MEMORANDUM OF UNDERSTANDING

BETWEEN

THE GOVERNMENT OF THE UNITED STATES OF AMERICA

AND

THE GOVERNMENT OF THE REPUBLIC OF BOTSWANA

ON HEALTH ASSISTANCE

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PREAMBLE

This Memorandum of Understanding (hereinafter referred to as the "MOU") is made between the Government of the Republic of Botswana, represented by the Ministry of Health (hereinafter referred to as "Botswana Government"), and the Government of the United States of America, represented by the Department of State (hereinafter referred to as "U.S. Government"), hereinafter jointly referred to as the "Participants" and individually as the "Participant."

CONSIDERING that the Botswana Government aims to develop a durable and resilient public health system that prevents disease, maintains the health of its population;

FURTHER CONSIDERING that the Participants seek to advance their bilateral relations while preventing the spread of emerging and existing infectious disease threats globally;

RECOGNIZING that the U.S. Government's global health investments made over the past 20 years have saved many lives and substantially and meaningfully strengthened the Botswana Government's health system;

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

FURTHER RECOGNIZING the benefits of the ongoing collaboration between the Participants to detect, prevent, and respond to emerging and existing infectious disease threats affecting both Participants;

HAVE REACHED THE FOLLOWING UNDERSTANDING:

SECTION 1
Objectives

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

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	Baseline	2026	2027	2028
% People On Antiretroviral Treatment (ART) Who Are Virally Suppressed	98	99	100	100
Viral Load Coverage	58% (ASLM Report)	70%	90%	95%
# TB Deaths (% TB mortality)	7%	5%	5%	3%
# Polio Cases (e.g., WPV, cVDPV)	0	0	0	0
# Measles Cases	1	0	0	0
Maternal Mortality Rate (per 100,000 live births)	176.7	155	134	112
Children Under 5 Mortality Rate (per 1,000 live births)	28.7	26.6	25.2	23.8

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
# people on ART (Spectrum Goals)	341,523	347,036	350,890	354,744
# new HIV diagnoses among infants (0-18 months) (Spectrum Goals)	22	20	16	14
# new HIV diagnoses among children and adults (age 18 months or older)	4,200	3,973	3,817	3,674
% pregnant and breastfeeding women living with HIV who receive ART	100	100	100	100
% patients with TB notified who completed treatment	68	80	82	85
% surviving infants who received at least one dose of inactivated polio vaccine	80	82	84	86
% of children aged 12–23 months who received one dose of measles-containing vaccine	77	80	82	85
Median number of antenatal care visits for pregnant women	9	9	9	9

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% accuracy of data fields assessed during the annual data audit	90	>90%	>90%	>90%

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 Botswana Government detects suspected infectious disease outbreaks with epidemic potential in Botswana within 7 days of disease emergence;
II. the Botswana Government notifies the U.S. Government within 1 day of detection of an infectious disease outbreak in Botswana and engages in meaningful coordination and consultation with the U.S. Government; and
III. the Botswana Government completes relevant initial response actions to respond effectively to infectious disease outbreaks in Botswana within 7 days of notification, including engaging in meaningful consultation with the U.S. Government on the Botswana Government'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 2028 Vision: Botswana Government envisions a country-level national surveillance and outbreak response system led by the Botswana Public Health Institute with functional capabilities in place to detect infectious disease outbreaks with epidemic or pandemic potential within 7 days of emergence, notify relevant authorities including critical parties in the national public health system and the U.S. Government within 1 day of an infectious disease outbreak being detected; and complete relevant initial response actions to respond effectively within 7 days to infectious disease outbreaks in Botswana.

2.1.2 Implementation Plan:

I. The U.S. Government plans to fund an assessment of Botswana Government's outbreak surveillance system to include disease surveillance and safety

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procedures for pathogen sample collection, transport, storage, testing and disposal.

II. The Botswana Government intends to work with the U.S. Government to address any prioritized gaps identified by the aforementioned assessment.

III. The Botswana Government plans to provide the staff to be trained in field epidemiology for the duration of the MOU.

IV. The U.S. Government plans to support training of at least fifteen (15) existing human resources in the area of field epidemiology, biostatistics, and pharmacology each year of this MOU.

V. The Participants commit to work together to facilitate the Food and Drug Administration's approval or Emergency Use Authorization of medical countermeasures, in collaboration with the Botswana Medicines Regulatory Authority within applicable domestic laws to use medical countermeasures to respond to infectious outbreaks.

VI. The U.S. Government, in coordination with the Botswana Government, 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	$800,000
2027	$1,000,000
2028	$1,000,000

The U.S. Government's 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 Botswana Government.

2.2 Laboratory Systems

2.2.1 2028 Vision: Botswana Government envisions a connected network of different laboratories with different capabilities to support the identification and characterization of pathogens of outbreak, epidemic, or pandemic

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potential.

2.2.2 Implementation Plan:

I. For the purposes of this section, the U.S. Government currently funds $736,818 of laboratory commodities and 10 frontline laboratory workers in Botswana.
II. 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 concludes.
III. The U.S. Government plans to fund frontline lab workers as outlined in Section 2.2.3. This includes 8 laboratory technicians and 2 laboratory assistants.
IV. The Botswana Government commits to ensuring continuity of service provision beyond the funding period using existing human resources.
V. The Botswana Government commits to ensure all Level 2 and Level 3 biosafety labs in Botswana 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.
VI. The Botswana Government commits to implementing the biosecurity and biosafety programs in the High Containment labs (BSL 2 and BSL -3) by September 2028.
VII. Any sample transport support provided by the U.S. Government plans to be transitioned to the Botswana Government by 2028. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the end of 2028.
VIII. Any diagnostic network optimization support provided by the U.S. Government plans to be transitioned to the Botswana Government by September 30, 2028.
IX. Any lab quality improvement accreditation support provided by the U.S. Government plans to be transitioned to the Botswana Government by September 30, 2028.

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 Botswana Government Funding	Existing Botswana Government Funding	Total Funding

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2026	$736,818	-	$22,403,902	$23,140,720
2027	$0	$45,740	$22,403,902	$22,449,642
2028	$0	$111,794	$22,403,902	$22,561,436

I. The breakdown of the U.S. Government's planned 2026 lab commodity procurement spending is set out in Appendix 2. The U.S. Government plans to purchase its lab commodities through U.S. Government implementing partners through September 30, 2026.

II. The U.S. Government plans to distribute its lab commodities through the Botswana Central Medical Stores or any other established Botswana Government procurement channels. Botswana Government plans to continue to purchase and distribute its lab commodities through the same channels.

III. 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 Botswana Government in the Table above should only include funding provided directly by the Botswana Government and should not include funding from other donors or multilateral organizations.

IV. 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 Funding	Botswana Government New Funding	Botswana Government Existing Funding	Botswana Government Total Funding
2026	$420,008 [8 FTE]	0	$729,675	$1,149,683
2027	$375,000 [7 FTE]	$21,890	$729,675	$1,126,565
2028	$325,000 [6 FTE]	$22,547	$729,675	$1,099,112

V. 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 G2G partnership. 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

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frontline lab workers are commensurate to pay rates for such workers employed directly by the Botswana Government. 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 Botswana Government in the Table above, should only include positions funded directly by the Botswana Government and should not include positions funded by other donors or multilateral organizations.

2.3 Commodities

2.3.1 2028 Vision: The Botswana Government envisions an integrated health care commodity supply chain system utilizing strategic purchasing and pooled procurement vehicles.

2.3.2 Implementation Plan:

I. For the purposes of this Section, the U.S. Government currently funds $1,645,363 of commodities annually including anti-retroviral HIV treatment regimens, and HIV self-testing kits.
   a) 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 Botswana funding 100% of these commodities by the end of this MOU as outlined in Section 2.3.3. The exception to this is Lenacapavir, which the U.S. Government plans to continue procurement of over the duration of this MOU.
   b) The Botswana Government commits to ensuring that all its owned, managed, or run warehouses storing commodities funded by the U.S. Government under this MOU meet ISO warehouse standards and maintain such standards through the end of the MOU period.
   c) The Botswana Government plans to ensure that current investigating mechanisms for drug theft, diversion, and falsification of health commodities are utilized timely where appropriate.
   d) The Botswana Government commits to notify the U.S. Government as soon as there is suspicion of theft or diversion of the U.S. Government's funded commodities.

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2.3.3 Funding Plan:

I. 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 Botswana Government Funding	Existing Botswana Government Funding	Total Funding
2026	$2,195,364*	0	$20,467,986	$22,663,350
2027	$550,000	0	$20,467,986	$21,017,986
2028	$550,000	0	$20,467,986	$21,017,986

*$1,645,364 of this amount denotes a one-off emergency purchase, the remainder is for the purchase of Lenacapavir

II. 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 U.S. Government Implementing partners through September 30, 2026. The U.S. Government plans to distribute its commodities to public health facilities through the Botswana Central Medical Stores or any other established Botswana Government's procurement channels. The Botswana Government plans to purchase and distribute its commodities to public health facilities through its Central Medical Stores or any other established Government of Botswana's procurement channels. 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 Botswana Government in the Table above should only include funding provided directly by the Botswana Government and should not include funding from other donors or multilateral organizations.

2.4 Frontline Healthcare Workers

2.4.1 2028 Vision: The Botswana Government commits to ensure no service disruption beyond the funding through alignment to the Human Resource for Health Plan that is currently under development.

2.4.2 Implementation Plan:

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I. The U.S. Government plans to fund frontline healthcare workers as outlined in Section 2.4.3. This includes doctors, nurses, pharmacy workers, social workers, clinical workers and community health workers.
II. The Botswana Government plans to add medical officers and nurses as per the Human Resource Plan for the period of the MOU.

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 Funding	Botswana Government New Funding	Botswana Government Existing Funding	Botswana Government Total Funding
2026	$5,247,590 [433 FTE]	0	$77,053,167	$82,300,757
2027	$4,800,000 [390 FTE]	6,421,098	$77,053,167	$88,274,265
2028	$4,300,000 [350 FTE]	6,421,097	$77,053,167	$94,205,363

I. The breakdown by type of frontline healthcare worker is set out in Appendix 3. The U.S. Government plans to provide funding through G2G partnership.
II. 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 Botswana Government. 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 Botswana Government in the Table above should only include positions funded directly by the Botswana Government and should not include positions funded by other donors or multilateral organizations.

2.5 Data Systems

2.5.1 2028 Vision: The Botswana Government aims to integrate public and private digital health platforms into a unified system by 2028, enabling seamless information sharing for healthcare delivery, record management, and

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regulatory oversight. The Botswana Government envisions integrated robust health data systems that include IPMS and OpenMRS as its Electronic Medical Records (EMRs); District Health Information Management System (DHIS2) as its Health Management Information System (HMIS); eLMIS as its health commodity inventory management and pharmacy system and; Lab Information System (LIS) as its lab management system; Electronic Disease Surveillance System (eIDSR) as its surveillance system and outbreak response data system; the District Community Health Information System (DCHIS) as its community health information system, Botswana National OVC system as its orphans and vulnerable children information system (MLGTA) and the National Data Warehouse as its national health data repository warehouse. The health data systems integration is expected to be implemented through the Health Information Exchange (HIE) platform.

2.5.2 Implementation Plan:

I. The Botswana Government intends to use iPMS and OpenMRS as its Electronic Medical Records (EMRs).
II. The U.S. Government plans to support the following improvements to OpenMRS EMRs over the term of this MOU consistent with Section 2.5.3: (i) system development and rollout; (ii) system and user support; and (iii) Information and Communication Technology (ICT) equipment enhancements, system utilization.
III. The Botswana Government plans to utilize the HIE as the national framework for interoperability of health information systems in Botswana.
IV. The U.S. Government intends to support system optimisation, user and system support, training, ICT enhancement including provision of a local server environment for development testing, and integration with the HIE over the term of this MOU, consistent with Section 2.5.3.
V. The Botswana Government intends to adopt the LIS.
VI. The U.S. Government plans to support the development and transition from the IPMS lab module to the LIS over the term of this MOU, consistent with Section 2.5.3: system development and rollout, ICT equipment enhancements.
VII. The Botswana Government plans to adopt the DCHIS based on DHIS2 as the national community health information system.
VIII. The U.S. Government plans to fund the following improvements to DCHIS as its community health information system over the term of this MOU, consistent with Section 2.5.3: user and system support.
IX. The Botswana Government plans to adopt DHIS2 as the national HMIS for facility, district, and national-level reporting.

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X. The U.S. Government intends to support improvements to the DHIS, including upgrades, user and system support, data utilisation strengthening, ICT enhancement, and integration with the HIE and national warehouse over the term of this MOU, consistent with Section 2.5.3.

XI. The Botswana Government plans to work towards digitalisation and data management of the OVC system.

XII. The United States intends to support the expansion of data management and analytics capabilities within the warehouse, including the application of machine learning and artificial intelligence, ICT upgrading, and capacity building over the term of this MOU consistent with Section 2.5.3.

XIII. The Participants intend to maximize integration and interoperability between the aforementioned systems and to ensure that appropriate cybersecurity and data security is in place for all the aforementioned systems.

XIV. 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.

XV. The Participants have negotiated a data sharing arrangement. Both Participants expect this data sharing arrangement to continue until all reporting requirements under the data sharing agreement are fulfilled. Such sharing is expected to be in line with the Data Protection laws of the Botswana Government and other related laws.

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	$4,560,000
2027	$4,496,000
2028	$3,110,000

I. In 2026, the U.S. Government intends to provide the following funds for specific data systems: approximately $960,000 to expand the capabilities of the HIE platform and replace ICT equipment (including $500,000 to provide a local server testing environment for testing all applications before deployment), $1,750,000 to support the Botswana Government's EMR and data systems, including OpenMRS, Laboratory Information System, health management information (DHIS2), community health information (DCHIS, OVC) systems and expand data management and analytics capabilities of the national data warehouse, including using machine learning and Artificial Intelligence (AI). System rollout and user training for OpenMRS for clinic

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and hospital installations are expected to be supported with $800,000, while an additional $250,000 is planned to fund the Botswana Government's initiation of a new laboratory system, with $800,000 in funding to develop the interface between the new LIS, the EMR and laboratory diagnostic equipment for rapid return of results.

II. For purposes of this MOU, these amounts include the cost of developers, product managers, systems engineers and other similar personnel; software licenses, and other similar software costs; and the cost of hardware including computers, tablets, servers, and other similar hardware costs.

III. During the term of this MOU, the Botswana Government intends to pay all ongoing software licensing, 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 2028 Vision: The Botswana Government commits to build a resilient, self-sustaining health system that prioritizes primary healthcare, strengthens disease surveillance and outbreak preparedness, and ensures equitable access to essential medicines and services for all citizens. Through strategic investments and a skilled workforce supported by digital tools, the Botswana Government aims to improve maternal, neonatal, and child health outcomes, enhance financial protection through diversified financing mechanisms, and reduce reliance on hospital-based care, ultimately achieving universal health coverage and improved public health security.

2.6.2 Implementation Plan:

I. The U.S. Government plans to support the transition from U.S. Government funded Implementing Partner-run clinical and community HIV services to government directly provided or contracted services while ensuring service continuity and quality. This transition includes supported referrals for existing beneficiaries to transfer to public sector services where possible, support for government services as needed to be able to address beneficiary needs to improve success of referral, and the U.S. Government funding to Government to Government (G2G) to enable the Botswana Government to directly support the remaining beneficiaries who are not able to access public services through utilization of social contracting or subvention to local community partners for service delivery and monitoring to ensure success of referrals.

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II. The U.S. Government plans to support the Botswana Government in the country's undertaking of the transition of Primary Healthcare services from the Ministry of Health to the Ministry of Local Government and Traditional Affairs, a policy move which is expected to strengthen local ownership of the response and better prepare the national health system for self-reliance. The U.S. Government assistance includes prioritizing health workforce reforms through supporting development of a costed human resource for health (HRH) strategy for the Botswana Government. This is expected to include upskilling of healthcare workers for more simplified and integrated service delivery, incorporating continuous quality improvement and learning activities, contributing to sustaining Botswana's achievement of surpassing the 95-95-95 goals for HIV control.

III. The U.S. Government plans to provide direct G2G support to the Botswana Government to ensure continuity of life saving services and maintaining the gains during the duration of this MOU, consistent with Section 2.6.3, improvements in human resource management and oversight; healthcare worker upskilling; supportive supervision; program management; and monitoring and evaluation systems.

IV. The U.S. Government plans to fund the development and adaptation of eLearning platforms modules, including associated system support for continued workforce development, to ensure that the Botswana Government can reduce costs associated with in person trainings.

V. The U.S. Government plans to support the Botswana Government to strengthen streamlined and robust performance monitoring and evaluation systems that monitor service delivery, epidemiology, supply chain and increased medicines visibility, and co-investment data over the term of this MOU, consistent with Section 2.6.3.

VI. The U.S. Government plans to fund core laboratory investments for system strengthening, focusing on national and regional reference capacity, diagnostic network optimization, laboratory quality assurance and accreditation support, and data-driven laboratory management over the term of this MOU, consistent with Section 2.6.3.

VII. The U.S. Government plans to fund commodities and implementation support for the Botswana Government's rollout of Lenacapavir (for long-acting HIV prevention), including training, community mobilization, and performance monitoring over the term of this MOU.

VIII. The U.S. Government plans to fund implementation support for the connectivity of health facilities for EMR through installation of networking infrastructure, potentially leveraging American satellite-based infrastructure through installation of networking infrastructure.

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

Year	U.S. Government Strategic Investment Funding
2026	$19,728,883
2027	$20,082,995
2028	$18,658,755

I. In 2026, the specific strategic assistance the U.S. Government plans to fund includes- (i) $6,641,302 to support the transition of implementing partner run community clinics to the Botswana Government contracted clinical and community HIV service delivery, (ii) $5,286,673 for support for the Botswana Government's transition of Primary Health Care from the Ministry of Health to Ministry of Local Government and Traditional Affairs, including development of an HRH plan, salaries for other non-frontline HCWs, and upskilling for staff transitioning to new roles following the restructure, (iii) $976,752 for supply chain system strengthening to address the current crisis, (iv) $4,152,085 to build capacity for laboratory diagnostic network optimization, genomic sequencing, and other laboratory diagnostic capacity to strengthen outbreak detection, management, and response, (v) $300,000 to support the rollout of long acting Lenacapavir, (vi) $350,000 to support satellite internet connectivity for health facilities, and (vii) $3,438,142 for U.S. Government technical expertise providing direct G2G strategic assistance across all areas of technical collaboration. The U.S. Government intends to provide its funding through mechanisms it identifies, with advice and input from the Botswana Government. 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

I. The Botswana Government commits to provide exemption from taxation in Botswana, 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 Botswana Government. At a minimum, this should include being exempt from: (i)

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customs duties, import duties, taxes or fiscal charges of equal effect levied or otherwise imposed on items imported into Botswana and (ii) the value-added tax levied or otherwise imposed on the purchases of goods and services in Botswana.

II. The Participants commit to work together to facilitate the Food and Drug Administration's approval or Emergency Use Authorization of medical countermeasures, in collaboration with the Botswana Medicines Regulatory Authority in compliance with applicable domestic laws to use medical countermeasures to respond to infectious outbreaks.

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, specific strategies 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 Participants. 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 data outcomes. To this end, the U.S. Government plans to fund a survey for up to $5.8 million in 2027, subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The Participants intend to work together to mutually decide upon the design and execution of the survey.

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4.2 Process Metric Audit: The Botswana Government 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 Botswana Government commits to provide the U.S. Government with relevant data access, on-site access, or other information needed to audit the process metrics in Sections 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, as per the Botswana Data Protection Act of 2024. The U.S. Government commits to ensuring the use of data or information is accessed only to the audit of the process metrics under this MOU and securing such data or information from unauthorised access or publicizing such data or information without the Botswana Government's prior written approval.

4.3 Supply Chain Audit: The Botswana Government 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 Botswana Government commits to provide the U.S. Government with relevant data access or information needed to audit supply chain leakage as per the Botswana Data Protection Act of 2024. The U.S. Government commits to ensuring the use of data or information accessed only to audit supply chain leakage under this MOU and securing such data or information from unauthorized access or publicizing such data or information without the Botswana Government's prior written approval.

4.4 Co-Investment Audit: The Botswana Government 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 Botswana is making its committed co-investment. To this end, the Botswana Government is expected to provide the U.S. Government with relevant reports needed to audit that co-investment funding is being provided as per the Botswana Data Protection Act of 2024 and Botswana Public Procurement Act of 2021. The U.S. Government commits to ensuring the use of data or information accessed only to auditing of the accounts for the co-investments under this MOU and securing such data or information from unauthorised access or publication without the Botswana Government's prior written approval.

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4.5 Regulatory Compliance Audit: The Botswana Government 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 Botswana Government commits to provide the U.S. Government with relevant 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 as per the Botswana Data Protection Act of 2024 and the Penal Code. The U.S. Government commits to ensuring the use of data or information accessed only for monitoring compliance with the legal requirements under this Section 4.5 and securing such data or information from unauthorised access or publication without the Botswana Government's prior written approval.

4.6 Effect of Failure to Provide Data: The Botswana Government acknowledges that failure to provide the data access or information requested under Sections 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. The U.S. Government acknowledges that failure to secure data or information or limit its use only for purposes of this MOU, including any authorised publication could result in discontinuation of this MOU by the Botswana Government.

4.7 Effect of Failure to Fullfill Data Sharing Commitments: The Botswana Government 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 Botswana Government fullfills all commitments in data sharing arrangements referenced in Sections 2.1.2 and 2.5.2 respectively. 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

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5.1 Co-Investment Requirements: In the event that the Botswana Government does not make the required co-investment outlined in Sections 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 Botswana Government for the duration of this MOU. For purposes of this Section and Sections 2.2.3, 2.3.3, and 2.4.3, co-investment by the Botswana Government may only be calculated based on funds raised directly by the Botswana Government and should not include funds from other donors or multilateral organizations.

SECTION 6
Additional Terms

6.1 Duration: The activities under this MOU are intended to commence on April 1, 2026, and to continue through September 30, 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, the 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 United States of America

(b)(6)
Regional Public Health Advisor
(b)(6)@state.gov
PO Box 90 Gaborone

For the Government of the Republic of Botswana

Professor Oatlhokwa Nkomazana
Permanent Secretary
Ministry of Health Botswana
Government Enclave

(b)(6)

Plot 8847/48 Embassy Drive
Gaborone
Tel: (b)(6)

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 the applicable law and the relevant rules and regulations of the Participants.

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: The Participants acknowledge that this MOU is intended to exclusively cover activities funded by the U.S. Government and the Botswana Government. 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 Participants.

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.

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SIGNED on December 22, 2025, in the English language.

FOR THE GOVERNMENT OF UNITED STATES OF AMERICA:

CHRISTOPHER J GUNNING

(b)(6)

Chargé d'Affaires
U.S. Embassy Gaborone

FOR THE GOVERNMENT OF THE BOTSWANA:

DR. STEPHEN MODISE

(b)(6)

Minister
Ministry of Health

Appendix 1: Co-Funding Summary

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

Year	U.S. Government	Botswana Government
2026	$33,763,663	$120,654,730
2027	$37,832,582	$127,143,457
2028	$28,043,755	$133,698,895

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

Year	2026	2027	2028
Surveillance & Outbreak Response ($)	$800,000	$1,000,000	$1,000,000
Lab Commodities ($)	$736,818	$0	$0
Frontline Lab Workers (# FTEs)	8	7	6
Frontline Lab Workers ($)	$420,008	$375,000	$325,000
Other Commodities ($)	$2,195,364	$550,000	$550,000
Frontline Healthcare Workers (# FTEs)	433	390	350
Frontline Healthcare Workers ($)	$5,247,590	$4,800,000	$4,300,000
Data Systems ($)	$4,560,000	$4,496,000	$3,110,000
Strategic Investments ($)	$20,590,220	$21,088,832	$19,900,168
Total	**$33,763,663**	**$37,832,582**	**$28,043,755**

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

Year	2026	2027	2028
Lab Commodities	$22,403,902	$22,449,642	$22,561,436
Frontline Lab Workers	$729,675	$751,565	$774,112
Other Commodities	$20,467,986	$20,467,986	$20,467,986

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Frontline Healthcare Workers	$77,053,167	$83,474,265	$89,895,362
Total	**$120,654,730**	**$127,143,457**	**$133,698,895**

Appendix 2: 2026 Planned U.S. Commodity Funding

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

Lab Commodities

Lab Commodity	Total Cost (USD)
TB Commodities	$119,550
Lab Commodity #2 EID	$59,280
Lab Commodity #3 Viral Load	$557,988
Total	$736,818

Other Commodities

Commodity	Total Cost (USD)
ARVs	$1,618,871
Commodity #2 Self-test kits	$26,493
Lenacapavir	$550,000
Total	$2,195,364

Appendix 3: Frontline Lab & Healthcare Worker Funding

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

Frontline Lab Worker

Year	U.S. Government # FTEs Funded	Botswana Government New # FTEs Funded	Botswana Government Existing # FTEs Funded	Total (USG + GOB) # FTEs Funded
2026	8	0	183	191
2027	7			
2028	6			

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Frontline Healthcare Worker Type #1: Doctors

Year	U.S. Government # FTEs Funded	Botswana Government New # FTEs Funded	Botswana Government Existing # FTEs Funded	Total (USG+GOB) # FTEs Funded
2026	2	0	180	182
2027	1			
2028	0			

Frontline Healthcare Worker Type #2: Nurses

Year	U.S. Government # FTEs Funded	Botswana Government New # FTEs Funded	Botswana Government Existing # FTEs Funded	Total (USG + GOB) # FTEs Funded
2026	76	0	4200	4276
2027	68			
2028	62			

Frontline Healthcare Worker Type #3: Community Health Workers

Year	U.S. Government # FTEs Funded	Botswana Government New # FTEs Funded	Botswana Government Existing # FTEs Funded	Total (USG + GOB) # FTEs Funded
2026	230		1620	1850
2027	207			
2028	186			

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