MEMORANDUM OF UNDERSTANDING
BETWEEN
THE GOVERNMENT OF THE UNITED STATES OF AMERICA
AND
THE GOVERNMENT OF CÔTE D'IVOIRE

Preamble

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

CONSIDERING that Côte d'Ivoire 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 Côte d'Ivoire 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 Côte d'Ivoire's health system;

RECOGNIZING that Côte d'Ivoire has made substantial progress in advancing its domestic health system over the past 20 years; and

FURTHER RECOGNIZING the benefits of ongoing collaboration between Côte d'Ivoire and the U.S. Government to detect, prevent, and respond to emerging and existing infectious disease threats affecting both Côte d'Ivoire 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:

	Base-line	2026	2027	2028	2029	2030
% People With HIV Who Know Their Status	85%	88%	92%	95%	95%	95%
% People Who Know Their HIV Status on Treatment	92%	94%	95%	95%	95%	95%
% People On Antiretroviral Treatment (ART) Who Are Virally Suppressed	89%	92%	95%	95%	95%	95%
# Malaria Deaths in Children Under 5	931	745	596	477	381	186
Maternal Mortality Rate (per 100,000)	385	263	238	214	189	140
Children Under 5 Mortality Rate (per 1000)	74	49.5	44.6	39.7	34.8	25

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	317,668	325,430	345,651	353,118	349,201	344,382
# new HIV diagnoses among infants (0-18 months)	142	82	63	48	36	28
# new HIV diagnoses among children and adults (age 18 months or older)	29,835	25,788	23,580	21,562	19,716	18,028
% pregnant and breastfeeding women living with HIV who receive ART	88%	91%	93%	95%	95%	95%
% confirmed malaria cases that receive first-line antimalarial treatment	99%	99%	99%	99%	99%	99%
# insecticide-treated nets distributed to	1,085,065	1,314,699	1,513,367	1,723,504	1,944,592	2,177,452

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populations at risk of malaria						
% of women (15-49 years) who reported ≥4 ANC visits during last pregnancy	56%	66%	68%	70%	73%	75%
% accuracy of data fields assessed during the annual data audit	90%	90%	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. Côte d'Ivoire detects suspected infectious disease outbreaks with epidemic potential in Côte d'Ivoire within seven (7) days of disease emergence;
II. Côte d'Ivoire notifies the U.S. Government within one (1) day of detection of an infectious disease outbreak in Côte d'Ivoire and engages in meaningful coordination and consultation with the U.S. Government; and
III. Côte d'Ivoire completes relevant initial response actions to respond effectively to infectious disease outbreaks in Côte d'Ivoire within seven (7) days of notification, including engaging in meaningful consultation with the U.S. Government on Côte d'Ivoire'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: Côte d'Ivoire's vision is to build a high-performing national epidemiological surveillance system that is capable of rapidly detecting and effectively responding to all health threats throughout Côte d'Ivoire.

To advance Côte d'Ivoire's vision within the context of this agreement, Côte d'Ivoire 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 seven (7) days of emergence, notify relevant authorities, including

critical parties in the national public health system and the U.S. Government, within one (1) day of an infectious disease outbreak being detected; and, complete relevant initial response actions to respond effectively within seven (7) days to infectious disease outbreaks in Côte d'Ivoire.

2.1.2 Implementation Plan:

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

II. Côte d'Ivoire commits to work with the U.S. Government to address any prioritized gaps identified by the aforementioned assessment.

III. Côte d'Ivoire commits to continue providing salaries and benefits to all public health specialists in its workforce including over 600 medical doctors as well as 520 public health workers who have graduated from the Field Epidemiology Training Program (FETP) since 2016 (506 Frontline, 47 Intermediate, 12 Advanced). Côte d'Ivoire also commits to providing the salaries and benefits for all additional graduates of FETP throughout the duration of this agreement.

IV. The U.S. Government plans to support training of up to 60 additional field epidemiologists per year during the first two years of this MOU while Côte d'Ivoire takes on responsibility for implementation of FETP beginning in 2028.

V. Côte d'Ivoire through its National Pharmaceutical Regulatory Body ("Autorite Ivoirienne de Régulation Pharmaceutique", AIRP), commits to allow the United States Food and Drug Administration's approval or Emergency Use Authorization of medical countermeasures to be a sufficient basis to use the medical countermeasures to respond to an outbreak in country. However, the importation, distribution, and utilization of medical countermeasures in Côte d'Ivoire should remain strictly subject to the regulatory, monitoring, and pharmacovigilance authority of the AIRP in accordance with current regulations, specifically:

a. The requirement of a protocol for therapeutic use and data collection for patient follow up;

b. The right of the AIRP to modify, suspend, or immediately withdraw the authorization in the event of failure to comply with monitoring obligations or suspicion of risk to national public health.

VI. The United States and Côte d'Ivoire plan to negotiate a specimen sharing arrangement that includes the elements set out in Appendix 4 for the purpose of providing physical specimens and related data, including genetic sequence data, of detected pathogens with epidemic potential to the United States within five (5) days of detection. Both Participants intend this specimen sharing arrangement to continue for eight (8) years.

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VII. The U.S. Government, in coordination with Côte d'Ivoire, plans to establish a funding mechanism to surge additional personnel and equipment to respond to detected infectious disease threats with epidemic potential if needed.

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

Year	U.S. Government Surveillance & Outbreak Response Funding
2026	$3,916,000
2027	$3,916,000
2028	$3,916,000
2029	$3,916,000
2030	$3,916,000

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 Côte d'Ivoire.

2.2 Laboratory Systems

2.2.1 2030 Vision: Côte d'Ivoire's vision is to have a high-performing national laboratory system that is accessible to the entire population. This system is expected to offer quality diagnostic services to the population and rapidly detect epidemic-prone diseases using reliable diagnostic tests, that are conducted according to national and international standards on quality assurance, biosafety, biosecurity, and bioethics.

To advance Côte d'Ivoire's vision within the context of this agreement, Côte d'Ivoire envisions a connected network of seven (7) national laboratories (including five (5) human – MOH, one (1) animal, one (1) environmental) that have the capabilities to support the identification and characterization (genomic sequencing) of pathogens of outbreak, epidemic, or pandemic potential and 11 regional laboratories (six (6) human, three (3) animal, and two (2) environmental) that have the capabilities to support the identification of pathogens of outbreak, epidemic, or pandemic potential.

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2.2.2 Implementation Plan:

I. For the purposes of this section, the U.S. Government currently funds $4,600,000 of laboratory commodities and 65 frontline lab workers in Côte d'Ivoire.

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 is expected to decline gradually with Côte d'Ivoire funding 60% of these commodities by the end of this MOU as outlined in Section 2.2.3.

III. The U.S. Government plans to fund frontline lab workers as outlined in Section 2.2.3. This includes laboratory technicians and laboratory assistants.

IV. Côte d'Ivoire commits to progressively and verifiably absorb and deliver the functions performed by all 65 U.S. Government-funded frontline lab workers by the end of 2028 through a combination of optimal utilization of existing staff and/or assignment of additional staff as necessary and as agreed by the Participants.

V. Côte d'Ivoire commits to ensure all Level 2 and Level 3 biosafety labs in Côte d'Ivoire 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. Any agreed upon costs for technical assistance related to the achievement of these standards to be covered as part of this MOU is expected to be included under section 2.6 below.

VI. Any sample transport support provided by the U.S. Government plans to be transitioned to Côte d'Ivoire by 2028. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the end of 2028. Current support for sample transport provided by the U.S. Government, as well as any agreed upon costs for technical assistance related to the establishment of an integrated sample transport system and achievement of international accreditation standards to be covered as part of this MOU are expected to be included under section 2.6 below.

VII. Any diagnostic network optimization support provided by the U.S. Government plans to be transitioned to Côte d'Ivoire by January 1, 2028. Current support for diagnostic network optimization provided by the U.S. Government to be covered as part of this MOU are expected to be included under section 2.6 below.

VIII. Any lab quality improvement accreditation support provided by the U.S. Government plans to be transitioned to Côte d'Ivoire by January 1, 2028. Current support for lab quality improvement provided by the U.S. Government to be covered as part of this MOU is expected to be included under section 2.6 below.

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IX. Through this MOU, the Government of the United States is expected to continue to support ongoing and future activities for the transition of the Centers for Disease Control and Prevention (CDC) RETRO-CI Laboratory to Côte d'Ivoire by 2028. Full details and terms of the transition should be agreed upon and finalized by the Parties during the 90-day implementation planning period following the signature of the MOU.

2.2.3 Funding Plan:

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

Year	U.S. Government Funding	New Côte d'Ivoire Funding	Existing Côte d'Ivoire Funding	Total Côte d'Ivoire Funding
2026	$4,600,000	$0	$11,000,000	$11,000,000
2027	$3,900,000	$700,000	$11,000,000	$11,700,000
2028	$3,200,000	$700,000	$11,700,000	$12,400,000
2029	$2,500,000	$700,000	$12,400,000	$13,100,000
2030	$1,800,000	$700,000	$13,100,000	$13,800,000

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 combination of a pooled U.S. Government procurement mechanism and local government-to-government (G2G) mechanism through 2030 with progressively increasing proportion of purchases via the G2G in view of full transition by the end of this MOU. The U.S. Government plans to distribute its lab commodities through "Nouvelle Pharmacie de la Santé Publique de Côte d'Ivoire" (NPSP-CI). Côte d'Ivoire plans to purchase its lab commodities through NPSP-CI and distribute its lab commodities through NPSP-CI. Côte d'Ivoire plans to insure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) distributed through Côte d'Ivoire 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 Côte d'Ivoire in the table above is expected only to include funding provided directly by Côte d'Ivoire and is not expected to 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:

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Year	U.S. Government # FTEs Funded	Côte d'Ivoire New # FTEs Funded	Côte d'Ivoire Existing # FTEs Funded	Côte d'Ivoire Total # FTEs Funded
2026	65	0	1,900	1,900
2027	45	250	1,900	2,150
2028	25	250	2,150	2,400
2029	0	250	2,400	2,650
2030	0	250	2,650	2,900

The breakdown of full-time equivalents (FTEs) by type of frontline lab workers is in Appendix 3. The US Government plans to use several funding mechanisms (including G2G mechanisms) to fund the frontline lab workers until their functions are fully absorbed by Côte d'Ivoire by the end of 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 Côte d'Ivoire. 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 Côte d'Ivoire in the table above are expected to only include positions funded directly by Côte d'Ivoire and are not expected to include positions funded by other donors or multilateral organizations.

2.3 Commodities

2.3.1 2030 Vision: Côte d'Ivoire seeks to ensure that:

- 95% of essential medications and commodities are continuously (without stockouts) and sufficiently available at all primary health facilities
- 100% of controlled pharmaceutical products are duly registered and comply with quality standards
- There is a significant reduction in low quality and counterfeit medications within the market
- The national pharmaceutical information and data systems are operational, accessible, and interoperable
- The contribution of locally produced pharmaceutical products to the national supply plan increases from 7% to 30%

To advance Côte d'Ivoire's vision within the context of this agreement, Côte d'Ivoire envisions an integrated health care commodity supply chain system that uses "**Nouvelle Pharmacie de la Santé Publique de Côte d'Ivoire" (NPSP-**

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CI) as a pooled procurement vehicle, **NPSP-CI** for distribution to public health facilities, and **NPSP-CI and Health District logistics services** for distribution to other health facilities.

2.3.2 Implementation Plan:

I. For the purposes of this section, the U.S. Government currently funds **$16,500,000** of commodities annually including HIV Commodities (Antiretroviral treatment regimens, Viral load testing reagents and lab supplies, HIV Diagnosis Tests, TB/HIV and Advanced HIV Disease drugs, Opportunistic Infections treatments), Malaria commodities (Artemisinin Combination Therapy and other malaria medications, rapid diagnostic tests, insecticide-treated bed nets, sulfadoxine-pyrimethamine), MCH commodities, and GHSA commodities. In addition, the U.S. Government has historically contributed about $7,000,000 towards insecticide-treated bed nets for national distribution campaigns.

II. The U.S. Government plans to fund 100% of the aforementioned commodities in 2026 including a contribution of $7,000,000 towards insecticide-treated bed nets for the next national distribution campaign (2027) 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 Côte d'Ivoire funding 80% of these commodities by the end of this MOU as outlined in Section 2.3.3.

III. Côte d'Ivoire 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 Côte d'Ivoire's government-owned supply chain by 2027.

IV. Côte d'Ivoire commits to ensuring all Côte d'Ivoire government owned, managed, or run warehouses storing commodities funded by the U.S. Government under this MOU meet ISO 9001 warehouse standards by 2026 and maintain such standards through the end of the MOU period.

V. Côte d'Ivoire intends to verifiably make available all necessary resources including assigning additional personnel as needed, and as agreed by the Participants 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.

VI. Côte d'Ivoire 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:

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	U.S. Government Funding	New Côte d'Ivoire Funding	Existing Côte d'Ivoire Funding	Total Côte d'Ivoire Funding
2026	$30,500,000	10,000,000	$15,000,000	$25,000,000
2027	$19,500,000	$10,000,000	$25,000,000	$35,000,000
2028	$18,500,000	$5,500,000	$35,000,000	$40,500,000
2029	$10,000,000	$4,000,000	$40,500,000	$44,500,000
2030	$6,500,000	$3,500,000	$44,500,000	$48,000,000

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 a combination of a pooled U.S. Government procurement mechanism and local government-to-government (G2G) mechanism through 2030 with progressively increasing proportion of purchases via the G2G in view of full transition by the end of this MOU. The U.S. Government plans to distribute its commodities to public health facilities through NPSP-CI and other health facilities through NPSP-CI. Côte d'Ivoire plans to purchase its commodities through NPSP-CI and distribute its commodities to public health facilities through NPSP-CI and other health facilities through NPSP-CI and PCA under certain circumstances. 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 Côte d'Ivoire in the table above is expected only to include funding provided directly by Côte d'Ivoire and is not expected to include funding from other donors or multilateral organizations.

2.4 Frontline Healthcare Workers

2.4.1 2030 Vision: Côte d'Ivoire envisions integrating and delivering using members of its healthcare workforce, the functions performed by all 95 Doctors, 90 nurses, and 5,371 community/lay health workers, currently funded by the U.S. Government.

2.4.2 Implementation Plan:

1. The U.S. Government plans to fund frontline healthcare workers as outlined in Section 2.4.3. This includes doctors, nurses, community health workers, and other lay health worker cadres.

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II. Côte d'Ivoire commits to absorb and guarantee continuity of all the essential functions performed by the 95 doctors and 90 nurses currently funded by U.S. Government by the end of 2028. For the 5,371 community health workers and other lay worker cadres currently funded by U.S. Government, Côte d'Ivoire commits to progressively and verifiably integrate and deliver the essential functions performed by these frontline healthcare workers by the end of 2028 through a combination of optimal utilization of existing staff and/or assignment of additional staff as necessary and as agreed by the Participants.

III. The Participants commit to jointly perform, within the 90-day implementation planning period following signature of this MOU, a detailed situational analysis of the 5,371 community health workers and other lay worker cadres currently funded by U.S. Government to ascertain whether they are health facility vs. community-based, whether they are in government-owned vs. other health facilities, and what exact roles they perform to determine the true need for absorption of additional HRH versus integration of roles using existing HRH.

IV. In addition, the U. S. Government plans to fund up to 16,500 CHWs to support the mass distribution campaign of insecticide-treated nets in 2027; up to 11,300 CHWs to support the mass distribution campaign of insecticide-treated nets in 2029; as well as up to 3,000 CHWs for the seasonal malaria chemoprevention campaign in 2026, declining each year thereafter until the end of this agreement with Côte d'Ivoire progressively picking up more responsibility for the CHWs for the seasonal malaria chemoprevention campaigns.

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	Côte d'Ivoire New # FTEs Funded	Côte d'Ivoire Existing # FTEs Funded*	Côte d'Ivoire Total # FTEs Funded
2026	5,556 FTE (+3,000 seasonal)	0	39,800	39,800
2027	3,900 FTE (+19,000 seasonal)	5,200	39,800	45,000
2028	2,300 FTE (+2,100 seasonal)	5,200	45,000	52,500
2029	0 FTE	5,200	50,200	55,400

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	(+13,100 seasonal)			
2030	0 FTE (+1,400 seasonal)	5,200	55,400	60,600

The breakdown by type of frontline healthcare worker is in Appendix 3. The U.S. Government plans to use several funding mechanisms (including G2G mechanisms) to fund the frontline lab workers until their functions are fully absorbed by Côte d'Ivoire by the end of 2028. 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 Côte d'Ivoire. 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 Côte d'Ivoire in the table above are only expected to include positions funded directly by Côte d'Ivoire and are not expected to include positions funded by other donors or multilateral organizations.

2.5 Data Systems

2.5.1 2030 Vision: A Côte d'Ivoire where digital technology improves and facilitates access to quality healthcare services. To advance Côte d'Ivoire's vision within the context of this agreement, Côte d'Ivoire envisions integrated robust health data systems that includes SIGDEP, DPI, and SISA as its Electronic Medical Records (EMRs), OpeneLIS as its lab management system, SIGSANTE eTracker (DHIS2) as its surveillance and outbreak response data system, mSUPPLY and eSIGL as its health commodity inventory management system, and SIGSANTE (DHIS2) as its national health data warehouse.

2.5.2 Implementation Plan:

I. Côte d'Ivoire commits to using DPI as its primary Electronic Medical Records (EMR) system while maintaining and improving SIGDEP (EMR for HIV patients) for eventual integration with DPI as national rollout gathers steam and reaches health facilities where SIGDEP and SISA are already deployed. Côte d'Ivoire plans to roll out DPI nationwide according to the following schedule: in 200 facilities by 2026, 400 facilities by 2027, 600 facilities by 2028, 800 facilities by 2029, and 1000 facilities by 2030.

II. The U.S. Government plans to support the following improvements to SIGDEP, SISA, and DPI over the term of this MOU consistent with Section 2.5.3:

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a. SIGDEP and SISA: Software upgrades and configuration to latest versions
b. SISA: Configuration to expand coverage to all priority diseases
c. DPI: Configuration to include HIV module and facilitate interoperability with SIGDEP, SISA, and other relevant data systems

III. Côte d'Ivoire commits to implement financial penalties or rewards or other non-financial incentives for healthcare providers to ensure that greater than 50% 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.

IV. Côte d'Ivoire commits to use OpeneLIS as its laboratory management system. OpeneLIS is expected to be rolled out across all national and regional labs by the end of 2028.

V. The U.S. Government plans to support the following improvements to OpeneLIS laboratory management system over the term of this MOU consistent with Section 2.5.3:
a. Configuration to include all priority diseases
b. Deployment of updated system at all sites nationwide

VI. Côte d'Ivoire commits to using SIGSANTE eTracker (DHIS2) as its disease outbreak surveillance systems. SIGSANTE eTracker (DHIS2) is expected to be rolled out across all applicable sites by the end of 2026.

VII. The U.S. Government plans to support the following improvements to SIGSANTE eTracker (DHIS2) disease outbreak surveillance system over the term of this MOU, consistent with Section 2.5.3:
a. Systems upgrades to address One health and all priority epidemic-prone diseases
b. Creation of sectoral databases

VIII. Côte d'Ivoire commits to using mSUPPLY and eSIGL as its health commodity inventory management system. mSUPPLY and eSIGL are expected to be rolled out across all components of the government-run health commodity supply chain by the end of 2026.

IX. The U.S. Government plans to fund the following improvements to mSUPPLY and eSIGL health commodity inventory management system over the term of this MOU, consistent with Section 2.5.3:
a. Software upgrades and configuration to latest versions
b. Purchase of new equipment
c. Deployment of updated systems to all sites

X. Côte d'Ivoire commits to using SIGSANTE (DHIS2) as its national health data warehouse.

XI. The U.S. Government plans to support the following improvements to SIGSANTE (DHIS2) national health data warehouse over the term of this MOU consistent with Section 2.5.3:
a. Software upgrades and configuration to latest versions

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b. Interoperability with key data collection and reporting systems

XII. Both the U.S. Government and Côte d'Ivoire 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. To facilitate data entry, reduce human error, increase efficiency, and facilitate interoperability of existing data systems, the U.S Government plans to fund the development and nationwide deployment of scannable forms for all priority diseases and data systems covered by this MOU using ScanForm ®.

XIII. 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.

XIV. The United States and Côte d'Ivoire intend to negotiate a data sharing arrangement for the purpose of exchanging data on the long-term performance of this MOU and for accountability to the United States Congress for appropriated funds. Both Participants expect this data sharing arrangement to continue for eight (8) years.

2.5.3 Funding Plan:

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

Year	U.S. Government Data System Funding
2026	$16,000,000
2027	$16,000,000
2028	$12,500,000
2029	$11,000,000
2030	$11,000,000

In 2026, the U.S. Government intends to provide the following funding for specific data systems: $7,200,000 for ScanForm ®, $1,800,000 for SIGDEP, $200,000 for SISA, $500,000 for DPI, $1,800,000 for mSUPPLY and eSIGL, $2,000,000 for OpeneLIS, $1,500,000 for SIGSANTE eTracker (DHIS2), $1,000,000 for SIGSANTE (DHIS2) including interoperability layer. Over the course of the MOU, the U.S. Government plans to fund approximately $12,500,000 for SIGDEP, SISA, and DPI Electronic Medical Records systems, approximately $10,000,000 for OpeneLIS lab management system, approximately $7,500,000 for SIGSANTE eTracker (DHIS2) surveillance and outbreak response data system, approximately $9,000,000 for mSUPPLY and eSIGL health commodity inventory management systems, and approximately $5,000,000 for SIGSANTE (DHIS2) as its national health data warehouse. For purposes of this MOU, these amounts include the cost of developers, product managers, systems enginecrs and other similar personnel; the cost of cloud

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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, Côte d'Ivoire 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: Côte d'Ivoire envisions being able to 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:

I. **Effective Integration of HIV (and other priority diseases) Service Delivery into routine health system by 2027 ($5,000,000 per year for 2 years).**
   a. This priority is expected to require intensive TA for large scale cascade training of relevant Côte d'Ivoire personnel at all approximately 3,000 health facilities nationwide to effectively absorb functions currently performed by U.S. Government-funded HRH as well as to effectively deliver services for all priority programs/disease areas covered by this MOU.
   b. Funds should support among other things development of standardized training curricula, delivery of trainings, effective implementation oversight and coordination by health districts, including supervisory visits, community outreach and engagement, and uninterrupted availability of commodities and supplies.

II. **Optimization of Supply Chain to achieve international commodities traceability and warehousing standards and improve last-mile delivery by 2027 ($3,600,000 per year for 2 years)**
   a. This priority is expected to address optimization of customer order processing, improvement of commodity distribution at health districts and health facilities, establishment of a commoditics traceability system compliant to international standards, bringing warehouses up to international standards including energy transformation, and logistics data collection and visibility.

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b. Funds should support among other things, procurement of equipment, supplies, and vehicles, supplemental staff, and implement of a national supply chain analysis.

III. Comprehensive Laboratory Systems Strengthening to achieve international accreditation standards and sustainable capacity to support the identification and characterization of pathogens of outbreak, epidemic, or pandemic potential by 2028 ($18,000,000 per year for 3 years)

a. Technical assistance for Quality Management System (QMS) ($1,200,000 per year) - proficiency testing, accreditation for 18 labs, and quality improvement of lab testing
b. Development and implementation of a national integrated sample transport system ($8,400,000 per year). Côte d'Ivoire affirms its commitment to assume primary responsibility for funding and sustaining the sample transport system beginning in 2028 or 2029.
c. Infrastructure and small equipment purchase and maintenance ($2,800,000 per year)
d. Biosecurity/Biosafety and waste management ($2,800,000 per year)
e. Diagnostic Network Optimization ($200,000 per year)
f. TA for strengthening capacity for early detection of pathogens of outbreak, epidemic, or pandemic potential ($2,600,000 per year)

IV. Elimination of mother-to-child transmission of HIV by 2028 ($4,200,000 per year over three years)

a. This priority is expected to be addressed through action on three priority intervention pillars including: strengthening early infant diagnosis (EID), closing the treatment gap for pregnant and breastfeeding women (PBFW) living with HIV, and preventing and detecting new HIV infections among adolescents and PBFW.
b. Funds should ensure, among other items, time-limited support for supplemental human resources for health, strategic technical assistance from U.S. Government experts on novel interventions and program implementation approaches, training, uninterrupted supply of priority medications, testing equipment, laboratory reagents, and other vital commodities.

V. Closing the HIV case finding gap (achieving the 1st 95) by 2028 ($4,800,000 per year for 3 years)

a. This priority is expected to require intensive TA for the reinforcement and intensification of community index testing including for biological children of women on antiretroviral therapy as well as the reinforcement and intensification of targeted strategic approaches for case finding among men, women over 40 years, and children.

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b. Funds should ensure, among other items, time-limited support for supplemental human resources for health, strategic technical assistance from U.S. Government experts on novel interventions and program implementation approaches, training, uninterrupted supply of testing equipment and supplies, and laboratory reagents.

VI. Governance and Coordination of MOU Implementation ($2,500,000 per year for 5 years)

a. Joint Steering Committee ($250,000 per year): This committee is expected to ensure strategic oversight and alignment of the MOU's objectives with national health priorities, facilitating collaboration between the U.S. Government and Côte d'Ivoire.
b. Technical Coordination Unit with the MOH ($1,000,000 per year): This unit is expected to ensure the effective execution of the implementation plan, monitor progress, and engage stakeholders across various national health programs to foster a collaborative approach.
c. Fiduciary Management Unit ($1,250,000 per year): This unit is expected to ensure the effective management, accountability, and transparency of financial resources allocated under the Memorandum of Understanding (MOU).

VII. One Health Platform Multisectoral Coordination ($1,000,000 in year 1, $150,000 per year in years 2 and 3)

a. This priority is expected to be addressed through staffing the multisectoral coordination using existing government or additional staff, building capacity through needs-based and skills-based training, monitoring and evaluation, recruitment and training of accredited professionals with veterinary or para-veterinary skills.

VIII. Maintain liquid-oxygen production and storage infrastructure at seven (7) regional hospitals for 12 months ($2,417,455)

a. This priority is expected to enhance the availability of medical oxygen for patients, support the delivery of safe and high-quality care, and strengthen the health system's capacity to meet urgent and critical public health needs while improving patient outcomes:
b. Reinforce equipment maintenance systems of oxygen cylinders and related equipment ($714,747)
c. Sustain local capacity of hospital and ministry of health staff to operate and maintain oxygen systems, cylinder handling, oxygen therapy protocols, and safe system management ($275,110)
d. Logistics including transportation and distribution of 30,500 liters of liquid oxygen per month for 12 months ($1,338,095)
e. Facility level management including monitoring and evaluation ($89,443)

IX. U.S. Government staffing and operations ($4,000,000 per year)

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a. Supplemental funding for U.S. Government operations is expected to complement allocated 6% of total funds and allow for sufficient capacity including human resources, in order to provide quality TA to Côte d'Ivoire for achievement of key priorities.

X. **Survey and other data collection funding for 2027 and 2029 ($10,000,000 each year)**

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

Year	U.S. Government Strategic Assistance Funding
2026	$47,065,040
2027	$53,229,040
2028	$54,729,040
2029	$49,125,040
2030	$32,405,040

In 2026, the specific strategic assistance the U.S. Government plans to fund includes $5,000,000 for effective integration of HIV (and other priority diseases) service delivery into the routine health system, $3,600,000 for supply chain optimization, $18,000,000 for comprehensive laboratory systems strengthening, $4,200,000 for elimination of mother-to-child transmission of HIV, $4,800,000 for closing the HIV case finding gap, $2,500,000 for governance and coordination of MOU Implementation, $1,000,000 for One Health platform multisectoral coordination, $2,500,000 to maintain liquid-oxygen production and storage infrastructure at seven regional hospitals, and $4,000,000 for U.S. Government staffing and operations. The U.S. Government intends to provide its funding through contract mechanisms it identifies, with advice and input from Côte d'Ivoire. For purposes of this MOU, this strategic 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. Côte d'Ivoire commits to exempt from taxation in Côte d'Ivoire 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 Côte d'Ivoire. At a minimum, this should include being exempt from: (a) customs duties, import duties, taxes

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or fiscal charges of equal effect levied or otherwise imposed on items imported into Côte d'Ivoire and (b) the value-added tax levied or otherwise imposed on the purchases of goods and services in Côte d'Ivoire.

SECTION 3
Implementation

3.I 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 Governance Structure: 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 Côte d'Ivoire 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. In addition, the Participants plan to also establish a technical committee in charge of overseeing implementation of the activities retained within the context of this MOU.

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 and/or other relevant data collection approaches for up to $10 million in each of 2027 and 2029, subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The U.S. Government and Côte d'Ivoire intend to work together to mutually decide upon the design and execution of the survey and/or other relevant data collection approaches.

4.2 Process Metric Audit: Côte d'Ivoire 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, Côte d'Ivoire 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 within a relevant fraction of

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randomly selected and/or specific health facilities, clinics, labs, or programs identified by the U.S. Government.

4.3 Supply Chain Audit: Côte d'Ivoire 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, Côte d'Ivoire commits to provide the U.S. Government with any data access or information needed to audit supply chain leakage.

4.4 Co-Investment Audit: Côte d'Ivoire 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 Côte d'Ivoire is making its committed co-investment. To this end, Côte d'Ivoire 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.

4.5 Regulatory Compliance Audit: Côte d'Ivoire 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, Côte d'Ivoire 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: Côte d'Ivoire 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: Côte d'Ivoire 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 Côte d'Ivoire fulfills all commitments in the specimen sharing and data sharing arrangements referenced in Sections 2.1.2 and 2.5.2 respectively and that failure to fulfill any commitments in these arrangements could result in changes in the planned

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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 Côte d'Ivoire 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 Côte d'Ivoire 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 Côte d'Ivoire may only be calculated based on funds raised directly by Côte d'Ivoire and may not include funds from other donors or multilateral organizations.

In addition, Côte d'Ivoire commits to increase its domestic government health expenditures by at least an additional $450,000,000 over the duration of this MOU at the rate of $30,000,000 additional dollars each year relative to the prior year's baseline as indicated in the chart below:

Year	Côte d'Ivoire Government Domestic Government Health Expenditure Increase Relative to 2025 Baseline
2026	$30,000,000
2027	$60,000,000
2028	$90,000,000
2029	$120,000,000
2030	$150,000,000
Total	**$450,000,000**

The Participants plan to mutually develop a precise definition of domestic government health expenditures during the implementation period but should include all domestic government health expenditures and should not include grants or other funds from the U.S. Government, other donors, or multilateral organizations. The Participants plan to work together during the implementation period to determine the amount Côte d'Ivoire is spending on domestic government health expenditures in 2025 and this amount is expected to be the 2025 baseline.

Both Participants acknowledge that so long as the U.S. Government is providing any funding in support of activities described in this MOU, the U.S. Government has a significant and material interest in ensuring the co-

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investment outlined in this Section 5.1 occurs. To this end, both Participants acknowledge the U.S. Government plans to decrease its funding 2:1 under this MOU if Côte d'Ivoire fails to meet the above co-investment. For example, if Côte d'Ivoire only increases its domestic government health expenditures by $80,000,000 in 2028 versus the 2025 baseline instead of the expected $90,000,000, the U.S. Government would decrease its total funding by $20,000,000 in 2029 [($90,000,000 - $80,000,000) x 2].

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

5.3 Performance Incentives: In the event that Côte d'Ivoire achieves all the process and outbreak response metrics for 2027 or 2028 outlined in Section 1.2 and 1.3, Côte d'Ivoire is expected to be eligible to receive a performance incentive for 2027 or 2028 respectively, subject to the availability of funds. The U.S. Government reserves the right to build a composite score of these metrics for the purpose of calculating eligibility for the performance incentive if doing so in no way decreases Côte d'Ivoire's eligibility for the performance incentive. In no event would Côte d'Ivoire's performance incentive for a given year be greater than $2 per person per year. For the purposes of this calculation, Côte d'Ivoire's population is considered to be 31,165,654. Performance incentives may be used by Côte d'Ivoire to fund any health-related costs that would be allowed under this MOU.

SECTION 6
Additional Terms

6.1 Duration: The activities under this MOU are intended to commence on April 1, 2026, and to continue through December 31, 2030.

6.2 Modificatiou: 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

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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 Jessica Davis Ba United States Ambassador To Of Côte d'Ivoire	For Côte d'Ivoire Government Pierre Ngou Dimba Minister of Health, Public Hygiene and Universal Health Coverage of The Republic of Côte d'Ivoire

Either Participant may, by notice in writing to the other Participant, designate additional representatives or substitute other representatives for those designated in this Section. The Participants intend any notice, request or other communication under this MOU to be in writing and delivered to the address specified in this MOU or such other address as either Participant may provide to the other Participant.

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

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

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

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 in ABIDJAN on December 30, 2025, in duplicate, in the English language.

FOR THE GOVERNMENT OF THE
UNITED STATES OF AMERICA:

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AMBASSADOR TO THE
REPUBLIC OF CÔTE D'IVOIRE

FOR THE GOVERNMENT OF
CÔTE D'IVOIRE:

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MINISTER OF HEALTH, PUBLIC
HYGIENE, AND UNIVERSAL
HEALTH COVERAGE
REPUBLIC OF COTE D'IVOIRE

FOR THE GOVERNMENT OF
CÔTE D'IVOIRE:

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MINISTER OF FINANCE
AND BUDGET
REPUBLIC OF COTE D'IVOIRE

Appendix 1: Co-Funding Summary

The below represents the total planned financial support by both the U.S. Government and Côte d'Ivoire government during the term of the MOU:

Year	U.S. Government	Côte d'Ivoire Government*
2026	$123,916,000	$30,000,000
2027	$114,516,000	$60,000,000
2028	$105,916,000	$90,000,000
2029	$82,916,000	$120,000,000
2030	$59,916,000	$150,000,000
Total	**$487,180,000**	**$450,000,000**

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

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

Year	2026	2027	2028	2029	2030
Surveillance & Outbreak Response ($)	$3,916,000	$3,916,000	$3,916,000	$3,916,000	$3,916,000
Lab Commodities ($)	$4,600,000	$3,900,000	$3,200,000	$2,500,000	$1,800,000
Frontline Lab Workers (# FTEs)	65	45	25	0	0
Frontline Lab Workers ($)	$1.000,000	$700,000	$400,000	$0	$0
Other Commodities ($)	$30,500,000	$19,500,000	$18,500,000	$10,000,000	$6,500,000
Frontline Healthcare Workers (# FTEs)	5,556	3,900	2,300	0	0
Frontline Healthcare Workers ($)	$13,400,000	$10,400,000	$5,800,000	$1,400,000	$700,000
Data Systems ($)	$16,000,000	$16,000,000	$12,500,000	$11,000,000	$11,000,000
Strategic Assistance ($)	$47,065,040	$53,229,040	$54,729,040	$49,125,040	$32,405,040

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Management and Operations ($)	$7,434,960	$6,870,960	$6,354,960	$4,974,960	$3,594,960
Total	**$123,916,000**	**$114,516,000**	**$105,916,000**	**$82,916,000**	**$59,916,000**

The below represents the annual new planned financial support, relative to 2025 baseline, described in this MOU by Côte d'Ivoire during the term of the MOU:

Year	2026	2027	2028	2029	2030
Lab Commodities ($)	$0	$700,000	$1,400,000	$2,100,000	$2,800,000
Frontline Lab Workers (# FTEs)	0	250	500	750	1,000
Other Commodities ($)	$10,000,000	$20,000,000	$25,500,000	$29,500,000	$33,000,000
Frontline Healthcare Workers (# FTEs)	0	5,200	10,400	15,600	20,800
Total $	**$10,000,000**	**$20,700,000**	**$26,900,000**	**$31,600,000**	**$35,800,000**

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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
Lab Commodity #1 - HIV	$4,600,000
Lab Commodity #2 - Malaria	$0
Lab Commodity #3 - MCH	$0
Total	**$4,600,000**

Other Commodities

Commodity	Total Cost
Commodity #1 - HIV	$13,800,000
Commodity #2 – Malaria	$15,000,000
Commodity #3 - MCH	$1,700,000
Total	**$30,500,000**

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Appendix 3: Frontline Lab & Healthcare Worker Funding

The U.S. Government and Côte d'Ivoire 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	Côte d'Ivoire New # FTEs Funded	Côte d'Ivoire Existing # FTEs Funded	Côte d'Ivoire Total # FTEs Funded
2026	65	0	1,900	1,900
2027	45	250	1,900	2,150
2028	25	250	2,150	2,400
2029	0	250	2,400	2,650
2030	0	250	2,650	2,900

Frontline Healthcare Worker Type #1: Doctors

Year	U.S. Government # FTEs Funded	Côte d'Ivoire New # FTEs Funded	Côte d'Ivoire Existing # FTEs Funded	Côte d'Ivoire Total # FTEs Funded
2026	95	0	5,500	5,500
2027	65	300	5,500	5,800
2028	35	300	5,800	6,100
2029	0	300	6,100	6,400
2030	0	300	6,400	6,700

Frontline Healthcare Worker Type #2: Nurses

Year	U.S. Government # FTEs Funded	Côte d'Ivoire New # FTEs Funded	Côte d'Ivoire Existing # FTEs Funded	Côte d'Ivoire Total # FTEs Funded
2026	90	0	28,000	28,000
2027	60	3,500	28,000	31,500
2028	30	3,500	31,500	35,000
2029	0	3,500	35,000	38,500
2030	0	3,500	38,500	42,000

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Frontline Healthcare Worker Type #3: Community/Lay Health Workers

Year	U.S. Government # FTEs Funded	Côte d'Ivoire New # FTEs Funded	Côte d'Ivoire Existing # FTEs Funded	Côte d'Ivoire Total # FTEs Funded
2026	5,371	0	5,200	5,200
2027	3,715	1,100	5,200	6,300
2028	2,115	1,100	6,300	7,400
2029	0	1,100	7,400	8,500
2030	0	1,100	8,500	9,600

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