Annual Program Statement Addendum

Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Malawi

U.S Department of State
Bureau of Global Health Security and Diplomacy (GHSD)

A. Basic Information

1. *Overview*

The Bureau of Global Health Security and Diplomacy (GHSD) of the U.S. Department of State invites organizations to submit Statements of Interest (SOIs) to carry out projects to assist with the implementation of the MOU between the Department of State and the Government of Malawi (GOM). The purpose of this Addendum is to indicate specific areas where the Department of State would like to receive SOIs. Submission instructions are included in the "Advancing Global Health" Annual Program Statement (APS). The submission of an SOI is the first step in a two-step application process. Applicants must first submit a concise SOI clearly communicating project ideas and objectives. Importantly, this is not a full proposal and will not result in a federal assistance award at this stage; the SOI process is to allow applicants to submit project ideas for evaluation prior to requiring the development of a full proposal application.

Funding opportunity title	Advancing Global Health
Funding Opportunity Number	DFOP0017890
Addendum title	Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Malawi
Deadline for Questions	June 17, 2026 [1700 PM GMT-4]
SOI Due Date	July 31, 2026 [1700 PM EDT GMT-4]
Number of awards anticipated	Up to 4 awards
Total estimated funding	Up to $35M ~~annually~~, subject to availability

Proposed projects should be completed in five years or less.

This notice is subject to availability of funding.

As noted in the "Advancing Global Health" APS, the Department of State may opt to utilize a consultative program design process for certain Addenda. SOIs submitted under this Addendum may be recommended for continued review through consultative program design prior to recommendation for funding and submission of phase 2. Additional details about the consultative program design process can be found in the main APS document within Section F: "Application Review Information."

2. *Executive Summary*

The Department of State invites interested organizations to submit SOIs to support Malawi's transition toward sustainable, integrated, and accountable health systems and institutions that strengthen epidemic control, improve service delivery outcomes, reinforce health security, and advance long-term country ownership under the U.S. Government–Government of Malawi MOU Implementation Plan (April 2026–December 2030).

B. Program Description

The USG–GOM MOU Implementation Plan (April 2026–December 2030) establishes a five-year framework to transition Malawi toward a resilient, integrated, and sustainable health system. The Implementation Plan targets measurable outcomes in HIV, tuberculosis, malaria, vaccine-preventable diseases, maternal, newborn, and child health (MNCH), and outbreak preparedness and response, with phased transfer of functions from implementing partners to GOM systems. Through government-to-government (G2G) financing channeled through the Ministry of Finance, Economic Planning, and Decentralization (MoFEPD), the Ministry of Health and Sanitation (MOHS), the Central Medical Stores Trust (CMST), and districts, U.S. government support will shift from a partner-driven model to a government-led, performance-based model that incorporates verification – all while gaining momentum on epidemic control and health security.

The implementation plan prioritizes establishing enabling systems and institutions for accountable, sustainable programming. It transitions service delivery to GOM leadership while strengthening integrated health services, supply chains, and health information systems. GHSD expects projects to progressively transfer operational and financial responsibility from external implementers to sustainable Malawian institutions. This approach advances the *America First Global Health Strategy (AFGHS)* and the Department's Agency Strategic Plan (FY26–30) by strengthening health system governance and sustaining gains in HIV, tuberculosis, malaria, maternal, newborn, and child health (MNCH), and outbreak preparedness and response.

1. *Goals and Objectives*

The overarching goal of this Addendum is to accelerate Malawi's transition to a sustainable, accountable, and government-led health system capable of sustaining gains in HIV, tuberculosis, malaria, vaccine-preventable diseases, MNCH, and outbreak preparedness and response under the U.S. Government–Government of Malawi MOU Implementation Plan.

Interested organizations may submit SOIs in response to one or more of the following objectives. SOIs should clearly identify the objective(s) addressed and demonstrate the technical, operational, and institutional capacity required for implementation.

Objective 1: Provide strategic assistance to strengthen MOHS, MoFEPD, and district-level capacity to standardize and support integrated service delivery platforms and transition responsibilities to GOM.

The recipient of this objective will provide strategic assistance to support a sustainable transition to government-led service delivery through national and district-level G2G mechanisms. This strategic assistance will be provided at national level to MOHS, MoFEPD, and other national entities, as well as at the district level to District Health Management Teams (DHMTs).

Malawi's transition to G2G will follow a phased approach, where district-level G2G mechanisms will be implemented and increase over several years as parallel U.S. government-funded clinical service delivery implementers are phased out. Achieving MOU targets during these transitions will require dedicated support for transition readiness and equipping districts to deliver services through integrated platforms, with government health workers gradually assuming functions that are currently delivered through separate, parallel systems. The recipient will support the transition of service delivery and systems strengthening functions to G2G national and district level staff to ensure the GOM is capacitated to absorb increased G2G investments each year under the MOU.

The scope of strategic assistance should include HIV, MNCH, tuberculosis, malaria, and global health security with an emphasis on facilitating a shift from vertical programs to integrated service delivery and health systems platforms. Specifically, the recipient will support the design, piloting, and institutionalization of integrated service delivery models at the central level. At the district level, the recipient will provide advisory services, tailored district training and mentorship, and support rollout of standardized operational, financial and human resource tools to help GOM sustain service delivery functions post-transition to G2G awards. These activities may include:

- Providing support to DHMTs in operational planning, including development of annual operational plans, priority setting, activity planning, and budget formulation aligned with national health strategies and available resources.
- Building capacity at district level to execute financial management functions, including budget tracking, expenditure reporting, financial forecasting, and compliance with GOM financial regulations.
- Conducting joint assessments with MOHS and DHMTs in human resource planning, budgeting, and workforce management at national and district levels; and then developing a phased transition plan for transferring frontline worker functions from implementer to GOM oversight.
- Strengthening district capacity to utilize government health data for decision-making, enhancing their ability to manage and report data through government health information systems, and sustaining quality improvement activities to improve service delivery.

Objective 2: Strengthen the GOM's integrated health commodity supply chain system to ensure sustained commodity availability across all public health programs.
Aligned with Malawi's National Supply Chain Transformation Plan (2023-2030) and national traceability strategy, the recipient will strengthen MOHS capacity to lead the forecasting and supply planning (FASP) process for HIV, malaria, tuberculosis, MNCH, laboratory, and essential medicines using standardized tools and data-driven decision-making. Through provision of technical assistance for supply chain systems, the recipient will strengthen integrated supply chain systems to ensure reliable access to and availability of essential health commodities across HIV, tuberculosis, malaria, MNCH, immunization, nutrition, and outbreak response programs. By establishing joint governance structures and building technical capacity within the CMST and Logistics Management Unit (LMU), work under this objective will ensure continuity of life-saving commodities during the transition towards G2G management. This objective encompasses strategic assistance, capacity building, and operational support activities that enable supply chain functions, including support of:

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

Additionally, the recipient will support CMST to achieve ISO certification, implement GS1 traceability standards, and progressively assume FASP and logistics responsibilities, while operationalizing the LMU as a central coordination hub. [Note: This objective does not include direct provision of procurement, warehousing, or last mile in-country distribution services.]

Objective 3: Strengthen data systems integration and interoperability for data-driven decision making and sustained GOM-led digital health coordination and oversight.
The recipient will support the GOM to implement a sustainable and scalable integrated health information system aligned with the national Digital Health Strategy to advance the GOM's vision for hybrid digital health data systems in all facilities by 2030. Current health data systems lack integration across disease areas and full interoperability, which limits data-driven decision-making. To address this, the recipient will deploy, integrate, and scale national and subnational interoperable digital health systems to improve data quality and evidence-based decision-making for integrated health programs and outbreak preparedness and response. As part of a hybrid approach to digital health information systems, the GOM will focus on electronic medical records (EMR) at high-volume facilities, while the recipient will support low-cost EMR approaches, such as AI-enabled scannable paper solutions, at lower volume facilities. This includes expanding interoperable digital health systems to other health program areas, such as MNCH and malaria, where point-of-care systems are not yet feasible. The recipient will support the transition of operational support for other core systems that the GOM plans to continue using, which may include (but is not limited to):

- One LIMS for laboratory management;
- Open LMIS (Levels 1-4) for supply chain digital systems;
- One Health Surveillance Platform (OHSP) expansion to include animal health;
- Integrated Supply Chain Management Information Systems;
- Expanded Central Data Repository;
- iHRIS for workforce planning;
- CPIMS for OVC programs; and
- Civil registration and vital statistics with ongoing district-level expansion.

The recipient will provide technical assistance for system maintenance, troubleshooting, equipment procurement and data management, while preparing the government to assume full responsibility for its digital architecture.

2. ***Guiding Principles***

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

- Promote Sustainability and Country Ownership: Consistent with the AFGHS, all activities should support transition to sustainable Malawian ownership, financing, and management of systems and services. Recipients should clearly identify how interventions will strengthen long-term institutional sustainability and reduce reliance on external support over time. Interventions that create parallel structures or indefinite dependence on external technical assistance will not be considered.
- Protect Continuity of Life-Saving Services: Activities must protect continuity of essential HIV, tuberculosis, malaria, MNCH (including immunization), and outbreak response services during transition processes and systems strengthening efforts.
- Contextual Evidence and Actionable Data: Recipients must ensure all activities are evidence-based and adapted to Malawi's policy, operational, cultural, and economic context to enable effective program management and course correction. Interventions must generate timely, high-quality data integrated into GOM systems with demonstrated use by decision-makers for resource allocation, service improvement, and accountability.
- Strengthen Integrated Systems: Recipients should prioritize integrated approaches that improve coordination across programs, systems, and levels of care while reducing fragmentation and duplication.
- Leverage Community- and Faith-based Institutions and Partnerships: There should be a priority placed on working collaboratively with Malawian government institutions, local organizations, faith-based organizations, and community stakeholders to deliver services, strengthen local systems, and ensure culturally appropriate, sustainable, and accountable implementation at national and sub-national levels. Recipients plan to leverage U.S. and Malawi private sector expertise, technology, and investment to accelerate innovation, strengthen market systems, and expand the use of U.S. technologies, standards, and solutions.
- Oversight, Coordination, and Collaboration: Recipients must align all programming with the priorities of the Malawi MOHS and other relevant GOM institutions. Recipients must actively participate in designated coordination, performance monitoring, and implementation review platforms and ensure close coordination with relevant national and sub-national stakeholders.
- Separation of Religious Activities: Faith-based organizations receiving funding under this program may retain their religious character and identity. However, recipients must ensure that explicitly religious activities or materials are separate in time or location from U.S. government-funded activities. Participation in religious activities may not be required as a condition of receiving services funded under this award.