BRIEF

A Communications Briefer for Government Officials

Updated: 16 November 2026



Reproductive Health Supplies Coalition

This communications briefer is for **Ministry of Health officials, technical advisors, program managers, family planning focal points, reproductive health coordinators, and other government personnel engaged in health policy, planning, financing, or implementation**. This briefer is one of three in our suite of resources (with two others for civil society partners and for media). 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 government officials with key information and practical considerations to help safeguard FP/SRHR within the context of MOU negotiation, design, and implementation.

For additional information, government officials 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 at 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 programs. And, depending on how the co-funding agreements are structured, there is concern that FP/SRHR could be deprioritized to meet MOU co-funding requirements. There is further concern that—if applied—the Promoting Human Flourishing in Foreign Assistance Rules (PHFFA) could hinder SRHR program implementation.

Progress on FP and SRHR contributes to broader maternal health, child health, health-system, and development goals. Failure to sustain these programs could undermine achievements your country has already made—and could threaten the success of other activities outlined within the MOU. While about 60% of the signed MOUs include maternal, newborn, and child health (MNCH), it has typically only been added when countries have negotiated for its inclusion. Regardless of MOU signature, governments can—and must—take parallel measures to ensure FP/SRHR programs, services and supplies are sustained and protected to ensure access for their people.

Concerns

While the MOUs represent a return of USG investment in health, and may create opportunities to strengthen access to health care, several concerns have emerged from MOU negotiations and implementation processes to date:

- Negotiations of MOUs and implementation plans have not been transparent. Many of the MOU documents haven't been made public even after signature.

- Advocates have raised concerns about conditions that countries would need to comply with to receive funding, particularly related to the data sharing, co-funding requirements, and health outcomes targets:
    - There are concerns about potential 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.
- For most countries, the MOUs mark a reduction in funding compared to what the USG contributed historically. Across countries that have signed MOUs, funding is reduced by approximately 34% or US$8.1 billion less than previous funding levels over the same timeframe.[3]
- The MOUs do not include FP/SRHR and only 60% include MNCH.
- Uncertainty regarding the application of the PHFFA Rules, which—if applied—could restrict activities related to abortion or DEI and gender programming, even when financed through non-US sources. [4]

Opportunity to act as a government official

Governments should be in the driver's seat in MOU negotiation, signature, and implementation. Previous MOU processes in other countries have taught us that there is room for governments to negotiate, safeguarding national interest and public well-being. Governments should and ensure that the country is positioned to deliver on outlined programmatic targets required to receive much-needed funding.

While many of the initial MOU negotiations took place in a matter of days, the MOU with Zambia was signed after 10 months of negotiations, where Zambia officials involved CSOs and other key stakeholders to ensure the agreement terms did not contravene national interest. Whether or not you are directly involved in MOU negotiation, implementation planning or implementation, there are several actions you can take to help safeguard FP/SRHR priorities.

PRE-MOU SIGNATURE

The Preparation & Negotiation Phase

- Find out if your country is going to or has started negotiations of a health cooperation MOU with the USG. Don't limit your search to your institution or to the Ministry of Health (MOH), try to expand your search to the Ministry of Foreign Affairs, the Presidential Cabinet, Foreign-Aid-related institutions, etc.
- Identify how much money your country was receiving from the USG previously – across all health areas and programs (e.g., USAID, CDC, etc.). This will help you negotiate the total MOU amount.
- If your country has started negotiations, identify officials who are involved in the negotiations and use government channels to inquire what health areas will be covered. While it is highly unlikely that FP/SRHR would be covered by the MOU, there has been success in covering MNCH.
- Prepare a strong technical case supported by data, to make the case for the inclusion of MNCH.
- Negotiate to ensure that DRM is being measured as total contribution to health—and not just to the agreed upon health areas. This will help ensure that your country maintains autonomy in the management of its health budget, and will help ensure that all government expenditures for health, including for FP/SRHR, count towards your co-funding obligation.
- Advocate to cover as many of the health areas as possible. This will help maximize USG investment in health in your country. And, depending on how the final co-funding terms are structured, will help ensure that DRM across a wider set of health areas will contribute to co-funding requirements.

- Make the case for continued investment in FP/SRHR internally. While these health areas are not covered in the MOU, they will be critical to achieving the outlined health outcomes and upholding existing commitments to SRHR that your government has made. Act as an advocate for SRHR/FP and emphasize why it is important to keep prioritizing it, with or without USG funding.
- Emphasize the opportunity to continue to leverage technical and financial support via relationships with UNFPA, GFF, and other bilateral donors. Make the case for continued FP/SRHR investment. If you have access to MOU text or negotiators, learn about the agreements on data and specimen sharing, and draw attention to examples from other countries where this has raised concerns. Encourage negotiators to include clauses that safeguard data ownership and the privacy of the people.
- If you have access to the MOU text, read it critically with your country's best interest in mind. Look for potential clauses that oblige your country to provide access to mining or mineral rights, or other conditions that could risk your autonomy.
- If you learn that negotiation is limited to only certain officials, ask for the inclusion of officials from different sectors of the government, such as health, gender, finance, sustainable development, etc., and--when possible--ask for the inclusion of CSOs, public health experts, and other key stakeholders.
- Assess FP/SRHR procurement needs, identify critical indicators, and establish monitoring mechanisms to have a documented baseline on the current statues of FP/SRHR (or pre-USAID retreat) and be able to monitor its evolution going forward.

Key messages for this phase:

- Comprehensive health systems require attention to all major health priorities.
- DRM commitments should be realistic and sustainable and should not come at the expense of other essential health areas not included in the MOU. To maintain health sovereignty and country autonomy, all DRM for health should count towards obligated co-funding requirements.
- The government should continue its FP/SRHR commitments outside of the MOU framework both because (1) FP/SRHR is critical to ensuring success across the MOU; and (2) investment in FP/SRHR yields a high return on investment that can be re-invested in other health areas.

The Design Phase

- If you know that your government has already signed an MOU, it is very likely that it is currently negotiating the Implementation Plan. Find out what officials are involved in the development of the implementation and try to get involved. Identify who will be involved in the Transition Management Unit and Joint Health Cooperation Steering Committee and make the case for the inclusion of government representatives who will support continued commitments to FP/SRHR.
- If you are involved in the Implementation Plan development phase, ensure that the DRM and programmatic targets that your country is being asked to achieve are realistic. Keep in mind that it is in your country's interest to set your government up for success.
- If you learn that the Implementation Plan design is limited to a small number of government officials, especially if you see that they might not have all the information necessary to envision implementation in different health areas, ask for the inclusion of diverse government sectors and institutions that have different but complementary information that help decision-makers better understand implementation implications across health sectors.
- Advocate for participation of different stakeholders in this phase. Engaging professional associations, technical experts, CSOs, and affected communities can improve implementation planning by identifying risks and practical solutions early.
- Determine whether the USG will apply the PHFFA Rules. If yes, encourage senior officials to explore available waiver options and seek legal counsel to ensure that your country knows that national law supersedes the application of USG law. If no, continue to ensure that the government knows that compliance with PHFFA is not required simply due to the MOU signature. The terms must be explicitly applied by the USG to require compliance.
- Whenever possible, initiate discussion on how to sustain other health areas not included in the Implementation Plan, such as FP/SRHR, taking into account the programmatic and DRM targets the MOH will have to meet. Present your documented baseline and agree on key SRHR indicators and other health-sector indicators that will be used to monitor impact on FP/SRHR access.
- Identify FP/SRHR supply procurement needs that fall outside MOU-supported priorities and develop mitigation plans early.

Key messages for this phase:

- Implementation Plans should support sustainable and realistic health objectives.
- Early planning can help prevent unintended funding or service gaps.
- Transparency and stakeholder engagement can strengthen implementation.

The Monitoring & Accountability Phase

- Monitor and/or contribute to monitoring efforts of the impact of MOU implementation on FP/SRHR by tracking key SRHR indicators. You can monitor FP/SRH supply stock-outs, FP/SRHR program budget execution and effective service delivery.
- Periodically assess whether implementation is affecting access to FP/SRHR services and supplies.
- Share implementation lessons and emerging challenges with senior decision-makers, especially officials who are leading implementation. Do not focus on the challenges or setbacks, include positive outcomes too, to provide a balanced perspective.
- If MOU conditions are detrimental for your government's mission to provide universal healthcare to all the people, DRM targets are too ambitious, and programmatic targets are unrealistic based on your experience, raise this concern and suggest a renegotiation of the MOU.
- If your government decides to start a renegotiation process, support officials in charge by providing the information necessary for them to make a strong case and try to get involved in developing the proposed changes.
- Do not give up on FP/SRHR. In the position you are in, continue to promote FP/SRHR within your sphere of influence. Maintain the issue on the agenda for discussions. Consider alternative measures to keep sustaining programs, supplies and services, such as integrating FP/SRHR into national health plans, engage external partners that could help support these programs (such as UNFPA, GFF, etc.), and identify alternative donors that can help finance FP/SRHR funding gaps.

Key messages:

- Governments remain responsible for providing comprehensive health care, inclusive of FP/SRHR, regardless of MOU priorities. Most governments have made commitments to their people as well as other donors/ partners (UNFPA, GFF, bilateral funders) to continue to mobilize resources for FP/ SRHR, and the USG MOUs do not negate these commitments.
- Governments can seek adjustments to implementation arrangements when evidence suggests that targets, financing commitments, or programmatic requirements are creating unintended challenges.

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.

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

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