MEMORANDUM OF UNDERSTANDING

BETWEEN
THE GOVERNMENT OF THE UNITED STATES OF AMERICA

AND
THE GOVERNMENT OF THE KINGDOM OF LESOTHO

Preamble

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

CONSIDERING that the Government of Lesotho aims to develop a durable and resilient health system that prevents disease, maintains the health of its population, and enables its economy to thrive;

FURTHER CONSIDERING that the U.S. Government seeks to advance its bilateral relationship with the Government of Lesotho and prevent the spread of emerging and existing infectious disease threats globally;

RECOGNIZING that United States global health investments made over the past 18 years have saved over 280,000 lives and substantially and meaningfully strengthened Lesotho's health system;

RECOGNIZING that Lesotho has made substantial progress in advancing its domestic health system over the past 18 years; and

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

Have reached the following understandings:

SECTION 1
Objectives

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

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	Baseline	2026	2027	2028	2029	2030
% People With HIV Who Know Their Status	97	97	97	98	98	99
% People Who Know Their HIV Status on Treatment	97	97	97	98	98	99
% People On Antiretroviral Treatment (ART) Who Are Virally Suppressed	99	99	99	99	99	99
# TB Deaths	1600	1200	1000	800	500	400
Maternal Mortality Rate	478	430	405	380	355	330
Children Under 5 Mortality Rate	54	51	49	46	42	40

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	243,507	250,320	249,208	247,865	246,359	246,359
# new HIV diagnoses among infants (0-18 months)	1604	1453	1333	1212	1107	1001
# new HIV diagnoses among children and adults (age 18 months or older)	2498	1681	1703	1305	1336	1098
% pregnant and breastfeeding women living with HIV who receive ART	99	99	99	99	99	99
# patients with TB notified (i.e., bacteriologically confirmed + clinically diagnosed)	6,163	8,769	9,295	9,853	9,853	9,853
% patients with TB notified who completed treatment	81	85	88	90	90	90
Median number of antenatal care visits for pregnant women	3.8	4	4	5	5	6
% accuracy of data fields assessed during the annual data audit (# on ART)		85	85	90	95	98
% accuracy of data fields assessed during the annual data audit (# Tested for HIV)		85	85	90	95	98
% accuracy of data fields assessed during the annual data audit (# Tested for TB Screening)		85	85	90	95	98

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

- The Government of Lesotho detects suspected infectious disease outbreaks with epidemic potential in Lesotho within seven (7) days of disease emergence;
- The Government of Lesotho notifies the U.S. Government of a confirmed infectious disease outbreak within one (1) day of administration of Lesotho's risk assessments algorithm and engages in meaningful coordination and consultation with the U.S. Government; and
- The Government of Lesotho completes relevant initial response actions to respond effectively to infectious disease outbreaks in Lesotho within seven (7) days of notification, including engaging in meaningful consultation with the U.S. Government on the Government of Lesotho's response.

SECTION 2
Areas of Cooperation

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

2.1 Surveillance & Outbreak Response

2.1.1 2030 Vision: The Government of Lesotho 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 as guided by Lesotho's risk assessments algorithm; and complete relevant initial response actions to respond effectively within seven (7) days to infectious disease outbreaks in Lesotho.

2.1.2 Implementation Plan:

- The U.S. Government plans to fund an assessment of Lesotho's outbreak surveillance system to include disease surveillance and safety procedures for pathogen sample collection, transport, storage, testing and disposal.
- The Government of Lesotho commits to providing salaries and benefits to fund and maintain seven (7) field epidemiologists in 2027, ten (10) field epidemiologists in 2028, and twelve (12) field epidemiologists in 2029 and beyond in accordance with salary structure of Lesotho.
- The Government of Lesotho commits to continue providing salaries and benefits for human resources who are facilitating the Lesotho Field Epidemiology Training Program. Thus far, Lesotho has trained 156 frontline health workers on Frontline FETP.
- The U.S. Government plans to support long-term and short-term training of selected public health specialists to strengthen the capacity to detect, assess, notify, report, and respond effectively to public health emergencies.

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- The U.S. Government plans to support training of at least three (3) field epidemiologists during the period of this MOU.
- The U.S Government plans to support training of at least ten (10) intermediate level field epidemiologists to enhance surveillance, analysis and program data use and response capacity
- The U.S. Government and the Government of Lesotho plan to negotiate a specimen sharing arrangement for the purpose of providing physical specimens and related data, including genetic sequence data, of detected pathogens with epidemic potential to the United States within five (5) days of detection. Both Participants intend this specimen sharing arrangement to continue for five (5) years.
- This arrangement is expected to include capacity building components to enhance Lesotho's laboratory systems, genomics sequencing, and workforce skills through training and technology transfer.
- The U.S. Government, in coordination with the Government of Lesotho, 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	$765,000
2027	$536,000
2028	$536,000
2029	$536,000
2030	$536,000

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 Government of Lesotho.

2.2 Laboratory Systems

2.2.1 2030 Vision: The Government of Lesotho envisions providing the highest quality laboratory services through fully connected network of laboratories for all people living in Lesotho in alignment with Sustainable Development Goal 3, by 2030. The Government of Lesotho envisions a connected network of two (2) national laboratories that have the capabilities to support the identification and characterization of pathogens of outbreak, epidemic, or pandemic potential and three (3) regional laboratories that have the capabilities to provide essential high quality clinical diagnostics and environmental samples for all diseases and respond to outbreaks and pandemics.

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2.2.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $2,590,698 of laboratory commodities and 21 frontline lab workers in Lesotho.
- The U.S. Government plans to fund 100 percent of the aforementioned lab commodities in 2026, subject to the availability of funds, and thereafter the U.S. Government's funding for these commodities is expected to decline gradually with the Government of Lesotho funding 100 percent 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.
- The U.S Government plans to support improvements in diagnostic capacity of the country in testing biological and environmental samples by funding long-term training for laboratory human resources.
- The Government of Lesotho commits to add ten (10) lab technicians onto government payrolls in 2027, ten (10) lab technicians onto government payrolls in 2028, and two (2) quality officers onto government payrolls in 2029.
- The Government of Lesotho commits to ensure all Level 2 and Level 3 biosafety labs in Lesotho 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, ISO 17043, ISO 17025 and ISO 9001) by the end of 2027.
- Any sample transport support provided by the U.S. Government plans to be transitioned to the Government of Lesotho by 2027. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the end of 2027.
- Any diagnostic network optimization support provided by the U.S. Government plans to be transitioned to the Government of Lesotho by January 1, 2027.
- Any lab quality improvement accreditation support provided by the U.S. Government plans to be transitioned to the Government of Lesotho by January 1, 2027.

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 Government of Lesotho Funding	Existing Government of Lesotho Funding	Total Government of Lesotho Funding
2026	$2,591,000	$-	$1,017,000	$1,017,000
2027	$2,362,000	$150,000	$1,167,000	$1,317,000
2028	$2,276,000	$150,000	$1,317,000	$1,467,000
2029	$1,717,000	$300,000	$1,617,000	$1,917,000
2030	$1,116,000	$490,000	$2,107,000	$2,597,000

The breakdown of the U.S. Government's planned 2026 lab commodity procurement spending is in Appendix 2 of this MOU. The Government of Lesotho plans to purchase its lab commodities

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through the Ministry of Health Supply Chain Directorate and distribute its lab commodities through National Drug Supply Organization. The Government of Lesotho commits to insure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) distributed through Lesotho government-owned supply chains. For purposes of this MOU, lab commodities include the actual cost of the commodities as well as related commodity distribution costs including warehousing, shipping, and trucking. These costs do not include any costs of data systems or technical assistance to support commodity procurement or supply chain distribution, which are covered in Sections 2.5.3 and 2.6.3 respectively. Funding provided by the Government of Lesotho in the table above is expected to only include funding provided directly by the Government of Lesotho and is not 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:

Year	U.S. Government # FTEs Funded	Government of Lesotho New # FTEs Funded	Government of Lesotho Existing # FTEs Funded	Government of Lesotho Total # FTEs Funded
2026	22	0	0	0
2027	12	10	0	10
2028	10	2	10	12
2029	2	8	12	20
2030	0	2	20	22

The breakdown of full-time equivalents (FTEs) by type of frontline lab worker is in Appendix 3 of this MOU. The U.S. Government plans to provide funding for frontline lab workers through the Ministry of Health Cooperative Agreement through September 2028 and then through the Government of Lesotho beginning October 1, 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 Government of Lesotho. This funding does not include any costs related to data systems or technical assistance for frontline lab workers, which are covered in Sections 2.5.3 and 2.6.3 respectively. Positions funded by the Government of Lesotho in the table above are expected to only include positions funded directly by the Government of Lesotho and are expected not to include positions funded by other donors or multilateral organizations.

2.3 Commodities

2.3.1 2030 Vision: The Government of Lesotho intends to continue to use its central medical store National Drug Services Organization for procurement, storage and distribution and integrate pooled procurement with other procurement agencies including WAMBO.

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2.3.1 Implementation Plan:

- The Government of Lesotho currently funds 70 percent of antiretroviral commodities procurement, while the Global Fund covers the remaining 30 percent of ARV procurement and 100 percent of other essential medications.
- The Government of Lesotho commits to fully implementing a system based on GS1 global standards for tracing any commodities funded by the U.S. Government under this MOU and distributed through Lesotho's government-owned supply chain by October 1, 2029.
- The Government of Lesotho commits to ensuring all Lesotho government owned, managed, or run central warehouses storing commodities funded by the U.S. Government under this MOU meet ISO warehouse standards by October 1, 2028, and maintain such standards through the end of the MOU period.
- The Government of Lesotho intends to employ at least three (3) 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.
- The Government of Lesotho 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 Government of Lesotho Funding	Existing Government of Lesotho Funding	Total Government of Lesotho Funding
2026	$0		$16,602,000	$16,602,000
2027	$0	$1,660,000	$16,602,000	$18,262,000
2028	$0	$1,826,000	$18,262,000	$20,088,000
2029	$0	$2,009,000	$20,088,000	$22,097,000
2030	$0	$2,210,000	$22,097,000	$24,306,000

The breakdown of the U.S. Government's planned 2026 commodity procurement funding is in Appendix 2 of this MOU. The U.S. Government plans to distribute its commodities to public health facilities and other health facilities through the National Drug Supply Organization. The Government of Lesotho plans to purchase its commodities through the Pooled Procurement Mechanism (WAMBO) and distribute its commodities to public health facilities and other health facilities through the National Drug Supply Organization. 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.

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2.4 Frontline Healthcare Workers

2.4.1 2030 Vision: The Government of Lesotho envisions integrating nurses, community health workers, and doctors, pharmacy personnel, case managers/ social workers, and laboratory personnel, HIV Testing Services (HTS) counselors, currently funded by the U.S. Government into its permanent healthcare workforce based on the Human Resources for Health (HRH) analysis, rationalization, and transition plan in accordance with the Ministry of Health establishment list and public service laws described in section 2.6.2.

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, and community health workers.
- The Government of Lesotho commits to add 33 medical officers and 110 nurses onto government payrolls in 2027, 55 medical officers and 215 nurses onto government payrolls in 2028, 8 medical officers and 345 nurses onto government payrolls in 2029, and 10 medical officers and 431 nurses onto government payrolls in 2030.
- Under the Government of Lesotho's new Community Health Worker (CHW) Strategy, the Government of Lesotho intends to conduct an efficiency analysis of U.S. Government-supported CHW roles and recruit additional domestically funded CHWs (90 in 2027, 180 in 2028 and 2029, and 130 in 2030). Core HIV services are to be integrated into existing government CHW and village health worker (VHW) programs, allowing remaining U.S. government-funded CHW positions to be gradually phased out.

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	Government of Lesotho New # FTEs Funded	Government of Lesotho Existing # FTEs Funded	Government of Lesotho Total # FTEs Funded
2026	1,357	-	-	-
2027	1,144	213	-	213
2028	652	289	213	502
2029	86	321	502	823
2030	-	220	823	1,043

The breakdown by type of frontline healthcare worker is in Appendix 3 of this MOU. The U.S. Government plans to provide funding through Ministry of Health Cooperative Agreement and Implementing Partners through September 30, 2027, and then through the Government of Lesotho through September 30, 2029. 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

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pay rates for such workers employed directly by the Government of Lesotho. This funding does not include any costs related to data systems or technical assistance to support frontline healthcare workers, which are covered in Sections 2.5.3 and 2.6.3 respectively. Positions funded by the Government of Lesotho in the table above are expected to only include positions funded directly by the Government of Lesotho and are not expected to include positions funded by other donors or multilateral organizations.

2.5 Data Systems

2.5.1 2030 Vision: The Government of Lesotho envisions integrated robust health data systems that currently includes the eRegister as its Electronic Medical Records (EMRs) system; committing funds towards gradually phasing out the Disa*Lab system and replacing it with an opensource system as its lab management system; Electronic Logistics Management Information System/eLMIS as its logistics management information system and differentiated medicine delivery system including laboratory and pharmacy system; Integrated Disease Surveillance and Response/IDSR and DHIS2 as its surveillance and outbreak response data system; Informed Push as its health commodity inventory management system; Integrated Human Resource Information System (iHRIS) as its health workforce management system; and is expected to include Continuous Quality Improvement Information System (CQIIS) as its system to monitor quality improvement. The Government of Lesotho intends, through its national budget, to develop and implement a digital health records system that is interoperable with the HIV patient records system. The approximate cost of this over five years is expected to be $12.3 million.

2.5.2 Implementation Plan:

- The Government of Lesotho commits to implementing and improving its Electronic Medical Records (EMRs), such as eRegister, and roll them out in 200 facilities by 2026, 230 facilities by 2027, 260 facilities by 2028, 280 facilities by 2029, and 300 facilities by 2030.
- The U.S. Government plans to support the following improvements to eRegister EMRs over the term of this MOU consistent with Section 2.5.3: buy servers, provide maintenance, and enhance client registry to contain unique identifiers.
- The Government of Lesotho commits to implement penalties or rewards or other non-financial incentives for Government of Lesotho-financed healthcare institutions to ensure greater than 85 percent of encounters are loaded in the EMR within one (1) year of rollout in a facility and 90 percent of encounters are loaded in the EMR within two (2) years of rollout in a facility.
- The U.S. Government plans to support the following improvements to DISA laboratory management system over the term of this MOU consistent with Section 2.5.3: customize system features to meet specific laboratory workflows and local needs which are flexible and can be scaled up, apply robust security measures to protect sensitive patient and laboratory data, ensuring compliance with data privacy regulations and improve data quality and validation to incorporate validation checks and alerts to data inconsistencies to ensure high quality.

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- The Government of Lesotho commits to use eLMIS as its pharmacy management system eLMIS is expected to be rolled out across 10 percent of pharmacies by the end of 2026, 50 percent of pharmacies by the end of 2027, and 80 percent of pharmacies by the end of 2028.
- The Government of Lesotho commits to use Informed Push as its pharmacy management system. Informed Push is expected to be rolled out across 10 percent of pharmacies by the end of 2026, 50 percent of pharmacies by the end of 2027, and 80 percent 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: enable automation of reports; strengthen supply chain integration by ensuring seamless communication between Informe (DHIS2) and other procurement, logistics and inventory management systems including NDSO warehouse management system; and integrate real-time monitoring to track stock-levels, consumption rates, demand patterns and facilitate timely and accurate order placements.
- The Government of Lesotho commits to use eIDSR through DHI52 as its disease outbreak surveillance systems. IDSRIDSR and DHIS2 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 IDSRIDSR and DHIS2 disease outbreak surveillance system over the term of this MOU, consistent with Section 2.5.3: strengthen policies and procedures to allow for accountable data sharing, harmonize systems through interoperability and ensure there is one national health information system, and increase use of electronic reporting by transitioning from paper-based to electronic reporting like eIDSR to enable real-time data transmission.
- 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: customization and scalability to ensure it meets local needs and includes all health programs; real-time data monitoring with dashboards tracking inventory levels, stock outs and supply chain performance; and lastly regular system upgrades with new features, fixing bugs and enhancing technology.
- The Government of Lesotho commits to use one national health information exchange as its national health data warehouse.
- The U.S. Government plans to support the following improvements to one national health data warehouse over the term of this MOU consistent with Section 2.5.3: upgrade infrastructure and technology, implement data governance policies and framework, and strengthen data security and privacy.
- The U.S. Government plans to support the following improvements to iHRIS and CQIIS over the term of this MOU consistent with Section 2.5.3: provide maintenance; develop offline capabilities to allow data entry and access in remote or low-connectivity areas; and introduce real-time analytics and customizable dashboards for better monitoring of workforce trends, continuous quality improvement monitoring and decision-making. The U.S. Government intends to support the upgrade and development of the iHRIS to ensure it adequately documents staff suitability for positions they occupy including validation of educational qualifications, experience, and annual performance evaluations.

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- The U.S. Government plans to support the following improvements to LODIIS over the term of this MOU consistent with Section 2.5.3: provide maintenance, develop mobile applications or offline data entry capabilities to capture information in remote or resource-limited settings and link the OVC system with health, education, and social welfare systems for comprehensive data sharing and coordinated service delivery.
- Both the U.S. Government and the Government of Lesotho 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 U.S. Government and the Government of Lesotho 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 seven (7) years.

2.5.3 Funding Plan:

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

Year	U.S. Government Data System Funding
2026	$3,066,000
2027	$2,913,000
2028	$2,796,000
2029	$2,097,000
2030	$1,363,000

In 2026, the U.S. Government intends to provide the following approximate funding for specific data systems: $2,000,000 for eRegister and DHIS2; $120,000 for DISA; $390,000 for IDSR; $200,000 for eLMIS and Informed Push; $130,000 for iHRS; and $140,000 for CQIIS. Over the course of the MOU, the U.S. Government plans to fund approximately $8,200,000 for eRegister and DHIS2 Electronic Medical Records systems; approximately $1,500,000 for DISA lab management system; approximately $600,000 for eLMIS pharmacy management system; and approximately $800,000 for IDSR surveillance and outbreak response data system. For purposes of this MOU, these amounts include the cost of developers, product managers, systems engineers and other similar personnel; the cost of cloud computing capacity, software licenses, and other similar software costs; and the cost of hardware including computers, tablets, servers, and other similar hardware costs.

During the term of this MOU, the Government of Lesotho 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.

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2.6 Strategic Assistance

2.6.1 2030 Vision: The Government of Lesotho envisions being able to provide strategic assistance and to provide all of 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. The Participants commit to preferential consideration of U.S. public-private partnerships, technologies, and equipment/materials/supplies as solutions to addressing strategic health areas under this MOU. The U.S. Government intends to support the Government of Lesotho to identify strategic investments outside the MOU.

2.6.2 Implementation Plan for Strategic Assistance:

Strategic Leadership, Governance and Coordination:
At the core of this MOU is a recognition that innovation, the transfer of technical capacity from international organizations to domestic institutions, and enhanced management oversight and efficiencies are critical aspects in the transition to self-sufficiency. Under this MOU, the U.S. Government and Government of Lesotho intend to collaborate closely to invest, plan, and execute a strategy with the following key elements to pivot from the current technical assistance (TA)-focused models:

1. Support a partnership to pilot the assembly of HIV self-test kits in Lesotho, with the aim of regional distribution and revenue generation for reinvestment in the HIV/TB response.
2. Support the development and execution of transition plans for data systems and frontline healthcare workers as well as the in-sourcing of technical experts.
3. Develop an efficiency analysis of current HIV services and related inputs to rationalize staffing and reduce costs during the transition to full domestic financing.

Targeted, Transitional Technical Assistance (TA)
While the MOU is expected to expedite the transition from U.S.-supported TA models implemented through international organizations, it is recognized that investments to date have reinforced comprehensive leadership for HIV/TB programming to ensure alignment with national and global priorities. Support has included contributions to policies, guidelines, and strategic plans; ongoing oversight of program implementation and innovation; and monitoring progress toward targets, identifying gaps, and responding to early warning indicators. Transitioning this TA model should focus on accelerating skills transfer, knowledge management, and sustainability planning, while solidifying programmatic achievements. Priority areas include HIV case-finding and linkage, treatment and retention, advanced disease management, quality improvement, data management and evaluation, and HIV prevention, including triple elimination of vertical transmission and scaling PrEP, with additional support for HRH and HIV/TB clinical services and post-violence care. Transitioning TA support should be fully aligned with MOH structures at national and district levels, including mapping and consolidating technical functions. TA functions not absorbed into domestic structures should cease by 2027.

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Transitioning this model should focus on key areas for strategic investments, including human resources, data systems, supply chain management, and technical assistance:

Human Resources for Health (HRH)
Goal: Transition donor-supported staff to government management.

U.S. Government-funded personnel should be placed under the Ministry of Health contracts starting in FY2026 and managed by the Government of Lesotho, while implementing partners continue financing salaries during a transition period extending through September 30, 2026, to the extent permitted under applicable U.S. law. Financing of HRH contracts are expected to be transitioned to a G2G mechanism in FY2027/28, with the Government of Lesotho paying directly for all clinical human resources by April 1, 2029, according to the HRH transition plan. U.S. Government funding for human resources should be channeled through appropriate mechanisms before full Government of Lesotho management and funding. This strengthens host government ownership and sustainability without disrupting service delivery.

Data Systems and Data Sharing
Goal: Enable seamless data access through government-led systems.

PEPFAR implementing partners are expected to directly support the development and update of government information systems to the extent permitted under U.S. law. The Ministry of Health intends to share routine health data with PEPFAR implementing partners and GHSD, eliminating the need for parallel data platforms. This proposed approach is intended to improve transparency, reduce duplication, and strengthen national health information systems. The Participants to the MOU intend to explore available options for technical assistance to integrate Lesotho's supply chain, EMR, laboratory, and disease outbreak detection systems into a single integrated health information system.

Supply Chain Management
Goal: Shift to a technical assistance model and phase out parallel mechanisms.

PEPFAR intends to transition from direct supply chain support to a TA-focused approach. Initially, PEPFAR intends to fund three (3) key supply-chain positions to embed expertise, before fully transitioning these roles into the Supply Chain Management Department for long-term sustainability.

Sustainable Training Platforms
Goal: Shift away from offsite, in-person training to economically sustainable onsite virtual and enhanced in-service training approaches to include co-investment in capacity transfer through the MOH Project –ECHO, virtual academy and other training institutions.

Lesotho plans to focus on building the capacity of existing workforce to provide services in an integrated health system and update the pre-service training curriculum to align with the evolving health system needs.

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Programmatic Acceleration:
Under this MOU, the U.S. Government plans to support the Government of Lesotho achieve the following key program outcomes in order to institutionalize the extraordinary HIV clinical achievements made with the support of U.S. assistance to date. The following key areas are to be prioritized during the MOU period:

- *Tuberculosis Progrom Improvement:* Support implementation of TB screening tools, including digital chest X-rays with AI-powered CAD software, and optimize molecular testing for people living with HIV, including child-friendly specimens. Ensure 100 percent TB screening coverage at every service encounter, in both facilities and communities, and sustain TB preventive therapy coverage.
- *Triple Elimination of Mather-to-Child Transmission (EMTCT):* Strengthen interventions to prevent vertical HIV transmission through improved maternal and infant testing, treatment initiation, retention in care, and integration with maternal and child health services to achieve elimination targets.
- *Reduction of New HIV Infections/PrEP/Lenacapavir Rallout:* Expand access to combination HIV prevention services, PEP, including oral PrEP and long- acting Lenacapavir, targeting high-risk populations including pregnant and breastfeeding women, adolescent girls, young people, men, and women. Support revitalization of STI services, service integration, adherence strategies, provider training, health and education and demand creation, community sensitization to maximize uptake and impact.
- *Continuity of HIV Treatment:* Support uninterrupted HIV treatment through decentralized service delivery, retention strategies, and integration of NCDs and mental health services, advanced HIV disease care, differentiated service delivery models, case management, and clinical monitoring, including for adults and pediatric populations, ensuring sustained viral suppression.
- *Surveillance and Emergency Preparedness and Response to Outbreaks:* Strengthen the Government of Lesotho's capacity to prevent, prepare for, detect and respond to outbreaks by training health workers, enhancing disease surveillance and laboratory systems, developing emergency response plans, and fostering data-driven decision-making for timely interventions. The U.S. Government plans to provide technical assistance for the establishment of a National Public Health Institute.
- *Data Systems:* Improve health information systems by enhancing digital platforms, data quality, and health worker capacity to analyze and use data effectively. Support integration of monitoring and evaluation, policy guidance, and infrastructure upgrades to enable informed, evidence-based decision-making. Invest in and maintain the HRH and CQI information systems. Include year on year milestones and data sharing commitment. Expand eRegister capacity to support real time community data capture, analysis, reporting and data use for decision making at all levels of health system.

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- *Laborotory Strengthening:* Strengthen laboratory systems through training, quality management, supply and equipment reliability, integration of laboratory information systems, and improved clinical and laboratory coordination. Support standardization, accreditation, and collaboration to ensure accurate diagnostics in support of resilience against emerging public health threats.

Year	U.S. Government Funding for Strategic Areas and Technical Assistance
2026	$36,158,000
2027	$38,297,000
2028	$38,722,500
2029	$30,030,500
2030	$20,961,000

In 2026, the specific technical assistance and funding towards strategic areas the U.S. Government plans to fund includes $12.2 million for Data Systems, $35.4 million for Human Resources for Health, and $157.4 million for strategic investments and technical assistance. The U.S. Government intends to provide its funding through contract mechanisms it identifies, with advice and input from the Government of Lesotho. For purposes of this MOU, this technical assistance funding includes all costs not specified in Sections 2.1.3, 2.2.3, 2.3.3, 2.4.3, and 2.5.3.

2.7 Additional Responsibilities

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

SECTION 3
Implementation

3.1 Implementation Plan: Within ninety (90) days of signing this MOU, the Participants expect to develop a detailed implementation plan ("Implementation Plan") that includes the precise timing and mechanisms for implementing all Areas of Cooperation outlined in Section 2 as well as for collecting all the data elements outlined in Section 1.

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3.2 Steering Committee: The Participants plan to establish a Joint Health Cooperation Steering Committee (JHCSC) composed of senior representatives from both governments and other key stakeholders as mutually decided by the Participants. The JHCSC is expected to meet at least quarterly to consider developing a possible risk management mechanism, monitor progress and provide oversight 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 $10 million in each of 2027 and 2029, subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The U.S. Government and the Government of Lesotho intend to work together to mutually decide upon the design and execution of the survey.

4.2 Process Metric Audit: The Government of Lesotho acknowledges that so long as the U.S. Government is providing any funding in support of activities described in this MOU, the U.S. Government has a significant and material interest in ensuring the process metrics outlined in Section 1.2 and 1.3 are accurately collected, complete and maintained. To this end, the Government of Lesotho commits to provide the U.S. Government with any data access, on-site access, or other information needed to audit the process metrics in Sections 1.2 and 1.3 in up to five (5) percent of randomly selected and/or specific health facilities, clinics, labs, or programs identified by the U.S. Government.

4.3 Supply Chain Audit: The Government of Lesotho acknowledges that so long as the U.S. Government is providing funding for commodities as described in Sections 2.2 or 2.3 of this MOU, the U.S. Government has a significant and material interest in ensuring there is minimal waste and no fraud in the supply chain. To this end, the Government of Lesotho 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 Government of Lesotho acknowledges that so long as the U.S. Government is providing funding for activities described in Section 2.2, 2.3, and/or 2.4 of this MOU, the U.S. Government has a significant and material interest in ensuring the Government of Lesotho is making its committed co-investment. To this end, the Government of Lesotho 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. The U.S. Government intends to adapt government-to-government (G2G) mechanism(s) to transparently track and implement critical functions of the MOU working with key central and line ministries.

4.5 Regulatory Compliance Audit: The Government of Lesotho 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

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and policies including the Helms Amendment, which prohibits certain U.S. Government assistance from being used for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. To this end, the Government of Lesotho 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 Government of Lesotho acknowledges that failure to provide the data access or information requested under Sections 4.2, 4.3, 4.4, or 4.5 could result in changes in the planned assistance contemplated under this MOU and/or discontinuation of this MOU by the U.S. Government.

4.7 Human Resources for Health Audit: The Government of Lesotho acknowledges that, for as long as the U.S. Government provides foreign assistance funding for activities under this MOU, the U.S. Government maintains a significant and legitimate interest in ensuring that the Government of Lesotho upholds its commitments related to human resources recruitment and transition to the Government of Lesotho. Accordingly, the Government of Lesotho commits to conducting, in consultation with the office of Auditor General, regular human resource inventory audits and to providing quarterly updates to the U.S. Government on staffing levels, recruitment progress, and deployment. These measures are to help ensure that qualified, experienced, and appropriately skilled personnel are recruited and assigned where they are most needed.

SECTION 5
Co-Investment & Performance Benchmarks

5.1 Co-Investment Requirements: In the event that the Government of Lesotho does not make the required co-investment outlined in Sections 2.2.3, 2.3.3, and/or 2.4.3 within the specified calendar year, the U.S. Government may unilaterally reduce or cease providing funding to the Government of Lesotho 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 Government of Lesotho may only be calculated based on funds raised directly by the Government of Lesotho and may not include funds from other donors or multilateral organizations.

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

5.3 Performance Incentives: In the event that the Government of Lesotho achieves all the process and outbreak response metrics for 2027 or 2028 outlined in Sections 1.2 and 1.3, the Government of Lesotho 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

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performance incentive if doing so in no way decreases the Government of Lesotho's eligibility for the performance incentive. In each year, the size of the performance incentive is expected to equal the population in Lesotho divided by the population of all countries who are eligible for the performance incentive, times the size of the performance pool. In no event would the Government of Lesotho's performance incentive for a given year be greater than $5 per person per year. For the purposes of this calculation, Lesotho's population is considered to be 2,116,427. Performance incentives may be used by the Government of Lesotho to fund any health-related costs that would be allowed under this MOU.

SECTION 6
Additional Terms

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

6.2 Modification: This MOU may be modified by a mutual decision of the Participants in writing.

6.3 Discontinuation: Either Participant may discontinue cooperation under this MOU at any time but is expected to make best efforts to give 180 days' advance notice to the other Participant.

6.4 Confidentiality: Unless otherwise authorized under this MOU or its appendices, Participants are expected not to disseminate or otherwise make available any information exchanged under this MOU to any third party (with the exception of the Participants' contractor support personnel) or use the information for purposes other than those for which it was provided, without the prior written consent of the Participant that provided the information, unless otherwise required by applicable law and regulations; however, for the avoidance of doubt, either Participant may make this MOU itself public.

6.5 Notices: Any notice required under this MOU is expected to be provided to:

For the U.S. Government
Thomas Hines

CHARGÉ D'AFFAIRES, AD INTERIM

U.S. Embassy,
254 Kingsway Road,
Maseru, Lesotho 0100

For Lesotho Government
Hon Dr. Retselisitsoe Matlanyane

MINISTER OF FINANCE AND DEVELOPMENT PLANNING OR HER DESIGNATE

Finance House, Government Complex,
Kingsway Road, Maseru, Lesotho, Postal Code 100

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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 Lesotho and the United States.

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

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

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

SIGNED AT Maseru on December 10, 2025, in duplicate, in the English language.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA:

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CHARGÉ D'AFFAIRES, AD INTERIM

FOR THE GOVERNMENT OF THE KINGDOM OF LESOTHO:

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MINISTER OF FINANCE AND DEVELOPMENT PLANNING OR HER DESIGNATE

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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 Government of Lesotho during the term of the MOU:

Year	U.S. Government*	Government of Lesotho
2026	$58,000,000	$17,619,000
2027	$55,000,000	$22,194,000
2028	$53,000,000	$25,854,000
2029	$40,000,000	$31,358,000
2030	$26,000,000	$35,470,000
Total	**$232,000,000**	**$132,495,000**

*U.S. Government bilateral total funding includes 6 percent for management and operations.

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 ($)	$765,000	$536,000	$536,000	$536,000	$536,000
Lab Commodities ($)	$2,591,000	$2,362,000	$2,276,000	$1,717,000	$1,116,000
Frontline Lab Workers (# FTEs)	22	12	10	2	-
Frontline Lab Workers ($)	$419,000	$229,000	$190,000	$38,000	$-
Other Commodities ($)	$-	$-	$-	$-	$-
Frontline Healthcare Workers (# FTEs)	1,357	1,144	652	86	-
Frontline Healthcare Workers ($)	$11,125,000	$6,966,000	$4,862,000	$2,592,000	$-
Data Systems ($)	$3,066,000	$2,913,000	$2,796,000	$2,097,000	$1,363,000
Strategic Investments ($)	$36,554,000	$38,695,000	$39,160,000	$30,621,000	$21,425,000
Total $	**$54,520,000**	**$51,701,000**	**$49,820,000**	**$37,601,000**	**$24,440,000**
Total #	**1,379**	**1,156**	**662**	**88**	-

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

Year	2026	2027	2028	2029	2030
Lab Commodities ($)	$1,017,000	$1,317,000	$1,467,000	$1,917,000	$2,597,000
Frontline Lab Workers (# FTEs)	0	10	12	20	22
Other Commodities ($)					

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Frontline Healthcare Workers (# FTEs)	-	213	502	823	1,043
Total	**$1,017,000**	**$1,317,000**	**$1,467,000**	**$1,917,000**	**$2,597,000**

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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
CD4 POC Rapid Tests	$83,000
EID Reagents and Consumables	$144,000
TB Reagents and Consumables	$302,000
VL Reagents and Consumables	$1,704,000
VL Sample Collection	$5,000
Other Reagents and Consumables	$234,000
Commodity Handling Fees	$117,000
Total	$2,591,000

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Appendix 3: Frontline Lab & Healthcare Worker Funding

The U.S. Government and the Government of Lesotho 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	Government of Lesotho New # FTEs Funded	Government of Lesotho Existing # FTEs Funded	Government of Lesotho Total # FTEs Funded
2026	22	0	0	0
2027	12	10	0	10
2028	10	2	10	12
2029	2	8	12	20
2030	0	2	20	22

Frontline Lab Worker Type #2: Epidemiologists

Year	U.S. Government # FTEs Funded	Government of Lesotho New # FTEs Funded	Government of Lesotho Existing # FTEs Funded	Government of Lesotho Total # FTEs Funded
2026	0	7	0	7
2027	0	3	0	3
2028	0	2	7	9
2029	0	0	10	10
2030	0	0	12	12

Frontline Healthcare Worker Type #1: Doctors

Year	U.S. Government # FTEs Funded	Government of Lesotho New # FTEs Funded	Government of Lesotho Existing # FTEs Funded	Government of Lesotho Total # FTEs Funded
2026	10	-	-	-
2027	7	3	-	3
2028	2	2	3	5
2029	-	3	5	8
2030	-	2	8	10

Frontline Healthcare Worker Type #2: Nurses

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Year	U.S. Government # FTEs Funded	Government of Lesotho New # FTEs Funded	Government of Lesotho Existing # FTEs Funded	Government of Lesotho Total # FTEs Funded
2026	431	-	-	-
2027	321	110	-	110
2028	106	105	110	215
2029	-	130	215	345
2030	-	86	345	431

Frontline Healthcare Worker Type #3: Community Health Workers

Year	U.S. Government # FTEs Funded	Government of Lesotho New # FTEs Funded	Government of Lesotho Existing # FTEs Funded	Government of Lesotho Total # FTEs Funded
2026	894	-	-	-
2027	804	90	-	90
2028	534	180	90	270
2029	84	180	270	450
2030	-	130	450	580

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