**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**THE GOVERNMENT OF THE UNITED STATES OF AMERICA**

**AND**

**THE GOVERNMENT OF THE REPUBLIC OF RWANDA**

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

**CONSIDERING** that the Government of Rwanda, under its Vision 2050 and Health Sector Strategic Plan, is pursuing a long-term vision of self-reliance by developing a resilient, inclusive, and sustainable health system that prevents disease, ensures the well-being of its people, and supports national economic growth;

**FURTHER CONSIDERING** that the U.S. Government, pursuant to the America First Global Health Strategy, seeks to strengthen its partnership with the Government of Rwanda and advance the shared goals of preventing, detecting, mitigating, and responding to emerging and existing infectious disease threats globally;

**RECOGNIZING** that U.S. Government investments in global health programs over the past 22 years have saved lives and substantially and meaningfully strengthened Rwanda's health system;

**RECOGNIZING** the Government of Rwanda's significant achievements in strengthening its domestic health system, including achieving near-universal health coverage, expanding local production capacity, investing in digital health and workforce development, and enhancing emergency and outbreak preparedness and response – demonstrating its growing leadership and ownership in the health sector;

**ACKNOWLEDGING** that the Government of Rwanda's ongoing health sector modernization presents opportunities for expanded U.S. commercial engagement to deploy advanced technology, improve health infrastructure, and bolster resilient supply chains;

**RECOGNIZING** Rwanda's demonstrated role as a proof-of-concept market where U.S. investors and companies can introduce solutions and scale innovations across the African continent; and

**FURTHER RECOGNIZING** the mutual benefits of ongoing collaboration between the U.S. Government and the Government of Rwanda to strengthen health security, foster innovation, expand access to high-quality care, and strengthen the resilience and prosperity of both nations through shared progress in health and development;

**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:

| | Baseline (2024) | 2026 | 2027 | 2028 | 2029 | 2030 |
|---|---|---|---|---|---|---|
| % of people living with HIV on ART who are virally suppressed (community viral load) | 93.2 | 95.5 | 95.6 | 95.7 | 95.7 | 95.7 |
| # Malaria Deaths in Children Under 5 | 16 | 14 | 13 | 11 | 10 | 9 |
| # TB Deaths | 348 | 403 | 402 | 393 | 384 | 382 |
| # Polio Cases (e.g. WPV, cVPVB) | 0 | 0 | 0 | 0 | 0 | 0 |
| Maternal Mortality Rate (per 100,000 live births) | 229 | 218 | 207 | 196 | 187 | 178 |
| Children Under 5 Mortality Rate (per 1,000 live births) | 40 | 38 | 36 | 36 | 34 | 32 |
| # Measles Cases | 43 | 0 | 0 | 0 | 0 | 0 |

**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 (2024) | 2026 | 2027 | 2028 | 2029 | 2030 |
|---|---|---|---|---|---|---|
| # people on ART | 226,039 | 227,389 | 225,801 | 223,995 | 221,944 | 219,794 |
| # new HIV diagnoses among infants (0-18 months) | 335 | 302 | 285 | 271 | 257 | 244 |
| # new HIV diagnoses among children and adults (age 18 months or older) | 13,242 | 12,580 | 11,951 | 11,353 | 10,786 | 10,246 |
| % pregnant and breastfeeding women living with HIV who receive ART | 98.6% | 98.6% | 98.6% | 98.6% | 98.6% | 98.6% |
| % of people living with HIV retained on ART after 12 months of initiation | 94% | 95% | 95% | 95% | 95% | 95% |
| % confirmed malaria cases that receive first-line antimalarial treatment | 100% | 100% | 100% | 100% | 100% | 100% |

| | | | | | | |
|---|---|---|---|---|---|---|
| % pregnant women receiving ITNs in ANC | 96.5% | 98% | 98% | 98% | 98% | 98% |
| % children under 1 year receiving ITNs in EPI | 96.5% | 98% | 98% | 98% | 98% | 98% |
| % of home-based management community cases of malaria | 50 | 55 | 60 | 65 | 70 | 70 |
| Malaria annual incidence (per 1000/population) | 76 | 76 | 70 | 50 | 45 | 40 |
| % accuracy of data fields assessed during the annual data audit | 95 | 95 | 95 | 95 | 95 | 95 |

**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 Rwanda detects suspected infectious disease outbreaks with epidemic potential in Rwanda within 7 days of disease emergence;
- The Government of Rwanda notifies the U.S. Government within 1 day of detection of an infectious disease outbreak in Rwanda and engages in meaningful coordination and consultation with the U.S. Government; and
- The Government of Rwanda ensures the implementation of appropriate and effective response actions to manage infectious disease threats within 7 days of notification, while engaging with the U.S. Government to enhance surveillance, coordination, and sustainable systems for long-term health security and resilience.

## 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 Rwanda 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 threats with epidemic or pandemic potential. Upon detection, the Government of Rwanda plans to notify relevant authorities including critical parties in the national public health system and the U.S. Government, and to undertake coordinated, evidence-based actions to contain and mitigate their impact.

**2.1.2 Implementation Plan:**

- The Government of Rwanda commits to providing salaries and benefits to fund field epidemiologists and other positions in line with this MOU and reasonable transition plan timelines.

- The U.S. Government plans to support training of field epidemiologists, through implementation of the Rwanda Field Epidemiology Training Program Advanced Tier through 4x4 program aiming at quadrupling the workforce in the next 4 years in different specialties in Rwanda.
- Through mutual recognition and reliance, the Government of Rwanda 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 and the Government of Rwanda 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. Both Participants intend for the arrangement to continue for 5 years.
- The U.S. Government, in coordination with the Government of Rwanda, 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 | $2,462,640 |
| 2027 | $4,462,640 |
| 2028 | $3,462,640 |
| 2029 | $3,462,640 |
| 2030 | $3,462,640 |

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 Rwanda.

**2.2 Laboratory Systems**

**2.2.1 2028 Vision:** The Government of Rwanda envisions a connected network of national and regional laboratories that have the capabilities to support the identification and characterization of pathogens of outbreak, epidemic, or pandemic potential. This includes a strengthened national reference laboratory and a comprehensive network of regional laboratories able to conduct high quality clinical microbiology, immunology and molecular virological testing.

**2.2.2 Implementation Plan:**
- For the purposes of this section, the U.S. Government currently funds $1,121,049 of laboratory commodities and 289 frontline lab workers in Rwanda.
- The U.S. Government plans to fund 100% of the aforementioned lab commodities in 2026 (50% of this budget is expected to be funded by the PEPFAR Bridge Plan), 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 Rwanda funding

50% of these commodities by the end of 2028 and 100% in 2029 as outlined in Section 2.2.3.

- The U.S. Government plans to fund frontline lab workers as outlined in Section 2.2.3. This includes laboratory technicians.
- The Government of Rwanda commits to add 277 lab technicians onto government payrolls by September 2027.
- The Government of Rwanda commits to ensure all Level 2 and Level 3 biosafety labs in Rwanda 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). The Government of Rwanda welcomes technical collaboration and support from the U.S. Government to help advance these biosafety and biosecurity objectives to be achieved over the course of this MOU partnership.
- Any sample transport support provided by the U.S. Government is expected to be gradually transitioned to the Government of Rwanda over the course of this MOU partnership, with the aim of ensuring that national specimen transport systems align with established global biosafety and biosecurity standards.
- Any diagnostic network optimization support provided by the U.S. Government plans to be transitioned to the Government of Rwanda in a phased manner as national systems and capacities are strengthened.
- Any lab quality improvement accreditation support provided by the U.S. Government is expected to be transitioned progressively, in line with Rwanda's increasing institutional capabilities and quality assurance frameworks.

**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 Rwanda Funding | Existing Government of Rwanda Funding | Total Government of Rwanda Funding |
|---|---|---|---|---|
| 2026 | $560,525 | $0 | $0 | $0 |
| 2027 | $1,121,049 | $0 | $0 | $0 |
| 2028 | $560,525 | $560,525 | $0 | $560,525 |
| 2029 | 0 | $560,524 | $560,525 | $1,121,049 |
| 2030 | 0 | $0 | $1,121,049 | $1,121,049 |

The breakdown of the U.S. Government's planned 2026 lab commodity procurement spending is in Appendix 2. The U.S. Government plans to distribute its lab commodities through G2G. The U.S. Government plans to purchase its lab commodities through the parastatal entity through September 29, 2027, and then shift to the G2G mechanism. The Government of Rwanda plans to insure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) distributed through Government of Rwanda-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 Rwanda in the table above should only include funding provided directly by the Government of Rwanda 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 | Government of Rwanda New # FTEs Funded | Government of Rwanda Existing # FTEs Funded | Government of Rwanda Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 289 | 0 | 0 | 0 |
| 2027 | 289 | 277 | 0 | 277 |
| 2028 | 12 | 0 | 277 | 277 |
| 2029 | 12 | 0 | 277 | 277 |
| 2030 | 12 | 0 | 277 | 277 |

The breakdown of full-time equivalents (FTEs) by type of frontline lab workers is in Appendix 3. The U.S. Government plans to provide funding for frontline lab workers through MOH and U.S. implementing partners through September 29, 2027, for HIV funding and December 31, 2026, for GHS funding, and then for GHS funding through the Government of Rwanda beginning January 2027. 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 Rwanda. 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 Rwanda in the table above should only include positions funded directly by the Government of Rwanda and should not include positions funded by other donors or multilateral organizations.

## 2.3 Commodities

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

### 2.3.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $11,471,289 of commodities annually (50% of this budget is funded by the Bridge Plan) including HIV treatment regimens for adults, pediatrics and PrEP.
- The U.S. Government plans to fund 100% of the aforementioned commodities in 2026 in the amount specified in Section 2.3.3, subject to the availability of funds, and thereafter

the U.S. Government's funding for these commodities is expected to decline gradually with the Government of Rwanda funding 100% of these commodities by the end of HIV and malaria funding in this MOU as outlined in Section 2.3.3.

- The Government of Rwanda commits to fully implementing a system based on GS1 global standards for tracing commodities funded by the U.S. Government under this MOU and distributed through the Government of Rwanda-owned supply chain by September 2027.
- The Government of Rwanda commits to ensuring all Government of Rwanda owned, managed, or run warehouses storing commodities funded by the U.S. Government under this MOU meet ISO warehouse standards by September 2027 and to maintaining such standards through the end of the MOU period.
- The Government of Rwanda intends to employ at least 5 (1 inspector per hub) 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 Rwanda 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 Rwanda Funding | Existing Government of Rwanda Funding | Total Government of Rwanda Funding |
|---|---|---|---|---|
| 2026 | $5,735,645 | $0 | $0 | $0 |
| 2027 | $17,537,289 | $0 | $0 | $0 |
| 2028 | $16,925,289 | $612,000 | $0 | $612,000 |
| 2029 | $4,957,200 | $12,029,289 | $612,000 | $12,641,289 |
| 2030 | $0 | $4,957,200 | $12,641,289 | $17,598,489 |

The breakdown of the U.S. Government's planned 2026 commodity procurement funding is in Appendix 2. The U.S. Government plans to purchase its commodities through the G2G mechanism through September 2028. The U.S. Government plans to distribute its commodities to public health facilities through the national system and other health facilities through the parastatal entity. The Government of Rwanda plans to purchase its commodities through the parastatal entity and distribute its commodities to public health facilities through national system and other health facilities through the parastatal entity G2G. For purposes of this MOU, commodity funding includes the actual cost of the commodities as well as commodity distribution costs including warehousing, shipping, and trucking. Commodity costs do not include any costs of data systems or technical assistance related to commodity procurement and supply chain distribution, which are covered in Sections 2.5.3 and 2.6.3 respectively. Funding provided by the Government of Rwanda in the table above should only include funding provided directly by the Government of Rwanda and should not include funding from other donors or multilateral organizations.

## 2.4 Frontline Healthcare Workers

**2.4.1 2027 Vision:** The Government of Rwanda envisions integrating 787 nurses, S,561 community peer educators, 229 linkage facilitators, 125 medical doctors, 2 epidemiologists and 258 social 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. This includes medical doctors, nurses, social workers, linkage facilitators and community peer educators.
- The Government of Rwanda commits to add 125 medical officers, 2 epidemiologists, 763 nurses, S,561 Community peer educators, 229 linkage facilitators, and 258 social workers onto government payrolls in 2027. These positions are equal to the number of FTEs in the table below.

**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 Rwanda New # FTEs Funded | Government of Rwanda Existing # FTEs Funded | Government of Rwanda Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 2,734 | 0 | 0 | 0 |
| 2027 | 2,187 | 547 | 0 | 547 |
| 2028 | 1,640 | 547 | 547 | 1,094 |
| 2029 | 24 | 1,616 | 1,094 | 2,710 |
| 2030 | 24 | 0 | 2,710 | 2,710 |

The breakdown by type of frontline healthcare worker is in Appendix 3. The U.S. Government plans to provide funding through Ministry of Health and U.S. implementing partners for 2,734 frontline healthcare workers through September 2027 and then for 24 frontline GHS healthcare workers through the Ministry of Health until September 2030 and through the Government of Rwanda through September 2027 and 2030, respectively. For purposes of this MOU, this funding includes the salary and benefit for frontline healthcare workers. To the extent it has not already done so, the U.S. Government intends to ensure pay rates for frontline healthcare workers are commensurate to pay rates for such workers employed directly by the Government of Rwanda. 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 Rwanda in the table above should only include positions funded directly by the Government of Rwanda and should not include positions funded by other donors or multilateral organizations.

## 2.5 Data Systems

**2.5.1 2028 Vision:** The Government of Rwanda envisions integrated robust health data systems that include Electronic Medical Records (EMRs), comprehensive laboratory information management systems, pharmacy management systems, digital surveillance and outbreak response systems, and a national health data warehouse that collectively support timely, reliable, and coordinated health service delivery and public health decision making.

**2.5.2 Implementation Plan:**

- The Government of Rwanda commits to strengthening and expanding the use of national electronic medical record (EMR) systems across all health facilities, with a progressive rollout over the course of this MOU partnership.
- The U.S. Government plans to support improvements to the national electronic medical record (EMR) systems over the term of the HIV funding in this MOU consistent with Section 2.5.3.
- The Government of Rwanda commits to establishing appropriate accountability and incentive mechanisms, either financial or non-financial, in order to encourage providers to ensure timely and consistent entry of patient encounters into the national EMR system following its rollout in each facility.
- The Government of Rwanda commits to strengthen and expand the use of national laboratory information management systems to support high-quality, standardized lab operations across national and regional labs. The Government of Rwanda plans to ensure that these systems will be fully operational across all national and regional labs within the duration of this MOU.
- The U.S. Government plans to support improvements to laboratory systems over the term of the HIV funding as and these improvements are expected to be defined during the MOU implementation plan.
- The U.S. Government plans to integrate open MRS data and pharmacy management system with eBuzima and scale up eBuzima throughout the country.
- The Government of Rwanda commits to maintain a fully established national data warehouse to support its disease outbreak surveillance systems. The system is expected to be fully operational across all applicable sites within the duration of this MOU partnership.
- The U.S. Government plans to support improvements to case reporting and data exchange (health information exchange) with relevant systems and disease outbreak surveillance system over the term of this MOU.
- The Government of Rwanda commits to use a national health commodity inventory management system. The system is expected to be rolled out across all components of the government-run health commodity supply chain within the duration of this MOU partnership.
- The U.S. Government plans to fund improvements to ERP/SAP health commodity inventory management system over the term of the HIV funding in this MOU.
- The Government of Rwanda commits to use DHIS2 as its national health data warehouse.
- The U.S. Government plans to support the following improvements to national health data warehouse over the term of the HIV funding in this MOU. These improvements

include interoperability with other systems in the national eHealth ecosystem such as EMRs and registries, data quality improvement, and data analytics.

- Both the U.S. Government and the Government of Rwanda 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 Rwanda 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 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 | $1,352,974 |
| 2027 | $3,600,000 |
| 2028 | $0 |
| 2029 | $0 |
| 2030 | $0 |

Note: The total support for digital systems is $4,027,316 in 2026. This currently includes funds from different accounts (HIV, Malaria, GHS, MCH&N).

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, Rwanda commits to pay all reasonable and ongoing software licensing, cloud computing, hardware maintenance, hardware replacement, and other similar costs for the systems outlined in this Section 2.5 that are not specifically paid for by the U.S. Government.

## 2.6 Strategic Assistance

**2.6.1 2029 Vision:** The Government of Rwanda envisions providing 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. To support this goal, the U.S. Government plans to invest in the below strategic activities.

### 2.6.2 Implementation Plan:

**Community-Based Health Insurance (CBHI)**

To support Rwanda's ongoing transition and ensure a smooth integration of HIV services into the national insurance package, the U.S. Government plans to allocate $5 million annually in 2026 and 2027 to strengthen the Community-Based Health Insurance (CBHI) scheme. This targeted investment is intended to help stabilize the fund as it prepares to absorb a broader range of services, including HIV-related commodities and associated care, without compromising access or financial protection for beneficiaries. By reinforcing CBHI ahead of this transition, the support is expected to safeguard continuity of essential services, reduce the risk of system shocks, and accelerate Rwanda's path toward sustainable, domestically financed universal health coverage.

**E-Buzima**

To accelerate the nationwide rollout of Rwanda's e-Buzima electronic medical record system, the U.S. Government plans to allocate $6,806,292 over the first two years of the MoU. This investment is intended to enable rapid deployment across health facilities, strengthen interoperability, and ensure robust data capture for all essential health services, including HIV programs. By expanding the use of e-Buzima, the Government of Rwanda plans to be able to enhance service delivery through better patient tracking, more accurate quantification of commodities, and improved monitoring of treatment outcomes. This strategic support is intended to not only fast-track the digital transformation of the health system but also reinforce evidence-based decision-making, optimized resource allocation, and continuity of care as HIV services and ensure that other priority interventions are fully integrated into the national health insurance framework.

**HIV Services Integration**

The U.S. Government plans to provide $4.5 million to support the Government of Rwanda in the designing and piloting of the integration model, assisting health facilities to implement the model, reviewing the data, adjusting the model and scaling up.

**Vector Control including IRS**

The U.S. Government intends to provide $21 million to support vector control including IRS for the first 3 years of the MOU, and the Government of Rwanda is expected to assume responsibility for 10% in 2027, an additional 10% in 2028 and 100% in 2029.

**Bio Surveillance Radar System**

Rwanda's existing U.S. collaboration on bio surveillance systems further highlights the value of U.S. scientific and technological expertise. The ongoing work in bio-surveillance, genomic sequencing, and advanced analytics significantly enhanced national capability. Building on this foundation, the U.S. Government and the Government of Rwanda intend to expand the bilateral partnership into a broader strategic investment pathway. Rwanda's strategic position at the crossroads of several borders and major travel routes makes it well-placed to serve as a regional front line against biological threats. The U.S. Government intends to provide $10 million to scale a national bio-surveillance radar system, expanding border sampling, wastewater monitoring, and secure data and specimen sharing to create a powerful early-warning mechanism for East and Central Africa. An expanded partnership is

expected to further enhance Rwanda's and the region's ability to detect, analyze, and respond to biological threats, while contributing to global research and accelerating preparedness for the next pandemic.

**Performance Incentives**
The U.S. Government intends to employ performance incentives for achieving HIV and malaria metrics. This funding may be used by the Government of Rwanda in its strategic investment in the health sector, including Kigali Health City (KHC) and AI application for healthcare.

**Program Costs** for any implementing mechanisms requested by the Government of Rwanda in addition to the G2G mechanism, are intended to be funded by the U.S. Government using strategic assistance funds.

**Cost of Doing Business (CODB)** for U.S. Government Staff (6%).

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

| Year | U.S. Government Strategic Assistance Funding |
|---|---|
| 2026 | $16,522,983 |
| 2027 | $26,627,743 |
| 2028 | $13,657,797 |
| 2029 | $7,036,356 |
| 2030 | $93,360 |

*Note: The Strategic Investments budget assumes a 6% M&O deduction for U.S. Government operating costs.*

**2.6.4 Future Strategic Opportunities in the U.S.-Rwanda Partnership Beyond the MOU:**
Over the past decade, Rwanda has built strong and productive partnerships with leading U.S. companies, underscoring a shared commitment to innovation, efficiency, and health system resilience. Collaborations with U.S. pharmaceutical and innovative technology companies have supported Rwanda's advancement in healthcare, illustrating how U.S. technological leadership combined with Rwanda's agile, execution-focused ecosystem can deliver long-lasting impact. Building on this foundation, Rwanda is well positioned to expand into a new wave of high-value strategic partnerships with the United States.

There are significant strategic opportunities for U.S. commercial engagement in the following priority areas that the Government of Rwanda plans to promote:

**HIV Next-Generation Treatment**
Accelerating access to next-generation HIV prevention and treatment innovations, including long-acting therapies such as lenacapavir developed by U.S. companies, is a priority for the Government of Rwanda. Introducing these therapies would improve patient outcomes

while generating significant long-term savings compared to lifelong antiretroviral regimens, positioning Rwanda as an early adopter of advanced HIV technologies in Africa. The Government of Rwanda is keen to participate in ongoing clinical trials to facilitate the adoption of lenacapavir and other innovative HIV treatments. Rwanda Food and Drugs Authority (Rwanda FDA) stands ready to regulate such trials, signaling strong regulatory alignment and potential reliance to the U.S. Food and Drug Administration (U.S. FDA). In parallel, there is significant opportunity to strengthen the national diagnostics ecosystem through local manufacturing of test kits and related technologies, leveraging U.S. technical expertise. Establishing a diagnostics production facility in Rwanda would reduce dependence on imports, enhance supply chain resilience, lower long-term procurement costs, and enable faster response during health emergencies.

**Multispecialty Hospital**

Rwanda offers a compelling opportunity to establish a multispecialty hospital within Kigali Health City, positioning the country as a premier regional hub for medical tourism. Preliminary discussions have been initiated with leading U.S. clinics to explore partnerships and bring world-class expertise to Rwanda. The Government of Rwanda is keen to explore through a G2G approach. With an estimated annual investment of $1.5 billion from interested parties, the hospital could serve 55,000–60,000 patients from across Africa, drawn from three primary streams: residents currently traveling abroad for medical care (approximately 19,000), latent medical tourists whose needs could be captured by addressing access barriers (approximately 9,000–13,000), and domestic patients seeking specialized services. Rwanda's strong reputation as a top destination for hosting international conferences and one of Africa's top 10 leisure tourism destinations further enhances this potential, creating an environment attractive to both patients and investors.

**AI Application for Healthcare**

The Government of Rwanda's vision to become the most advanced AI-powered society in Africa presents a significant opportunity to transform healthcare through innovative, AI-driven solutions. The Government of Rwanda is keen to work with U.S. leading companies to develop and deploy AI tools tailored to the continent, including clinical decision support, AI-assisted medical imaging, predictive analytics, and epidemic modeling. These solutions would enhance healthcare efficiency, improve patient outcomes, and strengthen preparedness for emerging health threats. The initial rollout would be estimated at $40 million and partnering with U.S. leading infrastructure companies to support the necessary compute capabilities.

## 2.7 Additional Responsibilities

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

- The Government of Rwanda commits to modify its regulations and/or laws by December 31, 2026, to recognize approval from the U.S. FDA as meeting all similarly required regulatory approvals by the Rwanda FDA.
- The Participants recognize the shared benefits of improving access to safe, effective, and high-quality medical products in Rwanda and the region. The Participants intend to cooperate to expand market access for U.S.-produced pharmaceuticals and healthcare services, consistent with each Participant's respective national laws. The U.S. Government, through the U.S. Embassy in Kigali, intends to will promote commercial partnerships and highlight opportunities for American businesses to introduce or expand innovative health products and services in Rwanda's health sectors. The Participants also underscore the importance of regulatory harmonization to strengthen health systems and improve patient access. Through the U.S. FDA, the U.S. Government intends to collaborate with Rwandan counterparts to reduce market barriers, promote recognition of U.S. FDA-approved products, and support regional regulatory convergence initiatives, including those under the African Medicines Agency (AMA) framework.

To advance these objectives, the Participants intend to cooperate in the following areas:

- Regulatory and Policy Coordination – Strengthen collaboration between regulatory authorities to reduce duplication, promote predictable and transparent processes, and accelerate the operationalization of regional regulatory reliance and convergence frameworks. The Participants intend to facilitate dialogue among the U.S. FDA, Rwanda FDA, and the AMA to support mutual recognition of trusted regulatory decisions and advance harmonized standards across the continent.
- Market Access and Trade Facilitation – Joint efforts to remove trade and customs barriers (including tariffs and tax implications), improve import efficiency, and facilitate engagement between U.S. companies and relevant Rwandan authorities to enable timely access to quality-assured health products.
- Investment, Infrastructure, and Capacity Development – Establish coordinated mechanisms to attract U.S. private-sector investment in health innovation, manufacturing, and infrastructure aligned with Rwanda's Vision 2050 priorities, for facilitation of digital transformation, regulatory training, and strengthened supply-chain and healthcare system resilience, including expansion of rural health services.
- Communication and Visibility – Develop a shared communication platform to promote Rwanda's role as a regional regulatory and innovation hub, highlight U.S.–Rwanda health-sector partnerships, and enhance regional awareness of progress in regulatory modernization and investment collaboration.

## SECTION 3
## Implementation

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

**3.2 Steering Committee:** The Participants plan to establish a Joint Health Cooperation Steering Committee (JHCSC) composed of senior representatives from both governments and other key stakeholders as mutually decided by the Government of Rwanda and the U.S. Government. The JHCSC is expected to meet at least quarterly to monitor progress toward, at a minimum, the goals outlined in Section 1 and to meet at least annually to review this MOU and the associated Implementation Plan and recommend modifications to either document as needed.

## SECTION 4
## Audit

**4.1 Process Metric Audit:** The Government of Rwanda 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 Sections 1.2 and 1.3 are accurately collected, complete and maintained. To this end, the Government of Rwanda 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.

**4.2 Supply Chain Audit:** The Government of Rwanda 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 Rwanda commits to provide the U.S. Government with any data access or information needed to audit supply chain leakage.

**4.3 Co-Investment Audit:** The Government of Rwanda 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 Rwanda is making its committed co-investment. To this end, the Government of Rwanda 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.

**4.4 Regulatory Compliance Audit:** The Government of Rwanda 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 Rwanda 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.

**4.5 Effect of Failure to Provide Data:** The Government of Rwanda acknowledges that failure to provide the data access or information requested under Sections 4.2, 4.3, or 4.4 could result in changes in the planned assistance contemplated under this MOU and/or discontinuation of this MOU by the U.S. Government.

**4.6 Effect of Failure to Fulfill Specimen and Data Sharing Commitments:** The Government of Rwanda 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 Rwanda fulfills all commitments in the specimen sharing and data sharing arrangements referenced in Sections 2.1.2 and 2.5.2, respectively, and that failure to fulfill any commitments in these arrangements could result in changes in the planned 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 Rwanda 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 Rwanda 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 Rwanda may only be calculated based on funds raised directly by the Government of Rwanda and may not include funds from other donors or multilateral organizations.

**5.2 Performance:** In the event the Government of Rwanda does not maintain the baselines outlined in Section 1.1 and 1.2 or achieve the metrics outlined in Section 1.3, the 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** | **For the Government of Rwanda** |
|---|---|
| **U.S. Ambassador to Rwanda**<br>U.S. Government Mission to Rwanda | **Minister of Health**<br>Government of the Republic of Rwanda |

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 the Government of Rwanda and the U.S. Government.

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

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

**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 Washington December 5, 2025, in duplicate, in the English language.

**FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA:**

(b)(6)

Jeremy P. Lewin
Senior Official for Foreign Assistance,
Humanitarian Affairs &
Religious Freedom (F)

**FOR THE GOVERNMENT OF THE REPUBLIC OF RWANDA:**

(b)(6)

Olivier Nduhungirehe
Minister of Foreign Affairs
and International Cooperation

## Appendix 1: Co-Funding Summary

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

| Year | U.S. Government | Government of Rwanda |
|---|---|---|
| 2026 | $31,687,662 | $0 |
| 2027 | $64,075,482 | $2,021,158 |
| 2028 | $42,659,660 | $6,600,842 |
| 2029 | $15,801,196 | $25,416,130 |
| 2030 | $3,556,000 | $36,565,330 |
| Total | $157,780,000 | $70,603,460 |

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 ($) | $2,462,640 | $4,462,640 | $3,462,640 | $3,462,640 | $3,462,640 |
| Surveillance Malaria | $0 | $2,330,000 | $1,336,000 | $0 | $0 |
| Lab Commodities ($) | $560,525 | $1,121,049 | $560,525 | $0 | $0 |
| Frontline Lab Workers (# FTEs) | 289 | 289 | 12 | 12 | 12 |
| Frontline Lab Workers ($) | $780,319 | $1,560,637 | $1,248,510 | $115,000 | $0 |
| Other Commodities ($) | $5,735,645 | $17,537,289 | $16,925,289 | $4,957,200 | $0 |
| Frontline Healthcare Workers (# FTEs) | 2,734 | 2,187 | 1,640 | 24 | 24 |
| Frontline Healthcare Workers ($) | $4,272,578 | $6,836,124 | $5,468,899 | $230,000 | $0 |
| Data Systems ($) | $1,352,974 | $3,600,000 | $0 | $0 | $0 |
| Strategic Assistance ($) | $16,522,983 | $26,627,743 | $13,657,797 | $7,036,356 | $93,360 |
| Total | $31,687,664 | $63,075,482 | $42,659,660 | $15,801,196 | $4,556,000 |

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

| Year | 2026 | 2027 | 2028 | 2029 | 2030 |
|---|---|---|---|---|---|
| Lab Commodities ($) | $0 | $0 | $560,525 | $1,121,049 | $1,121,049 |

| | | | | | |
|---|---|---|---|---|---|
| Frontline Lab Workers (# FTEs) | $0 | 277 | 277 | 277 | 289 |
| Other Commodities ($) | $0 | $0 | $612,000 | $12,641,289 | $17,598,489 |
| Frontline Healthcare Workers (# FTEs) | $0 | 547 | 1,094 | 2,710 | 2,710 |

## Appendix 2: 2026 Planned U.S. Commodity Funding

The U.S. Government intends to provide the following commodity funding in 2026:

### Lab Commodities

| Lab Commodity | Total Cost |
|---|---|
| EID Reagents and consumables | $10,862 |
| VL Reagents and consumables | $860,187 |
| GHS Lab Commodities | $250,000 |
| Total | $1,121,049 |

### Other Commodities

| Commodity | Total Cost |
|---|---|
| ARV for Adult Treatment | $8,496,326 |
| ARV for Pediatric Treatment | $273,940 |
| ARV for PrEP | $410,521 |
| In country Logistics | $2,290,502 |
| Total | $11,471,289 |

## Appendix 3: Frontline Lab & Healthcare Worker Funding

The U.S. Government and the Government of Rwanda 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 Rwanda New # FTEs Funded | Government of Rwanda Existing # FTEs Funded | Government of Rwanda Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 289 | 0 | TBC | TBC |
| 2027 | 289 | 0 | TBC | TBC |
| 2028 | 12 | 277 | TBC | TBC |
| 2029 | 12 | 0 | 277 | TBC |
| 2030 | 12 | 0 | 277 | TBC |

**Frontline Healthcare worker Type #1: Epidemiologists**

| Year | U.S. Government # FTEs Funded | Government of Rwanda New # FTEs Funded | Government of Rwanda Existing # FTEs Funded | Government of Rwanda Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 2 | 0 | TBC | TBC |
| 2027 | 2 | 0 | TBC | TBC |
| 2028 | 0 | 2 | TBC | TBC |
| 2029 | 0 | 0 | 2 | TBC |
| 2030 | 0 | 0 | 2 | TBC |

**Frontline Healthcare Worker Type #2: Doctors**

| Year | U.S. Government # FTEs Funded | Government of Rwanda New # FTEs Funded | Government of Rwanda Existing # FTEs Funded | Government of Rwanda Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 127 | 0 | TBC | TBC |
| 2027 | 127 | 0 | TBC | TBC |
| 2028 | 0 | 127 | TBC | TBC |
| 2029 | 0 | 0 | 127 | TBC |
| 2030 | 0 | 0 | 127 | TBC |

**Frontline Healthcare Worker Type #3: Nurses**

| Year | U.S. Government # FTEs Funded | Government of Rwanda New # FTEs Funded | Government of Rwanda Existing # FTEs Funded | Government of Rwanda Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 787 | 0 | TBC | TBC |
| 2027 | 787 | 0 | TBC | TBC |
| 2028 | 24 | 763 | 763 | TBC |
| 2029 | 24 | 0 | 763 | TBC |
| 2030 | 24 | 0 | 763 | TBC |

**Frontline Healthcare Worker Type #4: Social Workers**

| Year | U.S. Government # FTEs Funded | Government of Rwanda New # FTEs Funded | Government of Rwanda Existing # FTEs Funded | Government of Rwanda Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 258 | 0 | TBC | TBC |
| 2027 | 258 | 0 | TBC | TBC |
| 2028 | 0 | 258 | TBC | TBC |
| 2029 | 0 | 0 | 258 | TBC |
| 2030 | 0 | 0 | 258 | TBC |

**Frontline Healthcare Worker Type #5: Community peer educators and linkage facilitators**

| Year | U.S. Government # FTEs Funded | Government of Rwanda New # FTEs Funded | Government of Rwanda Existing # FTEs Funded | Government of Rwanda Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 1,562 | 0 | TBC | TBC |
| 2027 | 1,562 | 0 | TBC | TBC |
| 2028 | 0 | 1,562 | TBC | TBC |
| 2029 | 0 | 0 | 1,562 | TBC |
| 2030 | 0 | 0 | 1,562 | TBC |