ADVOCACY FRAMEWORK

Opportunities for Influence and Key Messages

Updated: 16 November 2026



Reproductive Health Supplies Coalition

Safeguarding SRHR in the Context of the USG MOUs: A Suite of Advocacy Resources

This suite of resources includes four key components:

- Intro to the USG MOUs
- Case Studies
- An Advocacy Framework: Opportunities for Influence and Key Messages (This Document)
- Communications Briefers

The full suite of resources was co-created by RHSC's MOUs Sub-Group, a key workstream of our Policy & Financing Advisory Group. To learn more about our work, visit https://rhsupplies.org/membership/policy-financing-advisory-group/.

The suite of advocacy resources is intended for SRHR allies and partners. Please feel free to share within trusted networks, but avoid circulating outside of trusted channels.

BACKGROUND

In September 2025, the United States Government (USG) released the 'America First Global Health Strategy,' which transforms the way that the USG engages in foreign assistance for global health. This strategy signals a significant shift in US foreign policy, not only in how foreign assistance funds flow, but also in the health areas funded by the USG. Importantly, sexual and reproductive health and rights (SRHR) and family planning (FP) are not included in any of the 36 MOUs signed to date. And, maternal, newborn, and child health (MNCH) only appears in about 60% of them. This not only represents a significant shift in former US foreign policy, it also risks leaving SRHR, FP, and MNCH critically underfunded as low-and middle-income countries (LMICs) navigate the MOU requirements and limited fiscal space for health.

Our 'Intro to the USG MOUs' dives deeper into these memoranda of understanding (MOUs) and what they mean for SRHR, aiming to orient a wide range of key stakeholders to the MOUs and potential implications on SRHR. **In this document, we explore opportunities for advocacy and impact, calling SRHR actors and allies to action to safeguard SRHR within the context of the USG MOUs.**

Why an advocacy framework?

While SRHR advocates broadly recognize that the MOUs will not represent an opportunity to return USG funds to SRHR and FP, there is still tremendous opportunity for advocates to influence the MOU negotiations and outcomes, and – importantly – the enabling environment for SRHR financing and programming. Advocates and civil society partners will play a critical role in ensuring that local governments are better-equipped to negotiate and implement health programming within the context of the USG MOUs and that SRHR financing and service delivery does not fall through the cracks. And while SRHR and FP are unlikely to be included in the MOUs, regardless of advocacy efforts, there are a number of opportunities for advocates to ensure that the MOUs don't become a further barrier to SRHR access.

In this resource, we present an advocacy framework intended to guide advocates and civil society partners through these opportunities for influence. The framework is organized across four critical phases for advocacy: (1) pre-MOU signature: the Preparation & Negotiation Phase; (2) during the development of the implementation plans and contractual agreements: the Design Phase; (3) and during active implementation: the Monitoring & Accountability Phase. We have also included a cross-cutting set of advocacy opportunities that could apply at any stage: the Cross-Cutting Foundation.

For each phase, we present advocates with an overview of why this phase is critical in safeguarding SRHR, explore the advocacy opportunities unique to that phase and why they matter, and provide a set of key advocacy messages and relevant tips and resources to guide advocacy efforts. To get started, begin with the 'how to' guide on page 4.

How to use this Advocacy Framework

What is the purpose?

The Advocacy Framework provides serves as a guide SRHR advocates, civil society partners, and allies, equipping them with an actionable set of advocacy opportunities, key messages, and an adaptable advocacy checklist to safeguard SRHR within the context of the USG MOUs. It is meant to serve as a guide that helps identify strategic advocacy opportunities, corresponding advocacy messages, and guidance on who to engage. The framework is structured to provide advocacy opportunities during specific, time-bound phases based on a country's status with the MOUs, as well as more cross-cutting, timeless opportunities for impact.

Who is the intended audience?

The primary audience is advocates, but the framework could also be used by civil society partners, government officials, media, and other implementing partners. The framework is also accompanied by a set of communications briefers for government, media, and civil society.

When can it be used?

This framework is intended to be adaptable, providing opportunities for advocacy to safeguard SRHR across the MOU process—from negotiation through to implementation. The framework outlines three critical phases for advocacy vis a vis the MOUs:

- Pre-signature/MOU negotiation
- Development of Implementation Plans and contractual agreements
- During implementation

It also posits a set of more timeless advocacy opportunities that can be used throughout the process. While the framework is anchored in safeguarding SRHR within the context of the USG MOUs, the opportunities for impact stretch beyond the MOU timelines.

How should it be used?

- If you are not yet familiar with the USG MOUs, including relevant terminology or concerns for SRHR and FP, begin with our 'Intro to the USG MOUs Resource' as a starting point.
- To begin with the Advocacy Framework, start by identifying the appropriate advocacy phase for your country or the work that you are doing. See page 5.
- Once you identify the phase that fits your context best, skip ahead to the Advocacy Framework for the relevant phase. For each, we have included context on why this phase matters, key advocacy opportunities, proposed advocacy messages, and helpful tips and resources.
- Regardless of the phase relevant to your context, we also suggest exploring the 'cross-cutting' phase, which is meant to be timeless across the MOU lifecycle.
- Importantly, this Advocacy Framework is not necessarily meant to suggest that advocates should focus on encouraging country governments to decline USG funding through the health cooperation MOUs, though that may be an option for some countries to pursue. We recognize that for most country contexts, the MOUs return necessary funding to health services and programming. Our intention is to ensure that within that process (1) countries are able to negotiate terms that maintain health sovereignty and country autonomy; and (2) create conditions where SRHR remains safeguarded, prioritized, and funded.

Advocacy Framework: Identifying the right opportunities

Use this decision tree to identify the advocacy phase most relevant to your country context. Regardless of where your country is in the process, we also recommend exploring the advocacy opportunities and messaging in the cross-cutting phase. You can find this section on page 6. These opportunities are intended to be more timeless, providing opportunity for impact and ensuring continued SRHR access regardless of your country's MOU status.

QUESTION 1: Has your country (or the country you are working in) already signed an MOU with the USG for health cooperation?

YES

Proceed to question 2.

NO

Proceed to page 10, after reading the cross-cutting advocacy opportunities and messaging.

NOT SURE

Check out the KFF Tracker to see if your country is on the list of countries that have signed MOUs already.

QUESTION 2: Has your country (or the country you are working in) already finalized its implementation plan and associated contractual agreements with the USG?

YES

Proceed to question 3.

NO

Proceed to page 15, after reading the cross-cutting advocacy opportunities and messaging.

NOT SURE

This process has been difficult to track in most countries. You can coordinate with local advocates or colleagues in government to determine the status of the implementation plan. As of November 2026, we had only heard of one country (Kenya) noting completion of the implementation plan, though advocates have not yet seen a copy of the plan or associated contractual agreements. You might consider opportunities to leverage media and advocacy messaging around transparency—this information should be readily available, by both governments.

QUESTION 3: Has your country begun implementation of MOU activities and are funds already flowing from the USG to your country government?

YES

Proceed to page 20, after reading the cross-cutting advocacy opportunities and messaging.

NO

Continue to identify advocacy opportunities and relevant messages from the 'cross-cutting advocacy foundation,' on page 6.

Advocacy Framework

The Cross-Cutting Foundation

WHY THIS PHASE IS CRITICAL

In this section of the framework, we explore advocacy opportunities and messaging to safeguard SRHR that could be applicable at any stage of the process. This section is meant to serve as a foundation from which you can build on. The other components of the framework will provide more specific, time-bound opportunities for influence based on where a country is in the MOU negotiation or implementation process, which you can effectively layer on top of the opportunities outlined here.

#	✓	ADVOCACY OPPORTUNITIES	THE POWER OF THE OPPORTUNITY	KEY MESSAGES & RELEVANT RESOURCES
1	☐	**Advocate for the inclusion of advocates, civil society, and implementation partners in the MOUs—across every stage.**	When advocates and civil society have a seat at the table, they can: • Provide meaningful technical assistance to governments in navigating the MOU processes • Advocate for the inclusion of critical health areas/programs that might otherwise be left out • Play an important role in holding government accountable	Advocates and civil society are important partners in the delivery of high-quality health services. Their inclusion in the MOU process – from negotiation through to implementation – will better equip the government for success and improve health programs. TIP: Point to tangible examples of the role that advocates and civil society have played historically in the delivery of local health programs and technical assistance to government. Where possible, tangible evidence is helpful!
2	☐	**Leverage media to call for accountability and transparency in the MOU processes.**	To date, the MOU processes have not been transparent. Most MOUs have been signed behind closed doors, with full-text MOUs not yet available for all countries. Leveraging media partnerships to call for accountability and transparency can be a powerful tool in applying additional pressure to hold the government accountable to the people. When successful, it can also lend additional transparency into the MOUs and implementation plans, including what's contained within them, providing important visibility for advocacy efforts.	• The public has the right to know about the commitments that the government is making with foreign governments, particularly when those commitments impact health, personal data/ information, and country-level resources. • The government should treat the MOUs and implementation plans as public information, providing opportunity for public comment, legal processes, and making full-text available to the public.
3	☐	**Remind governments of existing commitments or obligations to SRHR and ensure that they plan to uphold these commitments moving forward.**	While the USG MOUs likely represent one of the largest donor investments into the health system, they cannot override government's commitments to its constituents. The MOUs are one agreement that the government is making, but not the only one. Throughout the process, reinforce with government their commitments to SRHR, why those commitments matter, and why they must continue within the MOU context. One of the biggest unknowns with the MOUs right now is how the country co-funding commitment will be captured. If domestic resource mobilization for health is measured at a top-line number, SRHR commitments will still count towards the country's co-funding requirements. This is good news for SRHR investments! If the co-funding is measured against specific health areas, SRHR spending will not count, creating a potential scenario where governments will reallocate budget lines to health areas that do count. Advocates will need to help avoid that outcome, holding governments accountable to existing commitments they have made—to the public and to other partners.	Sexual and reproductive health and rights is a foundational component in ensuring health outcomes in [Country Name]. [Country Name] has made several commitments to ensuring access to SRHR supplies and services, and must uphold those commitments alongside the implementation of this MOU. While the MOUs do not include SRHR, they do not prevent [Country Name] from continued investment in SRHR. Existing commitments to SRHR include: [list them out]. TIPS: Identify a range of commitments the government has made to SRHR, including (but not limited to): • FP2030 commitments • Local law on access to family planning, abortion, and other SRHR services • Inclusion of family planning, abortion, and other SRHR services within universal health coverage • Compacts or co-financing mechanisms with UNFPA or GFF • Political commitments made during elections • Budget lines from prior years for family planning or SRHR • Sustainable Development Goals

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4	☐	**Articulate the return on investment of investing in SRHR, both from a cost-savings perspective but also a health outcomes lens.**	While the USG MOUs do not fund SRHR or include explicit SRHR outcomes, SRHR remains a critical pathway for the effective achievement of the MOUs. The MOUs and corresponding implementation plans will include a range of health outcomes targets, e.g. reduction in maternal death, or HIV prevalence, etc. If advocates can articulate why (1) investment in SRHR will still help to achieve the MOU terms (beyond the co-funding outlined above); and (2) how SRHR investments save the health system money which can be used elsewhere in the health system, governments will be more willing to invest outside of the MOU framework.	Investing in SRHR saves money—which can be reinvested in the health system or in support of other MOU obligations. Estimates from Guttmacher suggest that for every $1 USD invested in contraceptives services, $2.48 USD is saved in maternal, newborn, and abortion care costs alone.[1] If you account for longer-term economic impact, estimates from UNFPA indicate that for every $1 USD invested in family planning yields $27 USD in health and economic returns.[2] Investing in SRHR achieves critical health outcomes across the MOU focus areas: MCH, Malaria, TB, and HIV/AIDS, better positioning [Country Name] for success in meeting the identified health outcomes targets. At the simplest level, reducing unintended pregnancies reduces disease burden across all health areas. Family planning is also one of the most effective, evidence-based approaches for reducing maternal death. The Lancet estimates that increased contraceptive use prevented 77,400 maternal deaths in 2023 alone.[3] TIPS: Aim to quantify the impact of investments in SRHR in tangible terms, either in money saved or health outcomes. Consider exploring: • Guttmacher's Adding It Up for country estimates on the need, impact, and costs for SRHR, including how investment in SRHR saves lives, reduces costs, and improves health outcomes. • Guttmacher's Family Planning Investment Impact Calculator helps quantify, in local currency/country context, the impact of investments in family planning. • Guttmacher's Safe Abortion Calculator helps quantify impacts (in cost and health outcomes) of investing in safe abortion. • Identify country-specific health data to articulate trends in SRHR investment and health outcomes

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5	☐	**Encourage and facilitate south-to-south learning exchanges.**	Much of the USG MOU process has lacked transparency, limiting the extent to which countries have had the opportunity to learn from one another. Advocates and civil society partners should support, and even facilitate, these opportunities. Throughout the MOU process, countries have learned valuable lessons on negotiations, identifying more favorable terms, or removing/countering contingencies that infringed upon health sovereignty, country autonomy, and personal privacy or circumvented legal systems. Advocates can support knowledge-sharing, coalition-building, or other platforms and channels to support country governments and civil society during the MOU process.	The most powerful resource that countries have in navigating the USG MOUs is one another. With 36 signatories to date (as of November 2026), there is ample opportunity to share lessons learned, triangulate information, and leverage coalition-building to support [Country Name] in navigating next steps. TIPS: ▪ Engage in global platforms where the MOUs are being discussed, for example Partners in Health's weekly call for civil society partners or RHSC's Policy & Financing Advisory Group. ▪ Engage beyond the immediate SRHR space. There are incredible insights in the broader global health community that are valuable as countries negotiate/implement the MOUs.
6	☐	**Advocate for continued SRHR financing with country governments.**	While the USG MOUs do not include funding for SRHR, they do not prevent country governments from financing SRHR with their own resources. Advocate with government officials to ensure adequate financing for SRHR supplies and services.	Adequate financing for SRHR supplies and services is critical to ensuring health outcomes and economic development in [Country Name]. While the MOUs do not fund SRHR directly, there are a range of different domestic and global options that do. TIP: Use RHSC's Comprehensive Financing Tool to explore strategic options for domestic financing and use of other global financing mechanisms specific to your country context. Use the advocacy resources to advocate with government and the policy brief template and advocacy checklist to make the case for SRHR financing.

Advocacy Framework

The Preparation and Negotation Phase

WHY THIS PHASE IS CRITICAL

The ‘Preparation and Negotiation Phase’ is the window of time where advocates and civil society partners will have the best opportunity to influence what goes into the MOUs. While the specific contractual details don’t come out until later, the MOU itself anchors the USG investment—determining what is in scope (and what is out of scope)—and the requirements for receiving the USG investment. While we don’t anticipate that advocates or civil society partners could effectively negotiate SRHR in scope, there are strategic opportunities to better position the country for success in safeguarding SRHR. You’ll note that many of these opportunities don’t specifically mention SRHR—that is by design. The opportunities outlined below are paired with a description of why they matter for SRHR, even if SRHR is not explicitly mentioned in the advocacy message.

#	✓	ADVOCACY OPPORTUNITIES	THE POWER OF THE OPPORTUNITY	KEY MESSAGES & RELEVANT RESOURCES
1	☐	**Liaise with government to ensure that they are prepared for the negotiation, particularly related to the funding amounts—both from the USG and the country co-funding. If possible, identify who will be representing the country in negotiations, and ensure that they are well-equipped with the information they need.**	This opportunity is particularly important because for most countries, the MOUs result in a net reduction of funding from the USG. While this ranges dramatically across countries, the total reduction across the 36 countries that have signed to date is $8.1B USD, or 34% when comparing FY21-25 to FY26-30 (the MOU period).[4] While the total dollar amounts look appealing, most USG funding for health has not traditionally flowed directly governments. And governments don't always have a clear sense of what the USG investments were prior to 2025. Advocates play a critical role in helping to ground the MOU conversation in the history of USG funding for global health. It's also important that governments are well-equipped to negotiate the country co-funding amounts. Are they feasible within the country's fiscal space and current spending on health? Are the associated timelines feasible?	• While the USG MOUs create a valuable opportunity to return needed funds to health in [Country Name], the government should be prepared to negotiate for higher funding volumes. Historically, the USG contributed $XX over a similar program window. Since the closure of USAID and reduction in other Official Development Assistance (ODA) funds, the [Country Name] Government has already absorbed significant health program costs. The government should negotiate for more favorable investment terms. • While [Country Name] recognizes the need for increasing domestic resource mobilization for health, the outlined co-funding commitments are too ambitious. This is particularly true when the co-funding obligations are estimated only against the included health areas, and the government has health funding obligations outside of the included health areas. The government should negotiate for more feasible timelines. • [Country Name] should negotiate that the country co-funding obligation be measured a top-line DRM allocation to health. This should include matched funds from global mechanisms like GFF, which are contingent on government spending/resource allocation. Where relevant, this should also include private sector contributions. Ensuring that DRM is measured at top-line—and not per health area –is critical to [Country Name]'s health sovereignty. We should have ownership over the country's health budget, how it is allocated, and how we adapt or re-prioritize funds based on emerging priorities. This is key to ensuring that we can quickly respond to a health disaster (like COVID or Ebola) as well as ensuring that we can re-position funding to meet the needs of the population. (NOTE: This is also critical to ensuring that SRHR obligations will count to co-funding commitments, but it may be strategic not to highlight this.) TIPS: • Identify historical funding totals. The KFF Tracker uses FY2021-2025 appropriated and planned amounts for the Global Health Programs Account for analysis. It can be helpful to have this per health area (for comparison), but also aggregated totals for better negotiation. • Quantify the cost that government has already absorbed due to USAID closure and ODA funding reductions. Coordinate with local government or other advocacy partners to identify funding amounts or identify approximations. • Quantify the additional costs that the government will need to continue to spend beyond the agreed upon health areas. • Identify comparator countries to get a sense of USG commitments under the MOUs. The KFF Tracker shows the USG funding amounts and country co-funding obligations for the countries that have signed MOUs to date. This can be a valuable resource for negotiating. Public Citizen has also posted a number of the full-text MOUs and other documents online, which can be a helpful guide for countries to see what has typically been included (and what hasn't)

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2	☐	**Advocate for the inclusion of all possible health areas. Across the MOUs, these health areas include: HIV/AIDS, Tuberculosis (TB), Malaria, Polio, Maternal and Child Health (MCH), and Global Health Surveillance (GHS).**	While the MOUs to date do not include SRHR, the USG has typically added MCH when countries have negotiated its inclusion. The more health areas that the MOU can include, the better-positioned countries will be for success. This is due to a few reasons: • It helps to increase the total funding obligation from the USG; • At this stage it remains unclear how domestic resource mobilization (DRM) will be measured for the required country co-funding obligation. In case where only DRM for the included health areas counts towards a country's co-funding obligation, it is helpful for that to apply to a wider range of health areas, so that government spending across each area counts towards the obligation.	Across each of the health areas outlined under this advocacy opportunity, prepare talking points that capture the current prevalence, gaps in commodity access or service delivery, or other health-related impacts. Include examples of how reductions in prevalence or adverse health outcomes were seen with prevention and treatment were adequately funded. For example: In [Country Name], Tuberculosis prevalence is X%. Between XX year and XX year with investment in effective prevention and treatment, prevalence dropped by Y%. Ensuring continued reduction in prevalence and lifesaving care requires continued investment, including from donors like the USG while [Country Name] improves long-term DRM. TIPS: Where possible, quantify the prevalence and health impacts. Consider resources like the WHO Global Health Observatory, IHME's GBD Results, or country-level health survey data.
3	☐	**Advocate for engagement with legal counsel and/or the judiciary branch in country to ensure that legal processes are followed.**	In most country contexts, the MOU negotiation process has been rapid and outside of traditional government or legal channels. It is important to engage legal counsel in the MOU negotiation process to ensure both that (1) the process itself follows required legal channels in country; and (2) to protect the country's health sovereignty and legal autonomy. The MOUs are typically accompanied with a data-sharing agreement and also include other conditional funding requirements, such as the co-funding obligations or compliance with USG laws. Country governments should ensure that they understand legal pathways to protect local law and processes.	To ensure public buy-in and trust in the MOU and health cooperation agreements with the USG, we should liaise with legal counsel and appropriate legal channels in [Country Name]. This will not only ensure that our interests are protected within the negotiations, but will also provide a trusted legal framework for implementation. This will also help ensure that we can uphold local law and commitments to the [Country Name] people. TIP: Unsure about the legality of an MOU process, clause, or approach? Or how it interfaces with local law? Check out the Preclusion Project and their resources to learn more or seek support.

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4	☐	**Advocate for feasible health outcomes targets.**	In addition to the co-funding requirements that countries must demonstrate within the MOUs, countries will also have to achieve a range of health outcomes targets. While it remains unclear how these targets are being calculated, many have pointed both to (1) flawed methodology; and (2) lack of feasibility given funding reductions. Advocates will play an important role in supporting government partners to advocate for more feasible targets.	For each of the anticipated health areas, prepare a set of reasonable health outcomes targets that you can use in negotiations. These should be health outcomes objectives or milestones that you already track at country level and align with country health programming/plans. TIPS: • Review other MOUs available to get a sense of what types of targets are being included. You can use Public Citizen's page for access to full-text MOUs. Based on the types of outcomes you anticipate, prepare what feels feasible for your country context. • Try to quantify the timeline typically needed to achieve these outcomes, as well as the resources needed. For example, be prepared to show how much a reduction in HIV/AIDS prevalence cost over a specific timeframe.
5	☐	**Reaffirm existing government commitments to SRHR.**	Build on the foundation outlined in the 'Cross-Cutting Foundation,' using the preparation/negotiation phase to reaffirm existing commitments and ensure that the MOUs will not change government support for SRHR.	Explore the third 'Advocacy Opportunity' outlined under the Cross-Cutting Foundation for further detail on proposed messaging and relevant resources.
6	☐	**Advocate with government to safeguard personal data.**	The MOUs are accompanied by a Data Sharing Agreement and Specimen Sharing Agreement, both of which typically last for 25 years—far beyond the 5 year duration of the MOUs. Government should carefully review these agreements, which function as separate standalone agreements to the MOUs (though the funds outlined in the MOUs are contingent upon signing them). Governments should ensure that personal information and data is not shared at an individual measure and that appropriate data security measures, in compliance with local law, are in place. While this specific opportunity is not unique to SRHR, due to the increasing opposition to SRHR globally, there is disproportionate risk that data sharing could have on SRHR services and access.	[Country Name] has a commitment to the safety of its citizens, inclusive of personal data related to health. Any agreements signed with the USG for data sharing related to the health cooperation MOUs must prioritize compliance with local law, the removal of personally identifiable information, and data in aggregation. [Country Name] should seek legal counsel to ensure compliance with local law and maintenance of health sovereignty. TIP: Ahead of the negotiations, be prepared to cite relevant local laws on health data, data privacy, or treatment of personally identifiable information. This will support government negotiations as it relates to the data sharing agreement.

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7	☐	**Liaise with government to ensure that they review the MOU for harmful contingencies.**	Throughout the MOUs negotiations, several countries have flagged clauses in the MOUs—or agreements negotiated and signed in tandem with the MOUs—that condition USG funding on additional stipulations, like mining and mineral rights or cooperation on immigration policy. Advocates are well-positioned to warn governments of the inclusion of these clauses and governments should negotiate to have them removed.	Since these stipulations often vary, the message will need to be nuanced to the specific case of the country MOU. Advocates should emphasize health sovereignty, country autonomy, and the inappropriateness of conditioning foreign assistance on extractive relationships (e.g. mining or mineral rights). Many governments will be fearful of pushing back against the USG, due to a need for funding. Advocates are encouraged to point to tangible examples of countries who successfully extended the negotiation period and pushed back on the inclusion of harmful clauses. Zambia is a strong example. Check out the Zambia Case Study included in our suite of resources for additional information.
8	☐	**Call for transparency into the MOU text.**	Build on the foundation outlined in the 'Cross-Cutting Foundation,' using the 'Preparation & Negotiation Phase' to leverage media partnerships or other opportunities to call for public visibility into the full MOU text in addition to other relevant documents (e.g. the Data Sharing Agreement).	Explore second 'Advocacy Opportunity' outlined under the Cross-Cutting Foundation for further detail on proposed messaging and relevant resources.

Advocacy Framework

The Design Phase

WHY THIS PHASE IS CRITICAL

In this section of the framework, we explore advocacy opportunities and messaging most relevant during the development of the implementation plans and the contractual agreements that will govern the implementation of the health programs and objectives agreed upon in the MOUs, or what we call the 'Design Phase.' The original timelines provided by the USG outline this phase as lasting 90 days between MOU signature and the start of implementation. To date, none of the countries that signed MOUs have begun implementation (with the first set countries signing in December 2026). While this phase also remains opaque, there are a number of key activities that countries are engaged in during the design phase:

- **The development of the implementation plans**, which provide greater detail on the objectives, outcomes, and country co-funding requirements and timelines. These are intended to provide more detail than the MOUs on programmatic objectives and how they will be implemented.
- **The establishment of relevant governance** structures including a Transition Management Unit and a Joint Health Cooperation Steering Committee.
- **A review of other existing USG funding agreements to the country**, determine alignment with MOU objectives.
- **The development of the contractual agreements that will govern the implementation**, including relevant contingencies or requirements by the USG.

While the implementation plans are unlikely to deviate from the MOUs, they provide an additional opportunity for advocates and civil society partners to influence what goes into them, how key milestones are measured, and the terms that govern implementation.

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1	☐	**Advocate with government to ensure that advocates and civil society are actively engaged in implementation planning, both in providing technical assistance to government, but also in confirming programmatic approaches and outcomes.**	While this opportunity is critical at each stage, it is particularly important that advocates and civil society have a seat at the table during implementation planning. They provide a key voice into the program design and feasibility and serve as a critical technical partner to country governments in the delivery of health programs and services. Advocates and civil society will also be a key resource in determining whether the proposed health outcomes targets are feasible – and working with partners to adjust them where they aren't.	Historically, advocates and civil society played a critical role in the delivery of USG funded health programs. They were often the recipients of USG funds or part of consortia for implementation, playing a critical role not only in the delivery of programs, but also, as a key partner in understanding USG systems, processes, and requirements. Advocates and civil society are particularly crucial at this stage as they can help governments understand how these processes compare to historical USG approaches and requirements. TIPS: Highlight examples of the roles that civil society and advocates played during the delivery of high-visibility health programs under USAID or other bilateral funders. If you can quantify this role – percent of program delivered or percent of health services, this strengthens your message!
2	☐	**Advocate with government to identify SRHR-friendly government officials for roles on the Transition Management Unit and Joint Health Cooperation Steering Committee.**	These two governance bodies will be tasked with overseeing the implementation of the MOUs, including representation from the USG and country government. While these bodies are unlikely to be able to advocate for SRHR inclusion, it will be important to have government officials who remain committed to SRHR in these leadership roles. This will ensure that they can continue to internally advocate for SRHR beyond the MOU context, while also avoiding any over-implementation or pre-compliance with restrictive policies.	Both governance structures will benefit from appointments that can provide perspective across the full health system. Since these bodies are tasked with ensuring a smooth transition from more traditional funding approaches with the USG to a direct government to government agreement, it is important they have a well-rounded perspective on the health system as a whole – even beyond the covered health areas. This will ensure better alignment with country health programs and budgets, and coordination across key systems. TIP: Try to identify a short-list of candidates you think will be friendly to continued SRHR investment and support. Coordinate with government officials, civil society, and other partners to get a seat at the table as these decisions are being made.

#	✓	ADVOCACY OPPORTUNITIES	THE POWER OF THE OPPORTUNITY	KEY MESSAGES & RELEVANT RESOURCES
3	☐	**Liaise with government to ensure that they understand the 'Promoting Human Flourishing in Foreign Assistance Rules' (PHFFA) and how they might apply to these health cooperation agreements. Encourage government to push back on the application of PHFFA to these agreements and encourage engagement with legal counsel to navigate a pathway through.**	The PHFFA Rules are three interim final rules that the USG implemented in February 2026. There are three separate rules, each of which places limitations on what recipients of USG foreign assistance can do while receiving USG funds (even with their non-USG funds). The restrictions apply to activities related to abortion, diversity, equity, and inclusion (defined in the rules as 'discriminatory equity ideology), and gender ideology. We explore the three PHFFA rules in further detail in our 'Intro to the USG MOUs' Resource. You can also find them in full text in the links provided to the right. It is important to note that: ▪ **PHFFA does not automatically apply to these agreements**. The rules do not apply at signature of the MOUs, and would only apply to the contractual agreements once funds are being exchanged. Importantly, the language in the rules says only that they 'may' apply to foreign governments (the rules are different for different types of organizations). ▪ **If PHFFA does apply, the language would come out in contractual agreements**. There is still an opportunity for governments to negotiate this. Governments should be prepared to push back on the application of the rules. ▪ **Even if they do end up applying to the agreements, there are legal pathways through for governments to continue to provide, fund, and support abortion, implement DEI-related programming, or support gender equality**. This is particularly true if these activities are outlined in local laws, and can be protected via waivers. At this stage, it is critical that countries seek legal counsel to ensure that they maintain both health sovereignty as well as country autonomy with regards to their own lawmaking. Importantly, the USG cannot control what another government does outside of the scope of USG funding.	▪ [Country Name] should oppose the application of PHFFA to the health cooperation agreements. These rules unnecessarily apply US laws to our country context, infringing up health sovereignty and country autonomy and local legal structures. ▪ [Country Name] should seek legal counsel to determine how best to proceed in a case where the PHFFA Rules apply. Legal counsel should review all language before signature and finalization. Despite the far-reaching implications of PHFFA, there are several allowable pathways through for countries to continue to deliver critical health services like abortion, or ensure that DEI programming and gender equity initiatives remain critical elements of health programming. ▪ [Country Name] should uphold national law over the application of US law. Provide specific examples of national laws supporting abortion, DEI, or gender equity. TIPS: ▪ Visit the Preclusion Project for added support in navigating PHFFA. ▪ Triangulate what you are hearing – with local advocates, advocates and civil society in other countries implementing the MOUs, or via regional and global fora. There is rampant misinformation about PHFFA, resulting in significant pre-compliance (beginning compliance before it is legally required) as well as over-compliance (further restricting abortion, DEI programs, or gender equity beyond what is legally required). When in doubt, seek legal counsel to confirm your understanding. ▪ Remind governments of their own commitments to the public, including via local laws or legal frameworks. US law does not supersede local law.

#	✓	ADVOCACY OPPORTUNITIES	THE POWER OF THE OPPORTUNITY	KEY MESSAGES & RELEVANT RESOURCES
4	☐	**Continue to remind government of existing commitments to SRHR, and a need to continue services as the country implements the MOU framework.**	Consistent with opportunities outlined elsewhere in this framework, advocates should push government to think critically about the provision of SRHR services within the context of delivering the agreed upon programming of the MOUs. Throughout implementation planning, advocates should remind government both of (1) a need to proactively plan for SRHR procurement and commodity financing, supply chain management, and service delivery alongside MOU implementation; and (2) the criticality of SRHR to ensuring that other elements of the MOU are successful. Importantly, the MOUs reference using a US-supported pooled procurement platform for health commodities in the MOU. This is currently assumed to be Global Fund's wambo.org. SRHR commodities are not included within WAMBO's scope, which means that governments will need to proactively plan for SRHR commodity procurement and supply chain management. There is misinformation circulating about how SRHR commodities can leverage other supply chain functions in country if they are receiving MOU funding (e.g. for warehousing, distribution, or data systems). Government should liaise with legal counsel to ensure that countries can avoid duplicate supply chains. Build on the foundation outlined in the 'Cross-Cutting Foundation,' using the design phase to reaffirm existing commitments and ensure that the MOUs will not change government support for SRHR.	Advocates and civil society should proactively engage with government to ensure that there is a plan for SRHR commodity procurement, since this will need to happen outside of the MOU-supported system. Advocates, civil society, and implementing partners should organize to ensure that government has the needed technical assistance to continue procurement and service delivery outside of the MOU funding environment. Explore third 'Advocacy Opportunity' outlined under the Cross-Cutting Foundation for further detail on proposed messaging and relevant resources for holding government accountable to commitments.
5	☐	**Call for transparency into the Implementation Plan Text.**	Build on the foundation outlined in the 'Cross-Cutting Foundation,' and during the 'Preparation & Negotiation Phase,' using the 'Design Phase' to leverage media partnerships or other opportunities to call for public visibility into the full Implementation Plan Text alongside other contractual documents or decisions made on governance structures.	Explore second 'Advocacy Opportunity' outlined under the Cross-Cutting Foundation for further detail on proposed messaging and relevant resources.

Advocacy Framework

The Monitoring and Accountability Phase

WHY THIS PHASE IS CRITICAL

In this section of the framework, we explore opportunities for advocacy once implementation has begun—during what we call the 'Monitoring and Accountability Phase.' During this phase, the role of advocates shifts to monitoring outcomes and impact on SRHR, continued emphasis on accountability, and supporting technical assistance to ensure the continuation of critical SRHR services.

The MOUs do reference the opportunity to reassess milestones—both for DRM and for health outcomes—year over year. Advocates should use this opportunity to push for accountability, and where relevant, modifications to the implementation plan. This will also be an important opportunity for monitoring the impact that the MOUs have on the provision of SRHR services. Notably, no country that signed the MOUs is at this stage yet.

#	✓	ADVOCACY OPPORTUNITIES	THE POWER OF THE OPPORTUNITY	KEY MESSAGES & RELEVANT RESOURCES
1	☐	**Proactively develop a monitoring and accountability plan to hold governments accountable to SRHR outcomes.**	This will be particularly important for two reasons: (1) this will support generating evidence that you can use to reinforce existing government commitments or calls for more SRHR funding or support; and (2) will help demonstrate any impact that the MOUs have on SRHR access, both locally and through regional and global aggregation. It will also give you leverage for encouraging government to renegotiate the terms of the MOUs as they are implemented. Beyond SRHR, you should include monitoring against the co-funding requirements, since they have a strong likelihood of impacting SRHR funding/outcomes. If you are able, monitoring performance against the other health area outcomes is also valuable to use in continued advocacy with government.	This can be done either independently or with a consortium of advocacy partners, rather than as a direct advocacy message to government. TIP: For SRHR access or health outcomes, align on a measurable set of indicators – ideally, this would span access indicators, health outcomes indicators, and funding/budget indicators. Choose something you can measure and see tangible impact against year over year.
2	☐	**Liaise with government to advocate for changes to the implementation plan, based on the results of the monitoring/accountability.**	These two governance bodies will be tasked with overseeing the implementation of the MOUs, including representation from the USG and country government. While these bodies are unlikely to be able to advocate for SRHR inclusion, it will be important to have government officials who remain committed to SRHR in these leadership roles. This will ensure that they can continue to internally advocate for SRHR beyond the MOU context, while also avoiding any over-implementation or pre-compliance with restrictive policies.	As you begin to see results against the monitoring and accountability plan, elevate concerns to government, paired with advocacy messages for overcoming them. This can be used both to (1) call on government to fill gaps that are emerging; and (2) in negotiations with the USG to revisit implementation plan terms. For DRM-related performance: If you see that government is falling behind on its co-funding targets, escalate the evidence to government. Missing co-funding obligations risks reductions in USG funding, which further stretches fiscal space and could impact how the government is able (or unable) to spend on SRHR. Support government in documenting evidence of efforts made to improve DRM to leverage in re-negotiation. For health outcomes targets: Support government in identifying the bottleneck. Are funds insufficient? Are the programs not effective? Work jointly to identify issues and elevate them for renegotiation to avoid losing funding.

#	✓	ADVOCACY OPPORTUNITIES	THE POWER OF THE OPPORTUNITY	KEY MESSAGES & RELEVANT RESOURCES
3	☐	**Identify recipients of the 'Annual Program Statement' or APS opportunities that the US State Department is issuing alongside the MOUs.**	There are several grants that the USG is issuing to support gaps in the MOUs. While SRHR is not one of the gaps, there are civil society partners receiving these awards, most often faith-based organizations. Coordinate with them to see how they might support referrals for FP or SRHR services, ensuring continuity of care and access to continued services.	SRHR services are critical to the effective delivery of your health program and [Country Name] health outcomes. We have a network of advocacy and civil society partners who are keen to partner to ensure referrals for SRHR services, which we know are beyond the scope of your project. Can we partner to establish referrals? You could also explore opportunities to partner with these organizations as a sub or consortium—just note that if they are receiving USG funds, they will flow down the PHFFA Rules to you. This would place restrictions on what you can do related to the promotion or provision of abortion, DEI, or gender ideology.
4	☐	**Partner with the government to ensure continued delivery of SRHR services—leveraging existing commitments to reinforce the need for continued support.**	While the government will not be receiving funding for SRHR within the USG MOUs, services cannot stop. Reinforce commitments that the government has made (leveraging work from previous phases) to make the case for investment in local civil society organizations to continue SRHR service delivery.	Leverage the key messages/resources from the 'Cross-Cutting Foundation' advocacy opportunities #3 and #4 to make the case. TIP: To make the case for partnership with you, your organization, or a consortium of partners, point to prior work that you have done on service delivery. Include testimonials from other service providers, NGOs/CSOs, or health systems partners in country.
5	☐	**Call for transparency into performance on the MOU.**	Build on the foundation outlined in the 'Cross-Cutting Foundation' and subsequent phases, using the 'Monitoring & Accountability Phase' to leverage media partnerships or other opportunities to call for public visibility into performance of the DRM and health outcomes targets.	Explore the second 'Advocacy Opportunity' outlined under the Cross-Cutting Foundation for further detail on proposed messaging and relevant resources.

What comes next: Additional Resources

So what comes next? We hope this resource equips you with an adaptable advocacy approach that you can use to ensure continued access to SRHR within the context of the USG MOUs in your specific country context.

We will continue to update these resources as we learn more, particularly around the co-funding requirements, implementation plans, and active implementation. In the meantime, we invite you to:

- **Explore the additional resources in our suite of advocacy materials.** Dive deeper into the details and key terminology in the 'Intro to the USG MOUs,' explore relevant Case Studies, and use the Communications Briefers to orient civil society partners, media, and government to the MOUs and how they can take action.
- **Share your feedback and learnings with us.** A key part of ensuring that we can collectively safeguard SRHR within the context of this changing landscape means triangulating information where we can. RHSC hosts a Policy & Financing Advisory Group that convenes on these topics regularly. We'd love to have you join us.
- **Continue to advocate for SRHR, to build strategic partnerships, and to take collective action.** We know that together we will go farther and we remain committed to collective partnership and joint advocacy in the path ahead.

Endnotes

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2. UNFPA. “Countries step up with landmark financing commitments for family planning and reproductive health.” 5 November 2025. Accessed via https://www.unfpa.org/press/countries-step-landmark-financing-commitments-family-planning-and-reproductive-health.

3. Ahmed S, Ali M, Shah I et al. Effect of maternity care improvement, fertility decline, and contraceptive use on global maternal mortality reduction between 2000 and 2023: results from a decomposition analysis. The Lancet Global Health, 2025; 14, e33-e48. Accessed via https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00409-7/fulltext.

4. Kaiser Family Foundation. “KFF Tracker: America First MOU Bilateral Global Health Agreements.” 8 October 2026. Accessed via https://www.kff.org/global-health-policy/kff-tracker-america-first-mou-bilateral-global-health-agreements/.

For more information or any questions, please contact the RHSC Secretariat at secretariat@rhsupplies.org.

Reproductive Health Supplies Coalition

www.rhsupplies.org