MEMORANDUM OF UNDERSTANDING
BETWEEN
THE GOVERNMENT OF THE UNITED STATES OF AMERICA
AND
THE GOVERNMENT OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

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 "U.S. Government") and the government of the Federal Democratic Republic of Ethiopia (hereinafter referred to as "Ethiopia"), hereinafter jointly referred to as the "Participants" and individually as the "Participant."

CONSIDERING that Ethiopia aims to develop a durable and resilient health system that prevents disease, maintains the health of its population, and enables its economy to thrive;

FURTHER CONSIDERING that the U.S. Government seeks to advance its bilateral relationship with Ethiopia and prevent the spread of emerging and existing infectious disease threats globally;

AFFIRMING that this collaboration is grounded in mutual respect, shared responsibility, reciprocal benefit, and alignment with Ethiopia's national health priorities and the U.S. Global Health Strategy;

RECOGNIZING that United States global health investments made over the past 20 years have saved millions of lives and substantially and meaningfully strengthened Ethiopia's health system;

RECOGNIZING that Ethiopia has made substantial progress in advancing its domestic health system over the past 20 years;

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

ACKNOWLEDGING that the Participants affirm their right to protect personal data relevant to this MOU as provided in their domestic laws;

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:

Indicators	Baseline	2026	2027	2028	2029	2030	Data Source	Remark
% People With HIV Who Know Their Status (Baseline: June 2025)	79%	83%	86%	90%	92%	95%	Spectrum	WPP used for estimation
% People Who Know Their HIV Status on Treatment (Baseline: June 2025)	94%	95%	95%	96%	96%	97%	Spectrum and DHIS2	WPP used for estimation
% People On Antiretroviral Treatment (ART) Who Are Virally Suppressed (Baseline: June 2025)	95%	96%	96%	97%	97%	98%	Spectrum and DHIS2	WPP used for estimation
# of AIDS related deaths	9560	8,604	7,744	6,969	6,272	5,645	Spectrum	By 10% yrly
# Malaria Deaths (baseline is June 2025)	754	679	611	550	495	445	DHIS2	
# Malaria cases (Baseline is June 2025)	10.8M	10.2M	9.7M	8.8M	7.9M	6.3M	DHIS2	Reduction by 5% (2yrs), then 10% (2yrs), then 20%
Reduction in TB incidence rate	146	139	132	125	119	113	WHO est	By 5% yrly
Reduction in number of TB deaths	25	17	14	11	10	9	WHO est	By 20% yrly, then 10%
Maternal Mortality Ratio	195	179	164	150	145	<140	UNIGME	By 8% yrly
Neonatal Mortality Rate (Baseline for 2025 estimated based on UNIGME report).	27	26	25	24	23	<20	UNIGME	By 3% yrly
Availability of essential medicines by level of health care (%)	83	85	87	89	92	95	DHIS2	

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:

Indicators	Baseline	2026	2027	2028	2029	2030	Data Source	Remark
# people on ART	536,067	546,935	566,704	592,646	612,623	639,189	DHIS2	By 2.5% yrly
# new HIV diagnoses among infants (0-18 months)	151	151	151	170	170	160	DHIS2	
# new HIV diagnoses among children and adults (age 18 months or older)	36,065	28,982	21,699	22,720	23,761	23,771	DHIS2	Incidence decreasing

Indicators	Baseline	2026	2027	2028	2029	2030	Data Source	Remark
% pregnant and breastfeeding women living with HIV who receive ART	87%	89%	91%	93%	95%	96%	DHIS2	2% yrly
MTCT transmission rate	9.06	8%	7%	6%	4%	2%	Spectrum	
Malaria test positivity rate (%)	39%	37%	35%	33%	30%	27%	DHIS2	
#unit structures sprayed by IRS (Indoor Residual Spraying)	1.9M	2.3M	2.3M	2.3M	2.3M	2.3M	DHIS2/ Admin	
# insecticide-treated nets distributed to populations at risk of malaria (considered only the new effective nets)	8.8M	10.9M	3M	8.8M	10.9M	3.4M	DHIS2/ Admin	
Proportion of bacteriologically confirmed among PTB cases	44%	68%	69%	70%	71%	72%	DHIS2	
TSR for all forms of TB	96%	96%	96%	96%	96%	96%	DHIS2	
TB treatment coverage	87%	89%	90%	91%	92%	92%	DHIS2	
Penta 3 coverage (Estimate based on WUENIC estimated DTP3 coverage.)	73%	76%	79%	82%	85%	88%	WUENIC	By 3% yrly
MCV2 coverage baseline based on WUENIC estimate in 2024	59%	64%	69%	74%	79%	84%	WUENIC	By 5% yrly
ANC4+ coverage	86%	88%	89%	90%	91%	92%	DHIS2	By 1-2% yrly
Early initiation of ANC	33%	35%	37%	39%	41%	43%	DHIS2	By 2% yrly
% of health facilities (Hospitals and Health centers) implementing full EMR solution	0%	0%	1%	4%	7%	10%	Admin	By 2% yrly
% of Government share from the Total Health Expenditure	32.2% (19/20)	34%	35%	37%	38%	39	NHA	
Health commodities procurement lead time (in days)	201	170	160	148	136	120	EPSS database	
Health commodities forecast accuracy (%)	60%	65%	70%	75%	80%	85%	EPSS database	

**Remark: the above indicators and targets may be subjected to revision following the HSDIP II target-setting exercise scheduled for the end of March 2026 and approval by the JHCSC.*

1.3 Infectious Disease Outbreak Response Metrics: Ethiopia envisions a country-level national surveillance and outbreak response system led by a national public health institution with functional capabilities in place to detect infectious disease outbreaks with epidemic or pandemic potential within 7 days of emergence, notify 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, complete relevant initial response actions to respond effectively within 7 days to infectious disease outbreaks in Ethiopia.

SECTION 2
Areas of Cooperation

The Participants plan to collaborate in the following areas (each an "Area of Cooperation"). Additional details for each overarching objective are provided in Appendix 1.

2.1 Surveillance & Outbreak Response

2.1.1 2030 Vision: Ethiopia envisions a country-level national surveillance and outbreak response system led by a national public health institute with functional capabilities in place to detect infectious disease outbreaks with epidemic or pandemic potential within 7 days of emergence, notify 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, complete relevant initial response actions to respond effectively within 7 days to infectious disease outbreaks in Ethiopia.

2.1.2 Overarching Objective:

- The U.S. Government and the Government of Ethiopia plan to conduct a joint assessment on the available evidence on the current status of Ethiopia's outbreak surveillance system including disease surveillance and safety procedures for pathogen sample collection, transport, storage, testing and disposal.
- Ethiopia intends to work with the U.S. Government to address any prioritized gaps identified by the aforementioned assessment.
- The U.S. Government plans to support policy development and implementation of the 7-1-7 framework for outbreak response.
- Ethiopia intends 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 consistent with applicable law and policy decisions of Ethiopia.
- The United States seeks to establish long-term cooperation with the Government of Ethiopia beyond 2030 on outbreak detection and response in order to facilitate and enable continued U.S. Government support for Ethiopia's efforts to detect and respond to outbreaks.

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
2026	$7,512,850
2027	$7,418,368
2028	$6,759,200
2029	$6,205,861
2030	$5,055,669

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 input and understanding of the Government of Ethiopia.

2.2 Laboratory Systems

2.2.1 2030 Vision: Ethiopia envisions a connected network of national reference and regional laboratories that have the capabilities to support the diagnosis, surveillance, and reference testing of priority diseases, as well as identification and characterization of pathogens of outbreak, epidemic, or pandemic potential.

2.2.2 Overarching Objective:
The Participants commit to collaborate on strengthening Ethiopia's laboratory system, including workforce development, biosafety and biosecurity capacity, diagnostic network optimization, laboratory quality assurance, and sustainable financing, as described in Appendix 1. The Participants plan to jointly develop a Detailed Implementation Plan outlining the specific roles, responsibilities, resource commitments, transition milestones, and timelines required to progressively increase Ethiopia's self-reliance in laboratory commodities, workforce support, biosafety infrastructure, and quality management systems. This Implementation Plan is intended to be led by technical teams from both sides and is meant to guide the operationalization of this MOU.

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:

Year	U.S. Government Funding	New Ethiopia Funding	Existing Ethiopia Funding	Total Ethiopia Funding
2026	$12,556,597	$0	$0	$0
2027	$9,417,448	$3,139,149	$0	$3,139,149
2028	$6,278,299	$3,139,149	$3,139,149	$6,278,229
2029	$3,139,149	$3,139,149	$6,278,299	$9,417,447
2030	$0	$3,139,149	$9,417,448	$12,556,597

The Participants intend to provide the following support for lab systems (non-commodities) in each of the specific years, subject to the availability of funds:

Year	U.S. Government Funding	New Ethiopia Funding	Existing Ethiopia Funding	Total Ethiopia Funding
2026	$2,475,240	$0	$0	$0
2027	$1,856,430	$618,810	$0	$618,810
2028	$1,237,620	$-618,810	$618,810	$1,237,620
2029	$618,810	$618,810	$1,237,620	$1,856,430
2030	$0	$618,810	$1,856,430	$2,475,240

Lab systems are expected to include above site services such as quality assurance, biosafety and biosecurity, and accreditation, and site level services such as specimen transport and referral, equipment maintenance, and waste management.

2.3 Commodities

2.3.1 2030 Vision: Ethiopia envisions building an integrated, responsive, and efficient pharmaceutical supply chain management system that sustainably delivers affordable, quality-assured lifesaving and essential pharmaceuticals. Ethiopia plans to achieve this by strengthening and standardizing supply management operations, enhancing the capacity of the Ethiopian Pharmaceuticals Supply Services (EPSS) and advancing the national Pharmaceuticals Regulatory Systems of the Ethiopian Food and Drug Administration (EFDA) as well as increasing the maturity of subnational supply systems.

2.3.2 Overarching Objective:

- The Participants acknowledge the long-standing U.S. Government support for essential health commodities in Ethiopia and express their intention to continue collaborating to ensure uninterrupted access to these lifesaving supplies. They plan to jointly develop an Implementation Plan detailing resource commitments, transition pathways, and timelines for Ethiopia to progressively assume full financing responsibility for these commodities over the MOU period, subject to the availability of funds.
- Ethiopia intends to strengthen its national supply chain system, including adopting global traceability standards, enhancing warehousing and logistic systems, and meeting relevant international quality and safety standards.
- Ethiopia plans to implement mechanisms to prevent, detect, and respond to theft, diversion, or falsification of commodities, and notify the U.S. Government of any suspected incidents involving commodities funded under this MOU. Ethiopia intends to operationalize financing mechanisms, including treasury-based instruments, to ensure predictable budget allocations for priority health commodities as part of its commitment to health system resilience.

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	New Ethiopia Funding	Existing Ethiopia Funding	Total Ethiopia Funding
2026	$28,504,110	$0	$0	$0
2027	$21,378,082	$7,126,027	$0	$7,126,027
2028	$14,252,055	$7,126,027	$7,126,027	$14,252,055
2029	$7,126,027	$7,126,027	$14,252,055	$21,378,082
2030	$0	$7,126,027	$21,378,082	$28,504,110

2.4 Frontline Healthcare Workers

2.4.1 2030 Vision: Ethiopia envisions a competent, responsive, and resilient health workforce by 2030, integrating a broad mix of health professionals and absorbing the functions of community health workers, clinicians, health officers, nurses, pharmacy personnel, and other frontline workers currently supported by the U.S. Government into its healthcare system through a phased approach.

2.4.2 Overarching Objective:
The U.S. Government intends to support Ethiopia's human resource strategy to have motivated, competent, compassionate and compensated health workforce.

2.4.3 Funding Plan:
U.S. Government intends to transition the functions of the frontline healthcare workers in each of the specified years to Ethiopia, subject to the availability of funds. (see Appendix 1 and 4 for details).

2.5 Data Systems and Digital Health

2.5.1 2030 Vision: Ethiopia envisions an integrated, interoperable, and robust health data system that includes comprehensive multi-tenant open source Electronic Medical Records (EMRs), District Health Information System 2 (DHIS-2) as its Health Management Information System/Service, electronics Community Health Information System (eCHIS), a comprehensive National Laboratory Information System (LIS), Electronic Pharmaceutical Management Information System (ePMIS), Electronic Regulatory Information System (eRIS), Public Health Emergency Management (PHEM) Information System as its surveillance and outbreak response data system, Human Resource Information System (HRIS), Logistics Management Information System (LMIS) Dagu as its health commodity inventory management system, and national data warehouse.

2.5.2 Overarching Objective:

- Ethiopia intends to expand and institutionalize its national digital health systems including a Comprehensive EMR, National Laboratory Information System, Public Health Emergency Management Information System, community-based surveillance, and the national LMIS Dagu platform as core components of its health sector digital transformation. Ethiopia intends to also utilize the national data warehouse as the central platform for health data management, analytics, and decision-making.
- The U.S. Government intends to support Ethiopia in strengthening, integrating, and optimizing these digital systems by providing technical assistance for system design, customization, interoperability, infrastructure development, analytics, capacity building, and sustainability measures across EMR, LIS, LMIS, pharmacy, and surveillance platforms, consistent with the provisions of this MOU.
- Both the Government of Ethiopia and the U.S. Government intend to prioritize interoperability, data security, and cybersecurity across all systems to ensure a unified and resilient digital health ecosystem. All specific targets, timelines, and detailed technical requirements may be further elaborated in subsequent implementation plans or project documents.
- The United States and Ethiopia intend to negotiate 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. Both Participants expect this data sharing arrangement to continue for an additional two years beyond the five year agreement term. This arrangement should be designed to be compatible with other agreements that Ethiopia has with other countries or regional or global bodies.

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:

Year	U.S. Government Data System Funding
2026	$6,283,383
2027	$5,026,706
2028	$3,770,030
2029	$2,513,353
2030	$1,256,677

During the term of this MOU, Ethiopia intends 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 and Appendix 1 that are not specifically paid for by the U.S. Government.

2.6 Strategic Assistance

2.6.1 2030 Vision: Ethiopia envisions being able to provide all its own Strategic Assistance without U.S. Government support with the exception of surveillance and outbreak response and rolling out of new innovative approaches, prevention, diagnostics, vaccines, treatment and other interventions.

2.6.2 Overarching Objective:

- As the U.S. Government has made significant investments in developing human talent in Ethiopia over the past two decades, future technical support should leverage these capacities to ensure sustainable assistance. Strategic investments are intended to be used by local organizations, institutions or individuals as implementing partners where they have capacities and as appropriate. The Government of Ethiopia and the U.S. Government plan to jointly design, select partners for, and implement all strategic assistance activities in accordance with U.S. Federal law and regulations.
- Strategic assistance is intended to focus on key national health system pillars—strengthening health systems including primary health care, health workforce, health financing, digital health and data systems, supply chain management, laboratory, and surveillance.
- The U.S. Government and Ethiopia intend to support sustainable, integrated, and evidence-based health programs that strengthen systems, build workforce capacity, ensure quality lifesaving services, advance innovation, and close remaining gaps to protect long-term gains.
- All detailed strategic support areas within these identified pillars are to be included in the subsequent project implementation plans.

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:

Year	U.S. Government Strategic Assistance Funding
2026	$117,060,845
2027	$176,947,735
2028	$192,399,309
2029	$151,745,056
2030	$119,727,654

The U.S. Government intends to provide its funding through contracts, grants, and other agreements it identifies jointly with the Government of Ethiopia in accordance with applicable U.S. requirements. For purposes of this MOU, this technical assistance funding includes all costs not specified in Sections 2.1.3, 2.2.3, 2.3.3, 2.4.3, and 2.5.3.

2.7 Additional Responsibilities

- Assistance furnished under this MOU is expected to be governed by the provisions of Agreement between the Government of the United States of America and the Transitional

Government of Ethiopia for Economic and Technical Cooperation, signed at Addis Ababa November 15, 1993.

- Ethiopia intends to create and enact a policy allowing Pre-Exposure Prophylaxis (PrEP) for persons who self-identify as at risk of HIV and to adopt six-month injectables and other innovations as part of the PrEP platform.

SECTION 3
Implementation

3.1 Implementation Plan: Within 90 days of signing this MOU, Participants expect 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 including Appendix 1 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 Ethiopia and the U.S. Government. The JHCSC is expected to meet at least quarterly to monitor progress toward, at a minimum, 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. The U.S. Government plans to continue participation in existing coordination platforms to ensure optimal visibility and coordination with the Ethiopian government and other donors/development partners.

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 each of 2027 and 2029, subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The U.S. Government and Ethiopia intend to work together to mutually decide upon the design and execution of the survey.

4.2 Process Metric Audit: Both Participants acknowledge that so long as the U.S. Government is providing any funding in support of activities described in this MOU, both Participants have 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, Ethiopia intends 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 five percent (5%) of randomly selected and/or specific health facilities, clinics, labs, or programs identified by the U.S. Government.

4.3 Supply Chain Audit: Both Participants acknowledge 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, both Participants have a significant and material interest in ensuring there is minimal waste and no

fraud in the supply chain. To this end, Ethiopia intends to provide the U.S. Government with any data access or information needed to audit supply chain leakage.

4.4 Co-Investment Audit: Ethiopia 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 Ethiopia is making its committed co-investment. To this end, Ethiopia intends 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.

4.5 Regulatory Compliance Audit: Both Participants acknowledge that so long as the U.S. Government is providing funding in support of any activities described in this MOU, both Participants have 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, Ethiopia intends 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: Ethiopia acknowledges that failure to provide the data access or information requested under 4.2, 4.3, 4.4, or 4.5 could result in changes in the planned assistance contemplated under this MOU and/or discontinuation of this MOU by the U.S. Government.

4.7 Effect of Failure to Fulfill Specimen and Data Sharing Commitments: Ethiopia acknowledges that so long as the U.S. Government is providing any foreign assistance funding for activities contemplated under this MOU, the U.S. Government has a significant and material interest in ensuring that Ethiopia fulfills all commitments in the specimen sharing and data sharing arrangements and that failure to fulfill any commitments in these arrangements could result in changes in the planned assistance contemplated under this MOU and/or discontinuation of this MOU by the U.S. Government. The Participants intend to consult before the U.S. Government takes any action under this paragraph.

SECTION 5
Co-Investment & Performance Benchmarks

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

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 Modification: This MOU may be modified by a mutual decision of the Participants in writing.

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 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.

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

For the U.S. Government: U.S. Ambassador to Ethiopia Algeria Street, Addis Ababa	**For the Government of the Federal Democratic Republic of Ethiopia:** Minister of Health Sudan Street, Addis Ababa

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 Ethiopia 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. Department of State and Ethiopia. All activities

Appendix 1: Detailed implementation plans for each of the Areas of Cooperation

1. **Surveillance & Outbreak Response:**

- Ethiopia intends to provide salaries and benefits to fund 25% of the gap identified in the country per the initial assessment every year in epidemiologists, field epidemiologists and surveillance officers starting from 2027 and increasing by 25% every year.
- The U.S. Government plans to support the gap identified in the country per the initial assessment in training of epidemiologists, field epidemiologists and surveillance officers in 2026, then decrease by 25% of the gap each year of this MOU.
- The U.S. Government, in coordination with Ethiopia, plans to establish a funding mechanism to surge additional personnel and equipment to respond to detected infectious disease threats with epidemic potential if needed.
- Ethiopia with U.S. Government support plans to establish a system to document and track 7-1-7 success.
- The U.S. government plans to contribute to the deployment of Rapid Response Teams for timely investigation and timely response of outbreaks

2. **Laboratory Systems:**

- For the purposes of this section, the U.S. Government currently funds $12,556,597 of laboratory commodities and 79 of frontline lab workers in Ethiopia.
- The U.S. Government plans to fund 100% of the aforementioned lab commodities in 2026, subject to the availability of funds, and thereafter the U.S. Government's funding for these commodities is expected to decline gradually with Ethiopia funding all of these commodities by the end the term 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 laboratory technicians and laboratory quality assurance officers.
- Ethiopia intends to add 20 lab technicians onto government payrolls in 2027, 20 additional lab technicians onto government payrolls in 2028, 159 additional lab technicians onto government payrolls in 2029, and 20 additional lab technicians onto government payrolls in 2030.
- Ethiopia intends to ensure all Level 2 and Level 3 biosafety labs in Ethiopia have biosafety and biosecurity management programs and quality assurance in place 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 2029.
- Any sample transport support provided by the U.S. government is planned to be transitioned to Ethiopia by September 2029. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the end of 2029.
- Any diagnostic network optimization support provided by the U.S. government is planned to be gradually transitioned to Ethiopia by September 2029.
- Any lab quality improvement accreditation support provided by the U.S. government is planned to be gradually transitioned to Ethiopia by October 1, 2029. The breakdown of the U.S. Government's planned 2026 lab commodity procurement spending is in Appendix 3.
- The U.S. Government plans to purchase its lab commodities through the Department of State Foreign Assistance supply chain partners through 2027. Then starting from the first quarter of 2028, the EPSS intends to begin procuring commodities using both U.S. Government and Ethiopian Government co-financing through 2030.

- The U.S. Government plans to distribute its lab commodities through Ethiopia's existing national EPSS system throughout the MOU period.
- Ethiopia plans to purchase and distribute its lab commodities through EPSS.
- Ethiopia plans to ensure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) distributed through Ethiopian Government owned supply chains.
- For purposes of this MOU, lab commodities include the actual cost 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 Ethiopia is intended to only include funding provided directly by the Ethiopian Government and is not intended to include funding from other donors or multilateral organizations.

The Ethiopian government intends to absorb the functions of the frontline lab workers in each of the specified years as outlined below, subject to the availability of funds:

Year	U.S. Government # FTEs Funded	Ethiopia New # FTEs Funded	Ethiopia Existing # FTEs Funded	Ethiopia Total # FTEs Funded
2026	79	0	18,218	18,218
2027	59	20	18,301	18,301
2028	39	20	18,404	18,404
2029	20	19	18,491	18,491
2030	0	20	18,578	18,578

- The breakdown of full-time equivalents (FTEs) by type of frontline lab workers is in Appendix 4.
- The U.S. Government plans to provide funding for frontline lab workers with a phased draw down as seen in the above table through September 20, 2029, and then through Ethiopia's government beginning October 1, 2029. For purposes of this MOU, funding is expected to cover the salary and benefits for frontline lab workers. To the extent it has not already done so, the U.S. Government intends to ensure pay rates for frontline lab workers are commensurate to pay rates for such workers employed directly by Ethiopia.
- 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.
- Positions funded by Ethiopia in the table above are intended to only include positions funded directly by Ethiopia and are not expected to include positions funded by other donors or multilateral organizations.

3. Commodities:

- For the purposes of this section, the U.S. Government currently funds $28,504,110 worth of commodities annually including viral load and early infant diagnostics, and HIV test kits for HIV/AIDS programs; insecticide treated nets, anti-malaria treatment medicines and malaria

prevention chemicals for malaria programs; selected lifesaving maternal and child health commodities; GeneXpert cartridges and TB preventive medicines for TB programs.

- The U.S. Government plans to fund 100% of the aforementioned commodities in 2026 in the amount specified in Section 2.3.3, subject to the availability of funds, and thereafter the U.S. Government's funding for these commodities is expected to decline gradually with Ethiopia funding 100% of these commodities by the end of this MOU as outlined in Section 2.3.3.
- The Ethiopian Government intends to fully implement a system based on GS1 global standards for tracing commodities funded by the U.S. Government under this MOU and distributed through Ethiopia's government-owned supply chain by 2030
- Ethiopia's government intends to ensure all Ethiopia's government owned, managed, or run warehouses storing commodities funded by the U.S. Government under this MOU meet ISO warehouse standards by 2030 and maintain such standards through the end of the MOU period.
- Ethiopia intends to employ efforts to detect, investigate, and respond to incidents of theft, diversion, and falsification of health commodities in a timely manner, including through national law enforcement actions where appropriate.
- Ethiopia intends to notify the U.S. Government as soon as there is suspicion of theft or diversion of U.S. Government funded commodities.
- Participants intend to use established compacts requiring the Ethiopian Government to allocate treasury resources for health program commodities, creating a dedicated budget line item to be funded in future years.
- The breakdown of the U.S. Government's planned 2026 commodity procurement funding is in Appendix 3.
- The U.S. Government plans to purchase its commodities through its global supply chain partner through 2026. Starting from the first quarter of 2027 EPSS plans to procure both USG funded and GOE co-financed commodities through EPSS through 2030. The U.S. Government plans to distribute its commodities to public health facilities through EPSS and other health facilities through technical assistance partners/private entities.
- Ethiopia plans to purchase and distribute its commodities to public health facilities through EPSS and other health facilities through engaging the private sector. For purposes of this MOU, commodity funding includes the actual cost of the commodities as well as commodity distribution costs including warehousing, shipping, and trucking.
- Commodity costs do not include any costs of data systems or technical assistance related to commodity procurement and supply chain distribution, which are covered in Sections 2.5.3 and 2.6.3 respectively.
- Funding provided by Ethiopia in the table above is intended to only include funding provided directly by Ethiopia and is not intended to include funding from other donors or multilateral organizations.

4. **Frontline Health Workers:**

- The U.S. Government plans to fund frontline healthcare workers as outlined in Section 2.4.3 for 2026. This includes doctors, nurses, case managers/social workers and community health workers, TB care providers, pharmacy workers, seasonal workers and other Frontline Clinical Workers.
- The Ethiopian Government intends to absorb and finance the functions performed by the current USG supported FTEs as detailed in the table below.

Year	U.S. Government # FTEs Funded	Ethiopia New # FTEs Funded	Ethiopia Existing # FTEs Funded	Ethiopia Total # FTEs Funded
2026	8,107	0	0	0
2027	6,080	2,027	0	2,027
2028	4,054	2,027	2,027	4,054
2029	2,027	2,027	4,054	6,080
2030	0	2,027	6,080	8,107

- The breakdown by type of frontline healthcare worker and their critical functions is in Appendix 4.
- The U.S. Government plans to provide funding with a phased draw down as seen in the above table through the Department of State Foreign Assistance and CDC partners through September 20, 2029, and then through Ethiopia's health system beginning Oct 1, 2029.
- For purposes of this MOU, this funding includes the salary and benefit for frontline healthcare workers.
- To the extent it has not already done so, the U.S. Government intends to ensure pay rates for frontline healthcare workers are commensurate to pay rates for such workers employed directly by Ethiopia. This funding does not include any costs related to data systems or technical assistance to support frontline healthcare workers, which are covered in Sections 2.5.3 and 2.6.3 respectively.
- Positions funded by Ethiopia in the table above are intended to only include positions funded directly by Ethiopia public and private health sector and are not intended to include positions funded by other donors or multilateral organizations.

5. **Data Systems and Digital Health:**

- The U.S. Government plans to support Ethiopia to customize the national multitenant EMR, develop a costed, phased implementation plan, and contribute to its roll out. The plan is intended to support customization, optimization, and integration of the existing EMR structure including Antiretroviral Therapy (ART) EMR, Preventing Mother to Child Transmission (PMTCT) EMR, and ePMIS modules into the identified comprehensive EMR system, optimization of central EMR deployment by adapting EMR architecture to enable data exchange among disparate systems, enabling robust analytics, maintenance and local capacity building to transit the system support to government.
- During system customization and costed implementation plan development, and the roll out, the U.S. Government plans to continue supporting existing EMR systems for ART, PMTCT, and ePMIS
- Ethiopia intends to use comprehensive multi-tenant EMR as its Electronic Medical Records (EMRs). Customization and piloting are intended take place in 2026 with roll out in 48 facilities by 2027, additional 130 facilities by 2028, additional 130 facilities by 2029, and 130 facilities by 2030, and 438 total facilities by 2030.
- Ethiopia intends to use National Laboratory Information System (LIS) as its laboratory management system. LIS is expected to be rolled out across 20 national and regional labs by the end of 2030. The U.S. Government plans to support the following improvements to the

Ethiopia plans to increase its domestic government health expenditures by the following amounts in the year 2026 and 2027 while the indicated amounts in the outer years are expected to be reconfirmed after the midterm review to be taken in 2028:

Year	Increase in Domestic Government Health Expenditures by Ethiopia Relative to 2025 Baseline
2026	$25,000,000
2027	$37,500,000
2028	$120,500,000
2029	$128,000,000
2030	$139,000,000
Total	$450,000,000

The Participants intend to develop a precise definition of domestic government health expenditures during the implementation period, but which is expected to include all domestic government health expenditures and may not include grants or other funds from the U.S. Government, other donors, or multilateral organizations. The Participants plan to work together during the implementation period to determine the amount Ethiopia is spending on domestic government health expenditures in 2025 and this amount is intended 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 a ratio of one (1) to one (1) under this MOU if Ethiopia fails to meet the above co-investment. For example, if Ethiopia only increases its domestic government health expenditures by $100 million in 2028 instead of the planned $120.5 million, then the U.S. Government would decrease its total funding by $20.5 million by 2029.

5.2 Performance: In the event Ethiopia does not maintain the baselines outlined in Section 1.1 and 1.2 or achieve the metrics outlined in Section 1.3, both Participants acknowledge that the U.S. Government may substantially decrease or eliminate funding for one or more Area of Cooperation in future years.

5.3 Performance Incentives: In the event that Ethiopia achieves all the process and outbreak response metrics for 2027 or 2028 outlined in Section 1.2 and 1.3, Ethiopia 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 Ethiopia's eligibility for the performance incentive. In each year, the size of the performance incentive is expected to be capped at $75 million. Performance incentives may be used by Ethiopia to fund any health-related costs that would be allowed under this MOU.

comprehensive laboratory management system over the term of this MOU consistent with Section 2.5.3:

- Transitioning Early Testing, Tracing, Outbreak Response, and Surveillance (ETTORS) and conventional laboratory database to comprehensive LIS
- Technical support on system deployment
- Troubleshooting and system maintenance

- The U.S. Government plans to support the following improvements to ePMIS over the term of this MOU consistent with Section 2.5.3:
  - Integration of the existing systems to comprehensive EMR
  - Improving the culture and capacity on data use for decision making
- Ethiopia intends to use PHEM Information System as its disease outbreak surveillance systems. PHEM, HIV case-based surveillance and ANC sentinel surveillance are expected to be rolled out across all applicable sites by the end of 2030. The U.S. Government plans to support the following improvements to Public Health Emergency Management (PHEM) Information System including Community Based Surveillance information systems, HIV case-based surveillance system (CBSS) and ANC sentinel surveillance as disease outbreak surveillance system over the term of this MOU, consistent with Section 2.5.3:
  - Designing system for the CBSS
  - Supporting infrastructure and capacity building training on CBSS maintenance, troubleshooting, and data management including data capturing and analysis
  - Supporting ANC sentinel surveillance including active data collection, analysis, and use for PMTCT/ANC program improvement including for spectrum modelling
- Ethiopia intends to use LMIS Dagu as its health commodity inventory management system. LMIS Dagu is expected to be rolled out 50% of the public health facilities (hospitals and health centers) by the end of 2030. The U.S. Government plans to fund the following improvements to LMIS Dagu health commodity inventory management system over the term of this MOU, consistent with Section 2.5.3:
  - Optimization including central deployment
  - Technical transition of the existing Dagu system including codebase migration, continuous integration and continuous delivery (CI/CD) pipeline setup
  - Integrating Dagu with EPSS ERP system
  - Support the last-mile supply chain visibility features like dashboards and analytics for real-time visibility of stock levels and wastage rates.
- Ethiopia intends to establish national health data warehouse. The U.S. Government plans to contribute to support the following improvements to national health data warehouse over the term of this MOU consistent with Section 2.5.3:
  - Building the national data warehouse
  - Developing advanced analytics and visualization capabilities
  - Strengthening the technical infrastructure required for the national health data warehouse, including scalable hosting environments, secure networking, and disaster recovery systems
  - Building technical capacity through targeted training in database management, system maintenance, and troubleshooting.

- Both the U.S. Government and Ethiopia intend to maximize integration and interoperability between the aforementioned systems and to ensure that appropriate cybersecurity and data security is in place for all the aforementioned systems.
- The national health data warehouse and/or other data systems are expected to be able to collect and report on all data described in Section 1.

6. Strategic Assistance:

The U.S. Government intends to provide strategic assistance through government to government (G2G) mechanisms such as the Sustainable Development Goals Performance Fund (SDG PF), Human Resources for Health (HRH), and the Reproductive Maternal Newborn Child Health (RMNCH) compact, cooperative agreements with government entities, U.S. Government technical expertise, and third-party partners to address the following areas.

6.1 Strengthening Service Delivery including Primary Health Care

- The U.S. Government plans to support the strengthening of service delivery including primary health care within the government health system. The detailed activities and implementation modalities will be identified during the development of the implementation plans.
- The U.S. Government plans to support the rollout of new innovative approaches for prevention (e.g. lenacapavir), diagnostics, vaccines, drugs, and laboratory capacity, creating good opportunities for priority programs and scaling up U.S.-based innovations in Ethiopia's health system. This includes support for early and expanded access to innovative products for malaria control.
- The U.S. Government plans to support surveillance and outbreak response, including community-based surveillance of polio, other vaccine-preventable diseases, and zoonotic diseases through civil society organizations, as well as technical assistance with malaria indicator surveys and related research.
- The U.S. Government plans to support multisectoral coordination for nutrition-specific and nutrition-sensitive interventions integrated with maternal and child health programs to address malnutrition among mothers and children and improve health outcomes.
- The U.S. Government plans to support the integration and sustainability of high quality of health programs such as HIV, TB, Malaria, MCH, Polio and other priority health services across the health system by maintaining continuity of life saving services; defining and upholding minimum standards of care; simplifying of tools and systems for smooth transition; providing technical support for co-infections, advanced diseases and outbreaks to close the remaining significant and realistic gaps, uphold standard of care, and sustainability of supported life-saving health services.
- The U.S. Government plans to provide reinforced and intensified gap-filling technical support to strengthen HIV case detection, including optimizing case-finding strategies, improving linkage systems, and ensuring that missed or underserved populations are effectively reached and connected to timely, lifesaving treatment.
- The U.S. Government plans to support the operationalization of private sector engagement to ensure better contribution of private service providers and pharmaceuticals, aligning private sector efforts with public health goals and addressing regulatory compliance, accreditation, oversight, equity, and sustainability.

- The U.S. Government plans to provide technical assistance in quality assurance and quality control for all health programs for HIV, TB, Malaria, MNCH, and GHS, including indoor residual spraying and insecticide-treated net campaigns to ensure these campaigns are conducted according to standard operating procedures.
- The U.S. Government plans to support improved health care services for Ethiopian security forces and to support their role in preventing, detecting and responding to infectious disease threats.
- The U.S. Government plans to support improving program fidelity to existing HIV case-finding models and adoption of additional, evidence-based HIV case-finding modalities towards achieving 95% of all PLHIV know their status.

6.2 Health Workforce – Health Sector Reform

- The U.S. Government plans to support the effective implementation of competency-based curricula for preservice training in health science colleges, improve faculty teaching effectiveness, foster student engagement, strengthen clinical education, align training with national health priorities, and institutionalize educational quality improvement.
- The U.S. Government intends to support continuous professional development (CPD) and improved health workforce management by promoting skills transfer, aligning workforce production with quality and needs, and developing eLearning platforms to enable cost-effective, efficient (quick to deploy) continuous training in Ethiopia. If necessary, for addressing emergency need of building capacity on specific areas, the U.S. Government plans to support dedicated eLearning platforms which would be integrated into the CPD system.
- The Ethiopian Government is conducting a health sector reform, and the U.S. Government plans to provide support in this area based on strategic need.

6.3 Health Care Financing and Reform

- The U.S. Government plans to provide strategic assistance to strengthen public health finance management systems, focusing on sub-national levels to institutionalize evidence-based financial planning, budgeting, and priority-setting processes.
- The U.S. Government plans to support the expansion (new enrollment and reenrollment) and maintenance (strengthening of the system for pooling Community Based Health Insurance (CBHI) resources from district to zone and regional level for better and efficient use, as well as ensuring CBHI resources are tied better with exempted services for better domestic resource utilization) of CBHI and implementation plan development and roll out of the social health insurance schemes.
- The U.S. Government plans to support Domestic Resource Mobilization for all priority programs including through innovative financing for health programs tapping into capital investment, including private sector engagement,

6.4 Data Systems and Digital Health

- The U.S. Government plans to provide technical assistance for the development and optimization of digital health infrastructure, including system enhancement, data analysis, visualization, and robust digitalization of health information systems. This support is intended to include data system support at different levels for service, lab systems, supply chain, Health Care Financing (HCF), emergencies including outbreak, regulatory and HRH.

- The U.S. Government plans to strengthen data quality and use in Ethiopia's health sector by improving data sources, providing comprehensive HMIS/DHIS2 support, and advancing data analysis and visualization, including the use of AI technologies.
- The U.S Government plans to support the expansion of electronic auditable pharmaceutical transaction services (eAPTS) and DAGU.
- The U.S Government plans to support iHRIS implementation.
- The U.S Government plans to support health care financing tracking information system and digitizing the community-based information system.
- The U.S. government intends to support adoption of new, innovative approaches to expand data systems for health, including support for data exchange, interoperability, and developments that improve user experience and support patient management, monitoring and surveillance.

6.5 Supply Chain Management with Domestic Manufacturing Support

- The U.S. Government plans to support improvements in pharmaceutical management at the intermediary supply chain level, including strategic supply chain initiatives, targeted last mile delivery, maximize private sector engagement (encourage domestic pharmaceutical manufacturing, distribution, storage and other functions), pooled procurement, and enhancements to healthcare financing, as well as harmonizing and strengthening health regulatory systems.
- The U.S. Government plans to build the capacity of EPSS to take over procurement functions.
- The U.S. Government plans to support the auditable pharmaceuticals transactions system to prevent diversion and wastage, enabling evidence-based decision making.
- The U.S. Government plans to support the harmonization and strengthening of health regulatory systems to prevent the circulation of substandard and counterfeit medicines.
- The U.S. Government plans to support the government of Ethiopia in creating an enabling policy and regulatory environment for U.S. direct foreign investment in local manufacturing and related pharmaceutical innovations.

6.6 Laboratory

- The U.S. Government plans to strengthen national and regional laboratory systems to meet international accreditation standards and support the identification and characterization of pathogens of outbreak, epidemic or pandemic potential,
- The U.S. Government plans to support core laboratory systems focusing on national and regional quality assurance, diagnostic network optimization, specimen transport, equipment maintenance, and waste management.
- The U.S. Government plans to support the rollout of new innovative diagnostics, vaccines, drugs, and laboratory capacity.

6.7 Surveillance

- 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:
    - Ethiopia detects suspected infectious disease outbreaks with epidemic potential in Ethiopia within 7 days of disease emergence.

- Ethiopia notifies the U.S. Government within 1 day of detection of an infectious disease outbreak in Ethiopia and engages in meaningful coordination and consultation with the U.S. Government; and
- Ethiopia completes relevant initial response actions to respond effectively to infectious disease outbreaks in Ethiopia within 7 days of notification, including engaging in meaningful consultation with the U.S. Government on Ethiopia's response

- The U.S. Government plans to support surveillance and outbreak response, including community-based surveillance of polio, other vaccine-preventable diseases, and zoonotic diseases, as well as technical assistance with malaria indicator surveys and related research.
- The U.S. Government plans to also support CBSS and ANC sentinel surveillance.
- The U.S. Government plans to support the Integration of Surveillance into the health care system to ensure detection, notification and response of outbreaks with the 7-1-7 framework.
- The U.S. Government plans to provide technical assistance to support present or future LIMS feed into the surveillance and epidemiological detection.
- The U.S. Government plans to support the interoperable data management system at PHEM and laboratory data at national and regional level.
- The U.S Government plans to provide support to improve PHEM data quality.
- The U.S. Government plans to support strengthening of the public health emergency early warning, alerting and response systems.

6.8 U.S. Government Management and Operations

The U.S. Government intends to use six percent (6%) of the total, top line budget to support U.S. Government management and operations over the duration of this MOU.

Appendix 2: Co-Funding Summary

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

Year	U.S. Government	Ethiopian Government
2026	$204,000,000	$25,000,000
2027	$247,000,000	$37,500,000
2028	$244,000,000	$120,500,000
2029	$185,000,000	$128,000,000
2030	$136,000,000	$139,000,000
Total	$1,016,000,000	$450,000,000

The 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 ($)	$7,512,850	$7,418,368	$6,759,200	$6,205,861	$5,055,669
Lab Commodities ($)	$12,556,597	$9,417,448	$6,278,299	$3,139,149	$0
Lab Systems	$2,475,240	$1,856,430	$1,237,620	$618,810	$0
Frontline Lab Workers (# FTEs)	79	59	39	20	0
Frontline Lab Workers ($)	$433,565	$323,802	$219,527	$109,763	$0
Other Commodities ($)	$28,504,110	$28,504,110	$14,252,055	$7,126,027	$0
Frontline Healthcare Workers (# FTEs)	8,107	6,080	4,054	2,027	0
Frontline Healthcare Workers ($)	$14,173,411	$10,629,621	$ 7,087,580	$3,543,790	$0
Data Systems ($)	$6,283,383	$5,026,706	$3,770,030	$2,513,353	$1,256,677
Strategic Assistance ($)	$117,060,845	$176,947,735	$192,399,309	$151,745,056	$119,727,654
Total	$189,000,001	$240,124,220	$232,003,620	$175,001,809	$126,040,000

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

Year	2026	2027	2028	2029	2030
Lab Commodities ($)	$0	$3,139,149	$6,278,298	$9,417,448	$12,556,597
Lab Systems ($)	$0	$618,810	$1,237,620	$1,856,430	$2,475,240
Frontline Lab Workers (FTEs)	0	20	39	59	79
Other Commodities non lab ($)	$0	$7,126,027	$14,252,055	$21,378,082	$28,504,110
Frontline Healthcare Workers ($)	$0	$3,543,790	$7,087,580	$10,629,621	$14,173,411
Total	0	$14,427,776	$28,855,553	$43,281,581	$57,709,358

Appendix 3: 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 (USD)
Lab Commodity #1 (HIV)	10,727,716
Lab Commodity #2 (TB)	1,238,341
Lab Commodity #3 (Malaria)	400,000
Lab Commodity #3 (GHS)	190,540
Total	12,556,597

Other Commodities

Commodity	Total Cost (USD)
Commodity #1 (HIV)	1,685,065
Commodity #2 (TB)	2,960,000
Commodity #3 (Malaria)	16,671,422
Commodity #4 (MCH)	7,187,623
Total	28,504,109

Appendix 4: Frontline Lab & Healthcare Worker Funding (functions of each FHW can be found as attachment)

The U.S. Government and Ethiopia intend to transition the FTE functions and financing of the following frontline lab and healthcare workers:

Frontline Lab Worker Type #1: Lab Workers

Year	U.S. Government # FTEs Funded	Functions to be taken over by Ethiopia as # FTEs	Ethiopia Existing # FTEs Funded	Ethiopia Total # FTEs Funded
2026	79	0	18,218	18,218
2027	59	20	18,301	18,321
2028	39	40	18,404	18,424
2029	20	19	18,491	18,510
2030	0	20	18,578	18,598

Frontline Lab Worker Type #2: Epidemiologists

Year	U.S. Government # FTEs Funded	Functions to be taken over by Ethiopia as # FTEs	Ethiopia Existing # FTEs Funded	Ethiopia Total # FTEs Funded
2026	60	0	0	0
2027	45	15	0	15
2028	30	15	15	30
2029	15	15	30	45
2030	0	15	45	60

Frontline Healthcare Worker Type #3: Doctors

Year	U.S. Government # FTEs Funded	Functions to be taken over by Ethiopia as # FTEs	Ethiopia Existing # FTEs Funded	Ethiopia Total # FTEs Funded
2026	374	0	16,928	16,928
2027	281	93	17,002	17,095
2028	188	93	17,171	17,264
2029	94	94	17,249	17,343
2030	0	94	17,329	17,423

Frontline Healthcare Worker Type #4: Nurses

Year	U.S. Government # FTEs Funded	Functions to be taken over by Ethiopia as # FTEs	Ethiopia Existing # FTEs Funded	Ethiopia Total # FTEs Funded
2026	190	0	108,820	108,820
2027	143	47	110,365	110,412
2028	96	47	111,623	111,670
2029	48	48	113,623	113,671
2030	0	48	115,293	115,341

Frontline Healthcare Worker Type #5: Community Health Workers

Year	U.S. Government # FTEs Funded	Functions to be taken over by Ethiopia as # FTEs	Ethiopia Existing # FTEs Funded	Ethiopia Total # FTEs Funded
2026	6,096	0	0	0
2027	6,096	0	0	0
2028	3,049	1,524	1,544	3,047
2029	1,524	1,524	3,067	4,571
2030	0	1,525	4,592	6,096

Frontline Healthcare Worker Type #6: Health Officers

Year	U.S. Government # FTEs Funded	Functions to be taken over by Ethiopia as # FTEs	Ethiopia Existing # FTEs Funded	Ethiopia Total # FTEs Funded
2026	62	0	14,870	14,870
2027	47	15	14,928	14,943
2028	32	15	15,001	15,016
2029	16	16	15,062	15,078
2030	0	16	15,125	15,141

Frontline Healthcare Worker Type #7: Pharmacy workers

Year	U.S. Government # FTEs Funded	Functions to be taken over by Ethiopia as # FTEs	Ethiopia Existing # FTEs Funded	Ethiopia Total # FTEs Funded
2026	29	0	13,943	13,943
2027	22	7	14,017	14,024
2028	15	7	14,100	14,107
2029	8	7	14,177	14,184
2030	0	8	14,258	14,266

Frontline Healthcare Worker Type #8: Temporary Frontline Workers

Year	U.S. Government # FTEs Funded	Functions to be taken over by Ethiopia as # FTEs	Ethiopia Existing # FTEs Funded	Ethiopia Total # FTEs Funded
2026	1,296	0	0	0
2027	972	324	0	324
2028	648	324	324	648
2029	324	324	648	972
2030	0	324	972	1,296

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 Ethiopia.

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.

SIGNED on December 23, 2025, in the English language.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA:

H.E. AMBASSADOR ERVIN J. MASSINGA
U.S. AMBASSADOR TO ETHIOPIA

FOR THE GOVERNMENT OF THE FEDERAL REPUBLIC OF ETHIOPIA:

H.E. MR. AHMED SHIDE
MINISTER OF FINANCE OF ETHIOPIA