MEMORANDUM OF UNDERSTANDING

BETWEEN

THE GOVERNMENT OF THE UNITED STATES OF AMERICA

AND

THE GOVERNMENT OF THE REPUBLIC OF MADAGASCAR

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 Republic of Madagascar, (hereinafter the Government of Madagascar) hereinafter jointly referred to as the "Participants" and individually as the "Participant."

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

RECOGNIZING that United States global health investments made over the past 40 years protected 28 million people from malaria; treated 11+ million cases, helping cut malaria deaths by 50 percent and reducing child deaths by 20 percent; saved nearly 1.2 million children under age five and 185,000 pregnant women annually through essential maternal and child health services; provided postnatal care to 173,000 newborns each year; vaccinated over 528,000 people; mobilized $3.7 million in new funding to improve water and sanitation infrastructure across Madagascar - and substantially and meaningfully strengthened Madagascar's health system;

RECOGNIZING that Madagascar has made substantial progress in advancing its domestic health system over the past 40 years;

ACKNOWLEDGING that the primary objective of the activities described in this MOU is to strengthen the ability of the Government of Madagascar to control and prevent disease, thereby improving public health outcomes and resilience;

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

Have reached the following understandings:

SECTION 1
Objectives

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

	Baseline	2026	2027	2028	2029	2030
# Malaria Deaths in Children Under 5	217	172	149	128	108	90
# Polio Cases (e.g., WPV, CVDPVB)	0	0	0	0	0	0
# Measles Cases	2,193	1,096	548	274	137	68
Maternal Mortality Rate (per 100,000 live births) *	395	370	345	320	286	295
Children Under 5 Mortality Rate (per 1,000 live births) *	62,3	60,2	58,1	56	53,9	52

* The Participants plan to validate and set targets for Maternal and Child Health indicators in 2026; the Participants to the MOU intend to retroactively update to include this data once verified.

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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
% confirmed malaria cases that receive first-line antimalarial treatment	95.08%	95.87%	96.66%	97.46%	98.25%	99.04%
# insecticide-treated nets distributed to populations at risk of malaria	17,420,720	1,715,101	16,705,786	3,919,939	4,529,238	4,982,162
% surviving infants who received at least one dose of inactivated polio vaccine	63%	72%	75%	78%	81%	84%
% of children aged 12–23 months who received one dose of measles-containing vaccine	60.7%	67%	73%	78%	84%	90%
% of women with at least 4 ANC visits during pregnancy	40.4%	52%	57.5%	63%	69%	75%
% accuracy of data fields assessed during the annual data audit	N/A	75%	80%	85%	90%	95%

*All figures for the indicator "percentage of surviving infants who received at least one dose of inactivated polio vaccine" are estimates based on World Bank and historical data. Targets for the indicators "children aged 12–23 months who received one dose of measles-containing vaccine" and "% of women with at least 4 ANC visits during pregnancy" are also estimated using World Bank and historical data. Targets for the indicator "accuracy of data fields assessed during the annual data audit" are estimated.

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

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

SECTION 2
Areas of Cooperation

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

1. **Surveillance & Outbreak Response**

2.1.1 2030 Vision: The Government of Madagascar envisions a country-level national surveillance and outbreak response system led by national public health institutions with functional capabilities in place to detect infectious disease outbreaks with epidemic or pandemic potential within 7 days of emergence, notify relevant authorities including critical parties in the national public health system and the U.S. Government within 1 day of an infectious disease outbreak being detected; and, complete relevant initial response actions to respond effectively within 7 days to infectious disease outbreaks in Madagascar.

2.1.2 Implementation Plan:

- The U.S. Government plans to fund an assessment of Madagascar's outbreak surveillance system to include disease surveillance and safety procedures for pathogen sample collection, transport, storage, testing and disposal.
- The Government of Madagascar commits to work with the U.S. Government to address any prioritized gaps identified by the aforementioned assessment.
- The Government of Madagascar commits to providing salaries/allowances and benefits to fund 60 field epidemiologists in 2026, 30 field epidemiologists in 2027, and 30 field epidemiologists in 2028 and beyond.
- The U.S. Government plans to support training of at least 30 field epidemiologists each year of this MOU. These epidemiologists are already civil servants and do not need to be enrolled into the Government payroll system.
- The Government of Madagascar 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.
- The U.S. Government, in coordination with the Government of Madagascar plans to establish a funding mechanism to surge additional personnel and equipment to respond to detected infectious disease threats with epidemic potential if needed.
- The Participants may conclude additional arrangements or agreements to implement any provision related to Section 2, Areas of Cooperation, under this MOU including related to financial matters, and specimen sharing.

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

Year	U.S. Government Surveillance & Outbreak Response Funding
2026	$1,163,000
2027	$1,163,000
2028	$1,163,000
2029	$1,163,000
2030	$1,163,000

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 Madagascar.

2.2 Laboratory Systems

2.2.1 2030 Vision: The Government of Madagascar envisions a connected network of 1 national laboratory LA2M that has the capabilities to support the identification and characterization of pathogens of outbreak, epidemic, or pandemic potential and 9 regional and 133 district laboratories that have the capabilities to ensure specimen transportation, quality assurance, capacity testing and diagnostic network.

2.2.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $311,000 of laboratory commodities and 174 frontline lab workers in Madagascar.
- 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 Government of Madagascar funding 84% 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 of this MOU. This includes laboratory technicians and laboratory assistants.
- The Government of Madagascar commits to add 26 lab technicians onto government payrolls in 2027, 29 lab technicians onto government payrolls in 2028, 32 lab technicians onto government payrolls in 2029, and 35 lab technicians onto government payrolls in 2030, maintaining 122 lab technicians over the five years.
- The Government of Madagascar commits to ensure all Level 2 and the new upcoming Level 3 biosafety labs in Madagascar 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 [2029.
- Any sample transport support provided by the U.5. government plans to be transitioned to the Government of Madagascar by 2028. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the end of 2029.

- Any diagnostic network optimization support provided by the U.S. government plans to be transitioned to the Government of Madagascar by January 1, 2029.
- Any lab quality improvement accreditation support provided by the U.S. government plans to be transitioned to the Government of Madagascar by January 1, 2029.
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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 Madagascar Funding	Existing Madagascar Funding	Total Madagascar Funding
2026	$311,000	$0	$559,284	$559,284
2027	$272,125	$55,928	$559,284	$615,212
2028	$233,250	$61,521	$615,212	$676,733
2029	$195,375	$67,676	$676,733	$744,409
2030	$155,500	$74,441	$744,407	$818,848

The breakdown of the U.S. Government's planned 2026 lab commodity procurement spending is in Appendix 2 of this MOU. The U.S. Government plans to purchase its lab commodities through U.S. Government's partners through 2028 and then potentially through SALAMA, Central Purchasing Unit for Essential Medicines and Medical Equipment, through 2030. The U.S. Government plans to distribute its lab commodities through U.S. Government's partners. The Government of Madagascar plans to purchase its lab commodities through SALAMA and distribute its lab commodities through 2030. The Government of Madagascar is expected to insure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) distributed through Madagascar's 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 of this MOU. Funding provided by the Government of Madagascar in the table above should only include

funding provided directly by the Government of Madagascar and should not include funding from other donors or multilateral organizations.

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

Year	U.S. Government # FTEs Funded	Madagascar New # FTEs Funded	Madagascar Existing # FTEs Funded	Madagascar Total # FTEs Funded
2026	174	0	310	310
2027	148	26	310	336
2028	143	29	336	365
2029	110	32	365	397
2030	87	35	397	432

The breakdown of full-time equivalents (FTEs) by type of frontline lab workers is in Appendix 3 of this MOU. The U.S. Government plans to provide funding for frontline lab workers through U.S. Government's partners through 2028 and then potentially through Madagascar's government beginning 2029. For purposes of this MOU, funding is expected to cover the salaries/allowances 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 Madagascar. 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 of this MOU. Positions funded by the Government of Madagascar in the table above should only include positions funded directly by the Government of Madagascar and should not include positions funded by other donors or multilateral organizations.

3. **Commodities**

2.3.1 2023 Vision: The Government of Madagascar envisions an integrated health care commodity supply chain system that uses SALAMA as a pooled procurement vehicle, distribution to public health facilities, and distribution to other health facilities.

2. **Implementation Plan:**

- For the purposes of this section, the U.S. Government currently funds $13,732,250 of commodities annually including:
  - Malaria test, treatment, nets, insecticides ($10,546,910).
  - MCH commodities ($3,185,340)
- The U.S. Government plans to fund 100% of the aforementioned commodities in 2026 in the amount specified in Section 2.3.3 of this MOU, 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 Madagascar funding 76% of these commodities by the end of this MOU as outlined in Section 2.3.3.
- Madagascar's government-owned supply chain by 2029.
- SALAMA warehouse meets already standard ISO for warehousing and distribution. The Government of Madagascar commits to maintain such standards through the end of the MOU period.
- The Government of Madagascar intends to employ at least 10 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 Madagascar 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 Madagascar Funding	Existing Madagascar Funding	Total Madagascar Funding
2026	$13,732,250	$680,358	$9,803,311	$10,483,669
2027	$12,015,719	$1,886,174	$10,483,669	$12,369,843
2028	$10,299,188	$2,300,045	$12,369,843	$14,669,888
2029	$8,582,657	$3,042,372	$14,669,888	$17,712,260
2030	$6,866,126	$3,858,931	$17,712,260	$21,571,191

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 purchase its commodities through U.S. Government's partners through 2030. The U.S.

Government plans to distribute its commodities to public health facilities only through SALAMA. The Government of Madagascar purchases and distributes its commodities through SALAMA. 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 of this MOU. Funding provided by the Government of Madagascar in the table above should only include funding provided directly by the Government of Madagascar and should not include funding from other donors or multilateral organizations.

4. **Frontline Healthcare Workers**

2.4.1 2030 Vision: The Government of Madagascar envisions integrating 848 nurses, 479 doctors, and 8,620 community health workers currently funded by the U.S. Government into its permanent healthcare workforce.

2.4.2 Implementation Plan:

- The U.S. Government plans to fund frontline healthcare workers as outlined in Section 2.4.3 of this MOU. This includes 479 doctors, 1,022 nurses, 347 seasonal workers and 20,848 community health workers. The US Government funds salaries or allowances or stipends.
- The Government of Madagascar commits to add 134 medical officers and 128 nurses, and 2,000 community health workers onto government payrolls in 2027, 148 medical officers and 250 nurses, and 2,200 community health workers, and 2,000 community health workers onto government payrolls in 2028, 162 medical officers and 250 nurses], and 2,200 community health workers onto government payrolls in 2029, and 35 medical officers and 220 nurses, and 2,420 community health workers onto government payrolls in 2030.

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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	Madagascar New # FTEs Funded*	Madagascar Existing # FTEs Funded*	Madagascar Total # FTEs Funded*
2026	22,349	0	5,769	5,769
2027	18,087	2,262	5,769	8,031
2028	15,792	2,398	8,031	10,429
2029	11,180	2,612	10,429	13,041
2030	4,305	2,675	13,041	15,716

The breakdown by type of frontline healthcare worker is in Appendix 3 of this MOU. The U.S. Government plans to provide funding through U.S. Government's partners through 2028 and then partially through the Ministry of Public Health. For purposes of this MOU, this funding includes the salary/allowance and benefit for frontline healthcare workers. To the extent it has not already done so, the U.S. Government intends to ensure pay rates for frontline healthcare workers are commensurate to pay rates for such workers employed directly by the Government of Madagascar. 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 of this MOU. Positions funded by the Government of Madagascar in the table above should only include positions funded directly by the Government of Madagascar and should not include positions funded by other donors or multilateral organizations.

2.5 Data Systems

2.5.1 2030 Vision: The Government of Madagascar envisions integrated robust health data systems that includes DHIS2 (District Health Information Software 2) as its health information management system, BSS (biosecurity & biosafety), QMS (Quality Management System), and e-SIL (e-Système d' Information des Laboratoires) as its lab management systems, e-IDSR (Electronic Integrated Disease Surveillance and Response) as its surveillance and outbreak response data system, and Open LMIS (Logistics Management Information System) and QAT (Quantification Analytics Tool) as its health commodity inventory management systems.

2.5.2 Implementation Plan:

- The Government of Madagascar has rolled out DHIS2 as its Health Management Information System in 100 percent of districts. U.S. Government does not intend to support the Electronic Medical Record (EMR) roll out as it is already funded by other partners.
- The U.S. Government plans to support the following improvements to DHIS2 over the term of this MOU consistent with Section 2.5.3: A: System Update, B: Maintenance, and C: Data Quality Improvement, D: Training and Governance, E: Integration and Interoperability.
- The Government of Madagascar commits to use BSS, QMS, and e-SIL as its laboratory management systems. BSS, QMS, and e-SIL are expected to be rolled out across all national and regional labs by the end of 2028.
- The U.S. Government plans to support the following improvements to BSS, QMS, and e-SIL laboratory management system over the term of this MOU consistent with Section 2.5.3: A: Sample Handling and Workflow Improvement, B: Data Quality and Record Management, C: Turnaround Time Optimization, and D: Quality Assurance and Accreditation.
- The Government of Madagascar does not intend to support its pharmacy management system as it is covered by other partners.
- The Government of Madagascar commits to use e-IDSR as its disease outbreak surveillance systems. e-IDSR is expected to be rolled out across all districts offices by the end of 2028.
- The U.S. Government plans to support the following improvements to the e-IDSR disease outbreak surveillance system over the term of this MOU, consistent with Section 2.5.3: A: Improved Data Quality and Analysis, B: Workflow Improvement, and C: Integration and Interoperability].
- The Government of Madagascar commits to use Open LMIS and QAT as its health commodity inventory management systems and its national health data warehouse.
- Open LMIS and QAT are expected to be rolled out across all components of the government-run health commodity supply chain by the end of 2029.
- The U.S. Government plans to fund the following improvements to Open LMIS and QAT health commodity inventory management systems over the term of this MOU, consistent with Section 2.5.3: A: Training (for both), B: Rollout (e-LMIS), C: Performance and scalability (e-LMIS), and D: Data integration and analysis (for both).

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- Both the U.S. Government and the Government of Madagascar 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 of this MOU.
- The U.S. Government and the Government of Madagascar 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 twenty-five (25) 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	$4,900,000
2027	$4,287,500
2028	$3,675,000
2029	$3,062,500
2030	$2,450,000

In 2026, the U.S. Government intends to provide the following funding for specific data systems: $3,200,000 for DHIS2, $1,000,000 for e-LMIS, and $300,000 for lab systems, and $250,000 for surveillance systems. Over the course of the MOU, the U.S. Government plans to fund approximately $12,000,000 for DHIS2, approximately [$1,125,000] for BSS, QMS, and e-SIL lab management systems, approximately [$937,5000] for e-IDSR surveillance and outbreak response data system, approximately [$4,312,000] for e-LMIS and QAT health commodity inventory management 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 Madagascar commits to pay all reasonable and ongoing software licensing, cloud computing, hardware maintenance, hardware replacement, and other similar costs for the systems

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outlined in this Section 2.5 that are not specifically paid for by the U.S. Government.

2.6 Strategic Investments and Technical Assistance

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

2.6.2 Implementation Plan:

Strategic investment

- Partnerships for Laboratory Equipment:

The Government of Madagascar plans to use strategic investment to support partnerships with U.S. companies leveraging all-inclusive pricing models, requiring suppliers to cover not only reagents and consumables, but also ongoing maintenance, training, and data reporting. These collaborations aim to strengthen national research capacity, support public health initiatives, and establish centers of excellence that attract research partnerships, foster innovation, and generate revenue through diagnostic services and scientific collaborations. By building local expertise, this approach is intended to ensure the long-term sustainability of investments and promotes continuous knowledge exchange.

- **Partnerships for Neonatal and Maternal Care Equipment:**

The Government of Madagascar plans to use strategic investment funds to support all-inclusive contracts for life-saving neonatal and maternal equipment, integrating training and maintenance services to ensure long-term functionality and quality of care in healthcare facilities. The U.S. Government and the Government of Madagascar intend to explore partnerships with private sector providers to support sustainable improvements in maternal and child health outcomes and reduce infant and maternal mortality rates.

- **Temperature Controller for District Pharmacy:**

  The Government of Madagascar plans to use strategic investments to support the acquisition of advanced temperature controllers for district pharmacies and the improvement of existing cold-chain management systems. By integrating ultra-cold storage and other cold-chain technologies, this initiative intends to ensure the safe storage and transportation of temperature-sensitive medicines,

vaccines, and biological samples, addressing maintenance challenges while supporting outbreak response and investigation. This approach is intended to reduce waste, lower costs, and enhance the reliability of pharmaceutical distribution. It also is intended to create opportunities to engage the private sector and U.S. companies, fostering partnerships that contribute to a resilient and sustainable pharmaceutical supply chain.

Technical assistance

- **Case Management Training for Community Health Workers (CHWs):**

The Government of Madagascar plans to dedicate strategic investment funds to strengthen human capital at the community level by supporting comprehensive training programs and capacity-building initiatives for local health workers and community leaders. By establishing ongoing mentorship networks and certification programs, these investments are intended to create a sustainable pipeline of skilled professionals, foster local ownership, and attract partnerships with educational institutions and NGOs, ensuring the continued transfer and expansion of critical health knowledge and skills. Over the course of the duration of the MOU, the Government of Madagascar commits to working towards a national policy whereby community health workers are better integrated into, and supported by, the public health sector. Ideally, a national standard and salary should be determined and recognized by the Government of Madagascar for the CHW role. The U.S. Government expects the Government of Madagascar to absorb more than 10% of CHWs annually, starting in 2027 (regardless of the hiring mechanism).

- **Maintenance of Equipment:**

The Government of Madagascar intends to use strategic investment funds to establish robust systems for the regular maintenance of essential equipment, including training local technicians and developing preventive maintenance schedules. By building local capacity and exploring service contracts or public-private maintenance partnerships, these efforts should help extend equipment lifespan, reduce operational costs, and ensure the sustainability of critical infrastructure across sectors.

- **Governance and Leadership:**

The Government of Madagascar plans to use strategic investment funds for technical assistance programs that strengthen governance and leadership within key institutions. By developing leadership academies, peer learning platforms, and succession planning initiatives, the Government of Madagascar intends to foster a culture of effective management and accountability, ensuring that improvements in governance are institutionalized and continue to generate value over time.

- **Audit:**

The Government of Madagascar plans to invest in technical assistance for

comprehensive audits, embedding best practices in transparency and accountability. By institutionalizing regular audit cycles, training internal auditors, and leveraging digital audit tools, these investments should help build a culture of continuous improvement and trust, which can attract further investment and support from development partners.

- **Digitization:**

The Government of Madagascar plans to use funds for digitization initiatives, focusing on scalable and interoperable data management systems. By investing in digital literacy, open-source solutions, and public-private partnerships, the Government of Madagascar intends to modernize service delivery, improve efficiency, and create opportunities for innovation and entrepreneurship in the digital sector, ensuring the long-term sustainability of these investments.

- **Quantification of Commodities:**

The Government of Madagascar plans to utilize strategic investment funds to enhance the quantification of commodities through advanced forecasting tools, staff training, and integrated supply chain management systems. By building local expertise and adopting data-driven approaches, these efforts intend to optimize resource allocation, reduce waste, and create a resilient supply chain that is expected to adapt to future needs, supporting both sustainability and cost-effectiveness.

2.6.3 Funding Plan:

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

Year	U.S. Government Strategic Investments and Technical Assistance Funding
2026	$7,384,287
2027	$5,892,307
2028	$1,446,295
2029	$3,462,376
2030	$2,916,345

In 2026, the specific strategic investments and technical assistance the U.S. government plans to fund includes $7,384,287 for governance and leadership, mentorship and supportive supervision, task shifting, coordination, monitoring and evaluation, and resource mobilization. The U.S. Government intends to provide its funding through contract mechanisms it identifies, with advice and

input from the Government of Madagascar. For purposes of this MOU, this strategic investments and 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 of this MOU.

2.7 Additional Responsibilities

- The Government of Madagascar commits to exempt from taxation in Madagascar 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 Madagascar. 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 Madagascar and (b) the value-added tax levied or otherwise imposed on the purchases of goods and services in the Government of Madagascar.

SECTION 3
Implementation

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

3.2 Steering Committee: The Participants plan to establish a Joint Health Cooperation Steering Committee (JHCSC) composed of senior representatives from both governments and other key stakeholders as mutually decided by the Government of Madagascar 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 of this MOU 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 $453,840 in each of 2027 and 2029, subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1 of this MOU. The U.S. Government and the Government of Madagascar intend to work together to mutually decide upon the design and execution of the survey.

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

4.3 Supply Chain Audit: The Government of Madagascar acknowledges that so long as the U.S. Government is providing funding for commodities as described in Section 2.2 or 2.3 of this MOU, the U.S. Government has a significant and material interest in ensuring there is minimal waste and no fraud in the supply chain. To this end, the Government of Madagascar 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 Madagascar acknowledges that so long as the U.S. Government is providing funding for activities described in Sections 2.2, 2.3, and/or 2.4 of this MOU, the U.S. Government has a significant and material interest in ensuring the Government of Madagascar is making its committed co-investment. To this end, the Government of Madagascar 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: The Government of Madagascar acknowledges that so long as the U.S. Government is providing funding in support of any activities described in this MOU, the U.S. Government has a significant and material interest in ensuring compliance with all U.S. laws and policies including

the Helms Amendment, which prohibits certain U.S. Government assistance from being used for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. To this end, the Government of Madagascar 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 Madagascar acknowledges that failure to provide the data access or information requested under Sections 4.2, 4.3, 4.4, or 4.5 of this MOU 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 Data Sharing Commitments: The Government of Madagascar acknowledges that so long as the U.S. Government is providing any foreign assistance funding for activities contemplated under this MOU, the U.S. Government has a significant and material interest in ensuring that the Government of Madagascar fulfills all commitments in the data sharing arrangement referenced in Sections 2.1.2 and 2.5.2 respectively of this MOU and that failure to fulfill any commitments in this arrangement could result in changes in the planned assistance contemplated under this MOU and/or discontinuation of this MOU by the U.S. Government.

SECTION 5
Co-Investment & Performance Benchmarks

5.1 Co-Investment Requirements: In the event that the Government of Madagascar 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 Madagascar 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 Madagascar may only be calculated based on funds raised directly by the Government of Madagascar and may not include funds from other donors or multilateral organizations.

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

SECTION 6

Additional Terms

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

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

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

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

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

For the U.S. Government
STEPHANIE ARNOLD
Lot 207 A Andranoro, Antehiroka,
105 Antananarivo, Madagascar

For Madagascar Government
Dr MONIRA MANAGNA
9, rue Printsy Ratsimamanga
Ambohidahy Antananarivo, Madagascar
101

(b)(6)

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

6.6 Compliance with Applicable Laws: The cooperation between the Participants is expected to be carried out consistent with applicable law and the relevant rules and regulations of Madagascar 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 Madagascar. All activities described in and/or pursued by the Participants under this MOU are subject to the availability of funds, personnel, and other resources.

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

(b)(6)

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 Antananarivo on Twenty-two of December 2025, in duplicate, in the English language.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA

(b)(6)

STEPHANIE ARNOLD,
CHARGEE D'AFFAIRES US EMBASSY

FOR THE GOVERNMENT OF MADAGASCAR

(b)(6)

Dr MONIRA MANAGNA,
MINISTER OF PUBLIC HEALTH
MADAGASCAR

Appendix 1: Co-Funding Summary

The below represents the total planned financial support by both the U.S. Government and new funding co-invested by the Madagascar government during the term of the MOU:

Year	U.S. Government	Madagascar Government
2026	$37,287,000	$1,239,642
2027	$32,187,000	$3,919,549
2028	$23,907,000	$7,425,862
2029	$22,487,000	$11,727,599
2030	$18,437,000	$16,903,600
Total	$134,305,000	$41,216,252

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

Year	2026	2027	2028	2029	2030
Surveillance & Outbreak Response ($)	$1,163,000	$1,163,000	$1,163,000	$1,163,000	$1,163,000
Lab Commodities ($)	$311,000	$272,125	$233,250	$195,375	$155,000
Frontline Lab Workers (# FTEs)	174	148	143	110	87
Frontline Lab Workers ($)	$241,327	$221,920	$198,341	$152,570	$120,669
Other Commodities (	$13,732,250	$12,015,719	$10,299,188	$8,582,657	$6,866,126
Frontline Healthcare Workers (# FTEs) (including CHWs)	22,349	18,087	15,792	11,180	4,305
Frontline Healthcare Workers ($)	$7,317,916	$6,403,209	$5,457,506	$4,573,299	$3,659,640
Data Systems ($)	$4,900,000	$4,287,500	$3,675,000	$3,062,500	$2,450,000
Technical Assistance ($)	$7,384,287	$5,892,307	$1,446,295	$3,462,379	$2,916,345
Total	$37,287,000	$32,187,000	$23,907,000	$22,487,000	$18,437,000

(b)(6)

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

Year	2026	2027	2028	2029	2030
Lab Commodities ($)	$559,284	$615,212	$676,733	$744,409	$818,848
New Frontline Lab Workers (# FTEs)	0	26	55	87	122
Frontline Lab Workers ($ FTEs)	$0	$60,164	$ 127,270	$ 201,318	$ 282,308
Other Commodities ($)	$680,358	$2,566,532	$4,866,577	$7,908,949	$11,767,880
Frontline Healthcare Workers (# FTEs)	0	2,262	2,398	2,612	2,675
Frontline Healthcare Workers ($)	$0	$677,641	$1,755,282	$2,872,923	$4,034,564
Total ($)	$1,239,642	$3,919,549	$7,425,862	$11,727,599	$16,903,600

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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: Collection kits and field diagnosis kits for local labs based in high-risk areas	$247,200
Lab Commodity #2: PPE, diagnostics supplies, specimen transport materials, and case investigation tools	$63,860
Total	$311,000

Other Commodities

Commodity	Total Cost
Commodity #1 Malaria	$10,546,910
Commodity #2 MCH	$3,185,340
Total	$13,732,250

Appendix 3: Frontline Lab & Healthcare Worker Funding

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

Frontline Lab Worker Type #1: Lab Technicians and lab assistants

Year	U.S. Government # FTEs Funded	Madagascar New # FTEs Funded	Madagascar Existing # FTEs Funded	Madagascar Total # FTEs Funded
2026	174	0	310	310
2027	148	26	310	336
2028	143	29	336	365
2029	110	32	365	397
2030	87	35	397	432

Frontline Lab Worker Type #2: Epidemiologists

Year	U.S. Government # FTEs Funded	Madagascar New # FTEs Funded epidemiologist	Madagascar Existing # FTEs Funded	Madagascar Total # FTEs Funded
2026	30	0	349	349
2027	30	30	349	379
2028	30	30	379	409
2029	30	30	409	439
2030	30	30	439	469

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Frontline Healthcare Worker Type #1: Doctors

Year	U.S. Government # FTEs Funded	Madagascar New # FTEs Funded – GHSD Rec	Madagascar Existing # FTEs Funded	Madagascar Total # FTEs Funded
2026	479	0	945	945
2027	345	134	945	1,079
2028	197	148	1,079	1,227
2029	35	162	1,227	1,389
2030	0	35	1,389	1.424

Frontline Healthcare Worker Type #2: Nurses

Year	U.S. Government # FTEs Funded	Madagascar New # FTEs Funded _GHSD Recommendation	Madagascar Existing # FTEs Funded	Madagascar Total # FTEs Funded
2026	1,022	0	4,824	4,824
2027	894	128	4,824	4,952
2028	747	250	4,952	5,202
2029	497	250	5,202	5,452
2030	277	220	5,452	5,672

Frontline Healthcare Worker Type #3: Community Health Workers

**Note: The employment/hiring mechanism plans to be discussed and determined in consultation with the Government of Madagascar*

Year	U.S. Government # FTEs Funded – GHSD Recommendation	Madagascar New # FTEs Funded	Madagascar Existing # FTEs Funded	Madagascar Total # FTEs Funded
2026	20,848	0	0	0
2027	16,848	2,000	0	2,000
2028	14,848	2,000	2,000	4,000
2029	10,648	2,200	4,000	6,200
2030	4,028	2,420	6,200	8,620