REPORT

Intro to the USG MOUs

Understanding the USG MOUs for Global Health & What They Mean for SRHR

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Reproductive Health Supplies Coalition

Key Takeaways

- USG MOUs will shift the architecture for US foreign assistance and global health funding. Understanding the MOUs and what they mean (and don't) for SRHR is critical to ensuring that SRHR is safeguarded within this new framework.
- The MOUs do not include any funding for FP or SRHR and could further restrict funding for FP and SRHR. In most contexts, they also include less funding than prior USG funding agreements for global health.
- Advocates will play a critical role in supporting governments in navigating the MOUs and USG policy landscape.

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 (this document)
- Case Studies
- An Advocacy Framework: Opportunities for Influence and Key Messages
- 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 a new strategy for its global health assistance: the America First Global Health Strategy. This strategy transforms the way that the US engages in foreign assistance for global health, moving towards a direct government to government (G2G) approach as opposed to programming through USAID or a range of implementing partners. While G2G agreements for health and economic development are not new, they mark a new way of US engagement in the global health space.

As of October 2026, 36 countries have signed memoranda of understanding (MOUs) with the USG since the launch of the America First Global Health Strategy, beginning the process of G2G engagement within this new context. While the MOUs create an opportunity to return US funding to the global health sector, the processes surrounding their negotiation have not been transparent, and many stakeholders and members have voiced concern about their implications for global sexual and reproductive health (SRHR), health sovereignty, and country autonomy – particularly with regards to local policies and health data –as well as the conditions that countries would need to comply with to receive funding.

PURPOSE

This document is meant to serve as a resource in navigating the new bilateral health agreements, or MOUs, that the USG is signing with a range of low-and middle-income countries (LMICs). We have included a range of different sections to help you navigate key terminology, understand the 'what' and the 'how' of the MOUs, and consider the ways in which the MOUs might impact SRHR in different country contexts. This resource is the first within a suite of resources that will support alignment on advocacy, opportunities for action, and messaging for how we can come together to safeguard SRHR in this changing landscape.

This document serves as a starting point for navigating the MOUs if they are new to you! You are welcome to share this suite of resources with trusted SRHR allies.

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1 Getting the Fundamentals Right

Bilateral agreements

Agreements signed by two sovereign States. These agreements are legally binding contracts whereby the two parties commit to mutual obligations, benefit, and/or actions. They are intended to be tailored to both parties and reflect specific priorities and conditions for the two governments involved. You might hear bilateral agreements, government to government (or G2G) agreements, and memoranda of understanding (or MOUs), and compacts being used interchangeably. At this stage, the most accurate framing is MOUs, which will later include more formal agreements. Check out the FAQ for more detail.

Domestic Resource Mobilization (DRM)

When countries generate, manage, and use their own financial resources, in this case, to sustain a public healthcare system that guarantees the right to health of their populations, reducing dependence on foreign assistance or loans.

America First Global Health Strategy

In September 2025, after the process of dissolving the United States Agency for International Development (USAID) that managed most of the USG public health foreign aid budget through implementing partners, the current US administration launched this Strategy to outline the new way in which the USG will provide foreign aid in health.

A major change in this strategy is the introduction of bilateral government to government (G2G) agreements and the framing of foreign aid as a way to pursue the USG's political and economic interests abroad.

The Strategy's primary purpose is to protect the American public from disease and infection, and includes goals to address issues such as malaria, polio, tuberculosis, HIV/AIDS, and global health surveillance. The Strategy itself does not include any mention of maternal health, family planning (FP), or sexual and reproductive health and rights (SRHR) more broadly.

While the MOUs create an opportunity to return USG funding to the global health sector, the processes surrounding their negotiation have not been transparent.

Promoting Human Flourishing in Foreign Assistance (PHFFA) Rules

The "Promoting Human Flourishing Rules in Foreign Assistance" (or PHFFA for short), are 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 can do – both with USG funds and with funds they might receive from other funders/sources. The rules all apply to US-based non-governmental organizations (NGOs), foreign NGOs, foreign governments and parastatals, and international organizations – though the application and terms are different for each type of organization.

These three rules are:

1. **Protecting Life in Foreign Assistance:** This rule expands a previous rule – Protecting Life in Global Health Assistance (PLGHA) – which was commonly referred to as the Global Gag Rule or Mexico City Policy. It limits what organizations that receive US foreign assistance funds can do related to the advocacy or provision of abortion.*
2. **Combating Gender Ideology in Foreign Assistance:** This rule limits what recipients of US foreign assistance funds can do related to 'gender ideology', including to the promotion of 'gender ideology' or the provision of services related to 'gender ideology.'**
3. **Combating Discriminatory Equity Ideology in Foreign Assistance:** This rule limits what organizations that receive USG foreign assistance funds can do related to diversity, equity, and inclusion programming.***

Annual Program Statement (APS)

In addition to the MOUs, where funds are intended to flow from the US State Department (eventually) to country governments, you will hear about different 'Annual Program Statement' or APS opportunities. These opportunities, posted online at simpler.grants.gov/opportunity create a supplemental opportunity for funding to different countries, typically through the engagement of NGOs or other implementing partners. The State Department describes the APS as "a supplemental framework through which the Department of State may identify and support projects that complement, extend, and/or fill identified gaps in the implementation of these bilateral MOUs." Essentially, they create additional opportunities for resources to be obligated towards the agreed upon health areas included within the MOUs.

* The language included in the rule itself refers to the promotion or provision of abortion as a method of family planning.

** The language in the rule itself refers to the promotion of gender ideology and the provision of "sex-rejecting procedures."

*** The language in the rule itself refers to "discriminatory equity ideology."

2 Now Let's Go Through the Basics

50
COUNTRIES

The USG is expected to sign at least 50 of these MOUs.

What are we talking about when we say MOUs?

The government to government or G2G bilateral health agreements are the cornerstone approach to the America First Global Health Strategy, published in September in 2025. While G2G agreements themselves are not new, this approach to global health assistance largely shifts the way that the US provided aid historically, often through USAID, PEPFAR, and other initiatives.

To begin the process of shifting to a G2G approach, the USG has negotiated memoranda of understanding – or MOUs – with 36 countries. The MOU outlines the initial intention to engage in the G2G agreement, detailing the terms of the agreement, the timeframe (5 years for most countries), the health areas covered, and the conditions for US investment – which includes co-financing, data and specimen-sharing, and other conditions specific to each country context.

The MOUs will be followed by an implementation plan, which will provide more detail on the main objectives, milestones, anticipated outcomes, and programmatic details that define the contractual relationship between the USG and the respective government.

While the MOUs have been framed as G2G agreements, and certainly move in the direction of direct G2G contracting, it is expected that the initial years under this new model of global health assistance will still need to involve a range of implementing partners. You might also hear the MOUs referred to as bilateral agreements or 'compacts.' While these terms are being used interchangeably, 'compacts' carry additional legal meaning that does not apply to the MOUs in their current form.

The USG is expected to sign at least 50 of these MOUs. At the time of publication (November 2026), 36 countries had already signed MOUs. The KFF Tracker provides an updated snapshot of countries that have signed MOUs and what the MOUs cover.

25
YEARS

These agreements commit countries to sharing health systems data as well as specimens with the US Government for a 25-year term.

What is the process of putting these agreements into place?

There are three main steps:

1. The country negotiates the MOU with the USG (typically in a rapid timeframe) before moving to signature.
2. The country begins developing an implementation plan, with implementation targeted for 90 days after the MOU is signed. The implementation plans are meant to be drafted within the first 60 days, with the remaining 30 days focused on establishing relevant governance structures. (Importantly, no country is on track for hitting the 90 day start date target.)
3. Governance structures are established, which are expected to include a Joint Health Cooperation Steering Committee and a Transition Management Unit, both to be staffed by senior level government officials.

Once these pieces are in place, there will be a more formal, legal, contractual document that will govern the terms of the agreement.

At the time of publication, there is very limited visibility into the full text of the MOUs or the corresponding implementation plans. The full text of some of the MOUs have been made available largely through offline spaces, though a few have been posted on the US Freedom of Information Act Library. Very few countries have completed their implementation plans to date, though Emily Bass's Substack features elements of the Uganda Implementation Plan, providing insight into what can be expected from other countries.

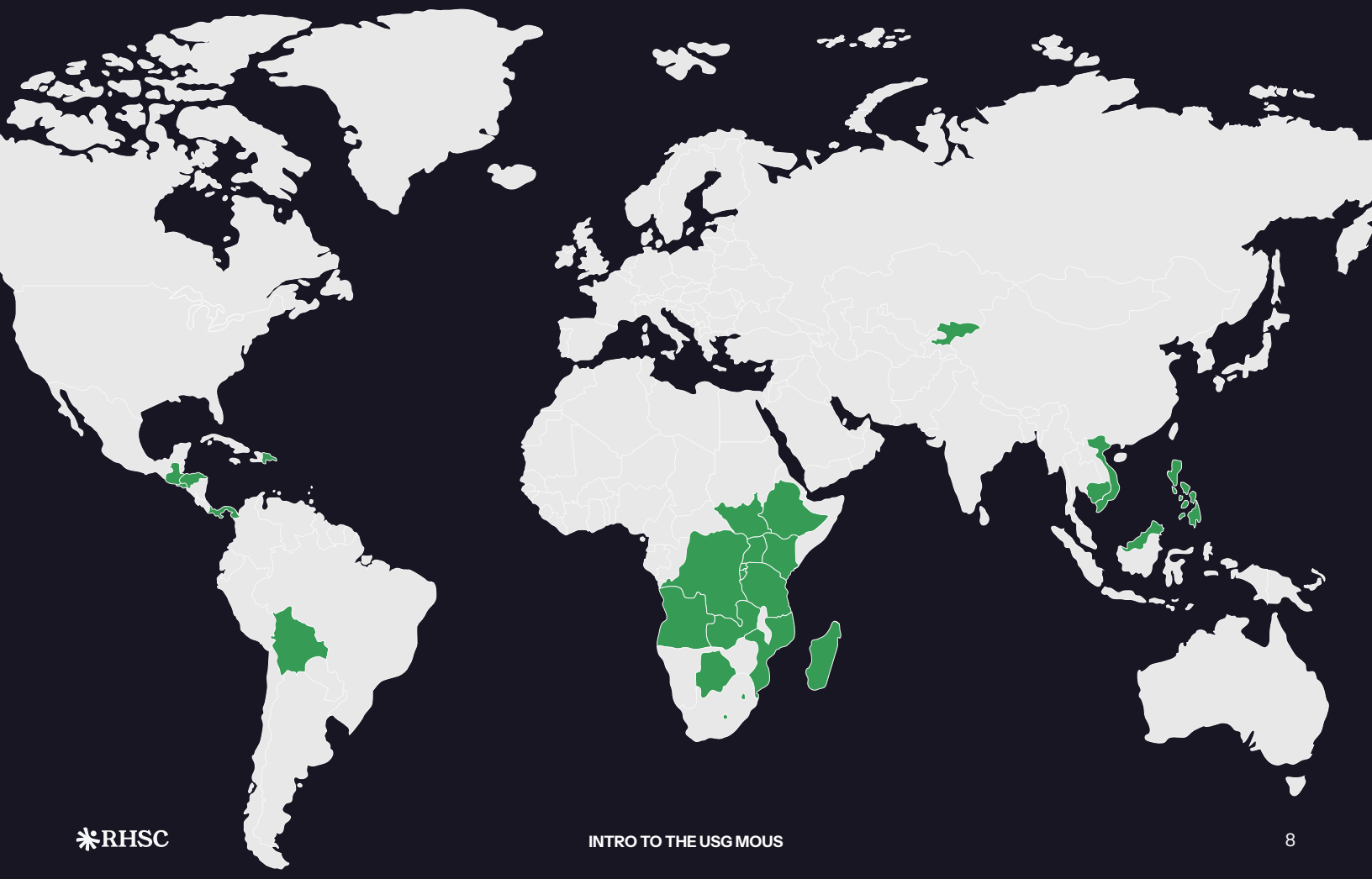
What are the data-sharing agreements that accompany the MOUs?

In addition to the terms of the MOUs, countries are also signing data-sharing and specimen-sharing agreements with the US Government. These agreements commit countries to sharing health systems data as well as specimens with the US Government for a 25-year term. Much like the MOUs, full text has only been made available through offline channels/fora, and are further described in Emily Bass's Substack.

How many countries have signed an MOU so far?

Although the information is constantly being updated, so far, 36 countries have signed the MOUs (as of November 2026). None of them have started implementation yet, from what we know, though Kenya is expected to begin implementation soon.

1. Angola
2. Bolivia
3. Botswana
4. Burkina Faso
5. Burundi
6. Cambodia
7. Cameroon
8. Côte d'Ivoire
9. Democratic Republic of Congo
10. Dominican Republic
11. El Salvador
12. Eswatini
13. Ethiopia
14. Guatemala
15. Guinea
16. Honduras
17. Kenya
18. Lesotho
19. Liberia
20. Madagascar
21. Malawi
22. Mozambique
23. Niger
24. Nigeria
25. Panama
26. Papua New Guinea
27. Philippines
28. Rwanda
29. Senegal
30. Sierra Leone
31. South Sudan
32. Tajikistan
33. Tanzania
34. Uganda
35. Vietnam
36. Zambia



What does this mean for domestic resource mobilization?

Importantly, the USG has decreased the total amount of money that was traditionally allocated to each of the countries that have signed MOUs. The Kaiser Family Foundation has created an additional analysis looking at global funding reductions (including US funds) in the MOU countries.

Different to previous US foreign assistance mechanisms, these agreements condition the disbursement of the total amount of money committed by the USG to the ability of the other country's government to mobilize domestic resources as outlined within the MOU. This is called co-funding. The percentage of the country's co-fund to the total amount of funding provided by the US varies greatly between countries, and so far, we do not know what criteria is being used to determine that percentage. The Kaiser Family Foundation's Tracker provides an excellent breakdown of the required co-funding by country (both dollar amount and percentage).

To date, little is known about how the co-funding will be tracked, the timing and amount of USG release of funds, what the annual benchmarks will be for country-level contributions, and how co-funding obligations might impact overarching fiscal space in country. The process of determining co-funding obligations vis a vis existing fiscal space and health financing has been opaque and lacks transparency.

The America First Global Health Strategy frames this as an effort to promote country ownership and sustainability; however, many have raised concerns that the MOUs create too rigid a framework to support sovereignty. **Simply put, the MOUs dictate how much money a country needs to spend and what they need to spend it on, limiting the extent to which a country can make its own decisions or respond to emerging health needs beyond what is covered in the MOU**.

What does this mean for family planning and SRHR?

Family planning (FP) and SRHR are not covered by the MOUs. And maternal, newborn, and child health (MNCH) appears in approximately 60% of them – typically, when a country has successfully negotiated MNCH in[1].

The simplest way to interpret this is that there will be no budget, technical assistance, or supply chain management coming from the USG to contribute to improving access to SRHR. There are also concerns – explored in more depth below – about what this means for existing country budgets/commitments to fund FP and SRHR.

What are our concerns about the MOUs?

No funding for FP and SRHR.

FP and SRHR are not included in the MOUs. And, approximately 40% of the MOUs signed thus far do not include MNCH. Historically, the US was a major donor of FP and MNCH, which leaves a large gap in donor support for these health areas. This was particularly true for commodity financing, leaving major funding gaps for lifesaving SRHR commodities.

The DRM targets (or co-funding amounts) and health outcomes targets might be setting countries up to fail – and could risk existing SRHR budgets.

The targets outlined for country co-funding requirements/domestic resource mobilization (DRM) benchmarks are incredibly ambitious over a very short timeframe. The way they are currently defined also appear to only include government revenue, but not any other co-funding, grant money, or private sector contributions that countries mobilize. While it remains unclear how

1. 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/.

this co-funding will be measured, some of the MOU language seems to imply that countries may have to demonstrate specific co-funding for the agreed-upon health areas – like HIV/AIDS, malaria, TB, polio, and global health surveillance. Other language, however, suggests that co-funding could be measured as top-line budget allocations to health overall. **This distinction will matter significantly for FP and SRHR**.

In order for countries to receive the full investment from the USG, they are obliged to achieve their co-funding targets. If the co-funding has to be specific to the agreed upon health areas covered by the MOU, this could create a scenario in which governments are incentivized to **move or reallocate** their national FP and SRHR budgets – if they do not count towards the co-funding targets – towards health areas that do count as they navigate this increasingly limited fiscal space. This could potentially also risk co-funding agreements that governments already have with other bilateral funders or multilateral organizations. If they unable to meet the USG co-funding requirements, they may choose to forgo other co-funding agreements to ensure the maximum funding ceiling from the USG. Similarly, several partners have also voiced concern over the health outcome targets and a lack of understanding of how they were calculated and feasibility in achieving them.

Overall funding reduction.

The MOUs typically include an overall reduction in total funding from the US. Across all countries that have signed, the total reduction currently is 34% or about $8.1 billion USD. The total reduction amount varies dramatically country to country. For additional detail, the Kaiser Family Foundation Tracker provides a comparison between historical funding volumes to those obligated in the MOUs.

Extractive conditions for foreign assistance.

Many partners have voiced concerns over the requirements that the health agreements are tied to: data and specimen-sharing agreements that grant the USG full access to country health data systems, references to mining or mineral rights, and opaqueness about the application of USG laws and policies. There are particular concerns about the long duration of the data/specimen-sharing agreements (25 years, despite the MOUs being for 3-5 years depending on the country) as well as the potential application of the PHFFA Rules. The PHFFA Rules leave open the possibility of application to foreign governments, based on the State Department's discretion. If applied, these rules could create added limitations on activities related to abortion, DEI, or gender. Importantly, signature of the MOU does not trigger the application of PHFFA and countries do not need to comply with PHFFA terms just because they have signed an MOU. The application of PHFFA would become clear during the contractual agreements that govern the G2G agreement. Even if applied, countries do have a legal pathway to continue abortion access as well as DEI and gender-related programming. This is explored in more depth in the FAQ. Many of these conditions applied to the MOUs are also signed and negotiated as separate agreements, limiting transparency about the requirements of the MOUs and creating confusion about the relationship between different agreements with the USG.

A lack of transparency.

Finally, several partners have voiced concern about the lack of transparency and engagement with the country level legal system, civil society, academia, or implementing partners.

$8.1 billlion USD

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3 Frequently Asked Questions



Are the G2G agreements bad for global health? Should advocates be pushing against them?

Not necessarily, as the issue is complex. The overearching goal is not to prevent the MOU signature (nor could advocates effectively prevent two governments from engaging in bilateral agreements), but rather, to ensure that advocates, civil society, and governments understand some of the concerns and work proactively to safeguard SRHR within this context. On the positive side, the MOUs:

1. Return USG funding to the global health landscape, which is needed to fill gaps left by the USAID closure and the decline of official development assistance (ODA) and donor funding in recent years;
2. More directly engage governments, which governments have been vocally supportive of. This increases government ownership, accountability, and long-term sustainability of global health programming;
3. Encourage DRM and government investment in and ownership of public health and their supply chains and systems.

But, there are also some serious concerns around the MOUs – both in terms of what they mean for FP and SRHR as well as country autonomy, health sovereignty, and long-term sustainability. As detailed above, the MOUs:

1. Do not include funding for FP or SRHR, and may make it more difficult for governments to fund FP or SRHR outside of the MOU framework. This means that no new USG funding is going towards these areas, and could even further the funding crisis for FP and SRHR if governments have to shift domestic commitments;

2. Lack transparency and lack engagement with legal processes – both on the US side as well as in the respective countries. Advocates, civil society, academia, and implementing partners have largely been left out of the conversation;
3. Include concerning conditions: ambitious (if not impossible) co-funding targets over a short timeline, poorly defined health outcomes targets, data-sharing agreements, mining/mineral rights, and opaque application of USG laws.

Most countries are likely in a financial position where they need USG support to ensure that they can meet the health needs of their populations in the short-term. And while saying 'no' to the MOUs could come with some benefits, the potential cost is tremendous: human lives. The best path ahead is one with coordinated advocacy, clear messaging, and support for country advocates and decision-makers to navigate the MOU terms to best meet their needs and avoid some of the pitfalls.

What is the difference between G2G agreements, bilateral agreements, compacts, and MOUs?

You are likely hearing all of these terms being used interchangeably – and often, they are! But, they technically have different legal meanings. Right now, the most accurate framing is memorandum of understanding, or MOU. Countries have signed 3-5 year MOUs with the USG, which will eventually include more detailed, legal, contractual agreements. The ultimate goal is to shift towards G2G agreements (which can also be called bilateral health agreements). While the term 'compact' is being used, it's not technically accurate at this stage.

Do the Promoting Human Flourishing in Foreign Assistance (PHFFA) Rules apply to the MOUs?

This one is a bit more complicated than a simple yes or no. Since the MOUs themselves are not legal documents that govern the exchange of funds, the PHFFA Rules do not apply to them. **Importantly, this means that signing an MOU with the USG does not trigger application of the PHFFA Rules**. But, there is a chance that PHFFA could apply to the contractual agreements that follow. The application of PHFFA to foreign governments is more narrow than it is for the other entities

(international organizations, foreign NGOs, and US NGOs). The language in all three PHFFA Rules notes that the foreign government may be required to agree to the PHFFA terms, based on the State's Department discretion. This means that the rules might apply – in full, or in part – or they might not.

Importantly, if they do, there are still legal pathways for foreign governments to continue to provide (and fund) safe abortion access or programs related to diversity, equity, and inclusion or gender equity.. This is especially true if the PHFFA Rules contradict local law. Depending on the situation, foreign governments can either apply for a waiver and/or can place US funds in a separate bank account and ensure that no US funding goes towards activities prohibited by the US.

There are three important messages for advocates, implementers, and foreign governments as it relates to the relationship between PHFFA and the MOUs:

- **Just because a country has already signed an MOU does NOT mean that PHFFA Rules apply.** PHFFA does not apply unless the terms are added during the stage of contracting/transfer of funds. Country governments should not pre-emptively implement PHFFA (for example, by already stopping the provision of abortion or procuring abortion supplies) out of fear of being non-compliant, or in an effort to comply in advance.
- **In a case where PHFFA Rules ARE applied, countries should not over-implement PHFFA**. In most circumstances, especially where country laws contradict PHFFA, countries can separate their USG funds from other financial resources in order to continue the provision of abortion services or commodities, support programming focused on diversity, equity, and inclusion, and support programming to advance gender equity, so long as they are not using USG funds.

  Over-implementation refers to a situation where an implementer –in this case, the foreign government – is going beyond the rules outlined in PHFFA. Because the rules are confusing and difficult to navigate, it is easy to accidentally over-implement to avoid the risk of being non-compliant. An example of over-implementation would be to stop all procurement of misoprostol or avoiding the provision of postabortion care services – both of which

are allowable, even under PHFFA. But, it's important that advocates support national governments in avoiding over-implementation.

- **Finally, countries should seek legal counsel and engage legal experts**. US law does not take precedence over a country's national law. Countries should hold firm to their laws and policies, their country's values, and the commitments they have made to their citizens. There are waivers and legal pathways through which countries can continue to provide abortion services and supplies, support DEI, and promote gender ideology. Legal counsel can help foreign governments understand and feel comfortable with the interpretation of the rules and avoiding over-implementation.

What can advocates and civil society do?

Advocates and civil society have an important role to play in the MOU negotiations, implementation planning, and implementation of activities. First, they need a seat at the table, which will require some advocacy to get in the door. Second, they need to support governments in understanding what the MOUs cover (and what they don't), where there are concerns for national sovereignty or commitments, and where there is an opportunity to negotiate. The corresponding suite of resources that we developed alongside this 'Intro to the USG MOUs' will provide you with the right starting point based on your country and a set of advocacy and messaging resources to take the next steps.

Where can I find other resources about the MOUs?

Most information and details that we have on the MOUs has been the result of information-sharing, collective action, and sharing details with trusted and like-minded advocates because the publicly available information is lacking. We commit to continuously updating these resources as we learn more and hear more from our members.

There are also some excellent public resources to ensure that you are tracking progress and updates on the MOUs:

- The Kaiser Family Foundation's KFF Tracker: America First MOU Bilateral Global Health Agreements is an excellent resource that tracks the MOUs and includes details on what

they cover, total amount of US and country investment, comparisons to historical funding, etc. KFF also has a new analysis on US and Global Fund funding reductions in 29 of the MOU countries.

- The State Department website posts press releases when new MOUs are signed, providing real-time updates on new signatories and an overview of the health areas covered. You can also sign-up for email alerts to be notified of new press releases.
- Freedom of Information Act, Library. As full-text MOUs are made available by the USG, they are posted here. Very few are currently posted.
- Public Citizen's website includes a helpful overview on the USG MOUs, including links to relevant texts and related information.

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

Reproductive Health Supplies Coalition

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