MEMORANDUM OF UNDERSTANDING
BETWEEN
THE GOVERNMENT OF THE UNITED STATES OF AMERICA
AND
THE GOVERNMENT OF MALAWI

Preamble

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

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

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

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

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

Have reached the following understandings:

SECTION 1
Objectives

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

	Baseline	2026	2027	2028	2029	2030
Number of People Living with HIV <15	46,832	41,389	36,156	31,509	27,525	24,308
Number of People Living with HIV 15+	935,012	930,801	926,113	921,273	916,311	910,919
HIV Prevalence 15+	7.01%	6.74%	6.49%	6.25%	6.03%	5.81%
% People With HIV Who Know Their Status **<15**	82%	84%	85%	87%	88%	90%
% People with HIV Who Know Their status **15+**	96%	96%	96%	96%	96%	96%
% People Who Know Their HIV Status on Treatment **<15**	71%	73%	76%	78%	83%	85%
% People who know their HIV status on Treatment **15+**	96%	96%	96%	96%	96%	96%
% People Living with HIV Who Are Virally Suppressed <15	49%	56%	62%	68%	75%	81%
% People Living with HIV Who Are Virally Suppressed 15+	89%	89%	89%	89%	89%	90%
Number of New HIV Infections <15	1,644	1,478	1,362	1,284	1,207	1,148
Number of New HIV Infections 15+	8,443	7,303	6,884	7,209	7,285	7,766
# Malaria Deaths in Children <5 per 100,000	39	32	24	15	11	5
# Malaria Deaths per 100,000 population	11	9	7	5	3	2
TB Mortality per 100,000	22	16.5	16.5	14	11.5	9
TB incidence rate per 100,000 population	113	108	102	97	94	91
# Polio Cases (e.g., WPV, cVDPVB)	0	0	0	0	0	0
# Measles Cases	1,068	264	66	16	4	0
Maternal Mortality Rate per 100,000	225	189	177	165	152	140
Children Under 5 Mortality Rate per 1,000	37.7	36.6	35.8	34.9	34.0	33.1

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

	Baseline	2026	2027	2028	2029	2030

# people on ART	897,949	892,021	885,808	879,222	873,464	866,843
# new HIV diagnoses among infants (0-**24** months)	569	505	469	444	420	402
# new HIV diagnoses among children and adults (**2-years and older**)	44,722	40,107	35,969	32,257	28,938	25,943
% 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	98%	99%	99%	99%	99%	99%
# insecticide-treated nets distributed to populations at risk of malaria (note: mass campaign distributions included in baseline and expected again in 2028)	10,127,953	1,100,000	1,380,000	12,338,223	1,400,000	1,400,000
% of pregnant women who have access to and receive 3 or more doses of IPTp for malaria prevention	56%	60%	64%	68%	72%	80%
# patients with TB notified (i.e.,	18,310	19,490	18,927	18,359	17,808	17,274

bacteriologicall y confirmed + clinically diagnosed)						
% patients with TB notified who completed treatment	90%	92%	92%	93%	93%	94%
% surviving infants who received at least one dose of inactivated polio vaccine	97%	97%	98%	99%	99%	99%
% of children aged 12–23 months who received one dose of measles-containing vaccine	88%	89%	90%	92%	94%	95%
% pregnant women attending at least 4 antenatal care visits during pregnancy	78%	79%	80%	81%	82%	83%
% accuracy of data fields assessed during the annual data audit	80%	80%	85%	90%	90%	95%

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

- The Government of Malawi detects suspected infectious disease outbreaks with epidemic potential in Malawi within 7 days of disease emergence;
- The Government of Malawi notifies the U.S. Government within 1 day of detection of an infectious disease outbreak in Malawi and engages in meaningful coordination and consultation with the U.S. Government; and

- The Government of Malawi completes relevant initial response actions to respond effectively to infectious disease outbreaks in Malawi within 7 days of notification, including engaging in meaningful consultation with the U.S. Government on the Government of Malawi's response

SECTION 2
Areas of Cooperation

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

2.1 Surveillance & Outbreak Response

2.1.1 2030 Vision: the Government of Malawi envisions a country-level national surveillance and outbreak response system led by national public health institutions 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 Malawi.

2.1.2 Implementation Plan:

- The U.S. Government plans to fund an assessment of Malawi's outbreak surveillance system [animal health and public health] to include disease surveillance and safety procedures for pathogen sample collection, transport, storage, testing and disposal.
- The Government of Malawi commits to work with the U.S. Government address any prioritized gaps identified by the aforementioned assessment.
- The Government of Malawi plans to provide salaries and benefits to fund human resources for health relevant for disease surveillance and outbreak response, as highlighted in Appendix 3 in 2026 and beyond.
- The U.S. Government plans to support training of field epidemiologists each year of this MOU.
- The U.S. Government plans to support the preparedness and response activities, including mapping of priority diseases, outbreak investigation, and rapid emergency care provision, to ensure 7-1-7 targets are met.
- The Government of Malawi plans 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 to address urgent circumstances before Malawi review can be completed in line with Pharmacy and Medicines Regulatory Authority (PMRA)'s reliance procedures.

- The U.S. Government and the Government of Malawi negotiated a specimen sharing arrangement for the purpose of providing physical specimens and related data, including genetic sequence data, of detected pathogens with epidemic potential to the United States within seven (7) days of detection. Both Participants intend this specimen sharing arrangement to continue for seven (7) years.
- The U.S. Government, in coordination with the Government of Malawi, plans to establish a funding mechanism to surge additional personnel and equipment to respond to detected infectious disease threats with epidemic potential if needed.

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

Year	U.S. Government Surveillance & Outbreak Response Funding
2026	$3,281,540
2027	$3,281,540
2028	$3,281,540
2029	$3,281,540
2030	$3,281,540

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

2.2 Laboratory Systems

2.2.1 2030 Vision: The Government of Malawi envisions a connected network of national laboratories (public health and animal health), central hospital laboratories, district laboratories, faith-based and other laboratories that have the capabilities to support the identification and characterization of pathogens

of outbreak, epidemic, or pandemic potential and 14 regional laboratories that have the capabilities to do serological and molecular testing.

2.2.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $2,998,947 of laboratory commodities and 235 of frontline lab workers in Malawi.
- The U.S. Government intends to support 2 national reference laboratories (Public Health Institute Malawi (PHIM) and Central Veterinary Laboratory), 4 central hospital laboratories, 8 district laboratories, and 4 faith-based organization laboratories.
- 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 the Government of Malawi funding 80% of these commodities by the end of this MOU as outlined in Section 2.2.3.
- The U.S. Government plans to fund frontline lab workers as outlined in Section 2.2.3. This includes laboratory technicians, laboratory technologists and laboratory assistants.
- The Government of Malawi plans to support frontline lab workers on government payrolls as outlined in Section 2.2.3. This includes laboratory technologists, laboratory technicians, and laboratory assistants (refer to Tables 1, 2 and 3 under Appendix 3).
- The Government of Malawi intends to ensure all Level 2 and Level 3 biosafety labs in Malawi 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 2027.
- Any sample transport support provided by the U.S. Government plans to be transitioned to the Government of Malawi by 2027. 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 plans to be transitioned to the Government of Malawi by December 31, 2030.
- Any lab quality improvement accreditation support provided by the U.S. government plans to be transitioned to the Government of Malawi by January 1, 2029.
- The U.S. Government plans to support Laboratory External Quality Assurance (EQA).

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 Malawi Funding	Existing Malawi Funding	Total Malawi Funding
2026	$ 2,298,947	$ 0	$ 6,628,050	$ 6,628,050
2027	$ 1,839,158	$ 1,017,471	$ 6,628,050	$ 7,645,521
2028	$ 1,379,368	$ 2,034,943	$ 6,628,050	$ 8,662,993
2029	$ 919,579	$ 3,016,415	$ 6,628,050	$ 9,644,465
2030	$ 459,789	$ $4,069,887	$ 6,628,050	$ 10,697,937

The breakdown of the U.S. Government's planned 2026 lab commodity procurement spending is in Appendix 2. The U.S. Government plans to purchase its lab commodities through multiple U.S. implementing partners through 2026, pooled through GHSC-PSM through 2028, and then through Malawi Central Medical Stores Trust (CMST) through 2030. The U.S. Government plans to distribute its lab commodities through multiple US implementing partners through 2026, through GHSC-PSM through 2028, and distribute its lab commodities through CMST through 2030. The Government of Malawi is expected to ensure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) warehoused and distributed through Malawi 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 the Government of Malawi in the table above should only include funding provided directly by the Government of Malawi and should not include funding from other donors or multilateral organizations.

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

Year	U.S. Government # FTEs Funded	Malawi New # FTEs Funded	Malawi Existing # FTEs Funded	Malawi Total # FTEs Funded

2026	235	0	639	639
2027	188	99	639	739
2028	129	99	739	838
2029	70	182	838	1,020
2030	50	99	1,020	1,119

The breakdown of full-time equivalents (FTEs) by type of frontline lab workers is in Appendix 3. The U.S. Government plans to provide funding for frontline lab workers through the Government of Malawi beginning 2026. 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 Malawi. 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 Malawi in the table above should only include positions funded directly by Malawi and should not include positions funded by other donors or multilateral organizations.

2.3 Commodities

2.3.1 2030 Vision: the Government of Malawi envisions an integrated health care commodity supply chain system that uses CMST as a pooled procurement vehicle and for distribution to public health facilities, and other health facilities. CMST intends to utilize established pooled procurement facilities such as WAMBO for cost-effective access to all essential medicines.

2.3.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $26.2 million of the commodities annually including malaria, HIV laboratory, maternal, neonatal, and child health (MNCH) and TB diagnosis commodities.
- 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 the Government of Malawi funding 50% of malaria and 75% of HIV laboratory, MCHN and TB diagnostic commodities by the end of this MOU as outlined in Section 2.3.3.
- The Government of Malawi plans 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 Malawi's government-owned supply chain by 2028.

- The Government of Malawi plans to ensure all Malawi government owned, managed, or run warehouses storing commodities funded by the U.S. Government under this MOU meet ISO warehouse standards by 2028 and maintain such standards through the end of the MOU period.
- The Government of Malawi intends to support a sustainable unit 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.
- The Government of Malawi plans to notify the U.S. Government as soon as there is suspicion of theft or diversion of U.S. Government funded commodities.

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 Malawi Funding	Existing Malawi Funding*	Total Malawi Funding
2026	$ 26,253,168			
2027	$ 21,027,415	$ 5,315,393	$0	$ 5,315,393
2028	$ 15,825,109	$ 6,792,381	$0	$ 6,792,381
2029	$ 13,722,918	$ 8,269,368	$0	$ 8,269,368
2030	$ 3,238,746	$ 9,746,357	$0	$ 9,746,357

**The Government of Malawi has an annual budget of $51,380,231 for essential drugs for the health sector for disease areas excluding TB, HIV and Malaria. The resources are from other donors and multilateral organizations.*

The breakdown of the U.S. Government's planned 2026 commodity procurement funding is in Appendix 2. The U.S. Government plans to purchase its commodities through GHSC-PSM through 2028. The U.S. Government plans to distribute its commodities to public health facilities and other health facilities through third-party logistics contracts. The Government of Malawi plans to purchase its commodities through CMST and distribute its commodities to public health facilities and other health facilities through third-party logistics contracts. 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 the Government of Malawi in the table above should only include funding provided directly by the Government of Malawi and should not include funding from other donors or multilateral organizations.

2.4 Frontline Healthcare Workers

2.4.1 2030 Vision: The Government of Malawi envisions progressively increasing the number of Ministry of Health frontline health workers so that they can fully assume roles currently filled by the U.S. Government-supported staff. The Government of Malawi also aims to transition away from seconded, program-specific workers employed by implementing partners, moving instead toward expanding total Ministry of Health (MOH) FTEs with a balanced workforce that supports all health services.

2.4.2 Implementation Plan:

- The U.S. Government plans to fund frontline healthcare workers as outlined in Section 2.4.3. This includes doctor/clinicians, nurses, disease control and surveillance assistants, laboratory personnel, pharmacy personnel and community health workers.
- The U.S. Government plans to continue transitioning staff from implementing partners to the Government of Malawi in 2026 and to use G2G mechanisms for frontline healthcare worker recruitment (Refer to Appendix 3), which supports sustainable recruitment and capacity building of human resources for health.
- The remaining 264 community healthcare workers are expected to be phased out in 2030.

2.4.3 Funding Plan:

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

Year	U.S. Government # FTEs Funded	Malawi New # FTEs Funded	Malawi Existing # FTEs Funded	Malawi Total # FTEs Funded
2026	4,948	0	19,127	19,127
2027	2,832	351	19,127	19,478
2028	2,106	388	19,478	19,866

2029	1,381	388	19,866	20,254
2030	655	388	20,254	20,642

The breakdown by type of frontline healthcare worker is in Appendix 3. For purposes of this MOU, this funding includes the salary and benefits 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 Malawi. 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 Malawi in the table above should only include positions funded directly by the Government of Malawi and should not include positions funded by other donors or multilateral organizations.

2.5 Data Systems

2.5.1 2030 Vision: The Government of Malawi envisions cost-effective and sustainable hybrid digital health data systems in all health facilities and service delivery points by 2030.

2.5.2 Implementation Plan:

- The Government of Malawi plans to roll out of scannable paper systems for all integrated health services, prioritizing ART, TB, STI, integrated specimen registration, ANC, maternity and outpatient services during 2026-2028. The Government of Malawi should ensure that the expansion of scannable paper aligns with an integrated service delivery approach.
- The U.S. Government plans to expand the use of scannable paper to enable cost-effective digitization of primary records at all peripheral facilities. Central and district hospitals with adequate staffing and infrastructure may choose to fund their own point-of-care digital health record systems to maximize the benefits of such investments after U.S. Government transition support ends in 2026.
- The Government of Malawi intends to use an MOH-designated laboratory management system, which is expected to be rolled out across all national and regional labs by the end of 2027.
- The Government of Malawi plans to use the MOH-designated system as its pharmacy management system over the term of this MOU, consistent with Section 2.5.3.

- The U.S. Government plans to support improvements to the MOH-designated pharmacy management system over the term of this MOU consistent with Section 2.5.3.
- The Government of Malawi intends to use the One Health Surveillance Platform (OHSP) as its disease outbreak surveillance systems and to roll out the animal health component of OHSP across all applicable sites by the end of 2026.
- The Government of Malawi plans to use the MOH-designated supply chain system as its health commodity inventory management system. The system is expected to be rolled out across all components of the government-run health commodity supply chain over the term of this MOU.
- The Government of Malawi plans to use the country's designated national health data warehouse as its national health data warehouse.
- Both the U.S. Government and the Government of Malawi intend to maximize integration and interoperability between the aforementioned MOH-designated systems and to ensure that appropriate cybersecurity and data security are 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.
- The United States and the Government of Malawi negotiated 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 seven (7) years.

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	$9,131,229
2027	$9,131,229
2028	$9,131,229
2029	$8,218,106
2030	$7,396,295

In 2026, the U.S. Government intends to provide the following funding for specific data systems: $4.2 million for ScanForm; $1.1 million for the MOH-designated Laboratory Information System, $600,000 for OHSP, $900,000 for the national

data warehouse, $600,000 for OpenLMIS for supply chain, $400,000 for Civil Registration and Vital Statistics, a system that is used to capture deaths and causes of death, $400,000 for the national Child Protection Information Management System (CPIMS), and $200,000 for the IntraHealth Workforce Information Systems software (iHRIS), and $700,000 to finalize EMR transition. Over the course of the MOU, the U.S. Government plans to fund approximately $18 million for ScanForm, approximately $4.8 million for the MOH-designated Laboratory Information System, approximately $2.9 million for OHSP, approximately $2.8 million for OpenLMIS, with an additional $2.5 million to develop and roll-out a Pharmacy Management Module/System, approximately $6.8 million for national data warehouse, approximately $1.9 million for CRVS, approximately $1.1 million for the CPMIS and approximately $940,000 for iHRIS. For purposes of this MOU, these amounts include the cost of developers, product managers, systems engineers and other similar personnel; the cost of cloud computing capacity, software licenses, and other similar software costs; and the cost of hardware including computers, tablets, servers, and other similar hardware costs.

During the term of this MOU, the Government of Malawi plans to pay all reasonable and ongoing software licensing, cloud computing, hardware maintenance, hardware replacement, and other similar costs for the systems outlined in this Section 2.5 that are not specifically paid for by the U.S. Government.

2.6 Strategic Assistance

2.6.1 2030 Vision: the Government of Malawi envisions the institutionalization of the Health Sector Strategic Plan III (HSSP III) to provide game changing reforms at all levels of the health system.

2.6.2 Implementation Plan:

Through the HSSP III, the Government of Malawi plants to concretize the following areas:

Leadership and Governance

- Conduct risk assessments and develop mitigation plans for all G2G implementing entities.
- Strengthen district health governance, promoting devolved decision-making and accountability.
- Provide technical assistance to clarify and support central and local government roles in health management.

- Transition from international to government-led implementation as capacity grows. Accelerate G2G funding, building administrative and financial management capacity at all levels, with a goal of 100% U.S. support through government systems by 2027.
- Institutionalize integrated delivery service reforms, focusing on district and facility levels.
- Strengthen the capacities of national institutions to ensure effective policy guidance and robust oversight. This scope encompasses government entities engaged in G2G activities, as well as relevant regulatory and accountability bodies.

Service Delivery

- Support integrated health service delivery at all levels, shifting from vertical programs to unified platforms for screening, diagnosis, and treatment.
- Strengthen community health systems and empower health center committees and communities in planning and governance.
- Advance a primary health care approach, including stronger referral systems for higher-level care.
- Strengthen national emergency preparedness and outbreak response and delivery of lifesaving services by improving laboratory infrastructure, sample transportation, equipment procurement and maintenance, including building capacity for biomedical engineers.

Health Financing

- Support decentralized health financing, including direct facility financing and local resource mobilization, to improve efficiency and sustainability.
- Provide technical assistance for central and district-level health financing and the transition from central to district funding.
- Promote use of government systems to reduce overhead costs from implementing partners.
- Strengthen the Central Medical Stores Trust to fully take over procurement and supply chain functions by 2028.
- The U.S. Government plans to support capacity development in public financial management (PFM) and governance, skills and knowledge transfer and direct support to districts and other Ministries, Departments and Agencies.

Health Workforce

- Support harmonized, cost-effective Continuous Professional Development (CPD) and in-service training, including online platforms.

- Strengthen the retention of technical experts through harmonized pay scales, sustainable incentives, and clear career development pathways.
- Other technical assistance may include seconded health generalists, subject-matter experts hired on time-bound contracts, and surge support when needed. The Government of Malawi and the United States will jointly determine technical-assistance needs and timelines.

Health Information Systems

- Support development and rollout of a cost-effective, sustainable hybrid digital–scannable paper data system aligned with Government of Malawi priorities and capacity.
- Strengthen data-driven decision-making at all levels.

2.6.3 Funding Plan:

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

Year	U.S. Government Strategic Assistance Funding
2026	$ 113,645,746
2027	$ 121,452,077
2028	$ 119,727,170
2029	$ 105,635,560
2030	$ 90,538,336

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

2.7 Additional Responsibilities

- The Government of Malawi plans to exempt from taxation in Malawi any U.S. Government funds used to implement any element of this MOU, including U.S. Government funds deployed through a contractor or sub-contractor, consistent with the most favorable terms included in this MOU or other U.S. Government assistance agreements with the Government of Malawi. 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 Malawi and (b) the value-added tax levied or otherwise imposed on the purchases of goods and services in Malawi.

- The Government of Malawi plans to advance reforms under the HSSP III and advance the implementation of its decentralization policy to reduce costs, tailor programs to local needs, and strengthen accountability and ownership to sustain impact. For purposes of this MOU, these include national health policies related to civil service recruitment and deployment, performance management, integrated service delivery plans, and harmonization of monitoring and evaluation tools.
- The U.S. Government and the Government of Malawi intend to jointly support the engagement of faith-based and other private sector organizations in health service delivery, leveraging their reach and cost-effectiveness to expand access to care.
- The U.S. Government and the Government of Malawi intend to collaborate to promote commercial partnerships to advance economic growth in Malawi which is expected to increase domestic resources for strengthening Malawi's health system.
- To reflect a shared commitment to achieving the greatest possible positive impact on health outcomes, the Government of Malawi intends to minimize expenditures on daily subsistence allowances (DSA) for any trainings and other programs supported under this MOU.

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 as well as for collecting all the data elements outlined in Section 1.

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

SECTION 4
Audit

4.1 Outcomes Survey: Both Participants acknowledge the importance of ensuring accurate outcomes and estimates 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 the Government of Malawi intend to work together to mutually decide upon the design and execution of the survey.

4.2 Process Metric Audit: the Government of Malawi acknowledges that so long as the U.S. Government is providing any funding in support of activities described in this MOU, the U.S. Government has a significant and material interest in ensuring the process metrics outlined in Section 1.2 and 1.3 are accurately collected, complete and maintained. To this end, the Government of Malawi plans to provide the U.S. Government with any data 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 and Government of Malawi.

4.3 Supply Chain Audit: the Government of Malawi acknowledges that so long as the U.S. Government is providing funding for commodities as described in Sections 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 Malawi plans to provide the U.S. Government with any data or information needed to audit supply chain leakage in accordance with the laws of Malawi.

4.4 Co-Investment Audit: The Government of Malawi acknowledges that so long as the U.S. Government is providing funding for activities described in section 2.2, 2.3, and/or 2.4 of this MOU, the U.S. Government has a significant and material interest in ensuring the Government of Malawi is making its committed co-investment. To this end, the Government of Malawi plans to provide the U.S. Government with any data or information needed to audit any accounts from which or to which co-investment funding is being provided in accordance with the laws of Malawi.

4.5 Regulatory Compliance Audit: The Government of Malawi 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 Malawi intends to provide the U.S. Government with any data 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: The Government of Malawi 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: The Government of Malawi 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 Malawi fulfills all commitments in the specimen sharing and data sharing arrangements referenced in Sections 2.1.2 and 2.5.2 respectively 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.

SECTION 5
Co-Investment & Performance Benchmarks

5.1 Co-Investment Requirements: In the event that the Government of Malawi does not fulfill the co-investment commitments outlined in Section 2.2.3, 2.3.3, 2.4.3 and Appendix 1, totaling $55 million within the specified calendar year, the U.S. Government may unilaterally reduce or cease providing funding to the Government of Malawi under this MOU in future years. For purposes of this Section and Section 2.2.3, 2.3.3, 2.4.3, co-investment by the Government of Malawi may not include funding from other donors or multilateral organizations.

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

Table 5.1: Annual Increase in Government of Malawi Domestic Health Expenditures

Year	Increase in Domestic Government Health Expenditures by Government of Malawi Relative to 2025 Baseline
2026	$0
2027	$24 million
2028	$50 million
2029	$95.8 million
2030	$143.8 million

A precise definition of domestic government health expenditures plan to be agreed upon during the implementation period but is expected to include all domestic government health expenditures and may not include funds from the U.S. Government, other donors, or multilateral organizations. The Participants intend to work together during the implementation period to determine the amount the Government of Malawi is spending on domestic government health expenditures in 2025, and this amount is 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 Section 2.2, 2.3, 2.4, and Appendix A occurs.

In the event that the Government of Malawi 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 the Government of Malawi under this MOU in future years. To this end, both Participants acknowledge the U.S. Government plans to decrease its funding by ratio of one (1) to one (1) under this MOU if the Government of Malawi fails to meet the above co-investment. For example, if the Government of Malawi increases its domestic government health expenditures by $75 million in 2029 versus the 2025 baseline, the U.S. Government would decrease its total funding by $15 million in 2029.

For purposes of this Section and Sections 2.2.3, 2.3.3, and 2.4.3, co-investment by the Government of Malawi may only be calculated based on funds raised directly by Malawi and may not include funds from other donors or multilateral organizations.

5.2 Performance: In the event that the Government of Malawi 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 the Government of Malawi achieves all the process and outbreak response metrics for 2027 or 2028 outlined in Section 1.2 and 1.3, the Government of Malawi 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 Malawi's eligibility for the performance incentive. In each year, the size of the performance incentive is expected to equal (the population in Malawi 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 Malawi's performance incentive for a given year be greater than $2 per person per year. For the purposes of this calculation, Malawi's population is considered to be 22.8 million. Performance incentives may be used by the Government of Malawi to fund any health-related costs that would be allowed under this MOU.

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	For the Malawi Government
Melania Arreaga	Hon. Joseph Mwanamvekha
Chargé d'Affaires	Minister of Finance
U.S. Embassy	Ministry of Finance and Economic Affairs
16 Jomo Kenyatta Road	P.O. Box 30049
Lilongwe 3, Malawi	Lilongwe 3, Malawi

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 Malawi and the United States.

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

6.8 Subject to Funding Availability: Participants acknowledge that this MOU is intended to exclusively cover activities funded by the U.S. Government and the Government of Malawi. All activities described in and/or pursued by the

Participants under this MOU are subject to the availability of funds, personnel, and other resources.

6.9 Legal Status: This MOU is not an international agreement and does not give rise to legal rights and obligations under international or domestic law. Nothing in this MOU is intended to override or invalidate any existing agreements between the U.S. Government and the Government of Malawi.

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

6.11 This MOU and any related Implementation Plan are to be consistent with relevant U.S. national security policies and reviews to ensure protection of U.S. national security interests and prevent inadvertent diversion of U.S. Government funding to activities not permitted under this MOU. Additionally, the Participants commit to implementing this MOU to protect any U.S. intellectual property (IP) or U.S. data and to prevent theft or diversion of such IP or data, through the institution of best practices, including but not limited to research security, cybersecurity, and IP protection.

SIGNED on January 13, 2026, in the English language.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA:

CHARGÉ D'AFFAIRES

FOR THE GOVERNMENT OF OF MALAWI:

MINISTER OF FINANCE

[Note: For the purposes of this publication, certain information was redacted from this page.]

Appendix 1: Co-Funding Summary

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

Year	U.S. Government	Malawi Government
2026	$179,437,540	$ 0
2027	$165,901,540	$ 7,662,559
2028	$156,238,340	$ 11,511,980
2029	$136,197,540	$ 15,887,119
2030	$107,057,540	$ 19,938,342
Total	$744,832,500	$ 55,000,000

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 ($)	$ 3,281,540	$ 3,281,540	$ 3,281,540	$ 3,281,540	$ 3,281,540
Lab Commodities ($)	$2,298,947	$ 1,839,158	$1,379,368	$919,579	$459,789
Frontline Lab Workers (# FTEs)	235	447	356	183	91
Frontline Lab Workers ($)	$2,104,972	$1,410,015	$1,110,706	$615,125	$315,816
Other Commodities ($)	$26,253,168	$21,027,415	$15,825,109	$13,722,918	$3,238,747
Frontline Healthcare Workers (# FTEs)	4713	2,832	2,106	1,381	655

Frontline Healthcare Workers ($)	$22,721,938	$7,760,106	$5,782,409	$3,804,713	$1,827,017
Data Systems ($)	$9,131,229	$9,131,229	$9,131,229	$8,218,106	$7,396,295
Technical Assistance ($)	$ 113,645,746	$121,452,077	$119,727,170	$105,635,560	$90,538,336
Total	$179,437,540	$165,901,540	$156,238,340	$136,197,540	$107,057,540

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

Year	2026	2027	2028	2029	2030
Lab Commodities ($)	$0	$1,017,471	$2,034,943	$3,016,415	$4,069,887
Frontline Lab Workers (# FTEs)	0	99	99	182	99
Frontline Lab Workers ($)	$0	$365,737	$562,672	$1,327,325	$1,693,062
Other Commodities ($)	$0	$5,315,393	$6,792,381	$8,269,368	$ 9,746,357
Frontline Healthcare Workers (# FTEs)	0	351	388	388	388
Frontline Healthcare Workers ($)	$0	$963,958	$2,121,984	$3,274,011	$4,429,036
Total	$0	$7,662,559	$11,511,980	$15,887,119	$19,938,342

Appendix 2: 2026 Planned U.S. Commodity Funding

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

Lab Commodities

Lab Commodity	Total Cost
Lab Commodity #1 - HIV	$1,861,959
Lab Commodity #2 - TB	$436,988
Total	$2,298,947

Other Commodities

Commodity	Total Cost
Commodity #1 - HIV	$2,664,815
Commodity #2 - TB	$313,012
Commodity #3 - Malaria	$17,368,341
Commodity #4 - MCH	$5,907,000
Total	$26,253,168

Appendix 3: Frontline Lab & Healthcare Worker Funding

The U.S. Government and the Government of Malawi intend to provide the following funding for frontline lab and healthcare workers:

Frontline Lab Worker Type #1: Lab Technicians

Year	U.S. Government # FTEs Funded	Malawi New # FTEs Funded	Malawi Existing # FTEs Funded	Malawi Total # FTEs Funded
2026	235	0	639	639
2027	447	99	639	738
2028	356	99	738	836
2029	183	182	836	1,018
2030	91	99	1,018	1,116

Frontline Lab Worker Type #2: Epidemiologists

Year	U.S. Government # FTEs Funded	Malawi New # FTEs Funded	Malawi Existing # FTEs Funded	Malawi Total # FTEs Funded
2026	4	0	0	0
2027	4	0	0	0
2028	4	0	0	0
2029	4	0	0	0
2030	4	0	0	0

Frontline Healthcare Worker Type #1: Doctors and Clinical Officers

Year	U.S. Government # FTEs Funded	Malawi New # FTEs Funded	Malawi Existing # FTEs Funded	Malawi Total # FTEs Funded
2026	242	0	1,678	1,678
2027	332	30	1,678	1,708
2028	272	60	1,708	1,768
2029	212	60	1,768	1,828
2030	152	60	1,828	1,858

Frontline Healthcare Worker Type #2: Nurses

Year	U.S. Government # FTEs Funded	Malawi New # FTEs Funded	Malawi Existing # FTEs Funded	Malawi Total # FTEs Funded
2026	458	0	6,259	6,259
2027	618	86	6,259	6,345
2028	464	86	6,259	6,429
2029	309	86	6,259	6,515
2030	155	86	6,259	6,600

Frontline Healthcare Worker Type #3: [Community Health Workers]

Year	U.S. Government # FTEs Funded	Malawi New # FTEs Funded	Malawi Existing # FTEs Funded	Malawi Total # FTEs Funded
2026	4,240	0	495	495
2027	1,273	106	495	624
2028	938	106	624	762
2029	600	106	762	898
2030	264	106	898	1,035