

MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE GOVERNMENT OF THE UNITED STATES OF AMERICA  
AND  
THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA

**Preamble**

This Memorandum of Understanding (hereinafter referred to as the "MOU") is made between the United States Department of State (hereinafter referred to as "the U.S. Government") and the Government of the Republic of Zambia (hereinafter referred to as "the GRZ"), hereinafter jointly referred to as the "Participants" and individually as the "Participant."

**CONSIDERING** that the Government of the Republic of Zambia aims to develop a durable and resilient health system that prevents disease, maintains the health of its population, and enables its economy to thrive while retaining full sovereign authority over national public health decisions.

**FURTHER CONSIDERING** that the U.S. Government seeks to advance its bilateral relationship with the GRZ and prevent the spread of emerging and existing infectious disease threats and/or other priority diseases and conditions globally;

**RECOGNIZING** that United States global health investments, made particularly over the past Twenty-five (25) years, have saved millions of lives, including those of over 1,300,000 people currently on life-saving HIV treatment, reduced annual new HIV infections from 74,109 in 2015 to 30,400 in 2024, and substantially and meaningfully strengthened Zambia's health system;

**RECOGNIZING** that the GRZ has made substantial progress in advancing its domestic health system, particularly over the past 25 years; and

**FURTHER RECOGNIZING** the benefits of ongoing collaboration between the GRZ and the U.S. Government to detect, prevent, and respond to emerging and existing infectious disease threats affecting both Zambia and the United States;

**Have reached the following understandings:**

**SECTION 1**  
**Objectives**

1. **Outcome Metrics:** The Participants aim to work together to achieve the following outcomes metrics by the end of each of the specified years:

	Baseline (Jan 2024 - Dec 2024)	2026	2027	2028	2029	2030
% People with HIV Who Know Their Status	>95%	>95%	>95%	>95%	>95%	>95%
% People Who Know Their HIV Status on Treatment	>95%	>95%	>95%	>95%	>95%	>95%
% People on Antiretroviral Treatment (ART) Who Are Virally Suppressed	>95%	>95%	>95%	>95%	>95%	>95%
Mother to Child Transmission (MTCT) rate of HIV	6%	5%	5%	4%	4%	3%
# Malaria Case Fatality rate (Under five children)	11/1000	9/1000	7/1000	5/1000	<5/1000	<5/1000
# TB Deaths per 100,000 population	38/100,000	36/100,000	34/100,000	31/100,000	29/100,000	27/100,000
# Polio cases (e.g. WPV and cVDPV)	0	0	0	0	0	0
# Measles Cases	4,946	2,557	1322	684	354	183
Maternal Mortality Rate	187/100,000	<159 / 100,000	<145/100,000	<131 / 100,000	<117 / 100,000	<103 / 100,000

Children Under 5 Mortality Rate	42 /1,000	< 3 8 / 1,000	<34 /1,000	< 3 0 / 1,000	< 2 7 / 1,000	<25 /1,000
Antenatal attendance in the first trimester	46%	48%	52%	56%	60%	65%
Cervical Cancer Screening	27%	30%	35%	40%	45%	50%

**1.2 Process Metrics:** The Participants aim to work together to achieve the following process metrics by the end of each of the specified years:

	Baseline (Jan 2024- Dec 2024)	2026	2027	2028	2029	2030
Targeted HIV Treatment coverage	97%	95%	95%	95%	95%	95%
# new HIV diagnoses among infants (0-24 months)	1,246	1,125	1,012	911	820	738
# new HIV diagnoses among children and adults (age 18 months or older)	119,359	103,302	103,884	104,208	104,401	101,217
# pregnant women living with HIV who receive ART	55,204	43,421	41,602	39,483	37,587	35,801
% HIV exposed infants who receive ARV prophylaxis	80%	85%	90%	95%	95%	95%

% confirmed malaria cases that receive first-line antimalarial treatment (Facility)	98%	98%	98%	98%	98%	98%
% confirmed malaria cases that receive first-line antimalarial treatment (Community)	93%	95%	95%	95%	95%	95%
# insecticide-treated nets distributed to populations at risk of malaria- Continuous Distribution	753,221	1,978,756	2,046,034	2,115,599	2,187,529	2,261,905
# insecticide-treated nets distributed to populations at risk of malaria- Mass Distribution/ Campaign	N/A	11,162,309	N/A	N/A	12,340,014	N/A
# patients with TB notified (i.e., bacteriologically confirmed + clinically diagnosed)	47,839	50,000	50,000	50,000	45,000	40,000
% of patients with TB notified who completed treatment	92%	90%	90%	90%	90%	90%
% surviving infants who received the first dose of the inactivated polio vaccine	76.8%	80%	85%	90%	90%	95%

% of children aged 12–23 months who received second dose of measles-containing vaccine	66.70%	75%	80%	85%	90%	95%
Median number of antenatal care visits for pregnant women	4	5	5	6	6	6
% accuracy of data fields assessed during the annual data audit	>95%	>95%	>95%	>95%	>95%	>95%

**1.3 Infectious Disease Outbreak Response Metrics:** To ensure infectious disease threats are quickly identified and responded to, the Participants also aim to achieve the following metrics throughout the term of this MOU:

- Zambia detects suspected infectious disease outbreaks with high priority pathogens and epidemic potential in Zambia within 7 days of disease emergence;
- The GRZ notifies the U.S. Government within 1 day of confirmed detection of an infectious disease outbreak in Zambia and engages in meaningful coordination and consultation with the U.S. Government, WHO, UNICEF, Africa CDC; and
- The GRZ completes relevant initial response actions to respond effectively to infectious disease outbreaks in Zambia within 7 days of notification, including engaging in meaningful consultation with the U.S. Government on the GRZ’s response.

**SECTION 2**

**Areas of Cooperation**

The Participants plan to collaborate in the following areas (each an “Area of Cooperation”):

**1. Surveillance & Outbreak Response**

**2.1.1 2030 Vision:** The GRZ envisions a country-level national surveillance and outbreak response system led by the Zambia National Public Health Institute (ZNPHI) with functional capabilities in place to detect infectious disease outbreaks with epidemic or pandemic potential. The GRZ has implemented the 7-1-7 Framework and commits to: Detecting infectious disease outbreaks within 7 days of emergence; notifying relevant authorities including critical parties in the national public health system and the U.S. Government within 1 day of an infectious disease

outbreak being detected; and, completing relevant initial response actions to respond effectively within 7 days to infectious disease outbreaks in Zambia.

### **2.1.2 Implementation Plan:**

- The U.S. Government plans to fund an assessment of Zambia’s surveillance systems for epidemic potential and priority diseases to include adherence to international notification standards, and safety procedures for pathogen sample collection, transport, storage, testing and disposal.
- The GRZ commits to working with the U.S. Government to address any prioritized gaps identified by the aforementioned assessment.
- The GRZ commits to ensuring the provision of appropriate Human Resources for Health (HRH) in epidemiology to strengthen and sustain service delivery in Surveillance and Outbreak Response. Specifically, GRZ will assume responsibility for providing salaries and benefits for 10 provincial field epidemiologists and 30 District Surveillance Officers in line with a corresponding reduction in the U.S. Government supported staff as shown in Appendix 4.
- The U.S. Government plans to support the training of at least 60 Frontline field epidemiologists, 20 Intermediate, and 20 Advanced for each year of this MOU.
- The GRZ commits to facilitating approval of waivers in line with the Zambian regulatory authorities to allow the United States Food and Drug Administration’s approval or Emergency Use Authorization of medical countermeasures to be a sufficient basis to use the medical countermeasures to respond to an outbreak in country.
- The United States and Zambia shall negotiate a specimen sharing arrangement that includes the elements set out in Appendix 4 for the purpose of sharing physical specimens and related data, including genetic sequence data of detected pathogens with epidemic potential for either country within five (5) days of detection. Both participants intend this specimen sharing arrangement and agreed upon benefits to continue for twenty-five (25) years.
- The U.S. Government, in coordination with the GRZ, shall establish a funding mechanism to surge additional personnel and equipment to respond to detected infectious disease threats with epidemic potential if needed.

### **2.1.3 Funding Plan:**

The U.S. Government intends to provide the following support for surveillance and outbreak response activities in each of the specified years, subject to the availability of funds:

Year	U.S. Government Surveillance & Outbreak Response Funding	New GRZ Surveillance & Outbreak Response Funding	Estimated Existing GRZ Surveillance & Outbreak Response Funding	Total GRZ Funding
2026	\$1,963,186	\$ 0	\$561,581	\$561,581
2027	\$1,697,072	\$ 700,000	\$475,967	\$1,175,967
2028	\$1,487,985	\$ 1,400,000	\$463,016	\$1,863,016
2029	\$1,193,301	\$ 2,000,000	\$457,406	\$2,457,406
2030	\$813,535	\$ 2,475,020	\$457,406	\$2,932,426

U.S. Government surveillance and outbreak response funding is expected to fund activities outlined in Section 2.1.2. The U.S. Government plans to provide funding through mechanisms it identifies, with advice and input from GRZ.

**2.2 Laboratory Systems**

**2.2.1 2030 Vision:** The GRZ envisions a connected network of high-quality laboratories with capabilities to optimally support health programming and the identification and characterization of pathogens of outbreak, epidemic, or pandemic potential.

**2.2.2 Implementation Plan:**

- For the purposes of this section, the U.S. Government currently funds \$47,002,987 of laboratory commodities annually and 144 of frontline lab workers in Zambia.
- The U.S. Government plans to invest \$40,003,184 for the procurement of lab commodities in 2026, subject to the availability of funds, and thereafter the U.S. Government’s funding for lab commodities is expected to decline gradually with the GRZ funding 100% of these commodities by the end of this MOU as outlined in Section 2.2.3.
- The U.S. Government plans to fund frontline lab workers as outlined in Section 2.2.3. This includes biomedical scientists, laboratory technologists, quality assurance officers, and laboratory data specialists.
- The GRZ commits to ensuring the provision of appropriate Human Resources for Health (HRH) to laboratory services to optimally support programming. Specifically, GRZ will assume full responsibility of providing salaries and benefits for 123 lab technologists onto government payrolls in 2028, 61 lab technologists onto government payrolls in 2029, and 12 lab technologists onto government payrolls in 2030, (Appendix 3).

- The GRZ commits to ensuring that all Level 2 and Level 3 biosafety labs in Zambia have biosafety and biosecurity management programs and quality assurance in place that are aligned with the national laboratory quality assurance policy and any relevant international accreditation standards (e.g. ISO 35001 and ISO 15189) by the end of 2028.
- Any sample transport support provided by the U.S. government shall be transitioned to the GRZ in a phased approach by 2030, guided by a provincial needs assessment. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the end of 2030.
- All U.S. Government support for the following laboratory activities shall be transitioned to GRZ support by 2030: diagnostic network optimization, quality improvement accreditation, and the local and international proficiency testing and external quality assurance program.

**2.2.3 Funding Plan:**

The participants intend to provide the following support for lab commodities in each of the specific years, subject to the availability of funds:

Commodities					
Year	U.S. Government Funding for Lab commodities (US\$)	New GRZ Funding	Existing GRZ Funding	Total GRZ Funding	
2026	\$ 40,003,184	\$0	\$ 20,422,934	\$ 20,422,934	
2027	\$ 30,354,952	\$ 9,804,806	\$ 20,422,934	\$ 30,227,740	
2028	\$ 15,432,419	\$ 14,564,956	\$ 30,227,740	\$ 44,792,696	
2029	\$ 12,713,581	\$ 2,257,520	\$ 44,792,696	\$ 47,050,216	
2030	\$ 11,268,034	\$ 1,322,861	\$ 47,050,216	\$ 48,373,077	

- The breakdown of the U.S. Government’s planned 2026 lab commodity procurement spending is in Appendix 2. The U.S. Government plans to procure lab commodities using the Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) through April 1, 2026, and then through a follow-on procurement mechanism through December 31, 2030;
- The GRZ plans to procure its lab commodities through an in-country procurement mechanism ZAMMSA;
- The U.S. Government and the GRZ plan to distribute lab commodities through an in-country distribution mechanism, ZAMMSA and vendor-managed reagent rental

arrangements. The GRZ will insure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) distributed through GRZ owned supply chains.

- For purposes of this MOU, the costs of lab commodities include the actual purchase price of the commodities as well as related commodity distribution costs, including warehousing, shipping, and trucking. These costs do not include any costs of data systems or technical assistance to support commodity procurement or supply chain distribution, which are covered in Sections 2.5.3 and 2.6.3 respectively. Funding provided by the GRZ in the table above will only include funding provided directly by the GRZ and will not include funding from other donors or multilateral organizations.

The Participants intend to fund the following number of frontline lab workers in each of the specified years, subject to the availability of funds:

**Frontline Lab Worker: [Lab Technologists]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	175	108	2,657	2,765
2027	175	195	2,852	3,047
2028	123	155	3,007	3,162
2029	61	70	3,077	3,147
2030	12	85	3,162	3,247

- The breakdown of full-time equivalents (FTEs) by type of frontline lab workers is in Appendix 3. The U.S. Government plans to provide funding for frontline lab workers through U.S. Government implementing partners through December 31, 2030, and the GRZ will ensure that adequate frontline lab personnel for continued service provision are available.
- For the purposes of this MOU, funding is expected to cover the salary and benefits for frontline lab workers. To the extent it may have not already done so, the U.S. Government intends to ensure that pay rates for frontline lab workers are commensurate to pay rates for such workers employed directly by the GRZ. This funding does not include any costs related to data systems or technical assistance for frontline lab workers, which are covered in Sections 2.5.3 and 2.6.3 respectively.

- Note: Positions funded by the GRZ in the table above will only include positions funded directly by the GRZ and will not include positions funded by other donors or multilateral organizations.

### 3. Commodities

**2.3.1 2030 Vision:** The GRZ envisions an integrated healthcare commodity supply chain system with strong GRZ oversight and accountability. This system will use ZAMMSA or other national or regional procurement mechanisms as vehicles for pooled procurement. For distribution, the GRZ may utilize the national system for distribution (ZAMMSA), or a Vendor-Managed Direct Delivery Model, or outsourced third-party logistics (3PL) services to deliver commodities to hubs, high-volume public health facilities, and ultimately to all health facilities at the last mile.

#### 2. **Implementation Plan:**

- For the purposes of this section, the U.S. Government currently funds \$128 million worth of commodities annually, including HIV treatment and prevention drugs, HIV test kits, Viral Load reagents, Early Infant Diagnostic tests, TB supplies, laboratory reagents and supplies, Opportunistic Infection treatment drugs, and Malaria treatment and prevention commodities;
- The U.S. Government plans to fund the commodities referenced in sections 2.2.3 and 2.3.3, subject to the availability of funds. Thereafter, U.S. Government funding for these commodities is expected to decline gradually, with the GRZ assuming full responsibility for funding by the end of this MOU, as outlined in Section 2.3.3;
- The GRZ commits to high levels of accountability for health commodities, by developing and implementing mitigation plans and systems that ensure full end-to-end visibility of the entire supply chain cascade. As part of this accountability, the GRZ will ensure that all individuals involved in theft, pilferage, diversion, fraud, or falsification of health commodities are urgently tried in courts under the Zambian Law;
- The GRZ commits to fully implementing a system based on GS1 global standards for tracing commodities funded by all partners, including the U.S. Government under this MOU and distributed through GRZ -owned supply chain by December 31, 2030;
- The GRZ commits to ensuring that all GRZ owned, managed, and/or run warehouses storing commodities funded by all partners, including the U.S. Government meet International Organization for Standardization (ISO) warehousing benchmarks by December 31, 2030.
- The GRZ shall ensure that the ZAMMSA central warehouse and all associated distribution hubs are adequately insured against risks including, but not limited to, theft, fire, and other hazards that could result in the loss or damage of health commodities. The GRZ commits to

maintaining active insurance coverage for these facilities at all times during the term of this MoU and to provide evidence of such coverage to the U.S. Government upon request.

- The GRZ will implement a robust strategy to protect the public health supply chain and ensure access to quality health commodities. This approach will include stronger enforcement against theft, diversion, and counterfeit drugs, as well as improved monitoring and collaboration with key stakeholders. The GRZ will also build capacity within the Ministry of Health facilities and related departments to uphold high standards of ethical practice and guarantee safe, effective medicines for the public.
- The GRZ also commits to promptly notifying the U.S. Government at the earliest indication or suspicion of theft or diversion of U.S. Government-supported health commodities. This notification should include relevant details about the incident, the steps being taken to investigate and address the issue, and any immediate actions implemented to prevent further losses. Early notification will enable coordinated responses and reinforce mutual efforts to safeguard health commodities and maintain accountability.
- The GRZ will continue supporting the recently re-established Multi – Agency Taskforce on Pilferage of Medicines and Medical supplies which is a joint team composed of dedicated staff from law enforcement agencies, including the Drug Enforcement Commission (DEC), the Anti-Corruption Commission, the Zambia Medicines Regulatory Authority (ZAMRA), Office of the Auditor General, Ministry of Defense and the Zambia Police. This team is responsible for overseeing, investigating and prosecuting individuals suspected to be involved in theft, pilferage, diversion, fraud, or falsification of health commodities. The GRZ further commits to full, timely, and proactive information sharing and cooperation with the U.S. Embassy, including monthly briefings with the U.S. Embassy’s Regional Security Office, on all related law enforcement and prosecution plans and actions to enforce accountability for theft of medical commodities.
- The US Government commits to helping the GRZ with information related to any theft, pilferage, diversion, fraud, or falsification of health commodities
- The U.S. Government will initiate commodity procurements based on an approved National Health Commodities Forecasting and Supply Plan with the GRZ. Over the period of the MOU, U.S. Government procurements will gradually decline to zero by the end of December 31, 2030, while GRZ will increase its allocations to fill the gap and prevent any stock imbalances.
- Where the total cost incurred for procurement of medicines and medical supplies without diminution of quality, is least when sourced from local manufacturers, procurements under this MOU may be sourced from such local manufacturers.
- Where the total cost incurred for procurement of medicines and medical supplies without diminution of quality, is least when sourced from U.S. providers, procurements under this MOU may be sourced from such American companies.

### 2.3.3. Funding Plan:

The Participants intend to provide the following amount of support for commodities in each of the specified years, subject to the availability of funds:

Year	U.S. Government Funding for commodities (Dollar Amount)	New GRZ Funding	Estimated Existing GRZ Funding	Total GRZ Funding
2026	\$ 53,321,276	\$0	\$ 34,610,437	\$ 34,610,437
2027	\$ 46,816,074	\$ 12,455,319	\$ 34,610,437	\$ 47,065,756
2028	\$ 36,713,058	\$ 18,682,979	\$ 47,065,756	\$ 65,748,735
2029	\$ 19,750,568	\$ 2,802,447	\$ 65,748,735	\$ 68,551,182
2030	\$ 17,312,499	\$ 1,588,053	\$ 68,551,182	\$ 70,139,235

- The breakdown of the U.S. Government’s planned 2026 commodity procurement funding is in Appendix 2. The U.S. Government plans to purchase its commodities through GHSC-PSM through April 1, 2026 and then through a follow – on procurement mechanism through December 31, 2030.
- The GRZ plans to procure its medicines and medical supplies through an in-country procurement mechanism for medicines and medical supplies (ZAMMSA).
- The U.S. Government and the GRZ plan to distribute its medicines and medical supplies through an in-country distribution mechanism (ZAMMSA) or through third-party logistics providers and provincial and/or district health facilities.
- For purposes of this MOU, the costs of medicines and medical supplies include the actual purchase price of the commodities as well as related commodity distribution costs, including warehousing, shipping, and trucking. These costs do not include any costs of data systems or technical assistance to support commodity procurement or supply chain distribution, which are covered in Sections 2.5.3 and 2.6.3 respectively. Funding provided by the GRZ in the table above will only include funding provided directly by the GRZ and will not include funding from other donors or multilateral organizations.

#### 4. Frontline Healthcare Workers

**2.4.1 2030 Vision:** The GRZ envisions increasing its overall permanent healthcare workforce by 40,000 workers by the end of 2030. These additions would include integrating of select frontline healthcare positions currently funded by the U.S. Government, as outlined in Appendix 3, into its permanent healthcare workforce.

#### 2.4.2

##### **Implementation Plan:**

- Over the five-year implementation period of the MOU, the U.S. Government plans to fund frontline healthcare workers supporting HIV, TB, malaria, and global health security services, including the following:
  - Doctors and clinical staff;
  - Nurses;
  - Pharmacist;
  - Laboratory positions;
  - Disease monitoring staff (epidemiologists, strategic information, and M&E staff); and
  - Community health workers (CHW); (The U.S. Government -supported CHWs are an integral part of health service delivery that highlight local community buy-in across Zambia. GRZ employs community health assistants (CHAs), while CBVs remain an unofficial frontline healthcare cadre.
  - To support the transition of CHWs to the new Community Health Strategy, the U.S. Government will fund stipends for 20,000 polyvalent CHWs who deliver services at the community level starting in Year 1 of the MOU. The payment of CHW stipends will transition fully to the GRZ by the end of Year 5, with the transition process starting at the end of Year 2.
  - The U.S. Government and GRZ will commit to finalizing the 2027-2031 community health strategy.
  - Over the next 5 years additional training for CHAs within the GRZ staffing establishment, while retaining the recognition of community representational role that CBVs play. The CHAs roles will include oversight coordination of the role of CBVs to ensure optimal community representation in service delivery.
- The GRZ commits to ensuring the availability of Human Resources for Health (HRH) to strengthen and sustain service delivery (see Appendix 3 for the breakdown of the GRZ staffing establishment variance in approved and funded positions). To meet this commitment, the GRZ will gradually and proportionately increase its staff as the U.S. Government gradually reduces its supported staff over the implementation period of the MOU. As part of this process, which is envisaged to be seamless, select positions and/or

staff supported by the U.S. Government from 2026 to 2030 may be transitioned to the GRZ by cadre and position under the GRZ conditions of services. The plan assumes a 25% reduction per year for most cadres starting in 2027 of the U.S. Government-supported staff and a proportionate increase within the GRZ staffing establishment. The U.S. Government-supported reductions for laboratory positions will be 30% in 2028, 50% in 2029, and 80% in 2030. CHWs and seasonal worker staff reductions will begin in 2029 at 50% and 50% in 2030.

### 2.4.3 Funding Plan:

Over the five-year MOU period, the U.S. Government and GRZ-funded frontline staff (as defined in the previous section) plan includes funding the following number of frontline healthcare workers in each of the specified years:

#### Frontline Lab Worker: [Lab Technicians]

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	175	108	2,657	2,765
2027	175	195	2,852	3,047
2028	123	155	3,007	3,162
2029	61	70	3,077	3,147
2030	12	85	3,162	3,247

#### Frontline Healthcare Worker: [Epidemiologist]

Year	U.S. Government supported Field Epidemiologists (Provincial Epidemiologists and District Surveillance Officers)	New GRZ funded Field Epidemiologists (Provincial Epidemiologists and District Surveillance Officers)	Existing GRZ funded Field Epidemiologists (Provincial Epidemiologists and District Surveillance Officers)	Total GRZ funded Field Epidemiologists (Provincial Epidemiologists and District Surveillance Officers)
<b>2026</b>	45	0	34	34
<b>2027</b>	44	1	35	36
<b>2028</b>	32	12	37	49
<b>2029</b>	21	13	50	63
<b>2030</b>	11	14	64	78

#### Frontline Healthcare Worker: [Doctors]/Clinical Officers

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	660	646	6,431	7,077
2027	495	590	7,021	7,611
2028	371	430	7,451	7,881
2029	278	320	7,771	8,091
2030	209	280	8,051	8,331

**Frontline Healthcare Worker: [Nurses]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	2397	404	23,180	23,584
2027	2298	380	23,560	23,940
2028	2223	320	23,880	24,200
2029	1167	245	24,125	24,370
2030	626	205	24,330	24,535

**Frontline Healthcare Worker: [Community Based Volunteers/ Community Health Workers]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	21,216	0*	0*	0*
2027	15,912	0*	0*	0*
2028	11,934	0*	0*	0*
2029	8,950	0*	0*	0*
2030	6,713	0*	0*	0*

\* Not part of the GRZ establishment

**Frontline Healthcare Worker: [Community Based Volunteers- Seasonal Workers for Malaria]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	12,876	0*	0*	0*
2027	9,657	0*	0*	0*
2028	7,243	0*	0*	0*
2029	5,432	0*	0*	0*
2030	4,074	0*	0*	0*

*\* Not part of the GRZ establishment*

**Frontline Healthcare Worker: [Community Health Assistants]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	0	52	2,182	2,234
2027	1,000	95	2,277	2,372
2028	1,000	80	2,357	2,437
2029	1,000	75	2,432	2,507
2030	1,000	60	2,492	2,552

**Frontline Healthcare Worker: [M&E/Information officers]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	1,267	16	167	183
2027	950	80	247	327
2028	713	75	322	397
2029	535	75	397	472
2030	401	60	457	517

The breakdown by type of frontline healthcare worker is in Appendix 3.

- For the purposes of this MOU, funding includes the salary and benefit for frontline healthcare workers (excluding laboratory workers who will be represented in section 2.2).
- The U.S. Government will ensure that compensation packages for frontline healthcare workers are reasonably aligned with GRZ conditions of service.
- The funding plan in this section does not include any costs related to data systems, technical assistance to support frontline healthcare workers, special initiatives or surge activities (e.g., G2G expansion ramp up efforts), which are covered elsewhere in the MOU.
- Positions funded by the GRZ in the table above will only include positions funded directly by the GRZ and will not include positions funded by other donors or multilateral organizations.

## **2.5 Data Systems**

**2.5.1 2030 Vision:** The GRZ envisions integrated and interoperable robust health data systems that include the SmartCare Pro as its Electronic Medical Records (EMRs) system, DISA as its Laboratory Information Management System (LIMS), e-LMIS as its pharmacy management system, e-IDSR as its surveillance and outbreak response data system, Warehouse Management System as its health commodity inventory management system, and the Zambia National Health Data Warehouse as its national health data warehouse. The GRZ also envisions refining the health information systems landscape to improve functionality and align with national ICT and data protection frameworks.

### **2.5.2 Implementation Plan:**

- The GRZ commits to using SmartCare Pro (SC Pro) as its Electronic Medical Records (EMRs) system and to roll out SmartCare Pro to 2,016 facilities by 2026, 600 facilities by 2027, and 600 facilities by 2028, ensuring that all 3,216 Zambian Government health facilities are connected to SC Pro by the end of 2030.
- The U.S. Government plans to support the following improvements to SmartCare Pro EMR over the term of this MOU consistent with Section 2.5.3:
  - Internet connectivity: (Private 4G infrastructure using Starlink) Adopt a Private 4G cluster model, where one base station covers ~10 nearby facilities, using *one* Starlink kit for backhaul to improve reliability, reduce costs and simplify maintenance;
  - Implement temporary downtime storage for continuous operations during limited internet availability;

- Providing reliable power backup to ensure continuous availability and functionality of SmartCare Pro at facility and the centralized data infrastructure level;
  - To ensure interoperability and integration of SmartCare Pro with DISA, DHIS2, e-LMIS and YATHU systems.
- To facilitate successful adoption the GRZ and USG will collaborate to resolve system defects and ensure the EMR is user friendly. The GRZ commits to enforcing mandatory EMR usage policies to achieve data entry rates of at least 90% for HIV. 50% for all other modules. The release of the full planned USG funding allocation for data systems is conditional upon GRZ achieving these targets by 2028.
- The GRZ commits to using DISA as its Laboratory Information Management System (LIMS) and e-Labs as sample referral, tracking and results return system. DISA is expected to be used across all national and regional labs by the end of 2030. e-LABS will be phased out by 2029.
- The U.S. Government plans to support the following improvements to DISA laboratory information management systems over the term of this MOU consistent with Section 2.5.3:
  - Integration of DISA with SmartCare Pro;
  - Roll out of the integrated DISA to all facilities with SmartCare Pro; and
  - Phased withdrawal of e-LABS sample registration, tracking and results return app once SmartCare Pro – DISA is available as a replacement
- The GRZ commits to using the Electronic Logistics Management Information System (e-LMIS) as its pharmacy management system. e-LMIS is expected to be rolled out to 70% of pharmacies in health facilities with SmartCare Pro by the end of 2026, 100% of pharmacies in health facilities with SmartCare Pro by the end of 2027.
- The U.S. Government plans to support the following improvements to eLMIS pharmacy management system over the term of this MOU, consistent with Section 2.5.3:
  - Integration with SmartCare Pro; and
  - Rolling out of the integrated eLMIS to all sites with SmartCare Pro capabilities.
- The GRZ commits to using e-IDSR as its Electronic Integrated Disease Surveillance Response system. The eIDSR system is expected to be rolled out across all applicable sites by the end of 2026.
- The U.S. Government plans to support the following improvements to the eIDSR system during the implementation of this MOU, consistent with Section 2.5.3:
  - Integration with the Health Management Information System.
- The GRZ commits to integrating YATHU features into SmartCare Pro EMR system for DR TB Patients by the end of 2026.
  - The U.S. Government commits to making the YATHU system interoperable with SmartCare, consistent with Section 2.5.3.

- The GRZ commits to using the Warehouse Management System (WMS) as its inventory management system for health commodities at the central warehouse and hubs. The WMS is expected to be rolled out at all Government-run hubs by the end of 2026.
- The U.S. Government plans to support the following improvements to the WMS health commodity inventory management system over the performance of this MOU, consistent with Section 2.5.3:
  - Integrating of the WMS with the Electronic Logistics Management Information System (e-LMIS); and
  - Supporting the interoperability function of the WMS to track and trace GS1 technology (GS1) to enhance traceability of products.
- The GRZ commits to using Zambia National Health Data Warehouse as its national health data warehouse.
- The U.S. Government plans to support the following improvements to the National Data Warehouse over the performance of this MOU consistent, with Section 2.5.3:
  - Improving access to the system;
  - Building analytic capacity;
  - Promoting data usage.
- The U.S. Government and the GRZ commit to maximizing the integration and interoperability functions of the aforementioned systems and to ensure appropriate cybersecurity and/or data security for all the aforementioned systems.
- The national health data warehouse and/or other data systems are expected to be able to collect and report all data described in Section 1.
- The U.S. Government and the GRZ agree to negotiate a data sharing arrangement that includes the elements set out in Appendix 5 for the purpose of exchanging data on the long-term performance of this MOU and for accountability to the United States Congress for appropriated funds. Both participants expect this data sharing arrangement to continue for ten years.
- Zambia commits to use the electronic Government Procurement system (eGP) and will adhere to GRZ Public Procurement laws for all commodity procurements.

**2.5.3 Funding Plan:**

The U.S. Government intends to provide the following amount of funding for data systems in each of the specified years, subject to the availability of funds:

Data Systems				
Year	U.S. Government Funding (US\$)	New GRZ Funding	Estimated Existing GRZ Funding	Total GRZ Funding
2026	\$31,216,156	\$0	\$0	\$0

<b>2027</b>	\$8,172,087	\$17,512,637	\$0	\$17,512,637
<b>2028</b>	\$4,790,620	\$20,620,647	\$0	\$20,620,647
<b>2029</b>	\$3,295,073	\$22,130,894	\$0	\$22,130,894
<b>2030</b>	\$3,160,765	\$22,279,902	\$0	\$22,279,902

In 2026, the U.S. Government intends to provide the following funding for specific data systems: \$25,703,232 for SmartCare Pro, \$1,959,922 for DISA system, and \$509,540 for eLMIS system integration, \$373,192 for eIDSR system, \$80,689 for YATHU system, \$450,000 for the Zambia National Health Data Warehouse, \$312,792 for the Warehouse Management System (WMS), \$1,901,985 for support towards the One National Reporting System, \$1,313,186 for the Sample based registration System (SRS), \$16,173 for Malaria System and \$4,700,000 for the Track and Trace. Over the course of the MOU, the U.S. Government plans to fund approximately \$35,138,988 for SmartCare Pro, \$7,382,820 for DISA lab management system, \$1,064,195 for eLMIS pharmacy management system, \$880,048 for eIDSR surveillance and outbreak response data system, \$132,689 for YATHU for TB reporting system, \$1,950,000 for the Zambia National Health Data Warehouse, \$746,426 for WMS health commodity inventory management system, \$7,644,457 for the One National Reporting System, \$4,280,081 for sample based registration System (SRS), \$16,173 for Malaria System, and \$5,750,000 for Track and Trace . For purposes of this MOU, these amounts include the cost of developers, product managers, systems engineers and other similar personnel; the cost of cloud computing capacity, software licenses, and other similar software costs; and the cost of hardware including computers, tablets, servers, and other similar hardware costs.

During the term of this MOU, the GRZ commits to pay all reasonable and ongoing software licensing, cloud computing, hardware maintenance, hardware replacement, and other similar costs for the systems outlined in this Section 2.5 that are not specifically paid for by the U.S. Government. The GRZ’s share of these costs will gradually increase over the five-year term, with the GRZ taking on full responsibility for all such costs by the end of Year 5.

For the MOU implementation period, the US government will also provide support to 1,053 data personnel to strengthen data management, analytic, and surveillance functions within national systems. In the final year (2030), this level of support will be reduced by 50% to align with sustainability and transition plans.

**2.6 Strategic Assistance**

**2.6.1** To advance the GRZ 2030 Vision of a resilient, self-reliant health system capable of sustaining core service delivery with minimal external support, the U.S. Government and the Government of the Republic of Zambia commit to a joint implementation plan focused on long-term capacity transfer, strategic systems strengthening, and sustainable service delivery.

The U.S. Government intends to provide technical assistance to GRZ across the following strategic areas:

**2.6.2 Implementation Plan:**

**I. HIV Prevention, Care and Treatment (Including LEN, EMTCT, and Cervical Cancer Integration)**

- a) National scale-up of LEN for PrEP, including de-medicalized delivery through CHWs, private facilities, and pharmacies.
- b) Strengthening integrated HIV prevention and maternal, newborn, child, and adolescent health services, with emphasis on EMTCT and early infant diagnosis.
- c) Support to expand cervical cancer vaccination, screening, diagnostics, treatment, and palliative care, with data integration into SmartCare Pro.
- d) Continued modernization of digital health systems, including SmartCare Pro, tele-mentorship, and data analytics.

**II. Malaria Vector Control and Case Management**

- a) Support for integrated vector management, IRS, ITN distribution, and strengthened case management at community and facility levels.
- b) Enhanced surveillance, digitized reporting, and improved supply chain performance.
- c) Development of a minimum basic malaria service package to improve sustainability.

**III. Tuberculosis Prevention, Case Finding, and Treatment**

- a) Expanded active case finding supported by strengthened surveillance and field epidemiology.
- b) Rollout of near point-of-care diagnostics aligned with national plans.
- c) Development of a minimum basic TB service package to improve efficiency and reduce costs.
- d) Strengthened DR-TB management using expert committees and digital case management tools.

**IV. Global Health Security (GHS)**

- a) Modernization of integrated surveillance and laboratory systems with real-time analytics.

- b) Workforce development through FETP and emergency response training.
- c) Strengthened biosafety, outbreak investigation, genomic surveillance, and rapid diagnostics.
- d) Support to maintain emergency operations centers and digital platforms.

**V. Cross-Cutting Systems Strengthening**

- a) Expansion and integration of digital health platforms across HIV, TB, malaria, and cervical cancer programs.
- b) Joint investments in solar power solutions for priority health facilities to ensure reliable power for diagnostics and cold-chain needs.
- c) Formalization and capacity-building of CHWs with integrated training and digital job aids.
- d) Strengthened end-to-end supply chain visibility and eLMIS improvements.

**VI. Joint Planning**

- a) A detailed, costed implementation plan for each priority area will be jointly developed and approved by April 1, 2026, aligned with GRZ priorities and transition pathways.
- b) All assistance will include clear capacity-transfer milestones, 12–24-month transition plans, and costed handover strategies agreed with GRZ.

**2.6.3 Funding Plan:**

The U.S. Government intends to provide the following amount of technical assistance funding in each of the specified years, subject to the availability of funds:

Year	U.S. Government Strategic Assistance Funding
2026	\$112,238,380
2027	\$ 91,233,283
2028	\$ 74,650,821
2029	\$ 65,498,396
2030	\$ 50,482,240

\* This planned funding is dedicated to supporting strategic assistance that will ensure long-term resilience and sustainability of the country’s health systems for effective service delivery.

The U.S. Government intends to provide its funding through contract mechanisms it identifies, with advice and input from the GRZ. For purposes of this MOU, this technical assistance funding includes all costs not specified in Section 2.1.3, 2.2.3, 2.3.3, 2.4.3, and 2.5.3.

**2.6.4 Key Policy Changes:**

- **De-medicalization of Pre-exposure Prophylaxis (PrEP):** The U.S. Government will support the GRZ in introducing and implementing a de-medicalized PrEP delivery model. This approach will expand PrEP delivery beyond traditional clinical settings by integrating services into community-based and private-sector platforms. A key component of this policy change will be the use of community health workers, private health facilities, community private pharmacies, to provide select HIV prevention services, including the administration of injectable PrEP.
- **Formalization of Community Health Workers:** The GRZ shall formally adopt and establish the Community-Based Volunteer (CBV) cadre within the national health workforce through the finalization and implementation of the National Community Health Policy. This will strengthen accountability, improve service quality, enhance retention, and ensure that community-level delivery of HIV, TB, malaria, MNCH, and outbreak response services is supported by a sustainable, well-structured workforce integrated into the broader primary health care system.

## **2.7 Additional Responsibilities**

- The GRZ commits to exempting from taxation in Zambia any U.S. Government funds used to implement any element of this MOU, including U.S. Government funds deployed through a contractor or sub-contractor, consistent with the most favorable terms included in this MOU or other U.S. Government assistance agreements with the GRZ. At a minimum, this should include being exempt from: (a) customs duties, import duties, taxes or fiscal charges of equal effect levied or otherwise imposed on items imported into Zambia, (b) the value-added tax levied or otherwise imposed on the purchases of goods and services in Zambia, and (c) administrative fees related to import permits and inspection.
- The GRZ commits to working through its regulations and/or laws by December 31, 2026, to recognize approval from the United States Food & Drug Administration (FDA) as meeting all similarly required regulatory approvals by the Zambia Medicines Regulatory Authority (ZAMRA) and Zambia Bureau of Standards (ZABS).

## **SECTION 3**

### **Implementation**

**3.1 Implementation Plan:** Within 90 days of signing this MOU, Participants are expected to develop a detailed implementation plan (“Implementation Plan”) that includes the precise timing and mechanisms for implementing all Areas of Cooperation outlined in Section 2 as well as for collecting all the data elements outlined in Section 1.

**3.2 Steering Committee:** The participants plan to establish a Joint Health Cooperation Steering Committee (JHCSC) composed of senior representatives from both governments and other key stakeholders as mutually decided by the GRZ and the U.S. Government.

**3.2.1. Representation:** Representatives should come from the U.S Government (Department of State, Centers for Disease Control and Prevention, and Department of Defense) and the Government of the Republic of Zambia (Ministry of Health, Ministry of Defense, Ministry of Finance, State House, including Presidential Delivery Unit, SMART Zambia, ZAMMSA, and the Public Service Management Division).

**3.2.2. Meeting:** The JHCSC is expected to meet at least quarterly to monitor progress towards the goals outlined in Section 1 and to meet at least annually to review this MOU and the associated Implementation Plan and recommend modifications to either document as needed. In addition to its regular monitoring and oversight functions, the Joint Health Cooperation Steering Committee (JHCSC) will conduct a comprehensive review of this MOU and its implementation once every year, or at such other intervals as may be mutually agreed upon in writing by the Participants. The purpose of the periodic review shall be to assess progress, address challenges, and consider revisions or adjustments to budgets, implementation modalities, and other relevant provisions to ensure the effective achievement of the MOU's objectives.

In the event of a material change of circumstances affecting either Participant, including, but not limited to, significant shifts in funding availability, public health emergencies, or changes in national policy, either Participant may request an extraordinary review of this MOU. Upon such request, the JHCSC shall convene to consult in good faith and determine appropriate revisions or adjustments to the MOU, including but not limited to budgets, implementation modalities, and timelines. Any revisions or amendments to this MOU shall be made in writing and signed by authorized representatives of both Participants. Unless otherwise agreed, such amendments shall take effect on the date of signature by both Participants.

As part of the bilateral memorandum of understanding (MOU) between the Government of Zambia (GRZ) and the United States Government (USG), the following is a monitoring and evaluation (M&E) framework to standardize the five-year strategy with expectations for data use for program monitoring and analysis. This section outlines M&E standards at each level of implementation and transition for a structured approach to achieve the goals for each priority area documented within the MOU.

**Establishment of Governance and Leadership Architecture for MOU Monitoring:**

- Formulation of a joint leadership steering committee (JSC)
  - Development of a senior decision-making team:
    - To include: GHSD, U.S. Government Zambia agency leads, GRZ ministers and permanent secretaries.
  - Scope of work (SOW): Approves workplans, budgets, and any changes to the overarching approach.
    - Meeting timelines: semi-annually
- Formulation of technical working groups (TWGs) for each priority area, including:
  - Surveillance and Outbreak Response
  - Laboratory System Strengthening
  - Integration of Health Commodity Supply Chain System
  - Human Resources for Health
  - Data Systems
  - SOW: Overall responsibility for oversight of implementation and M&E.
    - Meeting timelines: monthly.
- Formulation of bilateral secretariat:
  - Small joint unit providing coordination, documentation and reporting
  - Custodian of MOU repository
- Selection of focal points for each priority area by the U.S. Government and GRZ:
  - Designated officials responsible for day-to-day coordination and data submission
- Selection of independent reviewer and/or evaluator:
  - Agreed third party or internal audit offices from both sides conducting periodic verifications in consultation with technical working groups.

**Structure for the MOU Monitoring and Evaluation Plan:**

- Guiding principles and commitments
  - Signing the specimen and data sharing agreements between the U.S. Government and GRZ
  - Commitment to financial oversight protocols
  - Corrective action plan templates developed
  - Change request form (scope, rationale, impact, decision) identified and agreed upon.
  - Commitment to communication and transparency. Dissemination and reporting will be done at local, national, and international levels.
    - Internal reporting and stakeholder engagement: Periodic briefings with implementing partners, private sector, civil society, and local governments.

- External and public reporting: Non-sensitive quarterly summaries for public accountability, routine reporting presentations, scientific presentations, etc.
    - Document repository: Secure shared platform for MOU, standard operating procedures (SOPs), reports, and decisions.
- Coordination and monitoring:
  - Develop the logic model according to objectives and MOU priority areas.
    - Clear Activities, Outputs, Outcomes, and Impact (Figures 1 and 2 template)
  - Develop and approve the first annual joint implementation workplan and budget
  - Develop or adopt routine reporting templates, frequency and pilot data collection tools for each priority area
  - Launch monthly and quarterly monitoring
    - Conduct first joint data quality assurance within the first quarter
    - Conduct baseline assessment for each priority area to inform future progress reporting
    - Conduct joint periodic site level technical monitoring and mentorship
    - Hold the joint monthly, quarterly review (JQR) and joint annual reviews (JAR)
  - Hold first semi-annual JSC review
    - Adjust implementation plan based on findings as needed
- Reporting:
  - Monthly implementation update; quarterly performance reports; semi-annual JSC briefs and annual results and audit reports
- Evaluations and timepoint
  - Baseline assessment (2026)
    - Baseline assessment and target setting
  - Mid-term evaluation (2028)
    - Process and outcome evaluations
  - End-term evaluation (2030)
    - Outcome evaluation
    - Economic evaluation

**Table 1. Zambia – The U.S. Government Bilateral Memorandum of Understanding Framework**

<b>MOU Evaluation Priorities</b>	Surveillance and Outbreak Response Laboratory System Strengthening Integration of Health Commodity Supply Chain System Human Resources for Health Data Systems Strategic Health System Investments Programs (HIV, TB, Malaria, Maternal and Child Health)
<b>Cross-cutting Methods for Success</b>	Steering Committee and Technical Working Groups Monitoring Outcomes and Success Auditing Capabilities Accountability Compliance with Standard Agreements
<b>Standards for Success</b>	Collaboration Co-Investment Enhancing U.S. Private Sector Engagement to Support Health Expenditures

**SECTION 4**

**Audit**

**4.1 Outcomes Survey:** Both participants acknowledge the importance of ensuring accurate outcomes data. To this end, the U.S. Government plans to fund a survey for up to \$10 million in 2027 and 2029, subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The U.S. Government and the GRZ intend to work together to mutually decide upon the design and execution of the survey.

**4.1.1. Zambia Demographic and Health Survey (ZDHS) Audit:** The Government of the Republic of Zambia (GRZ) commits to conducting at least one Zambia Demographic and Health Survey (ZDHS) at the midpoint of the MOU period, no later than 2029, with timing and methodology mutually agreed upon by both Participants. This is the only instance in this MOU where other external, non-U.S. Government and non-GRZ funding may be counted towards the design, implementation, and review of the ZDHS. The full results of the ZDHS shall be shared with the U.S. Government) and used as a primary source for evaluating progress toward the outcome metrics outlined in Section 1.1. Penalties for non-compliance are set out in Section 6.11.

**4.2 Process Metric Audit:** The GRZ acknowledges that so long as the U.S. Government is providing any funding in support of activities described in this MOU, the U.S. Government has a significant and material interest in ensuring the process metrics outlined in Section 1.2 and 1.3 are accurately collected, complete and maintained. To this end, the GRZ commits to provide the U.S. Government with any data access, on-site access, or other information needed to audit the process metrics in Section 1.2 and 1.3 in up to ten percent (10%) of randomly selected and/or specific health facilities, clinics, labs, or programs identified by the U.S. Government.

**4.3 Supply Chain Audit:** The GRZ acknowledges that so long as the U.S. Government is providing funding for commodities as described in Section 2.2 or 2.3 of this MOU, the U.S. Government has a significant and material interest in ensuring there is minimal waste and no fraud in the supply chain. To this end, the GRZ must provide the U.S. Government with any data access or information needed to audit supply chain leakage.

**4.4 Co-Investment Audit:** The GRZ acknowledges that so long as the U.S. Government is providing funding for activities described in section 2.2, 2.3, and/or 2.4 of this MOU, the U.S. Government has a significant and material interest in ensuring the GRZ is making its committed co-investment. To this end, the GRZ commits to provide the U.S. Government with any data access or information needed to audit any accounts from which or to which co-investment funding is being provided. This includes but is not limited to budgeting and spending information on all complementary line items (HRH, Commodities, etc.)

**4.5 Regulatory Compliance Audit:** The GRZ acknowledges that so long as the U.S. Government is providing funding in support of any activities described in this MOU, the U.S. Government has a significant and material interest in ensuring compliance with all U.S. laws and policies including the Helms Amendment, which prohibits certain U.S. Government assistance from being used for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. To this end, the GRZ commits to provide the U.S. Government with any data access or information needed to monitor compliance with applicable legal requirements, including to confirm no U.S. Government funding is being used for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.

**4.6 Effect of Failure to Provide Data:** Failure to provide the data access or information requested under this section will be subject to the penalties outlined in Section 6.11. Failure to provide the data access or information requested under this section will be subject to the penalties outlined in Section 6.12.

**4.7 Effect of Failure to Fulfill Specimen and Data Sharing Commitments:** Failure to fulfill specimen and data sharing commitments will be subject to the penalties outlined in Section 6.11. Failure to fulfill specimen and data sharing commitments will be subject to the penalties outlined in Section 6.12.

## SECTION 5

### Co-Investment & Performance Benchmarks

**5.1 Co-Investment Requirements:** In the event that the GRZ does not fulfill the co-investment commitments outlined in Section 2.2.3, 2.3.3, and/or 2.4.3, Appendix 1, and/or Appendix 3 within the specified calendar year, the U.S. Government may unilaterally reduce or cease providing funding to GRZ under this MOU in future years. For purposes of this Section and Section 2.2.3, 2.3.3, 2.4.3, Appendix 1, and/or Appendix 3, co-investment by GRZ may only be calculated based on funds raised directly by GRZ and may not include funding from other donors or multilateral organizations.

In addition, GRZ agrees to increase its domestic government health expenditures by the following amounts in each of the following years:

Year	Increase in Domestic Government Health Expenditures by GRZ Relative to 2025 Baseline
2026	\$0
2027	\$75 million
2028	\$225 million
2029	\$300 million
2030	\$400 million

Co-Investing & Performance Benchmarks				
Year	U.S. Government Funding (US\$)	New GRZ Funding	Estimated Existing GRZ Funding	Total GRZ Funding
<b>2026</b>	\$325,294,438	\$0	\$19,792,350	\$19,792,350
<b>2027</b>	\$254,221,035	\$32,295,096	\$18,209,301	\$50,504,397
<b>2028</b>	\$196,657,009	\$52,364,986	\$19,301,873	\$71,666,859

<b>2029</b>	\$143,752,670	\$66,594,628	\$21,889,707	\$88,484,335
<b>2030</b>	\$107,043,584	\$74,769,177	\$32,756,973	\$107,526,150
<b>Total</b>	<b>\$1,026,968,737</b>	<b>\$226,023,888</b>	<b>\$111,950,204</b>	<b>\$337,974,092</b>

A precise definition of domestic government health expenditures will be agreed upon during the implementation period but shall include all domestic government health expenditures and may not include funds from the U.S. Government, other donors, or multilateral organizations. The Participants shall work together during the implementation period to determine the amount GRZ is spending on domestic government health expenditures in 2025, and this amount shall be the 2025 baseline.

Both Participants acknowledge that so long as the U.S. Government is providing any funding in support of activities described in this MOU, the U.S. Government has a significant and material interest in ensuring the co-investment outlined in this Section 5.1 occurs. To this end, both Participants acknowledge the U.S. Government plans to decrease its funding by ratio of one (1) to one (1) under this MOU if GRZ fails to meet the above co-investment. For example, if GRZ increases its domestic government health expenditures by \$275 million in 2029 versus the 2025 baseline, the U.S. Government would decrease its total funding by \$25 million in 2029.

**5.2 Performance:** Failure to meet the baseline requirements outlined in **Section 1.1 and 1.2 or achieve the metrics outlined in Section 1.3**, will be subject to the penalties outlined in Section 6.11.

**5.3 Performance Incentives:** In the event that the GRZ achieves all the process and outbreak response metrics for 2027 or 2028 outlined in Section 1.2 and 1.3, the GRZ is expected to be eligible to receive a performance incentive for 2027 or 2028 respectively, subject to the availability of funds. The U.S. Government reserves the right to build a composite score of these metrics for the purpose of calculating eligibility for the performance incentive if doing so in no way decreases the GRZ’s eligibility for the performance incentive. In each year, the size of the performance incentive is expected to equal (the population in Zambia divided by the population of all countries who are eligible for the performance incentive) times the size of the performance pool. In no event would the GRZ’s performance incentive for a given year be greater than \$2 per person per year. For the purposes of this calculation, Zambia’s population is estimated to be 21,719,677 as estimated by the 2025 Spectrum estimates. Performance incentives may be used by Zambia to fund any health-related costs that would be allowed under this MOU.

**5.4** In the event of a national emergency or a catastrophic event that impacts performance achievements, the U.S Government and the GRZ will document the event and take it into consideration during performance reviews.

## **SECTION 6**

### **Additional Terms**

**6.1 Duration:** The activities under this MOU are intended to commence on April 1, 2026, and to continue through December 31, 2030.

**6.2 Conditionality:** This MOU will be immediately terminated, and all funding associated with it immediately discontinued, if the Participants fail to reach agreement by April 1, 2026, to the Bilateral Compact proposed by the U.S. Secretary of State to the Zambian President on November 17, 2025 or if, at any point, the parties terminate negotiations or implementation of such a Bilateral Compact due to non-compliance.

**6.3 Discontinuation:** Either Participant may discontinue cooperation under this MOU at any time but is expected to make best efforts to give 180 days' advance notice to the other Participant.

**6.4. Enhancing U.S. Private Sector Engagement to Support Health Expenditures:** Recognizing the critical importance of increased private sector investment to the Zambian economy, and of expanding Zambian government revenues available to support social services and health for the Zambian people, the GRZ commits to hold standing monthly update briefings with the U.S. embassy on priority U.S.-Zambia trade and investment efforts and transactions. Positive progress on these efforts and transactions will be an indicator of the GRZ's actions to expand government revenues through growth as well as the realization of the U.S. government priority of expanding U.S. commercial investment in Zambia.

**6.5 Confidentiality:** Unless otherwise authorized under this MOU or its appendices, participants are expected not to disseminate or otherwise make available any information exchanged under this MOU to any third party (with the exception of the Participants' contractor support personnel) or use the information for purposes other than those for which it was provided, without the prior written consent of the Participant that provided the information, unless otherwise required by applicable law and regulations; however, for the avoidance of doubt, either Participant may make this MOU itself public.

**6.6 Notices:** Any notice required under this MOU is expected to be provided to:

For the U.S. Government

[INSERT NAME]

[INSERT ADDRESS]

For the Government of the Republic of Zambia

[INSERT NAME]

[INSERT ADDRESS]

Either participant may, by notice in writing to the other participant, designate additional representatives or substitute other representatives for those designated in this Section. The participants intend any notice, request or other communication under this MOU to be in writing and delivered to the address specified in this MOU or such other address as either participant may provide to the other participant.

**6.6 Compliance with Applicable Laws:** The cooperation between the participants is expected to be carried out consistent with applicable law and the relevant rules and regulations of the GRZ and the U.S. Government.

**6.7 Privileges, Immunities and Facilities of Both Participants:** Nothing in this MOU should be interpreted or construed as a waiver of the privileges, immunities and facilities which the participants enjoy by virtue of the international agreements and laws applicable to the participants.

**6.8 Subject to Funding Availability:** Participants acknowledge that this MOU is intended to exclusively cover activities funded by the U.S. Government and the GRZ. All activities described in and/or pursued by the participants under this MOU are subject to the availability of funds, personnel, and other resources.

**6.9 Legal Status:** This MOU is not an international agreement and does not give rise to legal rights and obligations under international or domestic law. Nothing in this MOU is intended to override or invalidate any existing agreements between the U.S. Government and the GRZ. Both parties however commit to equitable accountability principles

**6.10 Resolution of Differences:** The participants intend to resolve any differences between them arising from or in connection with the interpretation or performance of this MOU through consultations between themselves.

**6.11 Penalties for Non-Compliance:** Non-compliance with any material obligation under this MOU, including, but not limited to, the following, will be subject to the penalties described below:

- Failure to conduct the Zambia Demographic and Health Survey (ZDHS) as agreed;

- Failure to provide agreed upon data or audit access;
- Failure to meet co-investment requirements;
- Failure to achieve agreed performance metrics;
- Failure to fulfill specimen and data sharing commitments;
- Failure to meet HRH hiring requirements contained in Appendix 3;
- Failure to comply with regulatory requirements.

In the event of non-compliance, the U.S. Government may, at its discretion, reduce, suspend, or discontinue funding or other support under this MOU. The U.S. Government will provide written notice of the intended penalty, and the Government of the Republic of Zambia (GRZ) shall have ninety (90) days to remedy the non-compliance before penalties are imposed.

In the specific case of failure by the GRZ to make the required co-investment or hire the number of healthcare workers committed to herein, in any calendar year, the U.S. Government may, in the following year, reduce its contribution to each under-funded section by double the amount of the shortfall. If GRZ fails to make the required co-investment in more than one section in a single year, or in one section in multiple years, the USG may unilaterally cease providing funding under this MOU in future years. For the purposes of this provision, co-investment by the GRZ may only be calculated based on funds raised directly by the GRZ and may not include funds from other donors or multilateral organizations.

These penalties are in addition to, and not in lieu of, any specific remedies set forth elsewhere in this MOU.

SIGNED on [DATE], in the English language.

FOR THE GOVERNMENT OF THE  
UNITED STATES OF AMERICA

FOR THE GOVERNMENT OF THE REPUBLIC OF  
ZAMBIA

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U.S. AMBASSADOR TO ZAMBIA

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[HEAD OF GOVERNMENT OR HIS OR HER  
DESIGNEE]

### Appendix 1: Co-Funding Summary

The below represents the total planned financial expenditure by both the U.S. Government and the Government of the Republic of Zambia during the term of the MOU. Expenditures by the GRZ may only be calculated based on funds expended directly by the GRZ and may not include funds from other donors or multilateral organizations.:

Year	U.S. Government	Zambian Government
2026	\$320,895,761	\$626,928,519.00
2027	\$248,468,337	\$702,928,519.00
2028	\$188,336,796	\$827,928,519.00
2029	\$142,457,158	\$927,928,519.00
2030	\$112,257,683	\$1,027,928,519.00
<b>Total</b>	<b>\$1,012,415,735</b>	<b>\$4,114,642,595</b>

The table below represents the total planned financial support by the U.S. Government during the term of the MOU:

Year	2026	2027	2028	2029	2030
Surveillance & Outbreak Response (\$)	\$1,963,186	\$1,697,072	\$1,487,985	\$1,193,301	\$813,535
Lab Commodities (\$)	\$39,050,954	\$29,246,148	\$14,681,192	\$12,423,672	\$11,100,811
Frontline Lab Workers (# FTEs)	175	175	123	61	12
Frontline Lab Workers (\$)	\$4,267,600	\$4,267,600	\$2,987,320	\$1,493,660	\$298,732
Other Commodities (\$)	\$49,821,276	\$37,365,957	\$18,682,978	\$15,880,531	\$14,292,478
Frontline Healthcare Workers (# FTEs)	40,422	30,860	23,636	17,197	12,614

Frontline Healthcare Workers (\$)	\$63,469,730	\$51,873,378	\$43,176,114	\$28,111,005	\$18,947,714
Data Systems (\$)	\$31,216,156	\$8,172,087	\$4,790,620	\$3,295,073	\$3,160,765
Strategic Assistance (\$)	\$93,329,954	\$72,079,737	\$56,097,525	\$43,587,441	\$29,082,221
<b>Total</b>	<b>\$287,571,086</b>	<b>\$215,260,900</b>	<b>\$160,676,041</b>	<b>\$110,144,629</b>	<b>\$80,883,500</b>

The below represents the total **new** planned financial support described in this MOU by **the GRZ** during the term of the MOU:

<b>Year</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>
Surveillance & Outbreak Response (\$)	\$0	\$700,000	\$1,400,000	\$2,000,000	\$2,475,020
Lab Commodities (\$)	\$20,422,934	\$30,227,740	\$44,792,696	\$47,050,216	\$48,373,077
<i>Frontline Lab Workers (# FTEs)</i>	108	195	155	70	85
Other Commodities (\$)	\$34,610,437	\$47,065,756	\$65,748,735	\$68,551,182	\$70,139,235
<i>*Frontline Healthcare Workers (# FTEs)</i>	1,102	1,066	842	653	559
<b>**Frontline Healthcare Workers (\$)</b>	\$0	\$5,238,832	\$4,382,196	\$3,719,440	\$3,433,851
Data Systems (\$)	\$0	\$17,512,637	\$20,620,647	\$22,130,894	\$22,279,902
<b>Total</b>	<b>\$0</b>	<b>\$48,401,194</b>	<b>\$72,627,714</b>	<b>\$60,661,197</b>	<b>\$61,108,103</b>

\*This includes CHA, Doctors, Nurses, Midwives, Clinical offices

\*\*This includes CHA, Doctors, Nurses, Midwives, Clinical offices, Lab

## Appendix 2: 2026 Planned U.S. Commodity Funding

The U.S. Government intends to provide the following frontline funding in 2026:

### Lab Commodities

Lab Commodity	Total Cost
Lab Commodity #1 HIV Rapid test kits	\$ 4,220,320.00
Lab Commodity #2 Viral Load/EID/HPV/ CD4 Reagents	\$ 32,271,915.00
Lab Commodity #3 TB Reagents	\$ 102,403.00
Other Lab Reagents/Consumables	\$ 2,456,316.00
<b>Total</b>	<b>\$ 39,050,954.00</b>

### Other Commodities

Commodity	Total Cost
Commodity #1 ARVS including PrEP	\$ 35,507,765
Commodity #2 ACTS, LLINS, RDTs	\$ 11,180,000
Commodity # 3 Pharmaceuticals – OIs, TPT, IRS	\$ 3,133,511.00
<b>Total</b>	<b>\$ 49,821,276</b>

### Appendix 3: Frontline Lab & Healthcare Worker Funding

The table below represents the total number of planned new permanent healthcare workers to be hired by the Government of the Republic of Zambia during the term of the MOU.

Year	Planned New Permanent Healthcare Workers to be Hired by GRZ
2026	2,000
2027	9,500
2028	9,500
2029	9,500
2030	9,500
<b>Total</b>	<b>40,000</b>

The GRZ staffing establishment by approved and funded positions for each cadre is provided in the table below. The titles in bold show the cadres covered by the U.S. Government. The variance indicates the number of staff that would need to be added to meet the needs of the GRZ staffing establishment.

Among the cadres covered by the U.S. Government there is a variance of 34,018 staff that would need to be filled for clinical officer, doctor, laboratory, nurses, midwife, and pharmacy positions.

#### GRZ Funded HRH by 2025

Cadre	GRZ Approved	GRZ Funded	Variance	% Funded
Administration	53,600	23,430	30,170	44%
Audiology	132	1	131	1%
CHA	4,080	2,125	1,955	52%
<b>Clinical Officer*</b>	<b>18,149</b>	<b>6,414</b>	<b>11,735</b>	<b>35%</b>
Dental	1,529	800	729	52%
Environmental Health	4,599	3,764	835	82%
<b>Laboratory*</b>	<b>4,167</b>	<b>3,172</b>	<b>995</b>	<b>76%</b>
<b>Medical Doctor*</b>	<b>6,468</b>	<b>3,947</b>	<b>2,521</b>	<b>61%</b>
Medical Physicists	5	3	2	60%
<b>Midwife*</b>	<b>14,954</b>	<b>5,301</b>	<b>9,653</b>	<b>35%</b>

<b>Nurse*</b>	<b>33,900</b>	<b>26,083</b>	<b>7,817</b>	<b>77%</b>
Nutrition	922	819	103	89%
Optometry	259	86	173	33%
Orthopeadics	103	17	86	17%
<b>Pharmacy*</b>	<b>3,447</b>	<b>2,150</b>	<b>1,297</b>	<b>62%</b>
Physiotherapy	1,245	1,116	129	90%
Prosthetist Orthotist	39	1	38	3%
Public Health	409	201	208	49%
Radiology	1,605	1,330	275	83%
Teaching	1,982	741	1,241	37%
<b>Total</b>	<b>151,594</b>	<b>81,501</b>	<b>70,093</b>	<b>54%</b>

\*Cadres currently supported by the U.S. Government.

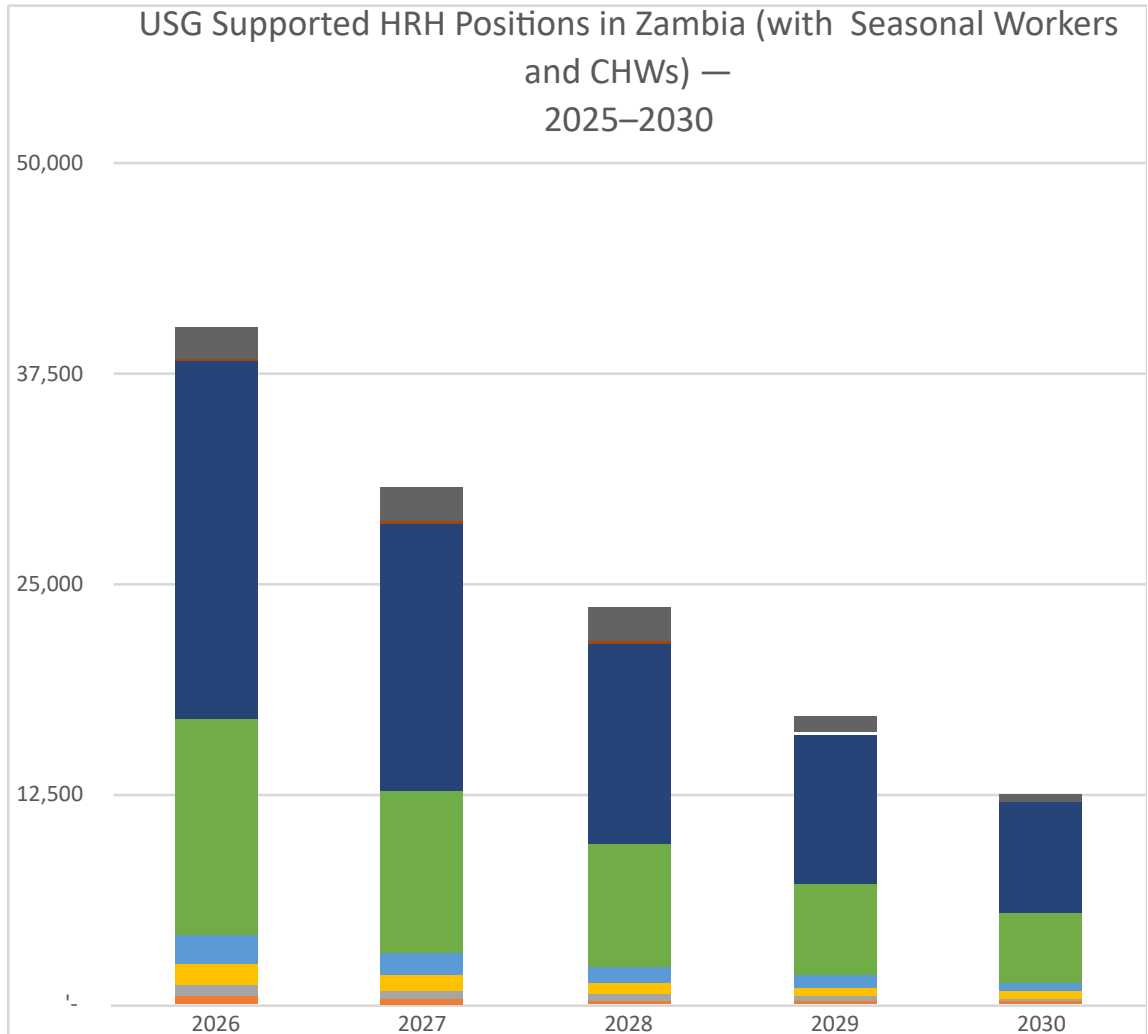
The table below outlines the Government’s target to employ 40,000 health workers by 2030. This MOU is conditioned on the GRZ hiring and funding 40,000 healthcare workers by 2030 and GRZ fulfillment of the co-investment requirement in section, 5.1.

The projections are based on the Ministry of Health’s Human Resources for Health (HRH) establishment, with an additional 5,000 community health assistants included outside the current HRH structure.

#### GRZ HRH Recruitment Target by Cadre

Year	Doctors/ Clinical Officers	Epidemio logist	Nurses	Community Health Assistants	M&E/ Information officers	Total Frontline
2026	400	-	1,200	496	153	<b>2,249</b>
2027	4,000	10	3,626	906	763	<b>9,305</b>
2028	4,103	19	4,000	763	716	<b>9,601</b>
2029	4,800	29	2,800	1,200	716	<b>9,544</b>
2030	4,800	38	3,600	573	400	<b>9,411</b>

<b>Total</b>	<b>18,103</b>	<b>95</b>	<b>15,226</b>	<b>3,939</b>	<b>2,747</b>	<b>40,110</b>
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- \*Lab reductions: 30% in 2028, 50% in 2029, 80% in 2030.
- \*CHW/Seasonal Worker reductions: 50% in 2029 and 2030.
- \*All other cadres: 25% per year beginning 2027.

**Frontline Lab Worker: [Lab Technologists]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	175	108	2,657	2,765

2027	175	195	2,852	3,047
2028	123	155	3,007	3,162
2029	61	70	3,077	3,147
2030	12	85	3,162	3,247

**Frontline Healthcare Worker: [Epidemiologist]**

**Year** U.S. Government supported Field Epidemiologists (Provincial Epidemiologists and District Surveillance Officers) New GRZ funded Field Epidemiologists (Provincial Epidemiologists and District Surveillance Officers) Existing GRZ funded Field Epidemiologists (Provincial Epidemiologists and District Surveillance Officers) Total GRZ funded Field Epidemiologists (Provincial Epidemiologists and District Surveillance Officers)

<b>2026</b>	45	0	34	34
<b>2027</b>	44	1	35	36
<b>2028</b>	32	12	37	49
<b>2029</b>	21	13	50	63
<b>2030</b>	11	14	64	78

**Frontline Healthcare Worker: Doctors/Clinical Officers**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	660	646	6,431	7,077
2027	495	590	7,021	7,611
2028	371	430	7,451	7,881
2029	278	320	7,771	8,091
2030	209	280	8,051	8,331

**Frontline Healthcare Worker: [Nurses]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	2397	404	23,180	23,584

2027	2298	380	23,560	23,940
2028	2223	320	23,880	24,200
2029	1167	245	24,125	24,370
2030	626	205	24,330	24,535

**Frontline Healthcare Worker: [Community Based Volunteers/ Community Health Workers]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	21,216	0*	0*	0*
2027	15,912	0*	0*	0*
2028	11,934	0*	0*	0*
2029	8,950	0*	0*	0*
2030	6,713	0*	0*	0*

*\* Not part of the GRZ establishment*

**Frontline Healthcare Worker: [Community Based Volunteers- Seasonal Workers for Malaria]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	12,876	0*	0*	0*
2027	9,657	0*	0*	0*
2028	7,243	0*	0*	0*
2029	5,432	0*	0*	0*
2030	4,074	0*	0*	0*

*\*Not part of the GRZ establishment*

**Frontline Healthcare Worker: [Community Health Assistants]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026		52	2,182	2,234
2027	1,000	95	2,277	2,372
2028	1,000	80	2,357	2,437
2029	1,000	75	2,432	2,507
2030	1,000	60	2,492	2,552

**Frontline Healthcare Worker: [M&E/Information officers]**

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	1,267	16	167	183
2027	950	80	247	327
2028	713	75	322	397
2029	535	75	397	472
2030	401	60	457	517

## **Appendix 4: Specimen Sharing Agreement**

[Add form agreement – drafting in process]

## **Appendix 5: Data Sharing Agreement**

[Add form agreement – drafting in process]

### Appendix 6: Macros and Assumptions Used

Macros		
Year	Exchange Rate	Inflation
2026	26	1.088
2027	30	1.064
2028	31.1	1.073
2029	31.1	1.06
2030	31.1	1.06