BRIEF

A Communications Briefer for Civil Society

Updated: 16 November 2026



Reproductive Health Supplies Coalition

This communications briefer is for **civil society partners**, and is one of three in our suite of resources (with two others for media and for government). The purpose of this briefer is to provide a high-level overview of the USG MOUs and what they mean for sexual and reproductive health and rights (SRHR). It equips CSOs with opportunities for advocacy alongside relevant key messages for action.

For additional information, partners are encouraged to explore the other resources we have created to support advocates working to safeguard SRHR within the context of the USG MOUs. The full set of resources can be found here. In particular, the Intro to the USG MOUs provides much more detail on relevant terminology and background and the Advocacy Framework takes a deeper dive into the advocacy opportunities that this briefer highlights.

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
- Communications Briefers (this document)

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) launched the America First Global Health Strategy which is transforming the way the US engages in foreign assistance for global health. Within the Strategy, a key pillar to foreign assistance is direct government to government (G2G) agreements, rather than historical funding arrangements through specialized agencies such as USAID, CDC, and other implementing partners.

As of October 2026, 36 countries[1] have signed memoranda of understanding (MOUs) with the US government. The MOUs are only the start of the process of G2G engagement, which is followed by the development of implementation plans, relevant governance structures, and contractual agreements that will govern implementation. Unlike the former approach of the USG, the MOUs condition the disbursement of foreign health assistance to the government's capacity to mobilize domestic resources and invest those resources as co-funding in the areas prioritized in the MOU. USG funds are also conditioned on the country meeting ambitious targets and health indicators.[2]

Why should you care?

Family planning (FP) and sexual and reproductive health (SRHR) are not covered by the MOUs. At minimum, this means that no USG funding will go towards FP/SRHR. And, depending on how the co-funding agreements are structured, there is concern that governments may shift domestic resources away from FP/SRHR to meet MOU co-funding requirements. There is further concern that the application of the Promoting Human Flourishing in Foreign Assistance Rules (PHFFA) could hinder SRHR program implementation.

Concerns

While the MOUs mean a USG investment in global health will return, there are several issues of:

- Negotiations of MOUs and implementing plans have not been transparent. Many documents haven't been made public.
- Advocates have raised concerns about conditions that countries would need to meet to receive funding that are directly related to USG economic interests.
- There are risks to data ownership and health sovereignty. Countries may sign data- and specimen-sharing agreements lasting 25 years.
- Many advocates and country officials have highlighted that the domestic resource mobilization (DRM) targets and health performance expectations are unrealistic.
- Across countries that have signed MOUs, funding is reduced by approximately 34%, representing around US$8.1 billion less than previous funding levels.[3]
- Uncertainty regarding the application of the PHFFA, which could restrict activities related to SRHR even when financed through non-US sources.[4]

Opportunity to influence

In this section you will find the actions that you can take as a CSO, organized by the stage your country is in with regard to MOU negotiation, signature, and implementation. These opportunities are followed by a set of key messages that you can use for advocacy. It is important to note that some of the actions suggested for a specific stage of the process can be maintained and/or applied to other stages.[5]

PRE-MOU SIGNATURE

The Preparation & Negotiation Phase

- Leverage media to call for accountability and transparency of the negotiation process, including conditions on the MOUs, the funding obligations from the USG, the required co-funding, data management and protection, the areas of health included, etc.
- Look for partners in the legislative or judiciary branch or via legal counsel to activate checks and balances and sure compliance with country-level legal processes.
- Seek organizations, communities, professional associations, and other key stakeholders that advocate for and work in sexual and reproductive health, maternal and child health, human rights, gender issues, LGBTIQ+ rights and health, etc., to form a united front and establish alliances. Tap into existing networks where available.
- Identify negotiators on your country's side and approach them with information and data that support the need to at least include MNCH into the MOUs.

Key messages for this phase:

- MOUs and related documents should be made public by the government.
- CSOs and other national stakeholders should be involved in negotiations and should be consulted in the identification of critical gaps and priority-setting.
- Governments should seek legal counsel to understand the legal implications of the MOUs.

The Design Phase

- Advocate for participation of CSOs and other key stakeholders of different health areas in implementation planning bodies.
- Request publication of the complete Implementation Plan of your country, including details such as programmatic and co-funding targets. Use transparency/accountability legislation in place in the country to support your request. Sound the alarm with donors, media, and partners if the publication is denied or if your organization anticipates gaps in FP/SRHR.
- Hold your government accountable in maintaining its commitments to FP/SRHR, regardless of its inclusion in the MOU. Ask for specific information on how the government is planning to sustain FP/SRHR programs, services, and supplies that ensure access (technical capacity, institutional scopes/approaches, budgets, staffing, etc.)
- Identify government institutions and high-level staff charged with the implementation and accountability towards the USG MOUs and approach them to ask for information and offer support where appropriate.
- If the US has applied the Human Flourishing Rules, advocate to apply for waivers. Support the government to find ways to ensure continued access to SRHR/FP.

Key messages for this phase:

- Governments should ensure they fulfill their obligations to provide comprehensive health care to their population, which includes FP and SRHR, regardless of whether they have signed an MOU with the USG.
- Governments should ensure that meeting the co-funding targets set by the MOU signed does not result in defunding of FP/SRHR programs. If SRH and/or MNCH are not included in the MOU, the government should prioritize these areas of healthcare for plans/initiatives with other donors.
- Even though SRHR is not funded in the MOUs, it remains critical to achieving the MOU objectives. Investment in SRHR not only results in a return on investment that can be re-invested in other health areas, contributing to DRM, it also helps achieve health outcomes across the other health areas.

The Monitoring & Accountability Phase

- Monitor impact on FP/SRHR by tracking key SRHR indicators and sharing the findings first with governments and then with different stakeholders, including local and international media, donors, other CSOs, UN agencies, etc.
- Monitor the performance of the government regarding the co-funding required by the MOU and the meeting of targets.
- Encourage and support governments in renegotiating the terms of the MOU when needed, especially if co-funding targets are not met, including changing the Implementation Plan or agreed upon milestones.
- Support the government to maintain FP/SRHR and programs, depending on the existing gaps.
- If USG has awarded funding to faith partners, engage with them and offer support so that the work on FP/SRHR of the past is maintained and even strengthened; and prevent the loss of these services.
- Maintain and strengthen national coalitions throughout implementation to ensure coordinated advocacy and accountability efforts.

Key messages:

- Governments should make available information on their progress and challenges on the MOU's Implementation Plan and seek advice from different actors in society.
- CSOs are monitoring the government's commitments to FP/SRHR and are ready to support it when needed.

Endnotes

1. To see the full list of countries that have signed an MOU, and relevant details on their MOU, check out Kaiser Family Foundation's Tracker: https://www.kff.org/global-health-policy/kff-tracker-america-first-mou-bilateral-global-health-agreements/.

2. If you need further information on what are the MOUs and what they entail, please refer to our document "Intro to the USG MOUs: Understanding the USG MOUs for Global Health and What they Mean for SRHR" here.

3. Kaiser Family Foundation. "KFF Tracker: America First MOU Bilateral Global Health Agreements." 6 October 2026. Accessed via https://www.kff.org/global-health-policy/kff-tracker-america-first-mou-bilateral-global-health-agreements/.

4. A set of three 'interim final rules' established by the USG that apply to all non-military US foreign assistance, including public health. The rules place limitations on what recipients of US foreign assistance (including foreign governments) can do – both with US funds and with funds they might receive from other funders/sources. For more information see page 5 of the document "Intro to the USG MOUs" here.

5. For support in identifying the stage that makes the most sense for you, or to explore additional detail on advocacy opportunities, key messages, and resources, check-out our "Advocacy Framework" here.

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

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