Annual Program Statement Addendum

Addendum I: Innovations in Population-Based Surveys and Surveillance

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 a statement of interest (SOI), proposing a project (or projects) to support countries with innovative approaches to population-based surveys, and surveillance systems and methodologies, including novel sampling approaches and data sources that rigorously measure similar epidemiological surveillance metrics (e.g., prevalence, incidence) that strengthen global health systems and improve health outcomes worldwide. The purpose of this Addendum is to indicate specific areas where the Department of State would like to receive SOIs. The submission of the SOI is the first step in a two-step process, in which organizations must first submit a concept note that presents a project approach and intended outcomes. Importantly, this is not a full application and will not result in a federal assistance award at this step; the SOI process allows interested organizations to submit project ideas for evaluation prior to requiring the development of a full proposal application.

Funding opportunity title	Advancing Global Health
Funding Opportunity Number	DFOP0017890
Addendum title	Innovations in Population-Based Surveys and Surveillance
Deadline for Questions	July 17, 2026 [1700 PM EDT GMT-4]
SOI Due Date	September 15, 2026 [1700 PM EDT GMT-4]
Number of awards anticipated	Up to 4 awards
Total estimated funding	Up to $80,000,000, subject to availability

Proposed projects should be completed in five years or less.

This notice is subject to availability of funding.

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

2. Executive Summary

The Department of State invites eligible U.S. and foreign organizations to advance innovative approaches to population-based surveys and surveillance methodologies in line with the *America First Global Health Strategy (AFGHS)*. These efforts will support countries in identifying and addressing gaps in disease burden, program coverage, and health system performance across priority health areas – including but not limited to HIV, tuberculosis, malaria, neglected tropical diseases, and nutrition – in the context of developing cost-effective, sustainable, and country-owned surveillance systems. Proposed projects should enable accurate epidemiological understanding of diseases, measure impact of U.S. government and domestic health investments, and meet the 7-1-7 goals to detect and respond to global health security threats before they reach U.S. shores. This Addendum builds upon the foundation of established population-based surveys (including Demographic and Health Surveys, Population-based HIV Impact Assessments, and TB prevalence surveys) while introducing innovations that enhance cost-effectiveness, timeliness, and country ownership. This Addendum seeks to support cutting-edge methodologies, technologies, and approaches that enhance the timely and accurate collection, analysis, and utilization of population health data in low- and middle-income countries.

Note on Examples: *The examples provided under each objective throughout this addendum are illustrative and not prescriptive. Applicants are encouraged to propose innovative approaches that align with the objectives and guiding principles, even if not explicitly listed.*

B. Program Description

Robust public health surveillance systems and population surveys are foundational to effective global health programming, enabling governments, the donor community, academia and other relevant concerned parties to monitor disease trends, evaluate program effectiveness, identify health disparities, inform evidence-based policy decisions and resource allocation, and detect emerging health threats. Despite their critical importance, traditional approaches face significant challenges, including high costs, lengthy implementation timelines, limited geographic coverage, data quality concerns, and insufficient integration with health information systems. This Addendum prioritizes innovations that leverage routine and programmatic surveillance where possible and cost-effective, lean into country ownership and institutions, streamline questionnaires and metrics, and propose novel cost-saving approaches.

Projects supported under this Addendum will capitalize on emerging technologies and innovative methodologies clearly backed by sound methodological and scientific evidence to transform how population health data are collected, managed, assessed, and used – enabling faster, more accurate intelligence about disease burden, health system performance, and population vulnerability. Proposed approaches should leverage advanced analytic models while managing risks to data quality, independence, accountability, validity, and accuracy. All projects should include country institutions and ensure country self-reliance to implement these functions by the end of project and guarantee regular data sharing throughout the funded activities with all relevant institutions. Proposed projects and approaches should clearly explain how they are innovative, utilize emerging technologies, and enhance cost-effectiveness, timeliness, data quality and country ownership.

1. Goals and Objectives

Enable countries to develop comprehensive, self-run health data strategies to generate timely, high-quality, and actionable population health data that strengthen countries' ability to detect and respond to health threats, assess epidemiologic status and progress, improve population health outcomes, and reduce risks to the United States.

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. Recipients should provide tiers of support that describe low-cost, efficient and effective innovations related to survey implementation and/or surveillance that could be utilized in low-resource, low-cost settings where results may be needed rapidly. These tiers can include simple, inexpensive, fast approaches, and more complex approaches.

Objective 1: Innovative Population-Based Survey Methodologies
Support the development and implementation of cost-effective, sustainable approaches to population-based and/or bio-behavioral surveys that maintain data quality while reducing costs and implementation timelines. Innovations may include:

- Continuous household sampling across different geographic areas over time, on a rolling basis with ongoing data collection and real-time analyses
- Allocating resources across multiple years (e.g., 3-5 years), lowering precision requirements where appropriate, and focusing on metrics that can only be captured by population surveys
- Rolling surveys utilizing an integrated multi-disease approach, if statistically and practically feasible, which could vary over time and space and potentially leverage biorepositories for later analyses
- National biorepositories that enable specimen banking for future analyses, including by leveraging existing biorepositories where available (e.g., in countries that conducted previous PHIAs) or establishing infrastructure for biomarker testing (e.g., viral load suppression, drug resistance markers, immunological markers) and biorepositories
- Novel sampling methodologies that improve representativeness and reduce bias, including approaches to reach hard to reach populations
- Digital data collection platforms and mobile health (mHealth) technologies
- Remote sensing and geospatial approaches to survey design and implementation
- Approaches that apply AI tools for data analysis and estimation
- Data platforms that make survey data accessible for both country use and global public health intelligence, surveillance, calibration, and auditing both during and after implementation to ensure timeliness as well as continued use

Objective 2: Strengthened Routine and Programmatic Surveillance Systems
Enhance ongoing, systematic collection and analysis of health data through routine program activities and surveillance systems. Innovations may include:

- Routine and program-based surveillance utilizing continuous, granular age/sex-stratified data at the site level, including routine program data, case surveillance, antenatal care (ANC) surveillance, drug resistance surveillance, and national vital registration systems
- Sentinel site surveillance that focuses on select sites to collect high-quality data that may serve as a proxy for the general population

- Event-based and syndromic surveillance to detect unusual or unexpected infectious disease outbreaks
- Real-time or near-real-time surveillance platforms
- Integration of multiple data sources (e.g., health facility data, community-based surveillance, laboratory data) and data verification and triangulation to ensure data quality and appropriate data management
- Use of artificial intelligence and machine learning for disease detection and forecasting
- Community-based and One Health surveillance approaches, including supplemental vector surveillance as appropriate
- Interoperable surveillance systems that facilitate data sharing across borders

2. Guiding Principles

Projects supported under this addendum will be guided by the principles outlined in the AFGHS, emphasizing targeted, results-driven investments that protect the health and security of the American people while strengthening countries' ability to prevent, detect, respond to, and recover from health threats.

- Cost-Effectiveness and Innovation: Projects should demonstrate novel approaches that reduce costs while maintaining or improving data quality. Innovations should leverage routine and programmatic surveillance where possible, streamline questions and metrics, and propose creative solutions to traditional challenges. These approaches must be more cost effective and must be able to be completed faster than we have historically seen.
- Country Ownership and Sovereignty: Activities should support and reinforce country leadership and sovereign decision-making. Projects should help countries develop comprehensive, self-run National Surveillance Strategies that will be sustained by the country government. GHSD expects lessons learned and technical approaches to be shared with country institutions both during and after the implementation of funded activities. The goal is to transition from donor-driven systems to country-run operations.
- Decentralized and Collaborative Approaches: Projects should prioritize decentralized implementation models and representative consortia that include local institutions, regional hubs, and diverse stakeholders. Applicants are encouraged to propose consortium arrangements that distribute technical expertise and operational capacity across partners.
- Data Quality, Independence, and Accountability: Projects must ensure high standards of data quality, independence, and accountability. Surveillance systems should adhere to all applicable privacy, ethics, and data security practices. All surveys funded wholly or partially by the U.S. government must adhere to applicable legal, regulatory, and ethical requirements (e.g., U.S. human subjects review or IRB approval).
- Evidence-Informed and Context-Specific Approaches: Projects should be grounded in evidence and tailored to specific country contexts. Developing context-specific national strategies will be essential for successful implementation. Not all surveillance approaches may be suitable for all country contexts, and applying a one-size-fits-all model could result in inefficiencies. This should be captured in proposals for decentralized representative consortia. Projects should address population demographics (e.g. age and sex) in data collection and analysis, ensuring that surveillance projects capture data across high- and at-risk populations.

- Integration and Interoperability: Projects should promote integration across surveillance systems and data sources to reduce redundancy, improve efficiency, and eliminate data silos. Effective coordination across national and sub-national governments, implementing partners, and other stakeholders is essential. Data and biological testing must conform to global standards that allow for global comparisons and reporting. Projects should coordinate across global health programming to avoid duplication and maximize synergies.
- Global Public Good and Data Accessibility: Projects should recognize the dual purpose of the projects, which include meeting country-specific needs while also contributing to broader global health intelligence. As such, data platforms should enable appropriate public access for reporting, model calibration, auditing, informing global targets and benchmarks, and independent research, while respecting country sovereignty and data governance frameworks. Centralized data platforms, repositories, and landing pages should facilitate both country use and global public health applications. These data platforms will be a critical resource in supporting country efforts to obtain external private and donor support to ensure sustainability as U.S. government resources phase out.
- Sustainability and Long-Term Impact: While addressing immediate needs, projects should reinforce critical systems and build local capacity to ensure sustainability through country-run operations. Activities and investments should lead to sustainable strategies, supporting systems, and workforce that will continue under country leadership. U.S. support will evolve into long-term strategic partnerships rather than time-limited interventions.