. Can one organization serve as the prime recipient for multiple awards under different objectives or geographic regions?

The Department has not established a limit on the number of awards for which an organization may serve as prime recipient, and there is no limit on the number of SOIs an organization may submit. An organization could be selected for multiple awards under different objectives or

geographic areas, provided each SOI presents a distinct, coherent approach and the organization demonstrates sufficient capacity to fulfill all proposed commitments.

101. Does GHSD have a preference or expectation regarding the percentage of funding that should be sub-awarded to Mozambican organizations?

The Department has not established a prescribed percentage of funding to be sub-awarded to Mozambican organizations. Consistent with the Guiding Principles, priority is placed on working collaboratively with Mozambican institutions and local organizations, and applicants should clearly describe the roles and resources associated with local partners in the proposed approach.

102. Will local organizations be eligible to serve as co-applicants or sub-recipients under international consortium-led applications?

Local organizations may participate as co-applicants, consortium members, or subrecipients under applications led by international organizations, and may also lead applications as prime applicants, subject to the eligibility requirements of the main APS.

103. How will awards be structured across objectives and geographic areas (e.g., one award per objective/region versus multiple awards), and can applicants propose alternative geographic configurations?

The Department has not predetermined the structure of awards. Awards may be organized by objective, geographic area, or a combination, and applicants may propose alternative geographic configurations to the illustrative groupings in the Addendum where coherent and justified. Final size, scope, and number of awards are subject to the results of the SOI review process and Phase 2 (request for full applications).

104. Can a single SOI address multiple objectives and geographic areas, or should separate SOIs be submitted?

A single SOI may address multiple objectives and geographic areas where the approach is coherent, responsive, and appropriately justified. Applicants should note that the objectives differ in how geography relates to them: Objectives 1 and 6 are framed around provincial or district implementation, so the relevant geographies should be identified, whereas Objectives 2 through 5 are oriented toward national and subnational systems, institutions, and policy functions and may be proposed at national or more focused scope. Where an SOI spans objectives, the scope associated with each objective should be clearly identified. Separate SOIs are appropriate where concepts represent distinct implementation approaches, and applicants are encouraged to consider whether related concepts can be presented within a single integrated submission.

105. What are DoS's expectations regarding the transition of functions to government systems, including timelines, milestones, and indicators of transition readiness?

Applicants should propose transition timelines, milestones, and readiness indicators appropriate to the functions and geographies addressed. The Department has not prescribed standard timelines or benchmarks at the SOI stage; detailed transition frameworks may be developed jointly with the Government of Mozambique during consultative program design, Phase 2, or award implementation, as applicable.

106. How should applicants position themselves in provinces where G2G mechanisms are already operational or planned?

In provinces where G2G mechanisms are operational or planned, applicants should propose approaches that complement and reinforce government-led implementation, avoid duplication, and support the continued transition of functions to government systems. Applicants should describe anticipated coordination arrangements while retaining flexibility for detailed demarcation during subsequent phases.

107. What level of support for health workforce recruitment, remuneration, and transition to government systems is anticipated under this APS?

Applicants may propose support for health workforce recruitment, remuneration, and related functions where government capacity is insufficient, consistent with Objectives 1 and 5, provided the SOI presents a credible plan for the structured transition of these functions and costs to

government systems. The Department has not prescribed a specific level of support; proposed costs must be reasonable, allowable, and allocable.

108. Will DoS provide a standard performance framework and verification approach, including indicators related to sustainability, country ownership, and G2G performance?

The Department has not published a standard performance framework for this Addendum at the SOI stage. Awards are expected to operate within the monitoring and accountability framework established under the MOU, which includes jointly governed outcome and process metrics, verification, and audit mechanisms, together with award-level performance frameworks established at award and refined, as applicable, during consultative program design, Phase 2, or implementation in coordination with the Government of Mozambique. SOIs should describe the applicant's proposed approach to performance measurement, verification, and sustainability metrics.

109. Could DoS clarify the consultative program design process, including how applicants will be selected, the extent of co-creation with GRM, and whether technical approaches and budgets may be revised during this process?

The consultative program design process is described in Section F of the main APS. In general, SOIs recommended for continued review may proceed through consultative program design prior to any invitation to submit a Phase 2 application. During this process, technical approaches, geographic scope, budgets, and partnership arrangements may be refined collaboratively with the Department and, as appropriate, the Government of Mozambique. Participation in consultative program design does not guarantee an award.

110. How does DoS expect recipients to coordinate with existing USG, G2G, Global Fund, Gavi, and other donor investments to avoid duplication and maximize complementarity?

Applicants should demonstrate awareness of relevant U.S. government, Government of Mozambique, Global Fund, Gavi, and other donor investments in proposed areas and clearly explain how the proposed approach would complement rather than duplicate those investments. Detailed coordination arrangements may be further defined with relevant counterparts during consultative program design, Phase 2, or award implementation, as applicable.

111. Objective 1 and Objective 6 are the only ones to mention specific geographic focus areas – does this mean that Objectives 2-5 are expected to cover the entire national system? Or would specified provinces/regions be acceptable?

By design, Objectives 2 through 5 are oriented toward strengthening national and subnational systems, institutions, and policy functions rather than being defined around a specific geographic footprint, in contrast to Objectives 1 and 6, which are framed around provincial or district implementation. Consistent with this, the Department has not prescribed a required geographic scope for Objectives 2 through 5. Applicants may propose national, multi-province, or more focused approaches, provided the proposed scope is coherent, responsive to the objective, and appropriately justified.

112. The addendum says recipients will support "prioritized deliverables for approved digital health products (e.g. SIS-RME, SIS-Lab, eVIDR/BED Plus, nSIMAM)...and other approved digital health solutions." Who has approval authority for adding solutions to this list, MISAU's DTIC, the USG-GRM Joint Steering Committee, or GHSD directly? Can an applicant propose a specific technology platform at SOI stage and receive confirmation of in-scope status before Phase 2, or does approval happen post-award through a GRM-USG concurrence process?

Approval of digital health solutions rests with the Government of Mozambique through its digital health governance structures, in coordination with the U.S. government under the MOU. The Department will not confirm the in-scope status of specific technology platforms at the SOI stage. Applicants may describe proposed technologies in the SOI, with any necessary approvals addressed through the applicable Government of Mozambique and U.S. government concurrence processes during subsequent phases.

113. The addendum says the recipient will support "the GRM in procuring a service provider to

design, develop, and implement a technology-supported data capture solution." That phrasing, "procuring a service provider", implies the prime facilitates a procurement in which the technology vendor is a separate, downstream entity. Does GHSD intend to prohibit a prime awardee from also being the technology developer and deployer?

As described in the Addendum, the anticipated role of the recipient under this sub-objective is to support the Government of Mozambique in procuring a service provider to design, develop, and implement the technology-supported data capture solution. Applicants should propose approaches consistent with this structure.

114. Related to #2, if the prime can demonstrate that its own platform meets all stated requirements (full SIS-RME integration, Mozambican digital sovereignty compliance, no changes to existing paper forms or registries, GRM-operable by 2030), is direct delivery permissible, or is the procurement intermediary role mandatory regardless?

The Addendum describes a model in which the Government of Mozambique, with recipient support, procures a service provider for the technology-supported data capture solution. The Department has not contemplated direct delivery of the solution by the prime recipient under this sub-objective. Applicants should propose approaches consistent with the Addendum as written; any refinement of implementation arrangements would occur during subsequent phases with the concurrence of the Government of Mozambique and the Department.

115. The data capture solution must comply with "relevant Mozambican digital sovereignty laws and requirements." Does GHSD have a working interpretation of whether cloud hosting from international providers (AWS, Azure, GCP) with Africa-region availability zones satisfies this requirement, or does compliance require physical on-premise hosting at a GRM-owned data center? Mozambique's ICT Policy references localization but the legal framework is not fully codified. GHSD's interpretation of this requirement would determine whether an internationally-hosted cloud solution is viable at all under this sub-objective.

The Department is not providing an interpretation of Mozambican law or regulatory requirements. Hosting arrangements for the technology-supported data capture solution must comply with relevant Mozambican digital sovereignty laws and requirements as determined by the Government of Mozambique. Applicants should describe how the proposed hosting approach would achieve compliance, and specific requirements will be addressed with the Government of Mozambique during subsequent phases.

116. If Objective 5: Strengthen Health Systems and Institutional Capacity for Sustainable Service Delivery is a standalone objective, how does this affect/influence/overlap the requirements for capacity building and role designations in the earlier objectives?

The objectives of the Addendum are complementary: objective 5 addresses foundational health system functions and institutional capacity, while capacity strengthening elements also appear within Objectives 1 through 4 in support of their specific aims. Applicants addressing multiple objectives should present a coherent, non-duplicative approach and clearly identify which objective each proposed activity supports. Applicants addressing a single objective should describe how the proposed activities relate to, and avoid duplicating, system-strengthening efforts under other objectives where relevant.

117. Can a new organization apply individually and/or as Prime in a consortium with a USG entity even without past performance having very experienced professionals?

Eligibility requirements are described in the Section B.1 of the APS. New organizations may apply, including as prime applicants or in consortium arrangements, and applicant capacity, including relevant experience of the organization and proposed personnel and partners, will be assessed in accordance with the review criteria in the main APS.

118. Strategic Scope: Would the Department prioritize proposals that demonstrate cross-objective integration (e.g., linking digital health, supply chain, workforce development and governance), or will each objective be assessed independently?

Each SOI will be assessed on its responsiveness and merit in accordance with the review criteria

in the main APS. Cross-objective integration is valued where it strengthens coherence, efficiency, and sustainability, consistent with the Guiding Principles, but the Department has not established a preference that would disadvantage well-designed, focused submissions.

119. For applicants proposing provincial implementation, are there priority provinces that the Department considers strategic beyond those listed as illustrative examples?

The provinces and groupings referenced in the Addendum are illustrative. Applicants should propose and justify geographic priorities based on disease burden, health system capacity, service coverage, equity considerations, and comparative advantage.

120. Government-to-Government (G2G) & Sustainability: How does the Department define a "successful G2G transition," what institutional readiness benchmarks will be used to determine whether specific functions are ready to transition to Government systems, and what level of Government financial commitment is expected during the project period to demonstrate sustainability?

The Department has not published a standard definition of successful G2G transition or prescribed institutional readiness benchmarks at the SOI stage; applicants should propose the benchmarks and verification approaches they consider appropriate, which may be refined jointly during subsequent phases. Government of Mozambique commitments, including co-financing commitments, are established under the MOU and are monitored through the joint governance and audit mechanisms of the MOU framework rather than through this funding opportunity. Applicants are not expected to negotiate or secure government financial commitments but should describe the sustainability assumptions underlying the proposed approach.

121. Sustainability: What level of Government financial commitment is expected during the project period to demonstrate sustainability?

Government of Mozambique financial commitments, including co-financing commitments, are established under the MOU and monitored through the MOU's joint governance and audit mechanisms rather than through this funding opportunity. Applicants should describe the sustainability and domestic financing assumptions underlying the proposed approach, including how proposed activities would support domestic resource mobilization and the progressive assumption of recurrent costs by government systems.

122. What are DoS's geographic priorities or requirements for Objectives 2, 3, 4, and 5?

Objectives 2, 3, 4, and 5 are oriented toward strengthening national and subnational systems, institutions, and policy functions, in contrast to Objectives 1 and 6, which are framed around provincial or district implementation. Consistent with this framing, the Department has not established geographic priorities or requirements for Objectives 2, 3, 4, and 5. Applicants may propose the geographic scope appropriate to the proposed approach, with clear justification.

123. Under Objective 5, the sub-objective headings on page 6 do not match the sub-objective headings on page 7. Should the heading "Strategic Health Systems Strengthening" on page 6 replace the sub-objective header on page 7 titled "Health Systems Governance, Research, and Institutional Capacity"?

The sub-objective listed as "Strategic Health Systems Strengthening" and the illustrative interventions presented under the heading "Health Systems Governance, Research, and Institutional Capacity" refer to the same sub-objective (Objective 5, sub-objective d). Applicants may rely on the illustrative interventions as presented. The headings will be conformed through amendment as necessary.

124. Please share information about the status of the US Government and Mozambique GRM Health MOU and any relevant documents. Is the implementation plan finalized?

The USG-GRM Health MOU covers the period April 2026 through December 2030, and its Implementation Plan establishes the framework summarized in Section B of the Addendum. The Implementation Plan is a living bilateral document, reviewed periodically through the joint governance mechanisms established under the MOU, and is not being distributed through this funding opportunity. Applicants should base their SOIs on the priorities described in the

Addendum. Any additional information the Department determines can be made available will be provided through amendment.

125. For Objective 1 (Integrated Service Delivery), does the Department prefer comprehensive coverage across multiple provinces, or are highly localized, deep-impact interventions in a single high-burden province preferred?

The Department has not expressed a preference between multi-province coverage and geographically concentrated approaches under Objective 1: both may be responsive. Applicants should justify the proposed geographic scope in relation to disease burden, health system capacity, feasibility, and the credible achievement of results and transition objectives.

126. Will the Phase Two process be conducted primarily virtually or will it require in-country presence in Maputo? Who else does GHSD expect to attend the Phase Two design sessions? Will the Phase Two process be conducted primarily virtually or will it require in-country presence in Maputo? Who else does GHSD expect to attend the Phase Two design sessions?

The modalities for consultative program design – should it be utilized – and Phase 2, including whether engagement will be conducted virtually or in person and counterparts involved, will be determined by the Department and communicated directly to applicants invited to those stages.

127. The APS notes that activities should complement G2G awards and support transition of functions to government-led mechanisms. Can GHSD provide additional information regarding the anticipated scope, timing, and geographic coverage of planned G2G awards so that applicants can more accurately align with them and avoid proposing overlapping activities that may be directly funded by the G2G mechanism?

Detailed information regarding the anticipated scope, timing, and geographic coverage of planned G2G awards is not available at the SOI stage. Applicants should propose approaches with sufficient flexibility to align with and complement G2G mechanisms as they are established and should describe how the proposed activities would adjust to avoid duplication. Detailed demarcation may be addressed during consultative program design, Phase 2, and/or award implementation, as applicable.

128. The APS mentions recruitment, employment and supervision of personnel where government capacity is insufficient and subsequent transition of functions to GRM systems. Does GHSD expect recipient-funded personnel to be absorbed into the public sector workforce during the project period? What assumptions should applicants make regarding timelines and allowable support for payroll transition?

Consistent with Objectives 1 and 5 and the MOU framework, the Department anticipates a structured, phased transition of recipient-funded personnel functions toward government systems, including the planned absorption of personnel aligned with MISAU-established cadres into the public sector workforce during the MOU period, subject to Government of Mozambique processes and applicable public-sector recruitment frameworks. The Department has not prescribed timelines or absorption targets for individual awards. Applicants should state the assumptions underlying their proposed approach, including anticipated phasing of payroll transition, and present a credible plan that protects continuity of essential services.

129. Under Objective 5, the APS mentions “the health workforce, including Agentes Polivalentes Elementares (APEs) and Agentes Polivalentes de Saude (APS).” Are APS and APEs distinct cadres of community health worker or are they different names for the same cadre?

The Addendum references both Agentes Polivalentes Elementares (APEs) and Agentes Polivalentes de Saude (APS) as part of Mozambique's community health workforce. These are not two separate, co-existing cadres: the APS is the cadre planned to replace the APE as part of the evolution of Mozambique's community health workforce. Applicants should align proposed workforce activities with the applicable national policies governing this cadre and its planned transition.

130. For Objective 2, what are the expectations for transition to government for GHS activities?

Central to Objective 2 is enabling and supporting national leadership so that global health security

capacities are sustained under Government of Mozambique ownership. The expectation is a progressive transition of health security functions to the GRM by strengthening government-led surveillance, laboratory, emergency management, and workforce systems, ensuring these capacities are fully institutionalized and sustainably maintained under national leadership. Applicants should describe how proposed activities build durable government capacity, the anticipated pathway for transitioning functions and operational support to government institutions, and how sustainment will be achieved. The Department has not prescribed a standard transition timeline for global health security activities.

131. For Objective 2, activities for GHS include training in FETP, which has traditionally been activities CDC has supported. Will CDC still be available to support this?

Activities under Objective 2 should complement and coordinate with existing U.S. government activities, including G2G mechanisms and U.S. government subject matter experts, in support of national global health security priorities. The U.S. Centers for Disease Control and Prevention created and continues to run the Field Epidemiology Training Program (FETP). This Addendum solicits proposals for funding by the Department of State; applicants proposing operational support to FETP should explain in the SOI how their proposed work, including any partnerships and coordination with U.S. government counterparts, will achieve the objectives outlined in the Addendum and complement, rather than duplicate, existing U.S. government support.

Administrative Q&A

1. We would also appreciate confirmation that the applicable SOI submission deadline for this Addendum is September 15, 2026.

   The deadline for all Addenda in Round 2b, which includes G, H, I, and J, is September 15, 2026 at 1700 PM EDT GMT-4, as outlined in Section E of the APS.

2. Can the Government confirm that all submissions must be aligned to one of the Addenda posted on Grants.gov, or whether SOIs addressing countries without a posted Addendum remain eligible for submission and evaluation?

   Each SOI must be submitted in response to an Addendum that is open for submissions and must be responsive to the priorities and objectives outlined in that Addendum. The Department will not consider general SOIs that are not submitted under an open Addendum. Applicants should monitor Grants.gov and MyGrants for future Addenda and submission windows.

3. According to the U.S. Department of State press release, "United States and Tanzania Advance Global Fight Against Infectious Diseases Through Bilateral Health Memorandum of Understanding," issued on July 1, 2026, does the Department anticipate issuing a country-specific Addendum for Tanzania under this funding opportunity at a later date? If yes, should Offerors defer submitting an SOI for Tanzania until the Addendum is issued?

   The Department is not providing advance information regarding potential future Addenda at this time. Applicants should submit an SOI only where the proposed concept is responsive to an Addendum currently open for submissions. Prospective applicants should monitor Grants.gov and MyGrants for future Addenda and submission windows.

4. For objectives that look at faith based and community-based organizations, can partners seek to apply with only community-based organizations?

   Applicants may propose partnerships with community-based organizations, faith-based organizations, or other eligible entities, as appropriate to the selected objective and proposed approach. The Department has not prescribed a required combination of faith-based and community-based partners unless expressly stated in the applicable Addendum. Applicants should clearly describe the roles and responsibilities of proposed partners and explain how the partnership structure supports achievement of the Addendum objectives.

5. If partners apply for one objective, do partners need to have the capacity to complete all the activities proposed under that objective?

Applicants are not necessarily required to address every illustrative activity identified under an objective unless the applicable Addendum expressly states otherwise. Organizations may propose a defined subset of activities, provided the proposed scope is responsive to the objective, capable of achieving meaningful results, and appropriately justified. Applicants should demonstrate that they and any proposed partners have the capacity to implement all activities included in their proposed concept.

6. For the SOI, does an expression of interest or a supporting letter from a supporting/facilitating organization (for e.g. the national ministry of health, community-based organization) help positioning or can this be reserved for a later stage?

   Organizations are not required to submit letters of support, endorsements, no-objection letters, or formal partnership agreements at the SOI stage. Applicants should, however, demonstrate an understanding of relevant government and stakeholder priorities and explain how the proposed approach would support coordination, country ownership, and sustainability. Formal agreements and additional documentation may be developed during consultative program design or Phase 2, if applicable. SOIs will be evaluated according to the criteria outlined in Section F of the APS.

7. If a multi-year project proposal was approved, will the project contract be signed as a multi-year project, with which the project budget to be secured during the contracted period?

   If the funding will last for X number of years and the proposal was for X number of years - then yes the period of performance for that award will be for X number of years.

8. The APS distinguishes between country-specific Addenda that implement MOU priorities with MOU funding and thematic or service Addenda that complement MOUs with non-MOU funding. Can the Department confirm whether MOU and non-MOU funds may be blended within a single award made under a country-specific Addendum for example, where a proposed concept both implements MOU priorities and delivers complementary services that fall outside the MOU's defined scope?

   Applicants should not structure an SOI based on assumptions regarding the particular funding source or combination of funding sources the Department may use. Each SOI must be responsive to the scope, priorities, and objectives of the applicable Addendum. The Department will determine the appropriate source and structure of funding for any resulting award, consistent with the purposes, availability, and legal requirements governing those funds. Activities that fall outside the scope of the applicable Addendum should not be included solely on the assumption that a separate funding source may become available.

9. The Department has indicated that it anticipates issuing direct U.S. federal assistance awards to eligible applicants, and separately that government-to-government (G2G) financing is a distinct mechanism from APS-funded activities. For Addenda funded from non-MOU sources, can the Department confirm whether awards will be issued as direct federal assistance to the applicant, or whether any portion of such awards would instead be disbursed through a G2G transfer of funds to a partner government?

   Awards issued to applicants under the APS will be issued directly to the applicant.

10. Beyond the three equally-weighted criteria set out in Section F, will country- or region-specific Merit Review Panels apply any Addendum-specific guiding principles or priorities when scoring SOIs, and if so, how are those reconciled with the equally-weighted APS criteria at the concept stage?

    SOIs will be evaluated according to the three equally weighted criteria outlined in Section F of the APS. The objectives, guiding principles, priorities, and technical requirements described in the applicable Addendum provide the substantive context for assessing the responsiveness, feasibility, and expected results of a proposed concept under those criteria. They do not create additional unpublished evaluation criteria or separate scoring weights.

11. Where an Addendum specifies particular technical requirements — for example, interoperability with named national digital health systems, defined system-availability expectations, or alignment to specified supply-chain platforms, will these function as pass/fail technical-eligibility screens, or as scored elements within the "Program Planning / Ability to Achieve Objectives" criterion?

Only submission and eligibility requirements identified as such in the APS or applicable Addendum will be applied during the Technical Eligibility Review. Other technical requirements, priorities, and specifications described in an Addendum will inform the Merit Review Panel's assessment of the SOI under the published evaluation criteria, including the quality, responsiveness, feasibility, and implementation planning of the proposed concept.

12. At the SOI (concept note) stage, should applicants already identify named consortium partners and subcontractors, or is general description of the technical approach sufficient until a full proposal is Invited?

    Applicants should identify proposed consortium partners, subrecipients, or other collaborators where known and describe their anticipated roles and responsibilities. However, formal partnership agreements and final identification of every subcontractor or vendor are not required at the SOI stage. The SOI should provide sufficient information for reviewers to understand the proposed implementation structure and assess the relevant organizational and technical capacity. Partnership and procurement arrangements may be further developed during consultative program design or Phase 2, if applicable.

13. Section F of the main APS references a "consultative program design process" that certain SOIs may be recommended for prior to funding and submission of a full proposal. Can GHSD provide additional detail on what this process typically involves, its expected duration, and whether it requires additional information, cost estimates, or partner commitments beyond what is contained in the initial SOI?

    Consultative program design is one possible outcome of the SOI review process. An SOI may be recommended for consultative program design where the Department determines that the concept would benefit from additional collaboration to refine its alignment, technical approach, scope, geographic focus, implementation structure, sustainability, or other design elements. The process is intended to be structured and time-bound and may involve virtual, in-person, or hybrid engagement. Its format, duration, participants, and information requirements will vary depending on the Addendum and proposed concept. Participation in consultative program design does not constitute an award, guarantee an invitation to Phase 2, or guarantee eventual funding. The Department retains flexibility in determining how the process is conducted and whether a concept will be recommended to proceed.