BRIEF

A Communications Briefer for Media

Updated: 16 November 2026



Reproductive Health Supplies Coalition

This communications briefer is for **media**, and is one of three in our suite of resources (with two others for civil society partners 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 journalists and media professionals with the key information that can help them identify and develop stories on this issue.

For additional information, media outlets 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?

The media has a critical role in informing the public about decisions that affect public health, including financing, service delivery, data governance, and government accountability.

Signing an MOU could have an impact on how health budgets are allocated in your country; which health areas are prioritized in terms of financing and technical capacity; whether governments can meet ambitious DRM commitments and how they plan to finance them; how health data is managed and shared; and whether sexual and reproductive health and rights (SRHR) and/or family planning (FP) continues to receive adequate support.

These issues are of public interest because they affect the lives and well-being of your country's people, but also their possibilities to exercise their rights, including access to healthcare. To date, the MOU processes have not been transparent. Most MOUs have been signed in relatively short windows, without transparency on what is included, and in many cases without the full-text MOUs posted for all countries.

Concerns

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

- 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, for example: data sharing agreements, ambitious co-funding requirements, and in some cases, references to mining or mineral rights. .
- There are risks to data ownership and health

sovereignty. Countries may sign data- and specimen-sharing agreements lasting 25 years, without clarity on how data will be secured.

- 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%, or US$8.1 billion less than previous funding levels over the same timeframe.[3]
- The MOUs do not include SRHR/FP and so far, only 60% of the MOUs include maternal, newborn, and child health (MNCH).
- Uncertainty regarding the application of the Promoting of Human Flourishing in Foreign Assistance (PHFFA) Rules to the final agreements, which could restrict activities related to abortion or DEI and gender-related programming, even when financed through non-US sources. [4]

Key questions to ask

In this section, you will find some questions you can ask decision-makers in your country to obtain key information for a news article, feature story, or investigative piece depending on the stage your country is in with regards to MOU negotiation, signature, or implementation. This is by no means an exhaustive list of questions to ask. Journalists and media professionals are encouraged to develop more questions according to their interests or priorities.

PRE-MOU SIGNATURE

The Preparation & Negotiation Phase

- What are the health priorities set out in the MOU? Is MNCH included?
- If MNCH is included, is funding for services and supplies included? What other aspects are financed/covered?
- What DRM commitments is the national government expected to make, and over what period of time? Will these commitments be measured as top-line DRM for health, or will the government be required to demonstrate specific percentages or amounts per health area?
- What are the USG conditions for providing foreign health assistance within the MOU? Are they requesting the government to provide advantageous deals (e.g., mining or mineral rights or data-sharing) related to USG's economic interests in the country?
- How is the government involving key stakeholders, neutral parties, and experts in the negotiation process?

PRE-IMPLEMENTATION

The Design Phase

- Are CSOs and other key stakeholders involved in the development of the Implementation Plan? Are experts being consulted, and in what capacity?
- What are the DRM targets and how is the government planning to mobilize that amount of money? How will the government ensure transparency on how it is using its resources for this process?
- What are the specific health targets established in the MOU? What evidence supports the government's ability to achieve them? What are the consequences if targets are not met?
- What information has the government agreed to share with the USG? What safeguards are in place to protect privacy, data ownership, and the future use of data?

The Monitoring & Accountability Phase

- How is the government going to ensure that regardless of the MOU, it meets its commitments to FP/SRHR?
- How is the government ensuring the sustainability of initiatives undertaken under the MOU? How will the government ensure that the country is increasingly responsible for providing universal and comprehensive health care to our people?
- Are there signs that funding, staffing, commodities, or political attention are being shifted away from FP/SRHR programs, services, and commodities to meet MOU commitments?

Potential Story Angles

In this section you will find suggestions that could help you think of stories to further develop in a set of publications.

Follow the Money: develop stories on the funding that is expected to come for health compared to previous USG funding, how it will be disbursed, what institution will be in charge of accountability towards the public and the USG, etc.

What Happens to FP/SRHR: develop stories on the continuation of FP/SRHR services, and the right of women and other affected populations to a comprehensive health care and access to life-saving commodities and services. Focus on how FP/SRHR investment is required not only out of commitment to the public (and other bilateral or multilateral commitments the government has made), but also, how FP/SRHR investment will be critical to achieving the health outcomes outlined in the MOU.

Can the Government Meet DRM Targets: further develop whether the DRM targets are realistic, why or why not, and what the country would lose if it didn't achieve them (e.g., reduction in USG funding within the MOU). Question how DRM is being defined. For example, is it a topline allocation of domestic resources to health, or targets for each health area? Does match funding or grant money count? What about private sector contributions?

Health Data and Sovereignty: develop stories that explore potential data-sharing commitments. Find legal frameworks that currently protect medical data and ask governments to explain the safeguards that are in place.

Who Is at the Table: develop stories that cover transparency issues surrounding the MOU negotiation and implementation, including who is involved in these processes and how. Identify which stakeholders participated or should participate, such as CSOs, public representatives from other government branches, and experts on public health issues.

Media examples on addressing the MOU issue

So far, the media has been instrumental in shedding light and drawing public attention to MOU negotiation processes, and interrogating the conditions being agreed to. There are several examples, but particularly in the cases of Zambia[5] and Kenya, where major concerns on data-sharing and mining rights were exposed, media scrutiny encouraged governments to consider different approaches to negotiations.

Local and international media can work in tandem to show the concerns surrounding MOU negotiation, signature, and implementation for different but complementary perspectives.

Coverage of MOU negotiations in several countries which have been going through the negotiation and signature process (no country has started implementation yet) has focused on themes such as transparency, financing commitments, data governance and sovereignty. The examples included in this briefer illustrate some of the angles that different kinds of media outlets (global, regional, local) have developed:

- "Africa is Stuck Between Global Pathogen-Sharing Talks and Conflicting US Bilateral Agreements." - by Health Policy Watch
- "17 nations signed the US health deal — here's why some Kenyans and Zimbabwe refused." – by DW
- "Some African governments are refusing Trump's 'America First' health deals. Here's why." – by The Africa Report
- "Zambia says US health deal must be uncoupled from minerals access." – by Reuters
- "How Zambia Forced Trump Administration to Back Down in US Health Deal Talks." – by Firstpost Africa
- "US accused of 'shameless exploitation' over proposed Zambian health aid deal." – by the Guardian
- "Health data access for funding? Questions as Kenya seeks 'lopsided' deal with US" – by the Daily Nation

Red Flags to Look Out For:

- The MOU and other documents are not publicly available
- The Implementation Plan details are not disclosed
- Unrealistic or narrowly defined DRM commitments
- Absence of FP/SRHR (this is common, but still a red flag!)
- Unclear data-sharing provisions and data safety measures
- Lack of independent oversight
- Conditions that undermine a country's health sovereignty, autonomy, or decision-making

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. To learn more about Zambia's MOU negotiation process and the efforts of civil society to effectively participate, read out document "Civil Society Advocacy in Zambia's MOU Negotiation Process" here.

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

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