Annual Program Statement Addendum

Addendum H: Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Cote d'Ivoire

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

A. Basic Information

1. ***Overview***

The Bureau of Global Health Security and Diplomacy (GHSD) invites organizations to submit a Statement of Interest (SOI) proposing a project (or projects) to assist with the implementation of the MOU between the US Department of State and the Government of Cote d'Ivoire. 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 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	Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Cote d'Ivoire
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 3 awards
Total estimated funding	Up to $50,000,000, 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 local organizations to submit SOIs to support Cote d'Ivoire's transition toward sustainable, integrated, and accountable health services, systems, and institutions that improve health outcomes, reinforce health security, and advance long-term country ownership under the U.S. Government–Government of Cote d'Ivoire Health Memorandum of Understanding (MOU) (October 2025 - September 2030). To make America and Cote d'Ivoire safer, stronger, and more prosperous, the "Advancing Integrated and Sustainable Health Systems in Cote d'Ivoire" program, seeks to: 1) strengthen disease surveillance, detection, and outbreak response; 2) integrate health service delivery across disease programs to improve efficiency; 3) provide integrated technical support to strengthen Ministry of Health, Public Hygiene and Universal Health Coverage (MSHPCMU) and district-level capacity; and 4) Sustain Integrated Service Delivery in Faith- and Community-Based Facilities. Through more efficient and integrated health programming, the initiative will build durable government capacity and reduce the risk of cross-border infectious disease outbreaks that threaten both Cote d'Ivoire and U.S. health security. The program also intends to expand partnerships with faith-based and other local partners to ensure long-term, sustainable outcomes.

B. Program Description

For the purposes of this Addendum, the term 'applicants' refers to organizations submitting Statements of Interest (SOIs) at this pre-award stage. The term 'recipients' will be used in award documentation following selection and negotiation. Within the Objectives section below, 'recipients' is used to describe expected programmatic responsibilities that successful applicants will be required to fulfill upon award

The following Program Description provides detailed guidance on the objectives, scope, and expectations for SOIs submitted under this Addendum. Applicants are encouraged to read this section carefully alongside the main "Advancing Global Health" APS to ensure their proposed projects are fully aligned with both the programmatic priorities described below and the administrative requirements outlined in the APS.

The U.S. Government-Government of Cote d'Ivoire implementation plan (October 2025-September 2030) establishes a five-year initiative to strengthen Cote d'Ivoire's capacity to deliver integrated, sustainable, and self-reliant health services across HIV; malaria; maternal newborn and child health (MNCH); infectious disease surveillance; and outbreak detection and response. Projects funded under this Addendum will align with the "America First Global Health Strategy" (AFGHS)," which emphasizes progressive transition of operational and financial responsibility from donor financed implementing mechanisms to sustainable Cote d'Ivoire resources, health systems and institutions. SOIs should: clearly describe the sustainability or health systems challenge addressed; propose evidence-based and operationally feasible interventions aligned with national health systems and MOU priorities; and articulate a credible path to long-term Cote d'Ivoire ownership, accountability, and financing of health services and systems within the project period.

Projects should prioritize integrated and sustainable service delivery models across public, private, faith-based, and community-based health systems, with a focus on underserved and high-burden populations across Cote d'Ivoire's 33 health regions. The initiative emphasizes partnerships with Cote d'Ivoire government institutions, faith-based organizations, private sector

providers, and community platforms to strengthen locally led health services and systems, and reduce fragmentation created by parallel disease-specific approaches. Broad and innovative ideas that support integrated health services and systems that can be transitioned to the national government are encouraged.

1. ***Goals and Objectives***

The overarching goal of this Addendum is to accelerate Cote d'Ivoire's transition to a sustainable, accountable, and government-led health system by 2030, as outlined in the U.S. Government–Government of Cote d'Ivoire MOU Implementation Plan. This transition aims to sustain and build upon gains achieved in HIV, malaria, MNCH, and outbreak preparedness and response. To achieve this, the program will expand access to quality, affordable, and integrated health services across public, private, faith-based, and community-based facilities through strengthened partnerships, sustainable domestic financing, and strategic U.S. health assistance. Importantly, this initiative represents a collaborative approach to Cote d'Ivoire's health challenges that harnesses U.S. government expertise, aligns with shared health priorities, and positions the Government of Cote d'Ivoire to drive lasting, system-wide transformation of the health sector.

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

Objective 1: Strengthen Disease Surveillance, Detection, and Outbreak Response to Prevent Cross-Border Spread

The 7-1-7 model (detect within 7 days, notify within 1 day, respond within 7 days) is a central pillar of epidemic response. Recipients will strengthen the Ministry of Health's integrated disease surveillance and response systems to enable timely detection, reporting, and control of infectious disease threats, contributing to national and global health security and reducing the risk of cross-border disease transmission. Key interventions include (but are not limited) to:

- Supporting national laboratory network capacity for integrated, multi-disease detection and epidemic response, including genomic sequencing, antimicrobial resistance surveillance, and biosafety/biosecurity systems in alignment with Cote d'Ivoire's 2030 laboratory vision and the MOU implementation plan;
- Enhancing rapid diagnostic capabilities to detect outbreaks of infectious diseases with epidemic or pandemic potential within seven (7) days of their emergence, to notify the relevant authorities, including key parts of the national public health system and the U.S. government within one (1) day of detecting an infectious disease outbreak; and to implement relevant initial response measures to effectively respond to infectious disease outbreaks in Côte d'Ivoire within seven (7) days. Specifically, this includes:
    - Adopting, using, and promoting the 7-1-7 Model
    - Enhancing timely specimen transport or referral networks to reference laboratories
    - Training frontline workers to recognize signs suggestive of epidemic-prone diseases
    - Establishing direct communication channels between Ivoirian health authorities and U.S. government for rapid information sharing

Recipients should also support the mobilization of domestic surge capacity, including trained rapid response teams, workforce development, and emergency operations coordination, to ensure timely and effective outbreak investigation and response. Recipients are expected to leverage health system assets in HIV/AIDS and other infectious disease programs to support outbreak detection and response.

Objective 2: Enhance Integrated Health Service Delivery Across Disease Programs in Clinical and Community-Based Facilities to Improve Efficiency

Recipients will strengthen the delivery of integrated HIV, malaria, MNCH, infectious disease prevention, and global health security services across Côte d'Ivoire's public and community-based health facilities in alignment with the AFGHS and national priorities. Specifically, recipients will provide technical assistance to: implement national guidelines across disease programs; train and mentor health workers on integrated service delivery models; and strengthen community health worker networks to deliver multi-disease services at the last mile.

This support will reduce programmatic fragmentation, improve operational efficiency, and advance Côte d'Ivoire's transition to a self-reliant, government-led health system by 2030. All activities will be implemented in close coordination with the MSHPCMU to ensure alignment with national priorities and sustainable government ownership of results. Recipients will promote private sector service delivery to the maximum extent practical.

Objective 3: Provide integrated technical support to strengthen Ministry of Health and district-level capacity for localized, Community-Centered Health Delivery

In order to ensure Cote d'Ivoire's successful transition to a sustainable Government-to-Government (G2G) financing mechanism, recipients will provide critical strategic assistance to strengthen MSHPCMU district-level capacity to assume service delivery from implementer-led programs. Specifically, the Government of Cote d'Ivoire will absorb the functions performed by program-specific staff employed by implementers into MSHPCMU positions with a balanced workforce that supports all health services.

- *Phase 1 (Assessment and Capacity Building)*: Recipients will conduct joint assessments with MSHPCMU and DHMTs to (1) map current implementer-supported functions; (2) identify government capacity gaps; and (3) develop a phased transition plan with clear milestones and timelines. During this phase, implementing partner staff will continue performing critical functions while recipients simultaneously build parallel government capacity, ensuring no interruption in service delivery. The transition plan produced in this phase will define the specific milestones that trigger the shift to Phase 2 financing and staffing changes.
- *Phase 2 (Transition and Realignment):* Based on the transition plan and milestones established in Phase 1, the U.S. government will shift to a G2G, milestone-based financing mechanism administered by the Department. As U.S. government funding for implementer-led positions decreases and Government of Côte d'Ivoire funding correspondingly increases, recipients will support the phased absorption of implementer-led positions into official MSHPCMU staffing. Concurrently, recipients will provide targeted technical assistance to help DHMTs assume operational, financial, and programmatic management functions previously held by implementing partners. Progress against Phase 1 milestones will determine readiness to proceed to Phase 3.

- *Phase 3 (Consolidation and Sustainability):* Once the Government of Côte d'Ivoire has assumed full ownership of the health service delivery functions absorbed in Phase 2, recipients will shift their role to quality assurance, performance monitoring, and residual technical support. During this phase, recipients will finalize and validate exit strategies and sustainability plans, confirming that MSHPCMU and DHMTs can independently sustain service delivery without implementer support.

Under this objective, the recipient will enable a resilient, responsive, and fully Government of Cote d'Ivoire-led health system capable of sustaining high-quality service delivery beyond the life of implementing partner-supported programs. The scope of technical support should include HIV, MNCH, malaria, and global health security with an emphasis on facilitating a shift from vertical programs to integrated service delivery and health systems platforms. This transition will be achieved through activities that build capacity within the MSHPCMU and to independently manage critical functions currently supported by implementing partners. The Recipient will support the development and strengthening of performance-based monitoring structures under the G2G and provide targeted technical support in provision of clinical services, workforce and operational planning, financial management, and quality improvement to ensure these capabilities are institutionalized within government structures and at the district level.

Because effective malaria and MCHN outcomes depend on a strong health district management capable of efficiently responding to localized needs, this objective prioritizes empowering DHMTs to exercise localized, appropriate and timely decision-making. This approach recognizes the health district as the critical link between national health strategies and community-level service delivery (PNDS 2026-2030). This includes equipping district staff with the expertise, competencies, and accountability structures needed to supervise and manage frontline and community-level workers effectively. By strengthening district ownership across planning, human resources, program monitoring and data systems, the project builds the foundation for sustainable, government-led health service delivery that is responsive to community needs.

These activities include (but are not limited to):

- 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 Government of Cote d'Ivoire financial regulations.
- Conducting joint assessments with MSHPCMU and DHMTs in human resource planning, budgeting, and workforce management at national and district levels; and then developing a phased transition plan for absorbing frontline worker functions from implementer to Government of Cote d'Ivoire 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, enabling phased transition from U.S. government-supported implementing partners to Government of Cote d'Ivoire ownership.

Objective 4: Sustain Integrated Service Delivery in Faith- and- Community-Based Facilities

Cote d'Ivoire's faith- and community-based health sector is a key contributor to health service delivery and an integral partner in advancing health outcomes with a network of 96 faith-based facilities and 48 community-based health facilities nationwide, this sector provides significant proportions of outpatient visits, first antenatal care attendances, tuberculosis case notifications, malaria treatments, HIV testing as well as care and treatment and child immunizations nationwide. The network manages more than 55,323 people living with HIV on antiretroviral treatment including 21,544 receiving HIV care from faith-based health facilities can be scaled up. The sector is committed to support national health system/programs through:

- Enrollment of rural populations and the informal sector in universal health coverage
- Involvement of religious and community leaders: 1) the distribution and effective use of insecticide-treated nets at community level; 2) faith- and community-based approaches to HIV testing, particularly for men, and treatment adherence; and 3) promoting early health care-seeking behaviors for fever and antenatal care services
- Contribution to the involvement of places of worship supporting maternal and child health week, health campaigns, seasonal malaria chemoprevention, including outbreak response immunization activities

The sector also plays a critical role in outbreak detection and response, providing frontline surveillance and capacity to contain infectious disease threats at the community level.

GHSD expects that this objective will build financial sustainability, institutional capacity, and integrated service delivery platforms necessary to ensure these facilities can sustain operations through domestically-anchored revenue and governance structures. Recipients should identify and develop context-appropriate domestic financing mechanisms to sustain faith- and community-based facility operations beyond the project period. Acceptable approaches may include, but are not limited to:

- *Universal Health Coverage (UHC) enrollment:* Supporting enrollment of rural and informal sector populations into the national health insurance scheme (CMU) to generate sustainable patient revenue for faith-based facilities
- *Government budget integration:* Advocating for and supporting the inclusion of faith- and community-based facility costs within district and national health budgets, including for human resources, commodities, and infrastructure maintenance
- *Private sector and philanthropic partnerships:* Developing partnerships with private sector entities, diaspora networks, and international faith-based networks to mobilize co-financing for facility operations
- *Fee-for-service models:* Where appropriate and equitable, developing transparent, sliding-scale fee structures that generate facility revenue while protecting access for the most vulnerable populations
- *Performance-based financing:* Linking domestic government transfers to verified service delivery outputs through results-based financing mechanisms aligned with national health financing frameworks

SOIs should clearly articulate: specific financing mechanism(s) being proposed; rationale for the selection in the proposed geographic and institutional context; and a realistic timeline for achieving financial sustainability within the project period. Recipients must maintain delivery of integrated HIV, malaria, MNCH, infectious disease prevention and global health security

services across faith- and community-based health facilities through a coordinated, people-centered model. Continuity of life-saving services, including antiretroviral therapy, tuberculosis treatment, and prevention of mother-to-child transmission, must not be disrupted during this transition.

2. ***Guiding Principles***

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

- Integrated Health Security and Systems Approach: It is crucial to link service delivery, laboratories, surveillance, supply chains, and digital health systems to reduce fragmentation and improve continuity of care and outbreak surveillance, readiness, and responses.
- Country Ownership: Consistent with the AFGHS, health assistance should support and reinforce host-country leadership, national response plans, and sovereign decision-making. These investments are intended to complement, not replace, country government-led efforts.
- Leverage Local Organizations: There should be a priority placed on engaging local Ivoirian organizations with a strong emphasis on faith-based and community-based providers to deliver services, strengthen local systems, and ensure culturally appropriate, sustainable, and accountable implementation at national and sub-national levels.
- Reach Populations in Need: Expanding access to high-quality health services for populations in need, including underserved communities, rural populations, women and children, and people living with HIV and malaria is at the heart of this investment. Service delivery strategies should consider expanded outreach to insecure hard-to-reach areas, and integrated services that meet multiple health needs.
- Coordination and Stewardship: Strong coordination and collaboration among all stakeholders, including (for example) federal, state, and local government entities, faith-based organizations, community leaders, and traditional institutions is critical for success. Effective partnerships should be built on shared objectives, clear roles and responsibilities, and regular communication to ensure alignment, avoid duplication, and leverage complementary strengths. Collaborative mechanisms should facilitate joint planning, resource mobilization, and coordinated implementation that maximizes impact and advances Cote d'Ivoire's health system goals while supporting U.S. government priorities.
- Accountability: GHSD expects rigorous financial and program reporting; adherence to established performance indicators; and regular data-driven reviews to inform course corrections. Oversight of U.S. government assistance should be demonstrated through transparent resource management, evidence-based decision-making, and a commitment to delivering measurable outcomes that advance shared health priorities and protect taxpayer funds.
- Innovation: Innovation is an expected element of all SOIs submitted under this Addendum. Applicants should present approaches, methodologies, technologies, or partnerships that offer new or improved solutions beyond traditional interventions and demonstrate clear added value over existing programming in Cote d'Ivoire. This may include digital health solutions, community-based models, public-private partnerships, or evidence-based practices adapted to the Cote d'Ivoire context.
- Separation of Religious Activities: Faith-based organizations receiving funding under this program may retain their religious character and identity. However, recipients must ensure that explicitly religious materials or explicitly religious activities, including religious

services, worship and religious instruction, are kept separate in time or location from U.S. government-funded health service delivery activities. Health services funded under this program must be provided without regard to the religious beliefs of beneficiaries, and participation in religious activities may not be required as a condition of receiving health services.