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

Preamble

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

CONSIDERING that the Burundi Government 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 Burundi Government 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 the Burundi Government's health system;

RECOGNIZING that the Burundi Government 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 Burundi Government and the U.S. Government to detect, prevent, and respond to emerging and existing infectious disease threats affecting both Burundi and the United States;

Have reached the following understandings:

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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
% People With HIV Who Know Their Status	96.5%	96.5%	96.5%	97%	97%	97%
% People Who Know Their HIV Status on Treatment	97%	97%	97%	98%	98%	98%
% People On Antiretroviral Treatment (ART) Who Are Virally Suppressed	93.3%	94%	94%	95%	95%	95%
# Malaria Deaths in Children Under 5	916	680	623	566	509	453
# TB Deaths	170	130	100	80	60	40
# Polio Cases (e.g., WPV, cVDPVB)	0	0	0	0	0	0
# Measles Cases	133	130	115	100	85	70
Maternal Mortality Rate	334	300	270	240	210	180
Children Under 5 Mortality Rate (per 1,000 live births)	54	52	48	44	40	35

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	78,285	79,263	79,842	80,478	81,141	81,887
# New HIV diagnoses among infants (0-11 months)	35	27	23	19	15	11
# New HIV diagnoses among children and adults (age 12 months or older)	5,082	4,930	4,854	4,778	4,702	4,626
% Pregnant and breastfeeding women living with HIV who receive ART	74%	80%	85%	90%	95%	95%
% Confirmed malaria cases that receive first-line antimalarial treatment	96.9%	97%	97%	97.1%	97.2%	97.3%

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# Insecticide-treated nets distributed to populations at risk of malaria	1,048,287	1,105,659	1,135,511	1,166,170	1,197,657	1,229,994
% Accuracy of data fields assessed during the annual data audit	84%	84%	84%	85%	88%	88%

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 Burundi Government detects suspected infectious disease outbreaks with epidemic potential in Burundi within 7 days of disease emergence;
- The Burundi Government notifies the U.S. Government within 1 day of detection of an infectious disease outbreak in Burundi and engages in meaningful coordination and consultation with the U.S. Government; and
- The Burundi Government completes relevant initial response actions to respond effectively to infectious disease outbreaks in Burundi within 7 days of notification, including engaging in meaningful consultation with the U.S. Government on the Burundi 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 2030 Vision: The Burundi Government 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 Burundi.

2.1.2 Implementation Plan:

- The U.S. Government plans to fund an assessment of Burundi's outbreak surveillance system to include disease surveillance and safety procedures for pathogen sample collection, transport, storage, testing, and disposal.

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- The Burundi Government commits to work with the U.S. Government to address any prioritized gaps identified by the aforementioned assessment.
- The Burundi Government commits to providing salaries and benefits to fund 25 field epidemiologists beyond 2030.
- The U.S. Government plans to support training of at least 25 field epidemiologists each year of this MOU.
- The U.S. Government, in coordination with the Burundi 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	$1,024,421
2027	$694,720
2028	$708,501
2029	$966,000
2030	$966,000

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

2.2 <u>Laboratory Systems</u>

2.2.1 2030 Vision: The Burundi Government envisions a connected network of 1 national laboratory that has the capabilities to support the identification and characterization of pathogens of outbreak, epidemic, or pandemic potential and 5 regional laboratories that have the capabilities to do surveillance and diagnostic of outbreak, epidemic, or pandemic potential diseases.

2.2.2 Implementation Plan:
- For the purposes of this section, the U.S. Government currently funds $997,078 of laboratory commodities and 14 of frontline lab workers in Burundi.

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- 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 Burundi Government funding 94% 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 and laboratory quality assurance officers.
- The Burundi Government commits to add 2 lab technicians onto government payrolls in 2027, 2 lab technicians onto government payrolls in 2028, 5 lab technicians onto government payrolls in 2029, and 5 lab technicians onto government payrolls in 2030.
- The Burundi Government commits to ensure all Level 2 and Level 3 biosafety labs in Burundi 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 2030.
- Any sample transport support provided by the U.S. Government plans to be transitioned to the Burundi Government by 2028. 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 Burundi Government by January 1, 2030.
- Any lab quality improvement accreditation support provided by the U.S. Government plans to be transitioned to the Burundi Government by January 1, 2030.
- The U.S. Government intends to progressively transition any lab service-level-agreement to the Burundi Government by the end of this MOU, in alignment with national ownership and sustainability objectives.

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 Burundi Government Funding	Existing Burundi Government Funding	Total Burundi Government Funding
2026	$997,078	$0	$0	$0
2027	$1,558,095	$0	$0	$0
2028	$1,594,766	$0	$0	$0

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2029	$200,000	$1,360,000	$0	$1,360,000
2030	$200,000	$2,000,000	$1,360,000	$3,360,000

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 a U.S. Government implementing partner through 2027 and then through a pooled procurement mechanism developed by the U.S. Department of State (DoS) through 2030. The U.S. Government plans to distribute its point of care lab commodities through a sub-agreement from the implementing partner through 2027 and then through a sub-agreement from a DoS pooled procurement mechanism through 2030 to La Centrale d'Achats des Médicaments Essentiels (CAMEBU), a Burundi Government parastatal. The Burundi Government plans to purchase its lab commodities through CAMEBU and distribute its lab commodities through CAMEBU. The Burundi Government should insure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) distributed through the Burundi 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 Burundi Government in the table above is expected to only include funding provided directly by the Burundi Government 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	Burundi Government New # FTEs Funded	Burundi Government Existing # FTEs Funded	Burundi Government Total # FTEs Funded
2026	14	0	1,344	1,344
2027	12	2	1,344	1,346
2028	10	2	1,346	1,348
2029	5	5	1,348	1,353
2030	0	5	1,353	1,358

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 a U.S. implementing partner through 2028 and then

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through the Burundi Government beginning 2028. 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 the Burundi 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 Burundi Government in the table above should only include positions funded directly by the Burundi Government and should not include positions funded by other donors or multilateral organizations.

2.3 Commodities

2.3.1 2030 Vision: The Burundi Government envisions an integrated health care commodity supply chain system that uses a pooled procurement vehicle for procurement and parastatal for distribution to public health facilities, and to other health facilities.

2.3.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $11,054,700 of commodities annually, including antiretroviral HIV treatment regimens, insecticide-treated nets, malaria treatments, and rapid diagnostic tests.
- 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 Burundi Government funding 65 % of these commodities by the end of this MOU as outlined in Section 2.3.3.
- The Burundi Government commits to fully implementing a system based on GS1 global standards for tracing commodities funded by the U.S. Government under this MOU and distributed through Burundi's Government-owned supply chain by 2030.
- The Burundi Government commits to ensuring all Burundi Government-owned, managed, or run warehouses storing commodities funded by the U.S. Government under this MOU meet ISO warehouse standards by 2030 and maintain such standards through the end of the MOU period.
- The Burundi Government intends to employ at least 5 individuals 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.

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- Burundi commits 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 Burundi Government Funding	Existing Burundi Government Funding	Total Burundi Government Funding
2026	$11,054,700	$0	$0	$0
2027	$9,950,553	$637,769	$0	$637,769
2028	$9,085,239	$1,479,895	$637,769	$2,117,664
2029	$7,609,120	$1,800,000	$2,117,664	$3,917,664
2030	$7,672,108	$10,259,983	$3,917,664	$14,177,647

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 lab commodities through a U.S. Government implementing partner through 2027 and then through a U.S. Department of State (DoS) pooled procurement mechanism through 2030. The U.S. Government plans to distribute its commodities to public health facilities and other health facilities through a sub-agreement from the implementing partner through 2027 and then through a sub-agreement from a DoS pooled procurement mechanism through 2030 to CAMEBU, a Burundi Government parastatal. The Burundi Government plans to purchase its commodities and distribute its commodities to public health facilities and other health facilities through CAMEBU. 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 Burundi Government in the table above should only include funding provided directly by the Burundi Government and should not include funding from other donors or multilateral organizations.

2.4 Frontline Healthcare Workers

2.4.1 2030 Vision: Burundi envisions integrating 18 medical officers, 9 nurses, and 12 psychologists currently funded by the U.S. Government into its permanent healthcare workforce.

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2.4.2 Implementation Plan:

- The U.S. Government plans to fund frontline healthcare workers as outlined in Section 2.4.3. This includes doctors, nurses, psychologists, community health workers, and community assistants.
- The Burundi Government commits to add 3 medical officers and 3 nurses onto government payrolls in 2027; 5 medical officers, 6 nurses, and 6 psychologists onto government payrolls in 2028; 5 medical officers and 6 psychologists onto government payrolls in 2029; and 5 medical officers onto government payrolls in 2030.
- Given that the Government of Burundi considers community health workers as volunteers, the community health workers supported through U.S. funding are not expected to be gradually absorbed into the government system. The U.S. Government anticipates a phased discontinuation of funding for community health workers beginning in 2028.

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	Burundi Government New # FTEs Funded	Burundi Government Existing # FTEs Funded	Burundi Government Total # FTEs Funded
2026	159	0	11,260	11,260
2027	153	6	11,260	11,266
2028	33	17	11,266	11,283
2029	16	11	11,283	11,294
2030	0	5	11,294	11,299

The breakdown by type of frontline healthcare worker is in Appendix 3. The U.S. Government plans to provide funding through a U.S. implementing partner through 2029 and then through the Burundi Government through 2030. For purposes of this MOU, this funding includes the salary and benefit for frontline healthcare workers. To the extent it has not already done so, the U.S. Government intends to ensure pay rates for frontline healthcare workers are commensurate to pay rates for such workers employed directly by the Burundi 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 Burundi Government in the table above should only include positions funded directly by the Burundi Government and should not include positions funded by other donors or multilateral organizations.

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2.5 Data Systems

2.5.1 2030 Vision: The Burundi Government envisions integrated robust health data systems that includes SIDAInfo as its Electronic Medical Records (EMRs), Ibipimo as its lab management system, eLMIS as its pharmacy management system, DHIS2 Tracker as its surveillance and outbreak response data system, eLMISas its health commodity inventory management system, DHIS2 as its national health data warehouse, and Sage as the warehouse management system.

2.5.2 Implementation Plan:

- The Burundi Government commits to use SIDAInfo as its Electronic Medical Records (EMRs) and roll them out in 460 facilities by 2026 and a total of 572 facilities by 2028.
- The U.S. Government plans to support the following improvements to SIDAInfo EMRs over the term of this MOU consistent with Section 2.5.3: Interoperability among sectoral information systems, promotion of patient-centered care, and integrated and differentiated service delivery.
- The Burundi Government commits to implement financial penalties or rewards or other non-financial incentives for healthcare providers to ensure greater than 80% of encounters are loaded in the EMR within 1 year of rollout in a facility and 90% of encounters are loaded in the EMR within two years of rollout in a facility.
- The Burundi Government commits to use Ibipimo as its laboratory management system. Ibipimo is expected to be rolled out across all national and regional labs by the end of 2026.
- The U.S. Government plans to support the following improvements to Ibipimo laboratory management system over the term of this MOU consistent with Section 2.5.3: Interoperability with SIDAInfo and DHIS2, optimization of the diagnostic network (DNO) and the integrated biological sample referral system, and turnaround time for results.
- The Burundi Government commits to use eLMIS as its pharmacy management system. eLMIS is expected to be rolled out across 10% of pharmacies by the end of 2026, 25% of pharmacies by the end of 2027, and 50% of pharmacies by the end of 2028.
- The U.S. Government plans to support the following improvements to eLMIS pharmacy management system over the term of this MOU consistent with Section 2.5.3: Operationalization and scale-up, interoperability and integration with DHIS2, strengthening pharmaceutical traceability including GS1 Standards.

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- The Burundi Government commits to use DHIS2 Tracker as its disease outbreak surveillance systems. DHIS2 Tracker and Ibipimo are expected to be rolled out across all applicable sites by the end of 2026.
- The U.S. Government plans to support the following improvements to DHIS2 Tracker disease outbreak surveillance system over the term of this MOU, consistent with Section 2.5.3: Strengthening epidemiological, entomological, and event-based surveillance systems, improved production, collection, analysis, and use of health data for planning, monitoring, and decision-making at all levels.
- The Burundi Government commits to use Sage as its health commodity inventory management system. eLMIS is expected to be rolled out across all components of the government-run health commodity supply chain by the end of 2030.
- The U.S. Government plans to fund the following improvements to eLMIS health commodity inventory management system over the term of this MOU, consistent with Section 2.5.3: better tracking of stock and expiry dates, improved supply planning, integration with other health systems, product traceability, efficient distribution, and staff training.
- The Burundi Government commits to use DHIS2 as its national health data warehouse.
- The U.S. Government plans to support the following improvements to DHIS2 national health data warehouse over the term of this MOU consistent with Section 2.5.3: linking with SIDAInfo and other health systems, tracking patients and services at community and facility levels, integrating supply chain and laboratory data, and supporting analysis for planning and decision-making.
- Both the U.S. Government and the Burundi Government intend to maximize integration and interoperability between the aforementioned systems and to ensure that appropriate cybersecurity and data security is in place for all the aforementioned systems.
- The national health data warehouse and/or other data systems are expected to be able to collect and report on all data described in Section 1.
- The United States and the Burundi Government intend to negotiate a data sharing arrangement that includes the elements set out in Appendix 5 for the purpose of exchanging data on the long-term performance of this MOU and for accountability to the U.S. 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:

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Year	U.S. Government Data System Funding
2026	$1,885,264
2027	$1,697,264
2028	$1,471,664
2029	$569,264
2030	$475,264

In 2026, the U.S. Government intends to provide the following funding for specific data systems: $565,579 for SIDAInfo, $188,526 for Ibipimo, $565,579 for DHIS2 Tracker, $188,526 for DHIS2, $188,526 for eLMIS, and $188,526 for Sage. Over the course of the MOU, the U.S. Government plans to fund approximately $1,829,216 for SIDAInfo Electronic Medical Records systems, approximately $609,872 for Ihipimo lab management system, approximately $609,872 for eLMIS pharmacy management system, approximately $1,829,616 for DHIS2 Tracker surveillance and outbreak response data system, approximately $609,872 for DHIS2 as its national health data warehouse, and approximately $609,872 for Sage. 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 Burundi Government commits to pay all reasonable and ongoing software licensing, cloud computing, hardware maintenance, hardware replacement, and other similar costs for the systems outlined in this Section 2.5 that are not specifically paid for by the U.S. Government.

2.6 Strategic Assistance

2.6.1 2030 Vision: The Burundi Government envisions being able to make strategic investments and provide all its own technical assistance without U.S. Government support with the exception of surveillance and outbreak response technical assistance and technical assistance to support the rollout of new innovative diagnostics, vaccines, drugs, and other interventions.

2.6.2 Implementation Plan: The Participants intend to take the following actions to support the Burundi Government's proposed strategic investments:

- **2.6.2.1 – Strengthening the integrated management of priority diseases (malaria, HIV, emerging diseases).**

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- 2.6.2.1. 1. The Participants intend to strengthen equitable, continuous, and quality access to prevention, diagnostic, treatment, and follow-up services for priority diseases at the community level and within both public and private health facilities, in accordance with applicable national policies, notably through:
  a. The effective implementation of national protocols and standards, including those related to malaria;
  b. The availability and rational use of essential medicines, health products, and diagnostic tools;
  c. As well as the strengthening of referral and counter-referral mechanisms between the different levels of the health system.
- The U.S. Government intends to provide support to the sites during the first three years of this MOU, with this responsibility being assumed by the Burundi Government during the final two years.
- 2.6.2.1.2. The Participants intend to promote a patient-centered approach to care, including rapid initiation of treatment when clinically indicated, continuity of care, clinical and biological monitoring, and adherence to treatment.
- 2.6.2.1.3. The Participants intend to deploy and strengthen differentiated and integrated service delivery models, including at the community level, in order to improve efficiency, quality, and retention in care.
- 2.6.2.1.4. The Participants intend to take the necessary measures to strengthen the capacities of human resources involved in care delivery through continuous training, mentorship, and technical support.
- **2.6.2.2 – Integrated Approach to the Prevention and Protection of High-Risk Populations**
- 2.6.2.2.1. The Participants intend to strengthen evidence-based priority diseases prevention interventions tailored to national and local epidemiological contexts.
- 2.6.2.2.2. The Participants intend to ensure the targeted and optimized deployment of prevention tools and interventions, with particular attention to vulnerable and high-risk populations.
- 2.6.2.2.3. The Participants intend to integrate prevention interventions into primary health care and at the community level in order to improve accessibility and sustainability.
- **2.6.2.3 – Strengthening Surveillance and Health Information Systems**
- 2.6.2.3.1. The Participants intend to strengthen epidemiological, entomological, and event-based surveillance systems, including the surveillance of therapeutic efficacy and resistance.
- 2.6.2.3.2. The Participants intend to ensure the production, collection, analysis, and use of health data for planning, monitoring, and decision-making at all levels of the health system.

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- 2.6.2.3.3. The Participants intend to strengthen Burundi's National Health Information System, which manages all health information through the data tools mentioned in the section 2.5, in particular:
  a) Governance and institutional coordination;
  b) Data quality assurance and regular analytical reviews;
  c) Operational use of national digital platforms, including DHIS2; and
  d) Interoperability among sectoral information systems.
- 2.6.2.3.4. The Participants intend to support surveys in 2027 and 2029 for the monitoring of indicators under this MOU.
- **2.6.2.4 – Strengthening Laboratory Systems for Diagnosis and Surveillance**
- 2.6.2.4.1. The Participants intend to strengthen Burundi's national laboratory system, including the standardization of procedures, quality management, accreditation, and the expansion of diagnostic capacities.
- 2.6.2.4.2. The Participants intend to strengthen biosafety, biosecurity, and infection prevention and control in health facilities and laboratories.
- 2.6.2.4.3. The Participants intend to develop and maintain capacities for early detection, preparedness, and response to epidemics and health emergencies, including through rapid response teams and functional diagnostic networks.
- **2.6.2.5 – Strengthening and Securing the Health Products Supply Chain**
- 2.6.2.5.1. The Participants intend to sustainably strengthen the national supply chain to ensure the continuous availability, quality, traceability, and safety of essential health products, including those related to HIV, malaria, maternal and child health, and laboratory services.
- 2.6.2.5.2. The Participants intend to transfer and strengthen the capacities of competent national entities in forecasting, quantification, and supply planning at both central and decentralized levels.
- 2.6.2.5.3. The Participants intend to support the implementation, operationalization, and scale-up of the electronic Logistics Management Information System (eLMIS), as well as its functional and technical integration with other national systems.
- 2.6.2.5.4. The Participants intend to take the necessary measures to strengthen warehousing practices, inventory management, and distribution of health products at the central and district levels.
- 2.6.2.5.5. The Participants intend to ensure effective last-mile distribution, including regular stock monitoring and the implementation of measures aimed at sustainably preventing and reducing stockouts.
- 2.6.2.5.6. The Participants intend to support the operationalization of pharmaceutical traceability, including the adoption of international GS1 standards and the harmonized management of product master data.

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- 2.6.2.5.7. The Participants intend to support the operationalization of the integrated biological sample referral system and the optimization of the diagnostic network (Diagnostic Network Optimization – DNO) across all health districts.
- **2.6.2.6 – Strengthening Governance and Community Engagement**
- 2.6.2.6.1. The Participants intend to strengthen institutional coordination, the district-level approach, and multisectoral integration for the implementation of this MOU.
- 2.6.2.6.2. The Participants intend to promote community participation, local ownership of interventions, and social accountability mechanisms.
- 2.6.2.6.3. The Participants intend to aim to ensure that interventions implemented under this MOU are aligned with national health sector policies, strategies, and plans.
- **2.6.2.7 – Resource Mobilization, Co-investment, and Snstainability**
- 2.6.2.7.1. The Participants intend to support the mobilization of national and local resources to ensure sustainable financing of priority health interventions.
- 2.6.2.7.2. The Participants intend to require and support mechanisms for co-investment, monitoring, reporting, and accountability related to public financial contributions.
- 2.6.2.7.3. The Participants intend to promote the progressive integration of interventions into national systems to ensure their sustainability.
- **2.6.2.8 – Strengthening Institntional Capacities**
- 2.6.2.8.1. The Participants intend to strengthen institutional, technical, and managerial capacities at national, provincial, and district levels.
- 2.6.2.8.2. The Participants intend to implement training activities, training-of-trainers programs, mentorship, and coaching, including the sustainable integration of field epidemiology training programs within government structures.
- 2.6.2.8.3. The Participants intend to ensure the strengthening of capacities of community health workers, data managers, laboratory personnel, and supply chain actors.

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

Year	U.S. Government Strategic Assistance and Technical Assistance Funding
2026	$19,596,217
2027	$16,939,048

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2028	$13,622,710
2029	$6,682,896
2030	$3,951,908

In 2026, the specific strategic investments and technical assistance the U.S. Government plans to fund includes $9,891,518 for strengthening the integrated treatment of diseases (HIV, malaria, emerging diseases), $7,620,643 for strengthening the prevention of malaria, HIV and emerging diseases, $1,314,056 for strengthening the supply chain management systems, $200,000 for strengthening the laboratory systems, and $570,000 for strengthening institutional capacity and long-term sustainability. The U.S. Government intends to provide its funding through contract mechanisms it identifies, with advice and input from the Burundi Government. For purposes of this MOU, this strategic investments and 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 Burundi Government commits to exempt from taxation in Burundi 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 Burundi Government, including the Economic and Technical Cooperation Agreement, signed at Bujumbura, December 12, 2007. 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 Burundi and (b) the value-added tax levied or otherwise imposed on the purchases of goods and services in Burundi.

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

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Burundi Government 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 data. To this end, the U.S. Government plans to fund a survey for up to $100,000 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 Burundi Government intend to work together to mutually decide upon the design and execution of the survey.

4.2 Process Metric Audit: The Burundi 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 Burundi Government commits to provide the U.S. Government with any data access, on-site access, or other information needed to audit the process metrics in Section 1.2 and 1.3 in up to five percent (5%) of randomly selected and/or specific health facilities, clinics, labs, or programs identified by the U.S. Government.

4.3 Supply Chain Audit: The Burundi Government acknowledges that so long as the U.S. Government is providing funding for commodities as described in Section 2.2 or 2.3 of this MOU, the U.S. Government has a significant and material interest in ensuring there is minimal waste and no fraud in the supply chain. To this end, the Burundi Government commits to provide the U.S. Government with any data access or information needed to audit supply chain leakage.

4.4 Co-Investment Audit: The Burundi Government 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 Burundi Government is making its committed co-investment. To this end, the Burundi Government commits to provide the U.S. Government with any data access or information needed to audit any accounts from which or to which co-investment funding is being provided.

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4.5 Regulatory Compliance Audit: The Burundi 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 Burundi Government commits to provide the U.S. Government with any data access or information needed to monitor compliance with applicable legal requirements, including to confirm no U.S. Government funding is being used for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.

4.6 Effect of Failure to Provide Data: The Burundi Government 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 Burundi 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 Burundi Government fulfills all commitments in the data sharing arrangement referenced in Section 2.5.2 and that failure to fulfill any commitments in this arrangement 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 Burundi Government 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 Burundi Government under this MOU in future years. For purposes of this Section and Sections 2.2.3, 2.3.3, and 2.4.3, co-investment by the Burundi Government may only be calculated based on funds raised directly by the Burundi Government and may not include funds from other donors or multilateral organizations.

5.2 Performance: In the event the Burundi Government 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.

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
Ambassador Melanie Higgins
Chargé d'Affaires a.i.
United States Embassy
Avenue des Etats-Unis N°50

For the Government of Burundi
Dr. Lydwine Baradahana
Minister of Health
Avenue Pierre Ngendandumwe N°4

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.

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6.6 Compliance with Applicable Laws: The cooperation between the Participants is expected to be carried out consistent with applicable law and the relevant rules and regulations of the Burundi Government and the U.S. Government.

This MOU and any related Implementation Plan should 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 those related to research security, cybersecurity, and IP protection.

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

6.8 Subject to Funding Availability: Participants acknowledge that this MOU is intended to exclusively cover activities funded by the U.S. Department of State and the Burundi 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 U.S. Government and the Burundi Government.

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 February 6, 2026, in the English and French languages. In case of divergence between the two language texts, the English text prevails.

SIGNED on February 6, 2026, in the English language.

FOR THE GOVERNMENT OF
THE UNITED STATES OF AMERICA

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Ambassador Melanie Higgins
Chargé d'Affaires a.i.
United States Embassy

FOR THE GOVERNMENT OF
THE REPUBLIC OF BURUNDI:

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Dr. Lydwine Baradahana
Minister of Public Health

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Appendix 1: Co-Funding Summary

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

Year	U.S. Government	Burundi Government
2026	$37,112,000	$0
2027	$33,112,000	$664,689
2028	$28,312,000	$2,203,256
2029	$17,112,000	$5,416,576
2030	$14,112,000	$17,715,479
Total	$129,760,000	$26,000,000

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 ($)	1,024,421	694,720	708,501	966,000	966,000
Lab Commodities ($)	997,078	1,558,095	1,594,766	200,000	200,000
Frontline Lab Workers (# FTEs)	14	12	10	5	0
Frontline Lab Workers ($)	50,400	43,200	36,000	18,000	-
Other Commodities ($)	11,054,700	9,950,553	9,085,239	7,609,120	7,672,108
Frontline Healthcare Workers (# FTEs)	159	153	33	16	0
Frontline Healthcare Workers ($)	277,200	242,400	94,400	40,000	
Data Systems ($)	1,885,264	1,697,264	1,471,664	569,664	475,264
Strategic Assistance ($)	19,596,217	16,939,048	13,622,710	6,682,896	3,951,908

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USG M&O	$2,226,720	$1,986,720	$1,698,720	$1,026,720	$846,720
Total	$37,112,000	$33,112,000	$28,312,000	$17,112,000	$14,112,000

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

Year	2026	2027	2028	2029	2030
Lab Commodities ($)	0	0	0	1,360,000	3,360,000
Frontline Lab Workers (# FTEs)	0	2	4	9	14
Frontline Lab Workers ($)	-	$3,568	$7,136	$16,056	$24,976
Other Commodities ($)	0	$ 637,769	$ 2,117,664	$ 3,917,664	$14,177,647
Frontline Healthcare Workers (# FTEs)	0	6	23	34	39
Frontline Healthcare Workers ($)	-	$23,352	$78,456	$122,856	$152,856
Total	$0	$ 664,689	$2,203,256	$5,416,576	$17,715,479

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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
HIV reagents	$797,078
GHS reagents	$200,000
Total	$997,078

Other Commodities

Commodity	Total Cost
ARV	$2,622,707
HIV rapid diagnostic tests	$2,153,320
Malaria rapid diagnostic tests	$1,601,664
Malaria treatment	$2,936,795
LLINs	$1,740,214
Total	$11,054,700

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Appendix 3: Frontline Lab & Healthcare Worker Funding

The U.S. Government and the Burundi Government 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	Burundi Government New # FTEs Funded	Burundi Government Existing # FTEs Funded	Burundi Government Total # FTEs Funded
2026	14	0	1,344	1344
2027	12	2	1,344	1346
2028	10	2	1,346	1348
2029	5	5	1,348	1353
2030	5	5	1,353	1358

Frontline Lab Worker Type #2: Epidemiologists

Year	U.S. Government # FTEs Funded	Government of Burundi New # FTEs Funded	Government of Burundi Existing # FTEs Funded	Government of Burundi Total # FTEs Funded
2026	25	0	0	0
2027	25	0	0	0
2028	25	0	0	0
2029	25	0	0	0
2030	25	0	0	0

Frontline Healthcare Worker Type #3: Doctors

Year	U.S. Government # FTEs Funded	Burundi Government New # FTEs Funded	Burundi Government Existing # FTEs Funded	Burundi Government Total # FTEs Funded
2026	18	0	1,169	1,169
2027	15	3	1,169	1,172
2028	10	5	1,172	1,177
2029	5	5	1,177	1,182
2030	0	5	1,182	1,187

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Frontline Healthcare Worker Type #4: Nurses

Year	U.S. Government # FTEs Funded	Burundi Government New # FTEs Funded	Burundi Government Existing # FTEs Funded	Burundi Government Total # FTEs Funded
2026	9	0	10,091	10,091
2027	6	3	10,091	10,094
2028	0	6	10,094	10,100
2029	0	0	10,100	10,100
2030	0	0	10,100	10,100

Frontline Worker Type #5: Psychologists

Year	U.S. Government # FTEs Funded	Burundi Government New # FTEs Funded	Burundi Government Existing # FTEs Funded	Burundi Government Total # FTEs Funded
2026	12	0	TBD	0
2027	12	0	TBD	0
2028	6	6	TBD	0
2029	0	6	TBD	0
2030	0	0	TBD	0

Frontline Healthcare Worker Type #6: Community Health Workers

Year	U.S. Government # FTEs Funded	Burundi Government New # FTEs Funded	Burundi Government Existing # FTEs Funded	Burundi Government Total # FTEs Funded
2026	120	0	0	0
2027	120	0	0	0
2028	0	0	0	0
2029	0	0	0	0
2030	0	0	0	0

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