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 Government of the United States of America (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 GRZ 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

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

Table 1.1: Outcome Metrics

	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	>95%	>95%	>95%	>95%	>95%	>95%

	Baseline (Jan 2024 - Dec 2024)	2026	2027	2028	2029	2030
Virally Suppressed						
Vertical Transmission rate of HIV	6%	5%	5%	4%	4%	3%
# Malaria Case Fatality rate (In under five children)	11/1,000	9/1,000	7/1,000	5/1,000	<5/1,000	<5/1,000
# 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	<38/1,000	<34/1,000	<30/1,000	<27/1,000	<25/1,000

	Baseline (Jan 2024 - Dec 2024)	2026	2027	2028	2029	2030
Antenatal attendance in the first trimester	46%	48%	52%	56%	60%	65%
Cervical Cancer Screening for Women Living with HIV	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:

Table 1.2: Process Metrics

	Baseline (Jan 2024-Dec 2024)	2026	2027	2028	2029	2030
HIV Treatment coverage	>95%	>95%	>95%	>95%	>95%	>95%
# people on ART	1,314,858	1,323,463	1,328,028	1,330,804	1,333,325	1,334,033
# new HIV diagnoses among infants	1,246	1,125	1,012	911	820	738

(0-24 months)						
# new HIV diagnoses among children and adults (age 18 months or older)	30,400	27,360	24,624	22,162	19,945	17,951
# pregnant women living with HIV who receive ART	55,204	43,421	41,602	39,483	37,587	35,801

	Baseline (Jan 2024-Dec 2024)	2026	2027	2028	2029	2030
% HIV exposed infants who receive ARV prophylaxis	80%	85%	90%	95%	95%	95%
% confirmed malaria	98%	98%	98%	98%	98%	98%

cases that receive first-line antimalarial treatment (Facility)						
% confirmed malaria cases that receive first-line antimalarial treatment (Community)	93%	95%	95%	95%	95%	95%

	Baseline (Jan 2024-Dec 2024)	2026	2027	2028	2029	2030
# 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

	Baseline (Jan 2024-Dec 2024)	2026	2027	2028	2029	2030
# 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	92%	90%	90%	90%	90%	90%

who completed treatment						
% surviving infants who received the first dose of the inactivated polio vaccine	76.8%	80%	85%	90%	90%	95%

	Baseline (Jan 2024-Dec 2024)	2026	2027	2028	2029	2030
% 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	4	5	5	6	6	6

care visits for pregnant women						
% 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:

- GRZ 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"):

2.1 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/specimen 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, the GRZ plans to 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.
- The U.S. Government plans to support the training of at least 60 Frontline, 20 Intermediate, and 20 Advanced field epidemiologists 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 Participants plan to implement a specimen sharing arrangement the purpose of sharing physical specimens and related data, including genetic sequence data

of detected pathogens with epidemic potential for either country within 7 days of detection.

- The U.S. Government, in coordination with the GRZ, plans to 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:

Table 2.1.3: Financial Support for Surveillance and Outbreak Response Activities

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	$561,581	$1,261,581
2028	$1,487,985	$ 700,000	$1,261,581	$1,961,581
2029	$1,193,301	$ 600,000	$1,961,581	$2,561,581
2030	$813,535	$ 475,020	$2,561,581	$3,036,601

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 the 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 historically funded $47,002,987 of laboratory commodities annually and currently funds175 frontline lab workers in Zambia.
- The U.S. Government plans to invest $39,050,954 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 to laboratory services to optimally support programming. Specifically, the GRZ plans to assume full responsibility of providing salaries and benefits for current U.S. Government supported roles, including 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/specimen transport support provided by the U.S. Government is expected to 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 is expected to 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:

Table 2.2.3.1: Financial Support for Lab Commodities

Commodities				
Year	**U.S. Government Funding for Lab commodities (US$)**	**New GRZ Funding**	**Existing GRZ Funding**	**Total GRZ Funding**
2026	$39,050,954	$0	$19,230,769	$19,230,769
2027	$29,246,148	$6,494,407	$19,230,769	$25,725,176
2028	$14,681,192	$7,047,485	$25,725,176	$32,772,661
2029	$12,423,672	$7,466,523	$32,772,661	$40,239,185
2030	$11,100,811	$8,445,587	$40,239,185	$48,684,772

- The breakdown of the U.S. Government's planned 2026 lab commodity procurement spending is in Appendix 2, Table 1. 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 plans to 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 is only expected to include funding provided directly by the GRZ and is not expected to 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:

Table 2.2.3.2: Frontline Lab Workers: 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	2,765	2,960
2028	123	155	2,960	3,115
2029	61	70	3,115	3,185
2030	12	85	3,185	3,270

- 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 plans to 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 are only expected to include positions funded directly by the GRZ and are not expected to include positions funded by other donors or multilateral organizations.

2.3 Commodities

2.3.1 2030 Vision: The GRZ envisions an integrated healthcare commodity supply chain system with strong GRZ oversight and accountability. This system is expected to 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.

2.3.2 Implementation Plan:

- Historically the U.S. Government funded $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 plans to ensure that all individuals involved in theft, pilferage, diversion, fraud, or falsification of health commodities are expeditiously 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 the 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 commits to 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 plans to implement a robust strategy to protect the public health supply chain and ensure access to quality health commodities. This approach is expected to include stronger enforcement against theft, diversion, and counterfeit drugs, as well as improved monitoring and collaboration with key stakeholders. The GRZ also plans to 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 is expected to enable coordinated responses and

reinforce mutual efforts to safeguard health commodities and maintain accountability.

- The GRZ plans to 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 of being 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 U.S. Government commits to helping the GRZ with information related to any theft, pilferage, diversion, fraud, or falsification of health commodities.
- The U.S. Government plans to 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 are expected to decline gradually to zero by the end of December 31, 2030, while GRZ is expected to 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:

Table 2.3.3: Financial Support for Commodities

Year	U.S. Government Funding for commodities (Dollar Amount)	New GRZ Funding	Estimated Existing GRZ Funding	Total GRZ Funding
2026	$49,821,276	$0	$34,610,437	$34,610,437
2027	$37,365,957	$10,455,319	$34,610,437	$45,065,756
2028	$18,682,978	$11,975,458	$45,065,756	$57,041,214
2029	$15,880,532	$13,802,447	$57,041,214	$70,843,661
2030	$14,292,479	$13,588,053	$70,843,661	$84,431,714

- 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 is only expected to include funding

provided directly by the GRZ and is not expected to include funding from other donors or multilateral organizations.

2.4 Frontline Healthcare Workers

2.4.1 2030 Vision: The ZGRZ commits to a minimum of 40,000 workers during the period of this MOU. These additions are expected to include integration 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 this 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;
    - Pharmacists;
    - Laboratory positions;
    - Disease monitoring staff (epidemiologists, strategic information, and M&E staff); and
    - To support the transition of CHWs to the new Community Health Strategy, the U.S. Government plans to fund stipends for 20,000 polyvalent CHWs who deliver services at the community level starting in 2026. The payment of CHW stipends is expected to be transferred fully to the GRZ by the end of 2030, with the transition process starting at the end of 2027.

- The GRZ, through the Ministry of Health, has formalized Polyvalent Community Based Volunteers (CBVs) to be part of the formal Ministry of Health Human Resources structure to provide community health services. The GRZ commits to absorbing qualified community health care workers engaged by the U.S Government into this structure incrementally from 2027, with the endpoint of absorbing the mutually determined number of community health care workers by 2030;

- Over the next five years additional training for CHAs within the GRZ staffing establishment is expected to be supported by the GRZ, while retaining the recognition of the community representational role that CBVs play (CBVs are expected to be trained to be polyvalent with the ability to address multiple disease areas at community level). The CHAs roles are expected to 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 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 plans to 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 are expected to be 30% in 2028, 50% in 2029, and 80% in 2030. CHWs and seasonal worker staff reductions are expected to 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 the 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:

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

- For the purposes of this MOU, funding includes the salary and benefits for frontline healthcare workers.
- The U.S. Government intends to ensure that compensation packages for frontline healthcare workers are reasonably aligned with the 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, which are covered elsewhere in the MOU.
- Positions funded by the GRZ in the table above are only expected to include positions funded directly by the GRZ and are not expected to 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, Electronic Logistics Management Information System (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 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, in consultation with Smart Zambia Institute, 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;
    - Temporary downtime storage for continuous operations during limited internet availability;

    - Reliable power backup to ensure continuous availability and functionality of SmartCare Pro at facility and the centralized data infrastructure level;
    - Interoperability and integration of SmartCare Pro with DISA, DHIS2, e-LMIS, and YATHU systems.
- To facilitate successful adoption, the GRZ and the U.S. Government plans to 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 and 50% for all other modules. The release of the full planned U.S. Government 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 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 e-LMIS pharmacy management system over the term of this MOU, consistent with Section 2.5.3:
    - Integration with SmartCare Pro; and
    - Roll out of the integrated e-LMIS to all sites with SmartCare Pro capabilities.

- The GRZ commits to using e-IDSR as its Electronic Integrated Disease Surveillance Response system. The e-IDSR 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 e-IDSR 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 Drug Resistant TB Patients by the end of 2026.
- The U.S. Government commits to making the YATHU system interoperable with SmartCare Pro, 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:
    - Integration of the WMS with e-LMIS; and
    - Interoperability functions of the WMS to track and trace 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 ensuring 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 intend to implement a data sharing arrangement 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.
- 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:

Table 2.5.3: Financial Support for Data Systems

Data Systems				
Year	**U.S. Government Funding (US$)**	**New GRZ Funding**	**Estimated Existing GRZ Funding**	**Total GRZ Funding**
2026	$31,216,156	$0	$1,500,000	$1,500,000
2027	$8,172,087	$12,806,423	$1,500,000	$14,306,423
2028	$4,790,620	$37,637	$14,306,423	$14,344,060
2029	$3,295,073	$1,345,563	$14,344,060	$15,689,623
2030	$3,160,765	$0	$15,689,623	$15,689,623

In 2026, the U.S. Government intends to provide the following funding for specific data systems: $22,758,232 for SmartCare Pro, $1,926,972 for DISA system, and $483,540 for e-LMIS system integration, $109,777 for the e-IDSR system, $450,000 for the Zambia National Health Data Warehouse, $253,992 for the Warehouse Management System (WMS), $511,985 for support towards the One National Reporting System, and $3,500,000 for the track and trace system.

Over the course of this MOU, the U.S. Government plans to fund approximately $32,193,988 for SmartCare Pro, $7,316,919 for DISA lab management system, $996,195 for the e-LMIS pharmacy management system, $179,701 for the e-IDSR surveillance and outbreak response data system, $1,950,000 for the Zambia National Health Data Warehouse, $584,726 for WMS health commodity inventory management system, $1,474,457 for the One National Reporting System, and $4,375,000 for the track and trace system. 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 is expected to increase gradually over the five-year term, with the GRZ taking on full responsibility for all such costs by the end of 2030.

For the MOU implementation period, the U.S. Government also plans to provide support to 1,053 data personnel to strengthen data management, analytic, and surveillance functions within national systems (not included in the HRH counts in Appendix 3). In the final year (2030), this level of support is expected to be reduced by 50% to align with sustainability and transition plans.

2.6 Strategic Assistance

2.6.1 2030 Vision: To advance the GRZ 2030 **v**ision of a resilient, self-reliant health system capable of sustaining core service delivery with minimal external support, the U.S. Government and the GRZ 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 strategic assistance to GRZ across the following strategic areas:

2.6.2 Implementation Plan: The Participants commit to developing an implementation plan that is expected to ensure effective and efficient achievement of the goals of this MOU. Key components may include strengthening HIV, TB, malaria, and global health security outcomes through scalable, integrated, and sustainable approaches, while retaining flexibility to adopt new innovations and models as evidence and context evolve over the next five years.

I. **HIV Prevention, Care and Treatment (Including LEN scale-up, Ending Vertical Transmission of HIV, Cervical Cancer, and Noncommunicable Disease Integration)**
HIV prevention, care and treatment strategic investments are expected to focus on expanding differentiated prevention and treatment approaches, including integration of care and treatment for people living with HIV into broader primary healthcare systems; strengthening integration with maternal, child, adolescent health, and cervical cancer; and continuing modernization of digital health systems to improve service quality, continuity of care, and data use for decision-making.

II. **Malaria Vector Control and Case Management**
Malaria investments are expected to emphasize integrated vector control, improved case management, enhanced surveillance, and supply chain performance, alongside the development of a basic service package to support long-term sustainability.

III. **Tuberculosis Prevention, Case Finding, and Treatment**
TB efforts are expected to focus on expanding case finding, rolling out innovative diagnostics aligned with national plans, strengthening drug-resistant TB management, and improving efficiency through standardized service packages and digital tools.

IV. **Global Health Security**
Global health security support is expected to center on modernizing surveillance and laboratory systems, strengthening the public health

workforce, enhancing outbreak preparedness and response capacities, and maintaining emergency operations and digital platforms.

V. Cross-Cutting Systems Strengthening

Cross-cutting systems strengthening is expected to include integrated digital health platforms, resilient infrastructure solutions such as solar power, formalization and support of community health workers, and end-to-end supply chain improvements.

VI. Joint Planning

Joint planning and implementation are expected to be guided by detailed, costed plans aligned with GRZ priorities, with clear capacity transfer, transition pathways, and handover strategies, consistent with the principles of one plan, one budget, and one monitoring framework, positioning Zambia for a sustainable future in the health sector.

2.6.3 Funding Plan:

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

Table 2.6.3: Financial Support for Strategic Assistance

Year	U.S. Government Strategic Assistance Funding
2026	$116,667,318
2027	$143,991,702
2028	$180,256,739
2029	$201,301,297
2030	$147,645,794

* This planned funding is dedicated to supporting strategic assistance that is expected to 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 mechanisms it identifies, with advice and input from the GRZ. For purposes of this MOU, this strategic 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:

The Participants plan to address the policy changes that are necessary to ensure effective implementation of this MOU and related implementation plan. Specific key policy changes needed initially include:

- **De-medicalization of Pre-exposure Prophylaxis (PrEP):** The U.S. Government plans to support the GRZ in introducing and implementing a de-medicalized PrEP delivery model. This approach is expected to expand PrEP delivery beyond traditional clinical settings by integrating services into sustainable country-led community-based and private-sector platforms. A key component of this policy change is expected to 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 commits to formally adopting and establishing the Community-Based Volunteer (CBV) cadre within the national health workforce through the finalization and implementation of the National Community Health Policy 2027 - 2031. This policy is expected to 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 <u>Additional Responsibilities</u>

- 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 any 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. This JHCSC should be co-chaired by high-ranking officials from 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, ZNPHI, 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 JHCSC should conduct a comprehensive review of this MOU and its implementation once every year, or at such other intervals as may be mutually decided upon in writing by the Participants. The purpose of the periodic review should 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 should 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 modifications to this MOU should be made in writing and signed by authorized representatives of both Participants. Unless otherwise mutually decided, such modifications should take effect on the date of signature by both Participants.

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 an outcomes survey for up to $10 million in to be completed no later than 2029, subject to the availability of funds. The U.S. Government and the GRZ intend to work together to mutually decide upon the design, methodology, and execution of the survey. Funding for the outcomes survey is an instance in this MOU where other external, non-U.S. Government and non-GRZ funding may be counted towards the design, implementation, dissemination, and review of the survey. The full data and results of the survey are expected to 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. Measures for non-compliance are set out in Section 6.12.

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 commits to 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 commitment includes but is not limited to budgeting and expenditure 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 is expected to result in the measures 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 is expected to result in the measures 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.

The GRZ commits to increase overall domestic government health expenditure in accordance with the amounts specified in Table 5.1. These allocations represent the GRZ's commitment to activities outlined in this MOU, as well as other health priorities beyond the MOU's scope.

Table 5.1: Annual Increase in GRZ Domestic Health Expenditures

Year	Estimated Annual GRZ Health Expenditures	Annual Increase in GRZ Health Expenditures	Total
2026	$627,928,519	$0	$627,928,519
2027	$627,928,519	$75,000,000	$702,928,519
2028	$702,928,519	$125,000,000	$827,928,519

2029	$827,928,519	$100,000,000	$927,928,519
2030	$927,928,519	$100,000,000	$1,027,928,519

A precise definition of domestic government health expenditures should be mutually decided upon during the implementation period but should include all domestic government health expenditures and should not include funds from the U.S. Government, other donors, or multilateral organizations. The Participants intend to work together during the implementation period to determine the amount GRZ is spending on domestic government health expenditures in 2025, and this amount should 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 throughout the document, and 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, is expected to result in the measures outlined in Section 6.12.

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 Catastrophic Events: In the event of a national emergency or a catastrophic event that impacts performance achievements, the U.S Government and the GRZ plan to 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 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.

6.3 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 should 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.

6.4 Confidentiality: Unless otherwise acceptable 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.

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

For the U.S. Government	For the Government of the Republic of Zambia
XX	XXX
US Embassy, Lusaka	Ministry of Health

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.

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 Measures for Non-Compliance: In the event of non-compliance with any material commitment under this MOU, the U.S. Government may, at its discretion, reduce, suspend, or discontinue funding or other support under this MOU, after providing written notice to the GRZ and allowing the GRZ ninety (90) days to remedy the non-compliance. Examples of non-compliance with any material commitment under this MOU include the following:

- Failure to conduct the survey in Section 4.1;
- Failure to provide data or audit access;
- Failure to meet co-investment requirements;
- Failure to achieve 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 should provide written notice of the intended measures, and the GRZ should have ninety (90) days to remedy the non-compliance before measures are imposed.

In the specific case of failure by the GRZ to make the necessary 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 planned funding for each under-funded section by double the amount of the shortfall. If the GRZ fails to make the necessary 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 is expected to be calculated based only on funds raised directly by the GRZ and may not include funds from other donors or multilateral organizations.

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

SIGNED at [INSERT CITY] on [DATE], in duplicate, in the English language.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA:	**FOR THE GOVERNMENT OF THE REPUBLIC OF ZAMBIA:**
_____	_____
CHARGE d'AFFAIRES TO ZAMBIA	MINISTER OF FINANCE

Appendix 1: Co-Funding Summary

Table 1 below represents the total planned financial expenditure by both the U.S. Government and the GRZ during the term of the MOU for activities specifically outlined in the MOU. The GRZ planned expenditures in Table 1 represent a subset of the expenditure commitments outlined in Section 5.1, Table 5.1. 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.

Table 1: Total Planned Financial Expenditures by the U.S. Government and GRZ

Year	U.S. Government	Zambian Government
2026	$348,633,000	$345,384,526
2027	$326,133,000	$388,802,554
2028	$320,233,000	$421,525,013
2029	$296,633,000	$457,701,424
2030	$224,633,000	$493,171,963
Total	**$1,516,265,000**	**$2,106,585,480**

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

Table 2: Total Planned Financial Support by the U.S. Government during 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	$3,160,765
Strategic Assistance ($)	$116,667,318	$143,991,702	$180,256,739	$201,301,297	$147,645,794
Total	**$306,456,220**	**$276,613,944**	**$266,062,948**	**$263,698,539**	**$196,259,829**

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

Table 3: Total New Planned Financial Support by the GRZ during the MOU

	2026	**2027**	**2028**	**2029**	**2030**
Surveillance & Outbreak Response ($)	$0	$700,000	$700,000	$600,000	$475,020
Lab Commodities ($)	$0	$6,494,407	$7,047,485	$7,466,523	$8,445,587
Commodities ($)	$0	$10,455,319	$11,975,458	$13,802,447	$13,588,053
Healthcare Workers & CHW ($)	$5,822,718	$12,961,879	$12,961,879	$12,961,879	$12,961,879
Data Systems ($)	$0	$12,806,423	$37,637	$1,345,563	$0
Total	**$5,822,718**	**$43,418,028**	**$32,722,459**	**$36,176,412**	**$35,470,539**

Table 3.1: Total Planned Financial Support by the GRZ during the MOU

Year	2026	2027	2028	2029	2030
Surveillance & Outbreak Response ($)	$561,581	$1,261,581	$1,961,581	$2,561,581	$3,036,601
Lab Commodities ($)	$19,230,769	$25,725,176	$32,772,661	$40,239,185	$48,684,772
Commodities ($)	$34,610,437	$45,065,756	$57,041,214	$70,843,661	$84,431,714
Healthcare Workers & CHW ($)	$289,481,739	$302,443,618	$315,405,496	$328,367,375	$341,329,253
Data Systems ($)	$1,500,000	$14,306,42	$14,344,060	$15,689,623	$15,689,623
Total	**$345,384,526**	**$388,802,554**	**$421,525,012**	**$457,701,425**	**$493,171,963**

Appendix 2: 2026 Planned U.S. Commodity Funding

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

Table 1: U.S. Government Funding for Lab Commodities in 2026

Lab Commodity	Total Cost
Lab Commodity #1 HIV Rapid test kits	$ 4,220,320
Lab Commodity #2 Viral Load/EID/HPV/CD4 Reagents	$ 32,271,915
Lab Commodity #3 TB Reagents	$ 102,403
Other Lab Reagents/Consumables	$ 2,456,316
Total	$ 39,050,954

Table 2: U.S. Government Funding for Other Health Commodities in 2026

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
Total	$49,821,276

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.

Table 1: Total Planned New Healthcare Workers Hired by the GRZ

Year	Planned New Permanent Healthcare Workers to be Hired by GRZ	Community	Total
2026	2,500		2,500
2027	3,125	6,250	9,375
2028	3,125	6,250	9,375
2029	3,125	6,250	9,375
2030	3,125	6,250	9,375
Total	**15,000**	**25,000**	**40,000**

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

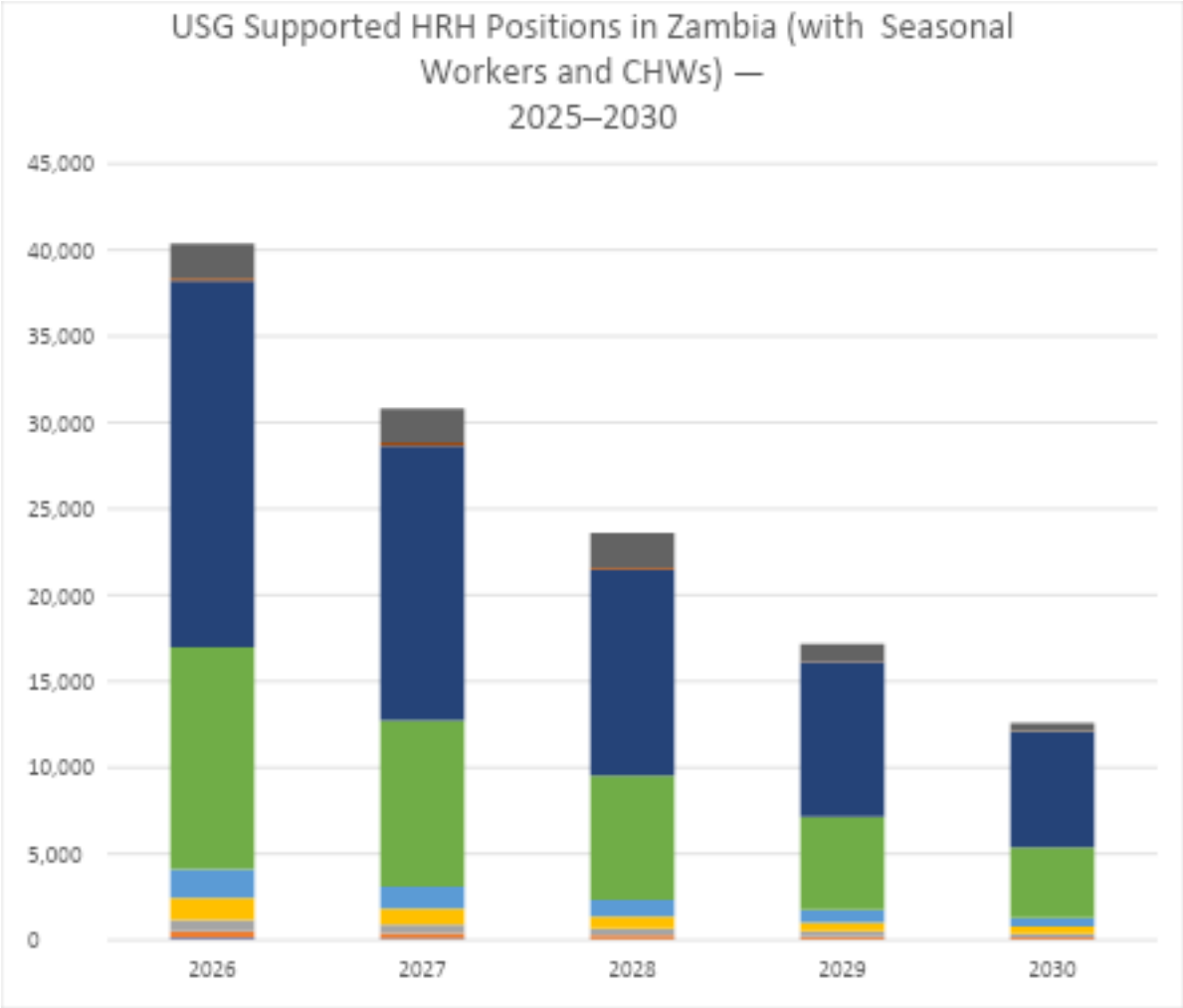
The GRZ staffing establishment by approved and funded positions for each cadre is provided in the table below. The titles in bold show the cadres covered by the U.S. Government. The variance indicates the number of staff that would need to be added to meet the needs of the GRZ staffing establishment.

Table 2: 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%
Clinical Officer*	**18,149**	**6,414**	**11,735**	**35%**
Dental	1,529	800	729	52%
Environmental Health	4,599	3,764	835	82%
Laboratory*	**4,167**	**3,172**	**995**	**76%**
Medical Doctor*	**6,468**	**3,947**	**2,521**	**61%**
Medical Physicists	5	3	2	60%
Midwife*	**14,954**	**5,301**	**9,653**	**35%**
Nurse*	**33,900**	**26,083**	**7,817**	**77%**
Nutrition	922	819	103	89%
Optometry	259	86	173	33%
Orthopeadics	103	17	86	17%
Pharmacy*	**3,447**	**2,150**	**1,297**	**62%**
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%
Total	**151,594**	**81,501**	**70,093**	**54%**

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

Table 3: U.S. Government-Supported HRH Positions



*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.

Table 4: 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	2,765	2,960
2028	123	155	2,960	3,115
2029	61	70	3,115	3,185
2030	12	85	3,185	3,270

Table 5: 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)
2026	45	0	34	34
2027	44	1	34	35
2028	32	12	35	47
2029	21	13	47	60
2030	11	14	60	74

Table 6: 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	7,077	7,667
2028	371	620	7,667	8,287
2029	278	800	8,287	9,087
2030	209	950	9,087	10,037

Table 7: Frontline Healthcare Worker: Nurses and Paramedics

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	397	1,678	27,608	29,286
2027	296	2,109	29,286	31,395
2028	222	2,183	31,395	33,578
2029	166	2,092	33,578	35,670
2030	125	1,956	35,670	37,626

Table 8: Frontline Healthcare Worker: Community Based Volunteers/ Community Health Worker*

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	6,250	0	6,250
2028	11,934	6,250	6,250	12,500
2029	8,950	6,250	12,500	18,750
2030	6,713	6,250	18,750	25,000

** Not part of the GRZ establishment*

Table 9: 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

**Covered under Table 8*

Table 10: 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	150-	2,234	2,384
2028	1,000	80	2,384	2,464
2029	1,000	75	2,464	2,539
2030	1,000	60	2,539	2,599

Table 11: 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	183	263
2028	713	75	263	338
2029	535	75	338	413
2030	401	60	413	473

Table 12: Healthcare Workers Landscape 2026-2030

Year	U.S. Government # FTEs Funded	Zambian Government New # FTEs Funded	Zambian Government Existing # FTEs Funded	Zambian Government Total # FTEs Funded
2026	37,756	2,500	49,079	51,579
2027	29,817	9,375	51,579	60,954
2028	23,113	9,375	60,954	70,329
2029	17,084	9,375	70,329	79,704
2030	12,814	9,375	79,704	89,079