MEMORANDUM OF UNDERSTANDING
BETWEEN
THE GOVERNMENT OF THE UNITED STATES OF AMERICA
AND
THE GOVERNMENT OF THE REPUBLIC OF SIERRA LEONE

PREAMBLE

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

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

RECOGNIZING that United States global health investments made over the past 50 years have saved hundreds of thousands of lives and substantially and meaningfully strengthened Sierra Leone's health system;

RECOGNIZING that Sierra Leone has made substantial progress in advancing its domestic health system over the past 50 years; and

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

Have reached the following understandings:

SECTION 1
Objectives

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

	Baseline	2026	2027	2028	2029	2030
% People With HIV Who Know Their Status	87 (2024)	90	95	98	98	98
% People Who Know Their HIV Status on Treatment	86 (2024)	90	95	98	98	98
% People On Antiretroviral Treatment (ART) Who Are Virally Suppressed	65 (2024)	90	95	98	98	98
# Malaria Deaths in Children Under 5	1,477 (2024)	960	812	665	517	369
# TB Deaths	48 (2024)	40	32	24	16	10
# Polio Cases (e.g., WPV, cVDPVB)	15 (2024)	0	0	0	0	0
# Measles Cases	129 (2024)	110	80	60	40	20
Maternal Mortality Rate (per 100,000 live births)	354 (2023)	279	254	229	190	140
Children Under 5 Mortality Rate (per 1,000 live births)	94 (2023)	82	78	74	70	66

1.2 Process Metrics: The Participants aim to work together to achieve the following process metrics by the end of each of the specified years:

	Baseline	2026	2027	2028	2029	2030
# people on ART	81,155 (2024)	85,000	88,000	90,500	92,500	94,000
# new HIV diagnoses among infants (0-18 months)	623 (2024)	529	506	489	469	447
# new HIV diagnoses among children and adults (age 18 months or older)	15,289 (2024)	12,592	9,592	4,564	2,793	1,789
% pregnant and breastfeeding women living with HIV who receive ART	93% (2024)	98%	98%	98%	98%	98%

% confirmed malaria cases that receive first-line antimalarial treatment	98% (2024)	100%	100%	100%	100%	100%
# insecticide-treated nets distributed to populations at risk of malaria	364,988 (2024)	1,137,511	1,062,878	1,197,632	1,228,275	1,531,125
# patients with TB notified (i.e., bacteriologically confirmed + clinically diagnosed)	22,381 (2024)	24,744	26,045	27,336	28,616	30,618
% patients with TB notified who completed treatment	92% (2024)	92%	92%	93%	94%	94%
% surviving infants who received at least one dose of inactivated polio vaccine	91% (2024)	93%	94%	95%	96%	97%
% of children aged 12–23 months who received one dose of measles-containing vaccine	90% (2024)	92%	93%	94%	95%	96%
Median number of antenatal care visits for pregnant women (4+ visits)	86% (2024)	88%	89%	91%	93%	95%
% accuracy of data fields assessed during the annual data audit		90%	90%	90%	90%	90%

The Participants acknowledge that the outcome and process metrics in Sections 1.1 and 1.2 are jointly determined targets intended to guide planning, resource allocation, and performance improvement. These metrics should be reviewed periodically to reflect new data, changing epidemiology, fiscal constraints, and external shocks. Shortfalls against one or more targets should not, by themselves, constitute noncompliance with this MOU but should prompt a joint review and course correction.

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

SECTION 2
Areas of Cooperation

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

In implementing paragraph 1 Areas of Cooperation, the Participants may conclude additional arrangements or agreements to implement any provision of this Framework.

2.1 Surveillance & Outbreak Response

2.1.1 2030 Vision: the Government of Sierra Leone 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 Sierra Leone.

2.1.2 Implementation Plan:
- The U.S. Government plans to fund an assessment of the Government of Sierra Leone's outbreak surveillance system to include disease surveillance and safety procedures for pathogen sample collection, transport, storage, testing and disposal.
- The Government of Sierra Leone commits to work with the U.S. Government to address any priority gaps identified by the aforementioned assessment.
- The Government of Sierra Leone commits to providing salaries and benefits to fund 5 field epidemiologists and 71 surveillance officers in 2026, 2027, 2028, and beyond.

- The Government of Sierra Leone commits that, during a declared national or global public health emergency or other serious outbreak in country, it commits to treating the United States Food and Drug Administration's approval or Emergency Use Authorization of relevant medical countermeasures as a key basis for expedited consideration of their emergency use in country. This reliance should not apply to routine regulatory processes, and final decisions regarding deployment—including any suspension based on national pharmacovigilance or locally identified safety signals—should remain under the authority of the Ministry of Health and the Pharmacy Board of Sierra Leone. Emergency use of these medical countermeasures should not require additional national ethics review; however, any research or data collection beyond routine pharmacovigilance is expected to follow the National Ethics and Scientific Review Committee process.
- The U.S. Government, in coordination with the Government of Sierra Leone, 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. Govemment Surveillance & Outbreak Response Funding ($)
2026	2,200,000
2027	2,200,000
2028	2,200,000
2029	2,200,000
2030	2,200,000

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 Sierra Leone.

2.2 Laboratory Systems

2.2.1 2030 Vision: The Government of Sierra Leone envisions a connected network of one national reference laboratory, one national biobanking and biosecurity laboratory, and four regional laboratories that have the capabilities to support the identification and characterization of pathogens of outbreak, epidemic, or pandemic potential.

2.2.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $451,788 of laboratory commodities and fourteen frontline lab workers in Sierra Leone.
- 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 the Government of Sierra Leone funding 63% 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. This includes laboratory technicians.
- The Government of Sierra Leone commits to add 100 new laboratory technicians and/or scientists onto government payrolls in 2026, maintain the 100 laboratory technicians and/or scientists on government payrolls in 2027 and 2028, add 14 new laboratory technicians and/or scientists onto government payrolls in 2029, and maintain all 114 laboratory technicians/scientists onto government payrolls in 2030.
- The Government of Sierra Leone commits to ensure all Level 2 and Level 3 biosafety labs in Sierra Leone 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 2027.

- The Government of Sierra Leone commits to improving viral suppression by strengthening the viral load and EID monitoring system using Point of Care (POC) testing platform, through procuring geneXpert, and replenishing of VL/EID cartridges. Any sample transport support provided by the U.S. Government is expected to be transitioned to the Government of Sierra Leone by 2029. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the end of 2027.

- Any diagnostic network optimization support provided by the U.S. Government is expected to be transitioned to the Government of Sierra Leone by December 31, 2029.
- Any lab quality improvement accreditation support provided by the U.S. Government is expected to be transitioned to the Government of Sierra Leone by December 31, 2029.

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 ($)	New Sierra Leone Funding ($)	Existing Sierra Leone Funding ($)	Total Sierra Leone Funding ($)
2026	466,788	10,000	10,000	20,000
2027	466,788	50,000	20,000	70,000
2028	466,788	75,000	70,000	145,000
2029	0	75,000	145,000	220,000
2030	0	75,000	220,000	295,000

The Participants intend to review this funding trajectory annually. If macro-fiscal conditions, domestic revenue projections, or other external shocks materially affect the Government of Sierra Leone's ability to meet the planned co-financing levels, the Participants may, by mutual consent, adjust the trajectory, including extending transition periods or re-profiling support.

The breakdown of the U.S. Government's planned 2026 lab commodity procurement spending is in Appendix 2. The U.S. Government plans to purchase its lab commodities through UNICEF through March 2026 and then through National Medical Supplies Agency (NMSA) through August 2026. The U.S. Government plans to distribute its lab commodities through NMSA. The Government of Sierra Leone plans to purchase its lab commodities through NMSA and distribute its lab commodities through NMSA. The Government of Sierra Leone 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 Sierra Leone government-owned supply chains. For purposes of this MOU, lab commodities include the actual cost of the commodities as well as related commodity distribution costs including warehousing, shipping, and trucking. These costs do not include any costs of data systems or technical assistance to support commodity procurement or supply chain distribution, which are covered in Sections 2.5.3 and 2.6.3 respectively. Funding provided by the Government of Sierra Leone in the table above should only include funding provided directly by the Government of Sierra Leone 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	Sierra Leone New # FTEs Funded	Sierra Leone Existing # FTEs Funded	Sierra Leone Total # FTEs Funded
2026	14	100	76	176

2027	14	0	176	176
2028	14	0	176	176
2029	0	14	176	190
2030	0	0	190	190

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 the CDC CoAg through March 2026 and then through Sierra Leone's government beginning March 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 Sierra Leone. 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 Sierra Leone in the table above should only include positions funded directly by the Government of Sierra Leone and should not include positions funded by other donors or multilateral organizations.

2.3 Commodities

2.3.1 2030 Vision: The Government of Sierra Leone envisions an integrated health care commodity supply chain system that uses the National Medical Supplies Agency (NMSA) procurement structures and WAMBO as a pooled procurement vehicle. The NMSA plans to competitively select a third-party entity for distribution to all public health facilities.

2.3.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $9,855,419 of commodities annually including antiretroviral medicines, insecticide treated nets, malaria rapid diagnostic kits, antimalarial medicines, and essential maternal and child health medicines.
- 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 Government of Sierra Leone funding 80% of these commodities by the end of this MOU as outlined in Section 2.3.3.
- The Government of Sierra Leone commits to strengthen supply chain management for commodities through supporting quarterly quantification and forecasting activities; recruitment of store managers at the warehouses to

manage commodities and to enhance FEFO practices to prevent expiries and other commodity wastages.

- The Government of Sierra Leone 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 Sierra Leone's government-owned supply chain by December 31, 2028.
- The Government of Sierra Leone commits to ensuring progressive improvement of all Sierra Leone government-owned, managed, or run warehouses storing commodities funded by the U.S. Government under this MOU meet ISO warehouse standards during the MOU period and beyond.
- The Government of Sierra Leone intends to employ at least two 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 Sierra Leone 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 ($)	New Sierra Leone Funding ($)	Existing Sierra Leone Funding ($)	Total Sierra Leone Funding ($)
2026	9,855,419	1,378,663	378,662	1,757,325
2027	7,884,335	1,500,000	1,757,325	3,257,325
2028	5,913,251	1,500,000	3,257,325	4,757,325
2029	3,942,168	1,500,000	4,757,325	6,257,325
2030	1,971,083	1,627,010	6,257,325	7,884,335

The Participants intend to review this funding trajectory annually. If macro-fiscal conditions, such as those impacted by unanticipated external shocks like disease outbreaks, affect Sierra Leone's ability to meet the planned co-financing levels, the Participants may, by mutual consent, adjust the trajectory to reflect changed circumstances.

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 GHSC-PSM (ARTMIS) through September 30, 2027. The U.S. Government plans to distribute its commodities to all public health facilities through third-party entities contracted by GHSC-PSM. The Government of Sierra

Leone plans to purchase its commodities through WAMBO and distribute its commodities to all public health facilities through third-party entities contracted by NMSA.

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 Sierra Leone in the table above is only expected to include funding provided directly by the Government of Sierra Leone and is not expected to include funding from other donors or multilateral organizations.

2.4 Frontline Healthcare Workers

2.4.1 2030 Vision: The Government of Sierra Leone envisions integrating 98 nurses, 1,926 community health workers, 2 community health officers 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 nurses, community health workers, community health officers and an epidemiologist.

- The Government of Sierra Leone commits to add 200 nurses, 50 medical officers and 2000 community health workers onto government payrolls in 2027, 300 nurses and 75 medical officers and 2000 community health workers onto government payrolls in 2028, 300 nurses and 75 medical officers and 2000 community health workers onto government payrolls in 2029, and 500 nurses, 100 medical officers and 1500 community health workers onto government payrolls in 2030.

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	Sierra Leone New # FTEs Funded	Sierra Leone Existing # FTEs Funded	Sierra Leone Total # FTEs Funded
2026	2,000	1,000	12,554	13,554
2027	1,600	2,250	13,554	15,804
2028	1,200	2,375	15,804	18,179

2029	800	2,375	18,179	20,554
2030	400	2,100	20,554	22,654

The Participants intend to review this funding trajectory annually. If macro-fiscal conditions, such as those impacted by unanticipated external shocks like disease outbreaks, affect Sierra Leone's ability to meet the planned co-financing levels, the Participants may, by mutual consent, adjust the trajectory to reflect changed circumstances.

The breakdown by type of frontline healthcare worker is in Appendix 3. The U.S. Government plans to provide funding through an implementing mechanism through December 31, 2027, and then through Sierra Leone's government through September 30, 2030. 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 Sierra Leone. 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 Sierra Leone in the table above are only expected to include positions funded directly by the Government of Sierra Leone and are not expected to include positions funded by other donors or multilateral organizations.

The Participants intend that transitions in financing for laboratory systems, commodities, and frontline workers, as set out in Sections 2.2, 2.3, and 2.4, should be phased and guided by realistic assessments of fiscal space and absorptive capacity, with the aim of avoiding abrupt disruptions in essential services. Such transitions are expected to be informed by periodic joint reviews under Section 3.2 and may be adjusted by mutual consent where warranted.

2.5 Data Systems

2.5.1 2030 Vision: The Government of Sierra Leone envisions integrated robust health data systems that includes a Health Management Information System (HMIS) using the District Health Information System 2 (DHIS2) as the health data repository and national data warehouse. The Government of Sierra Leone envisions HMIS that gradually transitions from manual documentation of health data into paper-based registers to one where data is electronically captured at the service delivery point. This transition is expected to involve the roll-out of Electronic Medical Records (EMR) across health facilities and expansion of the Community Electronic Medical Records (ComEMR) at the community level. The Government of Sierra Leone also envisions using DHIS2 as its lab

management system, mSupply as its pharmacy and health commodity inventory management system, Electronic Case Based Disease Surveillance System (eCBDS) as its surveillance and outbreak response data system, HIV and TB tracker for case base reporting of people living with HIV and TB, Onsite Training and Support Supervision (OTSS) using the Health Network Quality Improvement System (HNQIS) for mentorship. All the data systems mentioned above are expected to be connected to and compatible with DHIS2.

2.5.2 Implementation Plan:

- The Government of Sierra Leone commits to use ComEMR as its Electronic Medical Records (EMRs) at community level and to gradually introduce facility-based EMR in 5 districts by 2026, 8 districts by 2027, 12 districts by 2028, and 16 districts by 2029.
- The U.S. Govemment plans to support the following improvements to facility and community EMR systems over the term of this MOU consistent with Section 2.5.3: a) a national assessment and accompanying roadmap for the institutionalization of facility and community based EMR systems; b) the pilot and national scale-up of the community-based ComEMR system and the facility-based EMR system.
- The Government of Sierra Leone commits to implement appropriate incentives and accountability mechanisms, which may include performance-based rewards and other non-financial measures, to progressively improve the proportion of encounters recorded in the EMR, aiming to reach at least 75% within one year and 90% within two years of rollout in a facility, subject to infrastructure and staffing constraints.
- The Government of Sierra Leone commits to using DHIS2 as its laboratory management system. DHIS2 is expected to be rolled out across all national and regional labs by the end of 2026.
- The U.S. Government plans to support the following improvements to the laboratory management system over the term of this MOU consistent with Section 2.5.3: a) improvements that ensure that the laboratory management system can communicate and is integrated with the entire national data systems ecosystem.
- The Government of Sierra Leone commits to use mSupply as its pharmacy management system. mSupply is expected to be rolled out across 10% of pharmacies by the end of 2026, 25% of pharmacies by the end of 2027, and 50% of hospital and health facility pharmacies by the end of 2028.
- The U.S. Government plans to support the following improvements to mSupply pharmacy management system over the term of this MOU consistent with Section 2.5.3: a) a national assessment and accompanying roadmap for the institutionalization of mSupply as the pharmacy management system; b) the pilot and national scale-up of mSupply as the pharmacy management system.

- The Government of Sierra Leone commits to use eCBDS as its disease outbreak surveillance systems. eCBDS is expected to be rolled out across all applicable sites by the end of 2026.
- The U.S. Government plans to support the following improvements to eCBDS over the term of this MOU, consistent with Section 2.5.3: build and strengthen in-country technical capacity to effectively utilize and maintain the eCBDS.
- The Government of Sierra Leone commits to use mSupply as its health commodity inventory management system. mSupply is expected to be rolled out across all components of the government-run health commodity supply chain by the end of 2030.
- The U.S. Government plans to fund the following improvements to mSupply health commodity inventory management system over the term of this MOU, consistent with Section 2.5.3: a) a national assessment and accompanying roadmap for the institutionalization of mSupply as the health commodity inventory management system; b) the pilot and national scale-up of mSupply as the health commodity inventory management system.
- The Government of Sierra Leone commits to use the DHIS2 as its national health data warehouse.
- The U.S. Government plans to support the following improvements to the DHIS2 national health data warehouse over the term of this MOU consistent with Section 2.5.3: support the integration and interoperability of all critical health systems with the DHIS2.
- Both the U.S. Government and the Government of Sierra Leone intend to maximize integration and interoperability between the aforementioned systems and to ensure that appropriate cybersecurity and data security is in place for all the aforementioned systems.
- The national health data warehouse and/or other data systems are expected to be able to collect and report on all data described in Section 1.
- The United States and the Government of Sierra Leone intend to enter into a data sharing agreement 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.
- The Participants recognize that technology choices and implementation timelines for any data sharing should be informed by feasibility, affordability, and alignment with the Government of Sierra Leone's national digital health strategy. The Government of Sierra Leone's commitments in this Section should therefore be subject to periodic review of total cost of ownership, including recurrent costs, and may be adjusted by mutual consent where required to ensure long-term financial sustainability.

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	5,014,434
2027	4,014,434
2028	3,014,434
2029	2,000,000
2030	1,000,000

In 2026, the U.S. Government intends to provide the following funding for specific data systems: $2,000,000 for mSupply, $14,434 for PEPFAR data systems, $2,000,000 for EMR and ComEMR, $500,000 for eCBDS, and $500,000 for DHIS2. Over the course of the MOU, the U.S. Government plans to fund approximately $5,000,000 for EMR and ComEMR, approximately $2,500,000 for eCBDS surveillance and outbreak response data system, approximately $43,302 for PEPFAR data systems, approximately $5,000,000 for mSupply pharmacy management and health commodity inventory management system, and approximately $2,500,000 for DHIS2 as its national health data warehouse. 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 Sierra Leone 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 Investments

2.6.1 2030 Vision: The Government of Sierra Leone 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: The U.S. Government intends to support technical assistance across MOU implementation areas, as needed, including entomology

capacity building for key MOH personnel to strengthen their ability to manage and lead vector control efforts during the final years of the MOU.

- As the Government of Sierra Leone's key national priority, the U.S. Government intends to support the national implementation of the life stages model of health service delivery.
- Sierra Leone intends to accelerate elimination of mother-to-child transmission (EMTCT) of HIV through a time-bound, multi-year scale-up of high-impact prevention, testing, and treatment interventions—reducing infant infections and avoidable under-five mortality and preventing the long-term clinical and financial burden of lifelong HIV care.
- The U.S. Government intends to assist Sierra Leone in engaging private sector partners to reduce dependency on U.S. aid and promote long-term sustainability in health sector initiatives.
- The U.S. Government intends to invest in capacity-building programs for local non-governmental organizations and faith-based organizations to sustain health sector progress beyond the duration of the MOU.
- To ensure sustainability of critical U.S. investments, the U.S. Government intends to support the Government of Sierra Leone's Health Financing reform processes in addition to interventions that enable innovative financing of health care services and promote strategic purchasing of services to improve domestic resource mobilization.
- The U.S. Government intends to support the Government of Sierra Leone to lead and coordinate multi-sectoral efforts to prevent and control HIV, TB, and malaria by strengthening national leadership and program management; enhancing mentorship, accountability, and surveillance; integrating TB/HIV and EMTCT services; expanding community-based and facility-based comorbidity care; and scaling and sustaining proven and novel vector control and case management tools, including targeted malaria elimination initiatives.
- To ensure cost-effective and scalable training, the U.S. Government intends to support the development of accredited online training platforms tailored to the needs of Sierra Leone's health workforce.
- The U.S. Government intends to support the Government of Sierra Leone to strengthen public financial management and health financing functions relevant to this MOU, including budgeting, execution, and tracking of co-investment for commodities, laboratory systems, and frontline workers.
- The U.S. Government intends to support capacity building for district health management teams, hospital managers, and primary health care leaders to plan, implement, and monitor integrated service delivery aligned with the National Health Sector Strategic Plan.

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	17,290,655
2027	17,346,519
2028	15,902,383
2029	9,888,272
2030	8,944,137

2.7 Additional Responsibilities

- The Government of Sierra Leone commits to exempt from taxation in Sierra Leone 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 Sierra Leone. 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 Sierra Leone and (b) the value-added tax levied or otherwise imposed on the purchases of goods and services in Sierra Leone.
- The Participants intend to consult in advance on the practical application of these exemptions to ensure consistency with the Government of Sierra Leone's public finance and tax administration frameworks.
- The Government of Sierra Leone intends to review, and where appropriate update, its regulations and/or laws by December 31, 2026, to enable accelerated regulatory pathways that may draw on approvals from stringent regulatory authorities, including the United States Food & Drug Administration (FDA), while maintaining the Government of Sierra Leone's regulatory decision-making authority.

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 Sierra Leone 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 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 $500,000 in each of 2027 and 2029, subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The U.S. Government and the Government of Sierra Leone intend to work together to mutually decide upon the design and execution of the survey.

4.2 Process Metric Audit: The Government of Sierra Leone affirms the importance of transparent reporting for all activities supported through this MOU. To facilitate accountability for U.S. Government contributions, the Government of Sierra Leone intends to provide access to relevant programmatic and financial data related to the agreed process metrics under Section 1.2 and 1.3, in accordance with national data protection laws and established Ministry of Health procedures. Any verification visits or facility-level reviews requested by the U.S. Government are intended to be conducted jointly with designated the Government of Sierra Leone authorities and limited to activities directly supported under this MOU. The scope, timing, and methodology of such reviews are generally intended to be mutually determined and implemented in a manner that protects patient confidentiality, facility operations, and national regulatory requirements, but may include random inspections without notice to ensure integrity of verification.

4.3 Supply Chain Audit: The Government of Sierra Leone 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. In support of this shared objective, the Government of Sierra Leone commits to provide appropriate data access and relevant information necessary to verify the integrity of the supply chain, in accordance with national laws, established protocols, and the country's regulatory and confidentiality requirements.

4.4 Co-Investment Audit: The Government of Sierra Leone acknowledges that so long as the U.S. Government is providing funding for activities described in section 2.2, 2.3, and/or 2.4 of this MOU, the U.S. Government has a significant and material interest in ensuring the Government of Sierra Leone is making its committed co-investment. To support this shared objective, Sierra Leone commits to provide relevant financial information necessary to verify its co-investment contributions, consistent with national laws, public financial management procedures, and established accountability mechanisms. Any such verification should respect the Government of Sierra Leone's fiscal control and confidentiality requirements.

4.5 Regulatory Compliance Audit: The Government of Sierra Leone 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 applicable 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 facilitate compliance, the Government of Sierra Leone is expected to provide access to relevant data and information needed to monitor compliance, 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, consistent with Sierra Leone's data protection and confidentiality laws and policies, and in a manner that safeguards patient privacy.

4.6 Effect of Failure to Fulfill Data Sharing Commitments: The Government of Sierra Leone 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 Sierra Leone fulfills all commitments in the 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.

4.7 Confidentiality of Audit Information: The Participants intend that information obtained through the audits described in Sections 4.1–4.5 are expected to be treated as confidential and used solely for the purposes of verifying performance and compliance under this MOU, unless otherwise required by applicable law.

SECTION 5
Co-Investment & Performance Benchmarks

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

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

SECTION 6
Additional Terms

6.1 Duration: The activities under this MOU are intended to commence on April 1, 2026, and to continue through September 30, 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 identified as confidential and exchanged under this MOU to any third party (with the exception of the Participants' contractor support personnel) or use such 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. For the avoidance of doubt, this provision is not intended to prevent the Government of Sierra Leone from sharing information with its constitutionally mandated oversight institutions, including Parliament and the Auditor-General, or from

publishing aggregated, de-identified data for public accountability. 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 Sierra Leone Government**
Jared Yancey	Dr Austin Demby
Chargé d'Affaires a.i.	Honorable Minister of Health
U.S. Embassy Freetown	Government of Sierra Leone

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 Sierra Leone 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 Sierra Leone. All activities described in and/or pursued by the Participants under this MOU are subject to the availability of funds, personnel, and other resources.

6.9 Legal Status: This MOU is not an international agreement and does not give rise to legal rights and obligations under international or domestic law.

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

SIGNED on December 22, 2025, in the English language.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA:

(b)(6)

Chargé d'affaires to Sierra Leone
Rabia Y. Qureshi

FOR THE GOVERNMENT OF SIERRA LEONE:

(b)(6)

Honorable Minister of Health
Dr. Austin Demby

Appendix 1: Co-Funding Summary

The below represents the total planned financial support by both the U.S. Government and new funding from the Government of Sierra Leone during the term of the MOU:

Year	U.S. Government	Sierra Leone Government
2026	35,700,000	2,573,663
2027	32,700,000	5,443,633
2028	28,200,000	8,698,633
2029	18,200,000	11,963,233
2030	14,200,000	15,795,243
Total	**129,000,000**	**44,474,405**

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 ($)	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000
Lab Commodities ($)	466,788	466,788	466,788	0	0
Frontline Lab Workers (# FTEs)	14	14	14	0	0
Frontline Lab Workers ($)	129,124	129,124	129,124	0	0
Other Commodities ($)	9,855,419	7,884,335	5,913,251	3,942,168	1,971,083
Frontline Healthcare Workers (# FTEs)	2,000	1,600	1,200	800	400
Frontline Healthcare Workers ($)	743,580	658,800	574,020	169,560	84,780
Data Systems ($)	5,014,434	4,014,434	3,014,434	2,000,000	1,000,000

Technical Assistance ($)	17,290,655	17,346,519	15,902,383	9,888,272	8,944,137
Total	35,700,000	32,700,000	28,200,000	18,200,000	14,200,000

The below represents the total new planned financial support described in this MOU by Government of Sierra Leone during the term of the MOU. The FTEs noted are cumulative annually.

Year	2026	2027	2028	2029	2030
Lab Commodities ($)	10,000	50,000	135,000	210,000	285,000
Frontline Lab Workers (# FTEs)	100	100	100	114	114
Frontline Lab Workers ($)	240,000	240,000	240,000	273,600	273,600
Other Commodities ($)	1,378,663	2,878,633	4,378,633	5,878,633	7,505,643
Frontline Healthcare Workers (# FTEs)	1,000	3,250	5,625	8,000	10,100
Frontline Healthcare Workers ($)	945,000	2,265,000	3,945,000	5,601,000	7,731,000
Total ($)	**2,573,663**	**5,443,633**	**8,698,633**	**11,963,233**	**15,795,243**

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 Rapid Test Kits	319,068
Lab Commodity #2 CD4 Reagents	73,420
Lab Commodity #3CrAG	24,200
Lab Commodity #4 Plasma Separation Cards	35,100
Lab Commodity #5 PCR testing tubes	15,000
Total	466,788

Other Commodities

Commodity	Total Cost ($)
Commodity #1 LLINs	5,019,742
Commodity #2 Malaria RDTs	501,900
Commodity #3 ACTs	707,500
Commodity #4 Injection Artesunate	652,000
Commodity #5 Rectal Artesunate	41,846
Commodity #6 MCHN Commodities	2,000,000
Commodity #7 Lenacapavir	200,000
Commodity #8 Opportunistic Infection medications	30,000
Commodity #8 Medical Consumables	30,000
LLIN Distribution	645,880
In-Country Logistics	26,551
Total	9,855,419

Appendix 3: Frontline Lab & Healthcare Worker Funding

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

Frontline Lab Worker Type #1: Lab Technicians/Lab Scientists

Year	U.S. Government # FTEs Funded	Sierra Leone New # FTEs Funded	Sierra Leone Existing # FTEs Funded	Sierra Leone Total # FTEs Funded
2026	14	100	0	100
2027	14	0	100	100
2028	14	0	100	100
2029	0	14	114	114
2030	0	0	114	114

Frontline Lab Worker Type #2: Epidemiologists

Year	U.S. Government # FTEs Funded	Sierra Leone New # FTEs Funded	Sierra Leone Existing # FTEs Funded	Sierra Leone Total # FTEs Funded
2026	0	0	76	76
2027	0	0	76	76
2028	0	0	76	76
2029	0	0	76	76
2030	0	0	76	76

Frontline Healthcare Worker Type #1: Nurses

Year	U.S. Government # FTEs Funded	Sierra Leone New # FTEs Funded	Sierra Leone Existing # FTEs Funded	Sierra Leone Total # FTEs Funded
2026	98	0	11,789	11,789
2027	74	200	11,789	11,989
2028	56	300	11,989	12,289
2029	0	300	12,289	12,589
2030	0	500	12,589	13,089

Frontline Healthcare Worker Type #2: Medical Officers

Year	U.S. Government # FTEs Funded	Sierra Leone New # FTEs Funded	Sierra Leone Existing # FTEs Funded	Sierra Leone Total # FTEs Funded
2026	0	0	765	765
2027	0	50	765	815
2028	0	75	815	890
2029	0	75	890	965
2030	0	100	965	1,065

Frontline Healthcare Worker Type #3: Community Health Workers

Year	U.S. Government # FTEs Funded	Sierra Leone New # FTEs Funded	Sierra Leone Existing # FTEs Funded	Sierra Leone Total # FTEs Funded
2026	2,000	1,000	0	1,000
2027	1,600	2,000	1,000	3,000
2028	1,200	2,000	3,000	5,000
2029	800	2,000	5,000	7,000
2030	400	1,500	7,000	8,500