CASE STUDY

Civil Society Advocacy in Zambia's MOU Negotiation Process

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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 (this document)
- Advocacy Opportunities & Key Messaging Framework
- 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

Zambia signed a memorandum of understanding (MOU) on health cooperation with the United States Government (USG) on 8 October 2026. Zambia's MOU with the USG provides an important case study into opportunity for advocacy, civil society engagement, and negotiation. While many countries were quick to sign the health cooperation MOUs, often within a matter of days or weeks, Zambia's negotiation spanned 10 months, demonstrating the opportunity that country governments have in negotiating during a process that is otherwise very opaque.

Civil society organizations (CSOs), including those working in reproductive health, HIV, and broader health systems, have actively sought to influence this process. The aim of their engagement has been to ensure that the agreement reflects national priorities and protects Zambia's health system interests. This case study draws from stakeholder insights to document advocacy strategies, challenges, and lessons learned during the pre-signature phase of the MOU. To fully understand the impact of this case study, advocates will need to monitor the implementation of the MOU.



Context and Civil Society Engagement

The engagement of civil society in Zambia's MOU negotiation process was neither automatic nor systematic. Initially, the process was framed as a bilateral negotiation between governments, and civil society actors were excluded. Government consultations included selected stakeholders such as the Law Association, faith-based organizations, and private sector actors. However, civil society organizations had to actively request inclusion.

This led to a period where CSOs formally communicated their desire to be involved, eventually prompting government to organize a series of consultative meetings. While these consultations provided some level of engagement, they were limited in depth. Civil society participants were presented with summaries of the MOU rather than the actual document, restricting their ability to meaningfully contribute.

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Civil Society Advocacy Approach

In response to these constraints, civil society organizations adopted a coordinated strategy. Different groups working across health, HIV, and youth sectors came together to form a collective voice. Through this coalition, they were able to align on common priorities and present unified messages to government.

This collective advocacy approach strengthened their influence and ensured consistency in messaging. However, coordination was largely voluntary and under-resourced, which made sustained engagement challenging. Despite these limitations, the coalition was able to articulate key concerns around issues such as data sharing, financing, and national sovereignty.

A central aspect of their strategy was framing the MOU as a national issue rather than a purely external or donor-driven process. By emphasizing that the agreement would affect Zambia's data, populations, and service delivery systems, civil society actors reinforced the legitimacy of their involvement.



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Key Challenges

One of the most significant challenges faced by civil society was the lack of transparency in the negotiation process. Without access to the draft MOU, CSOs were unable to verify whether their inputs were incorporated. Information provided during consultations was often high-level and selective, making it difficult to track progress or influence outcomes effectively.

Additionally, civil society organizations were not part of the formal negotiation teams, limiting their ability to directly shape discussions. Their engagement remained reactive rather than embedded within the decision-making process.

Resource constraints also posed a challenge. Many organizations participated voluntarily, which limited coordination and reduced the frequency and depth of engagement. At the same time, differing institutional priorities, particularly around disease-specific funding, created some internal fragmentation within civil society.

Finally, the fluid nature of the negotiation process, including shifting deadlines and limited communication, contributed to uncertainty. This made it difficult for civil society to plan and implement sustained advocacy strategies.

Advocacy Outcomes to Date

Despite these challenges, civil society achieved some partial gains. Government did conduct multiple stakeholder consultations, and CSOs were able to present unified positions on key issues.

Key Lessons Learned

Zambia's experience offers several important lessons for other countries. First, early engagement is critical. Civil society must be involved at the earliest stages of negotiation processes to maximize its influence.

Second, transparency is essential for effective advocacy. Without access to draft agreements, it is difficult for stakeholders to engage meaningfully or hold decision-makers accountable.

Third, coalition-building strengthens advocacy. A unified civil society voice is more effective in influencing government processes than fragmented individual efforts.

Another important lesson relates to the framing of advocacy priorities. Civil society actors emphasized the importance of advocating for health systems financing rather than disease-specific funding. This approach allows countries to allocate resources according to their own priorities, including reproductive health and family planning.

Finally, the case highlights the importance of managing relationships and trust. Civil society must balance its role as an advocate with the need to maintain constructive engagement with government, particularly in sensitive negotiation environments.



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Implications for Reproductive Health Advocacy

The case highlights a significant gap in the inclusion of reproductive health in MOU discussions. Current negotiations and similar agreements appear to focus primarily on disease-specific interventions, with limited explicit attention to reproductive health.

To address this, advocates may need to position reproductive health within broader health systems frameworks. This includes advocating for flexible financing mechanisms that allow countries to prioritize their own health needs rather than adhering to externally defined agendas.

Support Needs

Local advocates identified several areas where support from global partners would be beneficial. These include financial support to facilitate coordination and participation, technical assistance to strengthen policy analysis and advocacy, and opportunities to engage directly with decision-makers. Additionally, support in synthesizing and validating information from multiple sources would help address challenges related to misinformation and limited transparency. Local advocates should consider opportunities to leverage regional or global advocacy networks to triangulate information, share lessons learned, and identify opportunities for joint advocacy or shared messaging.

Conclusion

Zambia's experience demonstrates both the potential and limitations of civil society advocacy in complex and opaque negotiation processes. While civil society actors were able to mobilize, coordinate, and engage government, structural barriers such as limited transparency and restricted participation constrained their overall impact.

The case provides valuable lessons for advocacy in similar contexts. It underscores the importance of early engagement, coordinated action, and strategic framing, as well as the need for greater openness in negotiation processes. While the MOU has now been signed, these lessons can inform ongoing advocacy efforts in Zambia as the implementation plan is developed and rolled out, as well as in other countries navigating similar agreements. As Zambia turns towards implementation planning, and eventual implementation, advocates will continue to play a critical role in monitoring and accountability.



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

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