MEMORANDUM OF UNDERSTANDING

BETWEEN

THE GOVERNMENT OF THE UNITED STATES OF AMERICA

AND

THE GOVERNMENT OF THE REPUBLIC OF UGANDA

REGARDING PUBLIC HEALTH

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 Republic of Uganda (hereinafter referred to as "Government of Uganda"), hereinafter jointly referred to as the "Participants" and individually as the "Participant."

CONSIDERING that the Government of Uganda 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 the Government of Uganda and prevent the spread of emerging and existing infectious disease threats globally;

RECOGNIZING that United States global health investments made over the past 60 years have saved well over a million lives and substantially and meaningfully strengthened Uganda's health system;

RECOGNIZING that the Government of Uganda has made substantial progress in advancing its domestic health system over the past 60 years;

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

COGNIZANT of the Government of Uganda's intention to achieve full health sovereignty in line with the National Development Plan IV and Uganda's Vision 2040, and hence its further intention to seek partnerships that align with the country's health development goals, the Participants reaffirm their mutual commitment to a partnership that promotes national ownership, fiscal sovereignty, and sustainable systems development in the health sector; and

DESIRING to state their shared objectives and non-binding expressions of intent for cooperation as follows:

SECTION 1

Objectives

The primary objective of this MOU is to strengthen the resilience, efficiency, and sustainability of Uganda's health system to make both the United States and Uganda safer, stronger, and more prosperous. The Participants acknowledge that the success of this partnership is expected to be measured not only by disease-specific outcomes but by improvements in national systems, institutions, and workforce capacity.

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

Metric	Baseline	2026	2027	2028	2029	2030
% People With HIV Who Know Their Status	94%	>95%	>95%	>95%	>95%	>95%
% People Who Know Their HIV Status on Treatment	90%	>92%	>94%	>95%	>95%	>95%
% People On Antiretroviral Treatment (ART) Who Are Virally Suppressed	96%	>95%	>95%	>95%	>95%	>95%
# Malaria Deaths in Children Under 5	9,567	6,912	5,875	4,994	4,245	3,608
# Malaria Deaths	15,945	11,520	9,792	8,323	7,075	6,014
# TB Deaths	9,900	8,910	7,920	6,930	5,940	4,950
# Polio/AFP Cases (e.g., WPV, cVDPVB)	0	0	0	0	0	0
Non-Polio Acute Flaccid Paralysis (NPAFP) Rate per 100,000 <15 Year Population	2.9	3.0	3.15	3.25	3.50	3.75
No. of confirmed Measles cases	803	700	500	300	200	100
Institutional Maternal Mortality per 100,000 deliveries	70	65	60	55	50	45
Children Under 5 Mortality Rate per 1,000 live births	46	42	38	34	30	26

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:

Metric	Baseline	2026	2027	2028	2029	2030
# people on ART	1,341,908	1,377,214	1,408,691	1,430,712	1,443,708	1,451,189
# new HIV diagnoses among infants (0-12 months)	3,277	2,913	2,792	2,670	2,586	2,482

Metric	Baseline	2026	2027	2028	2029	2030
# new HIV diagnoses among children (0-14 years)*	6,173	4,638	3,843	3,622	3,271	2,939
# new HIV diagnoses among adults (15 years and above)*	121,380	111,549	108,709	100,809	92,350	87,231
% pregnant and breastfeeding women living with HIV who receive ART*	98%	98%	98%	98%	98%	98%
% confirmed malaria cases that receive first-line antimalarial treatment	95%	95%	96%	97%	98%	99%
# insecticide-treated nets distributed to women and children (routine net distribution)	2,685,280	2,772,361	2,852,759	2,935,489	3,221,993	3,315,431
# patients with TB notified (i.e., bacteriologically confirmed + clinically diagnosed)	82,925	84,681	85,859	86,983	89,037	91,090
% patients with TB notified who successfully completed treatment (including MDR-TB disaggregation)	91% (DSTB) 88.3% (MDR-TB)	92% (DSTB) 90% (MDR-TB)	93% (DSTB) 91% (MDR-TB)	93% (DSTB) 91% (MDR-TB)	94% (DSTB) 92% (MDR-TB)	>95% (DSTB) >92% (MDR-TB)
% surviving infants who received at least one dose of inactivated polio vaccine	95%	96%	96%	97%	97%	98%
% of children aged 12–23 months who received one dose of measles-containing vaccine	90%	90%	92%	94%	95%	96%

Metric	Baseline	2026	2027	2028	2029	2030
Average number of antenatal care visits for pregnant women	3.7	4.0	4.4	4.8	5.2	5.6
% accuracy of data fields assessed during the annual data audit	69%	75%	80%	85%	90%	95%

*SOURCE: SPECTRUM 2024 DATA

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:

I. The Government of Uganda detects suspected infectious disease outbreaks with epidemic potential in Uganda within 7 days of disease emergence;
II. The Government of Uganda notifies the U.S. Government within 1 day of detection of an infectious disease outbreak potential in Uganda and engages in meaningful coordination and consultation with the U.S. Government; and
III. The Government of Uganda completes relevant initial response actions to respond effectively to infectious disease outbreaks in Uganda within 7 days of notification, including engaging in meaningful consultation with the U.S. Government on the Government of Uganda's response.

1.4 Joint Review and Monitoring of Metrics: The Participants through the Joint Health Steering Committee (JHSC), established through Section 3.2, intend to jointly review and may mutually decide to adjust the metrics outlined in Sections 1.1, 1.2, and 1.3 annually, to account for changing epidemiological contexts, resource availability, and other relevant factors.

SECTION 2
Areas of Cooperation

All disease outbreak-response and surveillance activities financed by the U.S. Government are expected to be conducted through unified Uganda public health institutions, systems and structures and the participants commit to minimizing parallel interventions.

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 Government of Uganda envisions a country-level national surveillance and outbreak response system led by national public health institutions with functional capabilities in place to prevent, prepare for, and 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 Uganda.

2.1.2 Implementation Plan:

I. The U.S. Government plans to fund a joint assessment with the Ministry of Health of Uganda's outbreak surveillance system to include disease surveillance and safety procedures for pathogen sample collection, transport, storage, testing and disposal.

II. The Government of Uganda plans to work with the U.S. Government to address any prioritized gaps mutually identified as a result of the aforementioned joint assessment and intends to propose a plan to strengthen identified capacity gaps.

III. The U.S. Government plans to support training of at least 30 field epidemiologists each year of this MOU. These are to be a mix of advanced, intermediate, and frontline trainees.

IV. The Government of Uganda plans to provide salaries and benefits to fund additional field epidemiologists annually between 2027-2030, as per approved Public Service Structures and availability of wage.

V. The U.S. Government and the Government of Uganda plan to complete a specimen sharing agreement between the Participants for the purpose of providing physical specimens and related data, including genetic sequence data, of detected high consequence pathogens with epidemic transnational potential during an outbreak, subject to applicable law and regulations. Both Participants expect the specimen sharing arrangement to ensure real-time data sharing and joint coordination under the Joint Health Steering Committee (JHSC). The specimen sharing agreement is expected to be effective for no more than five (5) years unless extended consistent with the terms of that agreement.

VI. The U.S. Government and the Government of Uganda plan to dedicate co-investments to support border health screening to prevent the spread of diseases at designated points of entry.

VII. The U.S. Government plans to support Uganda as a center of excellence for field epidemiology, One Health, and outbreak response, through strengthening existing administrative, training and response units as defined in the implementation plan.

VIII. The U.S. Government plans to support the Government of Uganda's framework for One Health, including prevention, detection, and response as defined in the implementation plan.

IX. The Government of Uganda plans to operationalize the Public Health Emergency Account to facilitate rapid outbreak response and preparedness, with a minimum of $3,000,000 contribution. For this purpose, a special account in the Bank of Uganda is to be opened, and a governance and management structure for a predetermined, expedited release mechanism for emergency health funds within 24-72 hours is to be developed. Once approved, the U.S. Government plans to also provide funding into this account for the purposes of rapid response. Subject to the availability of funds, the U.S. Government plans to provide up to $500,000 for this account upon the Government of Uganda's contribution to the account, and an additional $500,000 within seven (7) days of an outbreak as defined in the implementation plan; this amount is to be included in the total $5,092,000 Global

Health Security budget reflected in the table in Section 2.1.3. Replenishment is expected to be jointly decided by the JHSC based on effective use of funds.

X. All activity costs outlined in Section 2.1.2 are within the budget reflected in Appendix 1 of this MOU.

2.1.3 Funding Plan:

The U.S. Government intends to provide the following support for outbreak prevention, preparedness, 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	$5,092,000
2027	$5,092,000
2028	$5,092,000
2029	$5,092,000
2030	$5,092,000

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 the Government of Uganda and other mechanisms jointly reviewed by the JHSC with advice and input from the Government of Uganda, with the intent to increase funding through the Government of Uganda over the period of this MOU.

2.2 Laboratory Systems

2.2.1 2030 Vision: The Government of Uganda envisions a connected network of 11 national laboratories that have the capabilities to support the identification and characterization of pathogens of outbreak, epidemic, or pandemic potential and 17 regional and 83 sub-regional laboratories that have the capabilities to do accurate, reliable, and timely diagnostic and surveillance testing for endemic, emerging and reemerging infectious diseases.

2.2.2 Implementation Plan:

I. For the purposes of this section, the U.S. Government currently funds $52,757,874 of laboratory commodities, which includes HIV rapid test kits and malaria rapid diagnostic tests (mRDTs), in addition to 900 frontline lab workers in Uganda.

II. The U.S. Government plans to fund $52,757,874 of lab commodities in 2026, which are indicative planning figures subject to the availability of funds, and thereafter the U.S. Government's funding for these commodities is expected to decline. The Government of Uganda's co-investment is expected to progressively increase annually, funding 70% of these commodities by the end of this MOU as outlined by indicative planning figures in Section 2.2.3.

III. Procurement of laboratory commodities financed by the U.S. Government is expected to be in accordance with U.S. Government procurement policies. The U.S. Government intends to incrementally increase funding to local procurement agents National Medical Stores (NMS) and Joint Medical Stores (JMS) over time, predicated on joint determination regarding audit and pricing consistent with or lower than identified pooled procurement costs, and continued funding from the Government of Uganda towards commodity visibility, including end-to-end logistics management systems. U.S. Government procured commodities should focus on low-cost, high-quality products, with a preference for U.S. and local manufacturers, including continuing access for U.S. diagnostic products.

IV. The Government of Uganda intends to review the established Public Service structures for laboratory staff for opportunities to absorb cadres that are needed but not existing within the current structures. Laboratory staff funded by U.S. programs should be rationalized and mapped against approved Public Service structures before any absorption onto the Government payroll. Only positions aligned with established structures, job descriptions, and compensation plans are expected to be absorbed.

V. The U.S. Government plans to fund frontline lab workers as outlined in Section 2.2.3. This includes laboratory technicians, laboratory quality assurance officers, laboratory scientists, specimen transport hub riders, specimen transport drivers, laboratory biosafety officers, and laboratory accreditation assessors.

VI. The U.S. Government plans to fund outbreak response testing for priority and high-consequence pathogens through Government of Uganda-led public-private partnerships.

VII. The Government of Uganda plans to progressively absorb laboratory staff onto the government payroll over the four-year period, as per the Implementation Plan, subject to indicative planning figures in Section 2.2.3, and clearance by the Ministry of Finance, Planning and Economic Development and the Ministry of Public Service.

VIII. The Government of Uganda plans to ensure all Level 2 and Level 3 biosafety labs in Uganda 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 2028.

IX. The U.S. Government plans to fund the sample referral network, including enhancing the sample transport vehicle and motorbike fleet, cold chain management at hubs, and introduction of new innovations, subject to the availability of funds, in 2026 and thereafter the U.S. Government's funding is expected to decline gradually, with the Government of Uganda funding 80% of the network by the end of this MOU as outlined in Section 2.2.3 subject to availability of funds. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the end of 2030.

X. The U.S. Government plans to support the Government of Uganda to improve its tiered molecular diagnostic network—central, regional, and point-of-care labs—so HIV and TB testing platforms can be shared and used to detect infectious disease outbreaks. Any diagnostic network optimization support provided by the U.S. Government plans to be transitioned to the Government of Uganda by 2030.

XI. The U.S. Government plans to work with the Government of Uganda to help the Uganda National Accreditation Service (UGANAS) become fully operational so it can efficiently and sustainably help Uganda laboratories attain and maintain accreditation to international standards by 2028.

XII. Lab quality improvement accreditation support provided by the U.S. government for laboratories conducting testing for HIV/TB, infectious disease outbreaks, and zoonotic diseases is planned to be transitioned to the Government of Uganda by 2030.

XIII. Uganda's National Equipment Calibration Laboratory (NECL) is expected to create a fee-for-service model. The model is expected to target clients in the private sector, including private-not-for-profit organizations, as well as research and academic institutions. Support provided by the U.S. Government for laboratory equipment maintenance, repairs, and servicing is planned to be transitioned to the Government of Uganda by 2029.

XIV. The U.S. Government plans to support the expansion and implementation of the National External Quality Assessment (EQA) schemes through production and distribution of EQA panels and to be transitioned to the Government of Uganda by 2030.

XV. The U.S. Government plans to support the Government of Uganda to establish an integrated National Biorepository network that meets Biosafety Biosecurity standards to enhance disease surveillance, evaluation of new and emerging diagnostic methods, operational research, capacity building, and collaborations.

XVI. All activity costs outlined in Section 2.2.2 are within the budget reflected in Appendix 1 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 and dependent on the indicative planning figures, subject to the availability of funds:

Year	U.S. Government Funding	Existing Government of Uganda Funding	New Government of Uganda Funding	Total U.S. Government and Government of Uganda Funding
2026	$52,757,874	$14,054,109		$66,811,984
2027	$43,525,246	$14,054,109	$10,201,539	$67,780,895
2028	$34,292,618	$24,255,649	$10,201,539	$68,749,806
2029	$25,059,990	$34,457,188	$10,201,539	$69,718,718
2030	$16,452,728	$44,658,728	$10,201,539	$71,213,995

I. The breakdown of the U.S. Government's planned 2026 lab commodity procurement spending is in Appendix 2 of this MOU.

II. Procurement of laboratory commodities financed by the U.S. Government is to be in accordance with U.S. Government procurement policies. The U.S. Government intends to incrementally increase funding to local procurement agents National Medical Stores

(NMS) and Joint Medical Stores (JMS) over time, predicated on joint determination regarding commodity quality, audit, and pricing consistent with or lower than identified pooled procurement costs, and continued funding from the Government of Uganda towards commodity visibility, including end-to-end logistics management systems.

III. The Government of Uganda plans to use NMS and JMS or other pooled procurement mechanism for lab commodities purchased using Government of Uganda resources. 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 the Government of Uganda in the table above is only to include funding provided directly by the Government of Uganda and is not to include funding from other donors or multilateral organizations.

IV. To promote Uganda's sovereignty and build sustainable capacity, the U.S. Government intends to refrain from creating parallel procurement systems and prioritize building capacity for Government of Uganda institutions to manage procurement effectively over the long term. In situations where the U.S. Government seeks to undertake parallel procurement, the procurement should be jointly reviewed by the JHSC.

V. U.S. Government procured commodities are expected to focus on low-cost, high-quality products, with a preference for U.S. and local manufacturers. The health market is expected to continue to be free of access barriers to American products, including continuing access for U.S. diagnostics products.

VI. To promote sustainability, the U.S. Government intends to incrementally increase procurement through NMS and JMS, or others by mutual decision, from local Ugandan manufacturers of such commodities that meet international standards of quality, predicated on joint determination regarding audit and pricing consistent with or lower than identified pooled procurement costs, and continued funding from the Government of Uganda towards commodity visibility, including end-to-end logistics management systems. The Government of Uganda intends to purchase from U.S. companies that are willing to engage in local manufacturing or partner with Ugandan firms in the form of technology transfers, contract manufacturing or through joint ventures.

VII. The Participants intend to fund the frontline lab workers in each of the specified years, subject to the indicative planning figures and the availability of funds:

Year	U.S. Government # FTEs Funded	Government of Uganda New # FTEs Funded	Government of Uganda Existing # FTEs Funded	Total # FTEs Funded
2026	900	-	2,199	3,099
2027	819	115	2,199	3,133
2028	684	196	2,314	3,194
2029	441	349	2,510	3,300
2030	-	612	2,859	3,471

VIII. For purposes of this MOU, funding is expected to cover the salary and benefits for frontline lab workers recruited through the Ugandan Public Service mechanism. 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 the Government of Uganda. 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 the Government of Uganda in the table above are expected to be funded directly by the Government of Uganda and are not expected to include positions funded by other donors or multilateral organizations.

IX. Laboratory staff funded by U.S. programs are expected to be rationalized and mapped against approved Public Service structures before any absorption onto the Government payroll. Only positions aligned with established structures, job descriptions, and compensation plans are expected to be absorbed.

2.3 Commodities

2.3.1 2030 Vision: The Government of Uganda envisions an integrated, transparent health care commodity supply chain system with two recognized entities for procurement, warehousing and distribution, National Medical Stores (NMS) and Joint Medical Stores (JMS). NMS for distribution to public health facilities and JMS for distribution to private-not-for-profit health facilities. The Participants plan to develop jointly determined accountability measures to safeguard commodities.

2.3.2 Implementation Plan:

I. For the purposes of this section, the U.S. Government currently funds $50,454,474 of commodities annually, including HIV, TB, and malaria commodities, in addition to the maternal and child health (MCH) equipment and infrastructure noted in bullet VIII below. U.S. Government supported laboratory commodities are reflected in Section 2.2.3.

II. 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, with the Government of Uganda funding progressive annual increases of cumulatively 70% of these commodities by the end of this MOU as outlined in Section 2.3.3 subject to availability of funds.

III. The Government of Uganda intends to progressively implement, in a phased manner, a system based on GS1 global standards for tracing commodities distributed through Uganda's government-owned supply chain, with co-investments provided by the Government of Uganda and the U.S. Government, by 2030.

IV. The Government of Uganda intends to ensure that all Uganda Government owned, managed, or run warehouses storing commodities funded by the U.S. Government under this MOU maintain applicable ISO warehouse standards through the end of the MOU period.

V. The Government of Uganda intends to progressively detect, investigate, and prosecute cases of suspected thefts, diversions, and falsifications of health commodities in a timely manner, including through national law enforcement actions where appropriate.

VI. The Government of Uganda plans to notify the U.S. Government within five (5) working days of a report of suspected theft or diversion of U.S. Government funded commodities in accordance with Uganda's national legal procedures and anti-corruption frameworks. The U.S. Government intends to work with the Government of Uganda to trace commodity batch numbers to verify procurement source and time of importation.

VII. The U.S. Government plans to maintain indoor residual spraying (IRS) for malaria control in 2026. The Participants plan to establish an integrated vector management plan, including IRS transition, by the end of June 2026 to be implemented through the end of the MOU period.

VIII. The U.S. Government plans to fund $2,100,000 of maternal and child health (MCH) equipment and $6,397,031 of MCH infrastructure development in 2026. The Government of Uganda plans to provide $1,000,000 annually to maintain equipment and infrastructure for maternal and child health services.

IX. All activity costs outlined in Section 2.3.2 are within the budget reflected in Appendix 1 of this MOU.

2.3.3. Funding Plan:

The Participants intend to provide funds to support commodities in each of the specified years, subject to the indicative planning figures and the availability of funds:

Year	U.S. Government Commodity Funding	Existing Government of Uganda Funding	New Government of Uganda Funding	Total Government of Uganda and U.S. Government Funding
2026	$50,454,474	$16,754,110		$67,208,584
2027	$41,624,941	$16,754,110	$9,798,444	$68,177,495
2028	$32,795,408	$26,552,554	$9,798,444	$69,146,407
2029	$23,965,875	$36,350,999	$9,798,444	$70,115,318
2030	$21,320,105	$46,149,443	$9,798,444	$77,267,992

I. The breakdown of the U.S. Government's planned 2026 commodity procurement funding is in Appendix 2 of this MOU.

II. The U.S. Government plans to purchase its commodities through a pooled procurement mechanism and local procurement agents. The U.S. Government plans to distribute its commodities to public health facilities through National Medical Stores and to private-not-for-profit health facilities through Joint Medical Stores. The Government of Uganda plans to purchase its commodities through NMS and distribute its commodities to public health facilities through NMS and other health facilities through JMS.

III. 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.

IV. Funding provided by the Government of Uganda in the table above is expected to only include funding provided directly by the Government of Uganda and is not expected to include funding from other donors or multilateral organizations.

2.4 Frontline Healthcare Workers

2.4.1 2030 Vision: The Government of Uganda envisions integrating professional health workers currently funded by the U.S. Government into the permanent healthcare workforce annually and providing allowances to the community health workers trained by the U.S. Government, according to the Human Resource Plan and availability of wage.

2.4.2 Implementation Plan:

I. The U.S. Government plans to fund frontline healthcare workers as outlined in Section 2.4.3.

II. Within refugee hosting districts, the U.S. Government plans to fund doctors, nurses, midwives, and community health workers under the guidance of the Ministry of Health. The Government of Uganda plans to gradually increase funding for health facilities and health workers.

III. The U.S. Government plans to support 7,000 seasonal workers for the annual spray campaign within seven current IRS districts in 2026. Future IRS plans are expected to be specified in the integrated vector management plan developed jointly by the Government of Uganda and the U.S. Government by the end of June 2026, with the goal of dramatically reducing malaria deaths among children under 5 years.

IV. All U.S. Government-funded positions are expected to undergo joint rationalization by the Ministry of Public Service (MoPS) and Ministry of Finance, Planning and Economic Development (MoFPED) in conjunction with the Ministry of Health to ensure alignment with approved establishment ceilings, skills mix, and pay grades. Only rationalized posts are expected to be absorbed onto the payroll. Non-aligned staff may serve under time-bound contracts with private or faith-based institutions under funding that may be provided by the U.S. Government during the transition phase.

V. The Government of Uganda plans to increase the human resources for health (HRH) by 19,379 health personnel by 2030. The phased absorption of these cadres is designed to strengthen human resources for health across all levels of service delivery, enhance the availability of specialized and general clinical services, and ensure that the health system is adequately staffed to respond to the country's evolving disease burden.

Year	U.S. Government # HRH Funded	Government of Uganda New # HRH Funded	Government of Uganda Existing # HRH Funded	Total # HRH Funded*
2026	18,104	-	51,213	69,317
2027	12,831	5,355	51,213	69,399
2028	7,175	5,897	56,568	69,640
2029	2,019	5,449	62,465	69,933
2030	-	2,678	67,914	70,592

*The table includes all clinical and community health extension workers.

VI. The U.S. Government plans to train and fund 14,462 Community Health Extension Workers (CHEWs) over the next four years, in addition to the 336 CHEWs previously trained and transitioned to Uganda in Lira City, Lira District, and Mayuge District. The Government of Uganda plans to incrementally absorb the CHEWs trained by the U.S. Government to ensure continuity in service delivery for communities as outlined in the table in Appendix 3.

VII. All related costs outlined in Section 2.4.2 are within the budget reflected in Appendix 1 of this MOU.

2.4.3 Funding Plan:

The Participants intend to fund frontline healthcare workers in each of the specified years, subject to the indicative planning figures and availability of funds:

I. The breakdown by type of frontline healthcare worker is in Appendix 3 of this MOU. The U.S. Government plans to provide funding through the Government of Uganda and implementing partners, transitioned in a phased manner through the approved implementation plan. 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 the Government of Uganda. 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 the Government of Uganda are expected to be funded directly by the Government of Uganda and are not expected to include positions funded by other donors or multilateral organizations.

II. Starting in 2027, the U.S. Government assistance provided for HRH is expected to include staff compensation and strategic investments in health workforce development systems and institutions to ensure Uganda is able to meet its HRH demand in the future. The investment in systems and institutions is intended to ensure Uganda transitions to full technical capacity sufficiency with no to minimal external technical assistance support.

2.5 Data Systems

2.5.1 2030 Vision: The Government of Uganda envisions integrated robust health data systems that includes eAfya and ClinicMaster as its Electronic Medical Records (EMRs), ALIS and LabExpert as its lab management system, eAfya and ClinicMaster as its pharmacy management system and health commodity inventory management system, eIDSR and Integrated Outbreak Management System as its surveillance and outbreak response data system, NMS+ and JMS ERP as its central warehouse management system, and a national health data warehouse. Additionally, eCHIS is the Community Health Management System and iHRIS for Human Resource Management.

2.5.2 Implementation Plan:

I. The U.S. Government plans to support a Government of Uganda National EMR scale up through a combination of direct paid inputs and structured performance-linked payment mechanisms. These models are expected to be jointly reviewed by the JHSC in the implementation plan and may include milestone-based payments, cost-reimbursement tied to verified deliverables, and performance-based disbursements aligned with indicators mutually determined by the Participants.

II. The Government of Uganda intends to continue providing leadership and an enabling policy environment for the national EMR scale up, ensuring that EMRs remain functional. Specifically, the Government of Uganda plans to ensure maintenance of reliable internet connectivity and stable power supply to health facilities implementing the EMR system. The Government of Uganda also plans to allocate domestic resources to gradually assume increasing financial and operational responsibility for EMR system maintenance, and updates, over the 5-year period. The Government of Uganda plans to finalize national registries and governance structures for the EMRs by December 2026.

III. Together, these commitments are expected to advance a sustainable, interoperable, and nationally owned EMR system that strengthens Uganda's health information ecosystem and promotes data-driven decision-making.

IV. The Government of Uganda plans to provide funding to ensure a fully functional EMR is available, meaningfully used, and maintained in all facilities down to the level of Health Centre IIIs (HC III) by 2028.

V. The Government of Uganda plans to use performance-based incentives and sanctions aligned with its employment laws and public service regulations to ensure that 80% of encounters are entered in real-time within one (1) year of rollout and 90% of encounters are entered in real-time by health care providers within two (2) years of roll-out in facilities.

VI. The Government of Uganda plans to use ALIS and LabExpert as its laboratory management system, which are expected to be maintained at the implementation sites.

VII. The U.S. Government plans to support improvements to LabExpert laboratory management system over the term of this MOU as defined in the implementation plan.

VIII. The Government of Uganda plans to use eAfya and ClinicMaster as its facility level pharmacy and commodity inventory management system and electronic logistics management information systems (eLMIS) which are expected to be rolled out and operationalized in all facilities down to the level of HC III by 2028, starting with national and regional referral hospitals and expanding annually. The Government of Uganda plans

to enforce system use for data analytics, commodity planning, management and accountability.

IX. The U.S. Government plans to support improvements in the facility level pharmacy and commodity inventory management EMR module over the term of this MOU as defined in the implementation plan.

X. The U.S. Government plans to support integration of the facility level pharmacy and commodity inventory management EMR module with NMS+ and JMS ERP and the finalization of the product registry in line with Uganda's requirement.

XI. The Government of Uganda plans to use the Integrated Outbreak Management System and the eIDSR as its disease outbreak surveillance systems. The Integrated Outbreak Management System and the eIDSR are expected to be rolled out across all applicable sites by the end of 2026.

XII. The U.S. Government plans to support improvements to the Integrated Outbreak Management System and the eIDSR disease outbreak surveillance system over the term of this MOU to incorporate all functionality from various systems used for outbreak management into the Integrated Outbreak Management System.

XIII. The U.S. Government plans to fund enhancements to the NMS+ and JMS ERP to improve the functionality, commodity audit trail and accountability, over the term of this MOU as defined in the implementation plan.

XIV. The Government of Uganda plans to use the national health data warehouse as the main data repository and analytics platform, including necessary staff (such as software developers, engineers, analysts, database administrators, network administrators, project manager), providing standby electricity, ensuring infrastructure licensing, capacity-building for users, and maintaining hardware and related systems.

XV. The U.S. Government plans to support improvements to the national health data warehouse, throughout the term of this MOU, consistent with Section 2.5.1 and Section 2.5.2. This support includes staff recruited through Uganda's Public Service Mechanisms (such as software developers, engineers, analysts, database administrators, network administrators, project manager), enhancements in data availability and use, data and system validation, and data analytics and visualization, cybersecurity measures, software licenses, and enhancements to hosting space through 2028.

XVI. The Government of Uganda plans to develop, roll out, and maintain digital registers—along with providing computer hardware and all necessary infrastructure—to all health facilities without EMR systems, ensuring comprehensive data availability for monitoring and surveillance. The Government of Uganda plans to print primary tools and make these available at facilities for the functionality of the digital tools, provision of stable electricity and internet, training of Trainers (ToT) and ongoing capacity building for site, district, and regional staff on deploying and maintaining the system, follow-up support (e.g., help desk, monitoring, and supportive supervision), and ongoing support for facility staff to complete the digital register.

XVII. The U.S. Government plans to support the Government of Uganda's vision for a digital register system.

XVIII. Both the U.S. Government and the Government of Uganda intend to scale up, maximize integration and interoperability between the aforementioned systems, and ensure that appropriate cybersecurity and data security is in place for all the aforementioned systems in accordance with the laws of Uganda.

XIX. 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.

XX. The U.S. Government and the Government of Uganda intend to conclude 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 no longer than seven (7) years from the date of execution of this MOU, including five (5) years over the course of this MOU and an additional two (2) years to fulfill ongoing reporting requirements, unless extended consistent with the terms of that agreement. The Participants expect a data sharing arrangement that ensures joint governance under the Joint Health Steering Committee (JHSC), with the Government of Uganda as the data owner.

XXI. The Government of Uganda plans to determine and approve the national data and health information architecture prior to any investment financed under this MOU. The U.S. Government plans to fund data systems investments within the budget reflected in Section 2.5.3 on projects as determined jointly by both Participants. Any platform adopted should be locally sustainable and maintainable by a local community-of-practice ecosystem. All data generated through U.S.-funded programs is expected to be owned by the Government of Uganda. Data sharing should require prior written authorization through a Data Sharing Agreement approved by the Participants. All data activities are expected to comply with the Data Protection and Privacy Act CAP 97 and the National Data Governance Framework.

XVII. All activity costs outlined in Section 2.5.2 are within the budget reflected in Appendix 1 of this MOU.

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	$26,129,831
2027	$24,779,640
2028	$25,103,354
2029	$27,294,065
2030	$9,795,399
TOTAL	$113,102,289

I. 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.

II. During the term of this MOU, the Government of Uganda plans to pay for 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 in accordance with Ugandan laws.

2.6 Strategic Assistance

2.6.1 2030 Vision: The Government of Uganda envisions utilizing strategic assistance to ensure long term resilience and sustainability of the country's health systems.

2.6.2 Implementation Plan:

I. The U.S. Government plans to support the establishment of a national telehealth and telementoring hub, to be operated by the Government of Uganda, with initial infrastructure, technology, and training support. The Government of Uganda plans to assign or hire dedicated facilitators and progressively assume responsibility for internet connectivity, system maintenance, and operational costs over time to ensure sustainability.

II. The U.S. Government plans to support faith-based organizations in providing medical care and to establish or strengthen digitization and self-sustaining financing including community health insurance, user fees, and increases in primary health care (PHC) conditional grants.

III. The U.S. Government plans to provide funding under this MOU to strategic assistance identified by the Government of Uganda to ensure the country achieves long term resilience and sustainability of the country's health systems. This strategic assistance is expected to include, among others, the following areas:
    a. Uganda National EMR Digitalization of electronic medical records down to HC III level
    b. Rapid expansion of sustainable power solutions for health facilities
    c. Uganda National Supply Chain end to end traceability including GS1
    d. Acceleration of Community Health to address HIV, malaria, TB and other priority diseases
    e. Reduction of maternal and newborn mortality
    f. Global Health Security and laboratory systems strengthening
    g. Integrated Service Delivery

IV. A specific detailed implementation plan is expected to be developed and decided on by both Participants by April 1, 2026.

V. All technical assistance under this MOU should include clear capacity-transfer and localization milestones. Technical assistance (TA) provided should be based on a pull-basis, and needs and technical assistance requests are expected to be determined by the Government of Uganda. Costed handover plans should ensure that, within 12–24 months, functions performed during TA period are transitioned to Ugandan institutions. A capacity

transfer plan is expected to be submitted and approved by the Government of Uganda before any TA is accepted, including TA experts proposed.

VI. All activity costs outlined in Section 2.6.2 are within the budget reflected in Appendix 1 of this MOU.

2.6.3 Funding Plan:

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

Year	U.S. Government Strategic Assistance Funding
2026	$223,096,731
2027	$220,602,776
2028	$219,231,073
2029	$207,750,746
2030	$187,502,248

I. The U.S. Government intends to provide its funding through contract mechanisms identified and jointly reviewed by the JHSC, with advice and input from the Government of Uganda, and through mutually determined Government-to-Government mechanisms with the Government of Uganda. For purposes of this MOU, this strategic assistance funding is expected to include all costs not specified in Sections 2.1.3, 2.2.3, 2.3.3, 2.4.3, and 2.5.3. All strategic assistance funding is expected to be within the total U.S. Government funding as outlined in Appendix 1 of this MOU.

2.7 Additional Responsibilities

I. The Government of Uganda plans to exempt from taxation in Uganda 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 Economic, Technical and Related Assistance Agreement between the Government of the United States of America and the Government of Uganda, effected by exchange of notes at Kampala December 3 and 11, 1971, and the most favorable terms included in this MOU or other U.S. Government assistance agreements with Uganda. 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 Uganda and (b) the value-added tax levied or otherwise imposed on the purchases of goods and services in Uganda.

II. The Government of Uganda plans to work with the United States Food & Drug Administration (FDA) to expedite regulatory approvals of FDA approved commodities by Uganda's National Drug Authority (NDA) within 90 days to ensure the quality, safety, and efficacy of products, which protects public health and promotes innovation.

III. The U.S. Government plans to provide capacity building to NDA on medical product registration and the FDA-review process. Any technical assistance provided is expected to be within the strategic assistance budget in Section 2.6.3.

IV. Participants may decide on any additional commitments as appropriate including commitments related to mutually determined policy changes, the private sector, faith-based institutions, market access, and/or partnerships with American companies.

V. The Participants may support interoperability between EMRs used by the private sector and government systems. Any technical assistance provided should be within the strategic assistance budget in Section 2.6.3.

VI. The Government of Uganda is expected to purchase from U.S. firms willing to manufacture locally and/or partner with local Ugandan manufacturers by way of joint ventures, contract manufacturing, technology transfers, research and development among others.

SECTION 3
Implementation

3.1 Implementation Plan: Within 90 days of signing this MOU, the 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 as well as for collecting all the data elements outlined in Section 1. U.S. Government funding should use a combination of on-budget (G2G) and off-budget (IP) funding mechanisms.

I. The Implementation Plan should serve as an annex to the Government of Uganda's national health budget and guide parliamentary appropriation. All funds, commitments, and expenditures by the Government of Uganda should be recorded in the Integrated Financial Management Information System (IFMIS), and the U.S. Government intends to incrementally increase funding and expenditures recorded in IFMIS over the course of the MOU.

II. The U.S. Government intends to incrementally increase the funding provided under this Implementation Plan through mutually determined Government-to-Government mechanisms with the Government of Uganda, captured in the IFMIS as "on-budget" support. The JHSC is expected to jointly review and select new activities, scopes of work, and implementing partners, to the extent consistent with U.S. and Ugandan laws and regulations. Funding provided to implementing mechanisms should be jointly reviewed by the JHSC. Funded organizations are expected to submit regular financial and technical reports, including workplans and budgets, to the U.S. Government, MOFPED and MOH. Overhead and administrative costs by all implementing partners are expected to be minimized for efficient programming; decisions on these costs are expected to be made with maximum visibility, capped at 6% by January 1, 2027, and in alignment with U.S. and Ugandan laws and regulations, such as the Public Procurement and Disposal of Public Assets Act CAP 205 contract regulations. All overhead and administrative costs borne by the U.S. Government and implementing partners should be included within the total

$1,719,960,000 in U.S. Government assistance included in this MOU, and are expected to be capped at 6% for the U.S. Government.

3.2 Steering Committee: The Participants plan to establish a Joint Health Steering Committee (JHSC) composed of senior representatives from both governments and a limited number of other key stakeholders as mutually decided by the Participants, as reflected in the implementation plan, before April 1, 2026. Representatives of external independent auditing firms, funded within the total U.S. Government foreign assistance budget reflected in Appendix 1, may be observers of the JHSC.

I. The JHSC may resolve any matters arising from the execution of the MOU, including but not limited to (1) managing the strategic direction of the collaboration, (2) inspecting financial audits, (3) further defining duties as circumstances demand, and (4) resolving any areas of ambiguity between the Participants.

II. The JHSC is expected to operate under the broader Uganda Health Transformation Delivery Unit that may be set up to provide oversight, delivery and coordination of all stakeholders in the health sector to ensure the country transitions to full health sovereignty.

III. The JHSC 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.

SECTION 4
Audit

All audits of Government-to-Government support are expected to be conducted jointly by the Office of the Auditor General (OAG) and an independent audit firm appointed by the JHSC. In the event the JHSC cannot select an audit firm despite best efforts by both Participants, the U.S. Government commits to appointing a reputable firm for relevant U.S. Government-provided funding. Audit findings should be shared simultaneously with both Participants.

All audits should be proposed by mutual decision of the JHSC at the beginning of the fiscal year, including mutual determination of on the scope and methodology.

4.1 Outcomes Survey: Both Participants acknowledge the importance of ensuring accurate outcomes data. To this end, the U.S. Government plans to fund a survey for up to $10 million in 2027 and 2029, subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The U.S. Government and the Government of Uganda intend to work together to mutually decide upon the design and execution of the survey. Funding for this survey is included in Section 2.6.3 above.

4.2 Process Metric Audit: The Government of Uganda 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 Sections 1.2 and 1.3 are accurately collected, complete and maintained. To this end, the Government of Uganda 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, with three (3) working days' notice for audits and no notice for unannounced spot checks 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: The Government of Uganda 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 Government of Uganda commits to provide the U.S. Government with any data access or information needed to audit the supply chain, with three (3) working days' notice for audits and no notice for unannounced spot checks.

4.4 Co-Investment Audit: The Government of Uganda acknowledges that so long as the U.S. Government is providing funding for activities described in Sections 2.2, 2.3, and/or 2.4 of this MOU, the U.S. Government has a significant and material interest in ensuring the Government of Uganda is making its committed co-investment. To this end, the Government of Uganda commits to provide the U.S. Government with relevant data access or information needed to audit any accounts from which or to which co-investment funding is being provided within the scope of this MOU. The Government of Uganda commits to provide the U.S. Government with relevant annual audit reports from the Uganda Office of the Auditor General for accounts from which or to which co-investment funding is provided.

4.5 Regulatory Compliance Audit: The Government of Uganda 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 Government of Uganda intends to provide the U.S. Government with 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: In the event of a failure to provide the data access or information requested under Sections 4.2, 4.3, 4.4, or 4.5, the Participants plan to meet as the JHSC to conduct a root-cause analysis and develop a remediation plan by mutual decision. Funding adjustments by the U.S. Government should be a measure of last resort and should be reviewed jointly and implemented in a phased manner to minimize system disruption if possible.

4.7 Effect of Failure to Fulfill Specimen and Data Sharing Commitments: The Government of Uganda 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 the Government of Uganda fulfills all commitments in the specimen sharing and data sharing arrangements referenced in Sections 2.1.2 and 2.5.2 respectively.

In the event of a failure to fulfill all commitments in the specimen sharing and data sharing arrangements referenced in Sections 2.1.2 and 2.5.2 respectively, the Participants are expected to meet as the JHSC to conduct a root-cause analysis and develop a remediation plan by mutual decision. Funding adjustments by the U.S. Government should be a measure of last resort and should be reviewed jointly and implemented in a phased manner to minimize system disruption if possible.

SECTION 5
Co-Investment & Performance Benchmarks

5.1 Transition Year: FY 2026 is expected to be considered a transition year. Starting FY 2027, disbursements under this MOU are expected to be tied to mutually determined results indicators, including proportion of U.S.-funded HRH absorbed post-rationalization, and system performance milestones. Annual co-financing step-ups as determined should be linked to verified outcomes. The U.S. Government intends to incrementally increase the percentage of on-budget support over the course of this Memorandum of Understanding (MOU) to be overseen by the Joint Health Steering Committee (JHSC). U.S. Government on-budget support should be executed through the Government of Uganda's Treasury Single Account and reflected within the national budget and Medium-Term Expenditure Framework with adequate traceability and audit measures. Priority should be placed on moving the execution of routine activities of the Ministry of Health on-budget. All off-budget funding included in this MOU should be shared and discussed transparently under the JHSC.

5.2 Co-Investment Requirements: In the event that the Government of Uganda does not fulfil the co-investment commitments outlined in Sections 2.2.3, 2.3.3, and/or 2.4.3 within the specified calendar year, the Participants are expected to meet as the JHSC to conduct a root-cause analysis and develop a remediation plan by mutual decision. The remediation plan is expected to be accomplished within 180 days and should include a catch-up plan for co-investment. For purposes of this Section and Sections 2.2.3, 2.3.3, and 2.4.3, co-investment by the Government of Uganda may only be calculated based on funds raised directly by the Government of Uganda and may not include funding from other donors or multilateral organizations.

In addition, the Government of Uganda plans to increase its domestic government health expenditures by the following amounts in each of the following years:

Year	Increase in Domestic Government Health Expenditures by Uganda Relative to 2025 Baseline
2026	$0
2027	$69,177,199
2028	$121,177,199
2029	$169,677,199
2030	$216,970,199

A precise definition of domestic government health expenditures should be mutually determined during the implementation period but should 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 intend to work together during the implementation period to determine the amount the Government of Uganda is spending on domestic government health expenditures in 2025 and this amount is expected to be the 2025 baseline.

Both Participants acknowledge that so long as the U.S. Government is providing any funding in support of activities described in this MOU, the U.S. Government has a significant and material interest in ensuring the co-investment outlined in this Section 5.1 occurs. To this end, both Participants acknowledge the U.S. Government plans to decrease its funding by ratio of two (2) to one (1) under this MOU if the Government of Uganda fails to meet the above co-investment. For example, if the Government of Uganda increases its domestic government health expenditures by $70 million in 2028 versus the 2025 baseline, the U.S. Government would decrease its total funding by $60 million in 2029 ($100M - $70M = $30M x 2 = $60M).

5.3 Performance: In the event Uganda does not maintain the baselines outlined in Sections 1.1 and 1.2 or achieve the metrics outlined in Section 1.3, both Participants are expected to meet as the JHSC to conduct a root-cause analysis and to present the findings to both Governments in order to develop a joint remediation plan within a period of 90 days. Funding adjustments by the U.S. Government should be a measure of last resort, and should be reviewed jointly and implemented in a phased manner to minimize system disruption if possible.

5.4 Performance Incentives: In the event that the Government of Uganda achieves all the process and outbreak response metrics for 2027 or 2028 outlined in Sections 1.2 and 1.3, the Government of Uganda 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 Government of Uganda's eligibility for the performance incentive. In each year, the size of the performance incentive is expected to equal (*the population in Uganda 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

Government of Uganda's performance incentive for a given year be greater than $1 per person per year. For the purposes of this calculation, Uganda's population is considered to be 45.9 million persons. Performance incentives may be used by the Government of Uganda to fund any health-related costs in furtherance of the objectives stipulated in this MOU.

5.5 Contracting with Private and Faith-Based Providers: The Government of Uganda intends to issue performance-based service agreements to accredited private and faith-based providers for specified catchment populations using funds provided by the U.S. Government under this MOU. The Government of Uganda is committed to progressively increase primary health care (PHC) funding, subject to the availability of funds. Such agreements should include output targets, payment schedules, and verification protocols. The Office of the Auditor General in coordination with MOH intends to audit results and expenditure. Non-performing entities may be suspended or subject to claw-back provisions. The Government of Uganda seeks to establish an effective oversight system in its health sector that ensures private-for-profit and private-not-for-profit stakeholders are fully integrated into the country's health systems and are held accountable under all existing health regulations. Direct agreements with these providers are expected to strengthen the government's position as a regulator.

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, through the JHSC, in writing. Each Participant should notify the other Participant within a minimum of 90 days of proposed modifications to co-investment or commitments.

6.3 Discontinuation: Either Participant may discontinue cooperation under this MOU with 180 days' advance written notice, which should include a detailed rationale and an opportunity to hold good-faith consultations through the JHSC to seek to resolve the underlying issues before the notice becomes effective.

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 Uganda
U.S. Embassy in Uganda
1577 Ggaba Road
Kampala, Uganda

For the Government of Uganda
Minister of Finance, Planning and
Economic Development, and cc
Minister 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 U.S. Government and the Government of Uganda .

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 Indicative Planning Figures and Funding Availability: The Participants acknowledge that this MOU is intended to exclusively cover activities funded by the U.S. Department of State and the Government of Uganda. All activities described in and/or pursued by the Participants under this MOU are subject to the indicative planning figures and 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 Government of Uganda.

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 at Kampala, Uganda on December 10, 2025, in duplicate, in the English language.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA:

William W. Popp
U.S. Ambassador to Uganda

FOR THE GOVERNMENT OF THE REPUBLIC OF UGANDA:

Matia Kasija (MP)
Minister of Finance, Planning and Economic Development

Witnessed by:

Dr. Aceng Jane Ruth Ocero
Minister of Health

Appendix 1: Co-Funding Summary

Table 1 below represents the total planned financial support by both the U.S. Government and the Government of Uganda during the term of the MOU:

Table 1:

Year	U.S. Government	Government of Uganda*
2026	$410,692,000	$0
2027	$382,192,000	$69,177,199
2028	$354,692,000	$121,177,199
2029	$316,892,000	$169,677,199
2030	$255,492,000	$216,970,199
Total	$1,719,960,000	$577,001,796

*This amount represents additional domestic expenditure per year in the national budget, building off a baseline of actual expenses from the 2025 budget.

Table 2 below represents the total planned financial support by the U.S. Government during the term of the MOU:

Table 2:

Year	2026	2027	2028	2029	2030
Surveillance & Outbreak Response ($)	$5,092,000	$5,092,000	$5,092,000	$5,092,000	$5,092,000
Laboratory Commodities ($)	$52,757,874	$43,525,246	$34,292,618	$25,059,990	$16,452,728
Other Commodities ($)	$50,454,474	$41,624,941	$32,795,408	$23,965,875	$21,320,105
Frontline Healthcare Workers (# FTEs)	18,104	12,831	7,175	2,019	0
Frontline Healthcare Workers ($)	$28,519,570	$23,635,877	$16,896,027	$8,715,804	$0
Data Systems ($)	$26,129,831	$24,779,640	$25,103,354	$27,294,065	$9,795,399
Strategic Assistance ($)	$223,096,731	$220,602,776	$219,231,073	$207,750,746	$187,502,248

U.S. Government Operations	$24,641,520	$22,931,520	$21,281,520	$19,013,520	$15,329,520
Total	$410,692,000	$382,192,000	$354,692,000	$316,892,000	$255,492,000

Table 3 below represents the total new planned financial support described in this MOU by the Government of Uganda during the term of the MOU:

Table 3:

Year	2026	2027	2028	2029	2030
Laboratory Commodities ($)	$0	$10,201,539	$10,201,539	$10,201,539	$10,201,539
Other Commodities ($)	$0	$9,798,444	$9,798,444	$9,798,444	$9,798,444
Human Resources for Health, inclusive of all cadres (# FTEs)	0	5,355	5,897	5,449	2,678
Human Resources for Health ($)	$0	$19,177,200	$21,177,200	$19,677,200	$16,970,200
Other Health Sector Co-Investments	$0	$30,000,016	$80,000,016	$130,000,016	$180,000,016
Total	$0	$69,177,199	$121,177,199	$169,677,199	$216,970,199

Appendix 2: 2026 Planned U.S. Commodity Funding

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

Laboratory Commodity	**Total Cost**
TB Lab Commodities	$14,720,560
HIV Lab Commodities	$29,828,573
HIV Rapid Test Kits	$4,809,053
mRDTs	$1,199,760
HIV- Lab equipment spares	$1,020,000
HIV - lab EQA	$1,179,928
Total	**$52,757,874**

Commodity	**Total Cost**
TB Commodities	$1,396,339
ARVs and PrEP	$24,197,099
Opportunistic Infections and RUTF	$2,158,342
Malaria - ACTs, LLINs, Artesunate	$12,806,194
Malaria - IRS	$4,500,000
CHEWs kits	$4,396,500
Other commodities	$1,000,000
Total	**$50,454,474**

Maternal and Child Health	**Total Cost**
Maternal and Child Health Equipment	$2,100,000
Maternal and Child Health Infrastructure	$6,397,031
Total	**$8,497,031**

Appendix 3: Frontline Lab & Healthcare Worker Funding

The U.S. Government and the Government of Uganda intend to provide the funding for the following human resources for health, broken down by cadres, below:

National Summary of Human Resources for Health (HRH):

Year	U.S. Government # HRH Funded	Government of Uganda New # FTEs Funded	Government of Uganda Existing # FTEs Funded	Total # FTEs Funded
2026	18,104	-	51,213	69,317
2027	12,831	5,355	51,213	69,399
2028	7,175	5,897	56,568	69,640
2029	2,019	5,449	62,465	69,933
2030	-	2,678	67,914	70,592

Human Resources for Health by Cadre:

Laboratory Cadres

Year	U.S. Government # FTEs Funded	Government of Uganda New # FTEs Funded	Government of Uganda Existing # FTEs Funded	Total # FTEs Funded
2026	900	-	2,199	3,099
2027	819	115	2,199	3,133
2028	684	196	2,314	3,194
2029	441	349	2,510	3,300
2030	-	612	2,859	3,471

Epidemiologists

Year	U.S. Government # FTEs Funded	Government of Uganda New # FTEs Funded	Government of Uganda Existing # FTEs Funded	Total # FTEs Funded
2026	42	0	0	42
2027	36	11	1	48
2028	26	10	12	48
2029	15	29	20	64
2030	0	30	49	79

Medical Cadres (Doctors and Clinical Officers)

Year	U.S. Government # FTEs Funded	Government of Uganda New # FTEs Funded	Government of Uganda Existing # FTEs Funded	Total # FTEs Funded
2026	580	0	5,807	6,387
2027	545	65	5,807	6,417
2028	376	232	5,872	6,480
2029	170	298	6,104	6,572
2030	0	295	6,402	6,697

Nurses and Midwives

Year	U.S. Government # FTEs Funded	Government of Uganda New # FTEs Funded	Government of Uganda Existing # FTEs Funded	Total # FTEs Funded
2026	992	0	22,411	23,403
2027	922	124	22,411	23,457
2028	668	333	22,535	23,536
2029	402	381	22,868	23,651
2030	0	597	23,249	23,846

Community Health Extension Workers

Year	U.S. Government # FTEs Funded	Government of Uganda New # FTEs Funded	Government of Uganda Existing # FTEs Funded	Total # FTEs Funded
2026	14,462		336	14,798
2027	9,462	5,000	5,336	14,798
2028	4,462	5,000	10336	14,798
2029	462	4,000	14,336	14,798
2030	-	462	14,798	14,798

Pharmacists

Year	U.S. Government # FTEs Funded	Government of Uganda New # FTEs Funded	Government of Uganda Existing # FTEs Funded	Total # FTEs Funded
2026	36	0	1,040	1,076
2027	26	20	1,040	1,086
2028	0	26	1,060	1,086
2029	0	20	1,106	1,126
2030	0	82	1,126	1,208

Social Workers

Year	U.S. Government # FTEs Funded	Government of Uganda New # FTEs Funded	Government of Uganda Existing # FTEs Funded	Total # FTEs Funded
2026	1,092	0	0	1,092
2027	1,072	20	0	1,092
2028	972	100	20	1,092
2029	600	372	120	1,092
2030	0	600	492	1,092