

Instructions: Include the baseline and annual target for each outcome metric that was included in the MOU. Typical expected data sources would be surveys or national HMIS, vital statistics, or surveillance data systems. All data systems in this table should be included in the Data Sharing Agreement Appendix I. Data availability date should be the regular data availability timing for the specific data system (e.g., daily, monthly, quarterly) or the targeted availability date for a survey. Data source may vary by year; for example, it could initially be a national HMIS data system that then becomes a survey in the year the survey is completed.

Outcome Metric	Baseline	Baseline Source	2026			2027			2028			2029			2030		
			Target	Data Source	Data Availability Date	Target	Data Source	Data Availability Date	Target	Data Source	Data Availability Date	Target	Data Source	Data Availability Date	Target	Data Source	Data Availability Date
% People With HIV Who Know Their Status																	
% People Who Know Their HIV Status on Treatment																	
% People On Antiretroviral Treatment (ART) Who Are Virally Suppressed*																	
# Malaria Deaths in Children Under 5																	
# TB Deaths																	
# Polio Cases (e.g., WPV, cVDPVB)																	
# Measles Cases																	
Maternal Mortality Rate																	
Children Under 5 Mortality Rate																	

*Countries should also calculate population level viral suppression from most recent survey data

Instructions: Complete fields as follows:

Ability to Collect as of April 1, 2026: This should be answered yes or no depending on whether the metric can be reliably collected.

Data Source: This should be the data system from which the metric will be collected as of April 1, 2026. All data systems should be included in the Data Sharing Agreement Appendix I.

% of Health Facilities Reporting: This should be the percent of healthcare facilities (public, private and non-profit) reporting the specific metric; where not applicable, please enter "N/A"

% Facilities with Digital Reporting: This should be the percent of healthcare facilities (public, private and non-profit) reporting the metrics digitally as of April 1, 2026; where not applicable, please enter "N/A"

% Facilities with Paper Reporting: This should be the percent of healthcare facilities (public, private and non-profit) reporting the metrics via paper as of April 1, 2026; where not applicable, please enter "N/A"

Median Frequency of Data Collection from Paper Sites: This should be the average frequency at which data collection from paper sites occurred (e.g., monthly, quarterly, annually)

Change in Metric Collection Over MOU Period: This should describe any changes that would occur in how the metric is planned to be collected over the MOU period including any changes in systems, any moves to more digital collection, etc.

Process Metric (list optional indicators at bottom of table if any)	Ability to collect as of April 1, 2026	Data Source (April 1)	% of health facilities reporting (April 1)	% facilities with digital reporting (April 1)	% facilities with paper reporting (April 1)	Median Frequency of Data Collection from Paper Sites (April 1)	Planned Evolution of Data Reporting over MOU Period
# of people on ART			0%				
# new HIV diagnoses among infants (0-12 mo)			0%				
# new HIV diagnoses among children and adults (age 12 months or older)			0%				
% pregnant and breastfeeding women living with HIV who receive ART			0%				
% confirmed malaria cases that receive first-line antimalarial treatment			0%				
# insecticide-treated nets distributed to populations at risk of malaria			0%				
# patients with TB notified (i.e., bacteriologically confirmed + clinically diagnosed)			0%				
% patients with TB notified who completed treatment			0%				
% surviving infants with at least IPV1			0%				
% children 12-23 mo. with at least MCV1			0%				
% of pregnant women with at least 4 ANC visits (15-49y)			0%				

Did not review this tab - will review once working

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Instructions: Enter Country name in title of each table and copy into Section 2.4 "Frontline Health Workers" of Implementation Plan Template once final

[Country] Commitment to Increase Frontline Laboratory Worker Support						
	Baseline FTEs Funded 2025	# FTEs Increased 2026	# FTEs Increased 2027	# FTEs Increased 2028	# FTEs Increased 2029	# FTEs Increased 2030
Role 2						
Role 3						
Role 4						
Total						

b

[Country] Commitment to Increase Frontline Health Worker Support						
	Baseline FTEs Funded 2025	# FTEs Increased 2026	# FTEs Increased 2027	# FTEs Increased 2028	# FTEs Increased 2029	# FTEs Increased 2030
Role 1						
Role 2						
Role 3						
Role 4						
Total						

Instructions: For each distinct Strategic Investment planned during the MOU, outline the specific costs planned for each year. In general, no line item / row should be greater than \$1M per year unless that line item is clearly only one item (e.g., ARVs). Figures should be in USD.

[Strategic Investment X]						
	2026	2027	2028	2029	2030	MOU Total
cost A						\$ -
cost B						\$ -
cost C						\$ -
cost D						\$ -
cost E						\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

[Strategic Investment Y]						
	2026	2027	2028	2029	2030	MOU Total
cost A						\$ -
cost B						\$ -
cost C						\$ -
cost D						\$ -
cost E						\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

[Strategic Investment Z]						
	2026	2027	2028	2029	2030	MOU Total
cost A						\$ -
cost B						\$ -
cost C						\$ -
cost D						\$ -
cost E						\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

[Strategic Investment AA]						
	2026	2027	2028	2029	2030	MOU Total
cost A						\$ -
cost B						\$ -
cost C						\$ -
cost D						\$ -
cost E						\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Instructions: All data systems in this table should be included in the Data Sharing Agreement Appendix I. Note two metrics have been updated slightly from the MOU template based on feedback provided by partner governments. This includes (1) "Median number of ANC visits" is now "% of pregnant women with at least 4 ANC visits" and (2) "# new HIV diagnoses among infants (0-18 mo)" is now "# new HIV diagnoses among infants (0-12 mo)". These updates were made to reflect how the vast majority of countries currently track these specific metrics.

Process Metric Audit (1.2) (list optional indicators at bottom of table if any)	Audited (Y/N)	Audit Frequency	Data System(s)	Percent of Physical Sites Audited
# of people on ART				
# new HIV diagnoses among infants (0-12 mo)				
# new HIV diagnoses among children and adults (age 12 months or older)				
% pregnant and breastfeeding women living with HIV who receive ART				
% confirmed malaria cases that receive first-line antimalarial treatment				
# insecticide-treated nets distributed to populations at risk of malaria				
# patients with TB notified (i.e., bacteriologically confirmed + clinically diagnosed)				
% patients with TB notified who completed treatment				
% surviving infants with at least IPV1				
% children 12-23 mo. with at least MCV1				
% of pregnant women with at least 4 ANC visits (15-49y)				

Instructions: Include details on planned budgets by MOU Area of Cooperation, Sub-Category of Cooperation, Health Program Area, Funding Source, and Mechanism Type for each year of the MOU.

- All USG funding must be captured in this table and automatically fills in the Budget Summary Tab, which will be used to generate tables for the Implementation Plan Template under each Area of Cooperation.
- Partner Government funding should be included where that funding was specifically included in the MOU, and where noting handover of key USG investments is particularly important.
- Columns A-E are dropdowns
- Refer to Financial Classifications Guidance for additional information on the Sub-Categories

						Funding Level - by MOU Implementation Year					
Subtotal						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MOU Area of Cooperation	Sub-Category	Health Program Area	Funding Source	Mechanism Type	Mechanism Name (If Known)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	TOTAL
2.1: Surveillance and Outbreak Response	Surveys and Assessments	HIV	USG	IP							\$ -
2.2: Laboratory Systems	Outbreak Response Capacities	TB	Partner Government	G2G							\$ -
2.3: Commodities	Leadership, Management, and Multisectoral Coordination for Animal and Human Outbreak Surveillance and Response	Malaria		Partner Government							\$ -
2.4: Frontline Health Workers	Outbreak Readiness	Maternal and Child Health									\$ -
2.5: Data Systems	Emergency Response Operations	Polio									\$ -
2.6: Strategic Investments	Lab Consumables Procurement	GHS									\$ -
	Lab Reagents and Diagnostic Test Kit Procurement	N/A (Partner Government Funding Only)									\$ -
	Lab Equipment Procurement										\$ -
	Lab Service and Maintenance Costs										\$ -
	All-Inclusive Pricing Laboratory Procurements										\$ -
	Frontline Lab Workers										\$ -
	Lab Sample Transport										\$ -
	Lab Data Systems										\$ -
	Lab Accreditation										\$ -
	Lab System Support										\$ -
	Prevention Commodity Procurement										\$ -
	Diagnostic Commodity Procurement										\$ -
	Therapeutic Commodity Procurement										\$ -
	Response Commodity Procurement										\$ -
	In-Country Warehousing and Distribution										\$ -
	Supply Chain Systems Support										\$ -
	Campaigns										\$ -
	Campaign Workers										\$ -
	Community Health Workers/Community-Based Staff										\$ -
	Doctors/Clinical Officers										\$ -
	Nurses/Midwives										\$ -
	Epidemiologists & Surveillance Officers										\$ -
	Other Health Workers										\$ -
	Data Systems Developer Staff										\$ -
	Data Systems Infrastructure										\$ -
	Licenses & Software										\$ -
	Cybersecurity										\$ -
	TA to Introduce New Innovative Diagnostics, Vaccines, Drugs, and Other Interventions (Including Integrated Services)										\$ -
	Training (Pre and In-Service) and Supervision of Front Line Health Care Workers										\$ -
	TA to Support Program Transition to Government or Local Partners										\$ -
	TA to Support Public Financial Management										\$ -
	TA Support to Achieve Co-Financing										\$ -
	Non-Frontline HRH										\$ -
	Other Health Systems Strengthening (Outbreak Detection/Surveillance, Lab, Supply Chain)										\$ -
	Other Commodity Procurement										\$ -
	Other Health Worker Costs										\$ -
	IP Program Management										\$ -

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Instructions: Enter Country name in brackets below. Copy into Section 3 of Implementation Plan Template once final [NOTE FOR REVIEWERS - NEED TO CLARIFY HOW TO USE THIS TAB VS "G2G Scope" TAB NEXT TO THIS ONE]

Total Planned G2G funding for [COUNTRY]	2026	2027	2028	2029	2030
Surveillance and Outbreak Response					
Laboratory Systems					
Commodities					
Frontline Health Workers					
Data Systems					
Strategic Assistance					
Delivery Unit					

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Instructions: Enter Country name in brackets below. Copy into Section 3 of Implementation Plan Template once final

Total Planned IP funding for [COUNTRY]	2026	2027	2028	2029	2030
Surveillance and Outbreak Response					
Laboratory Systems					
Commodities					
Frontline Health Workers					
Data Systems					
Strategic Assistance					
Delivery Unit					