

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE GOVERNMENT OF THE UNITED STATES OF AMERICA  
AND  
THE GOVERNMENT OF THE REPUBLIC OF MOZAMBIQUE**

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

**CONSIDERING** that Mozambique 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 Mozambique and prevent the spread of emerging and existing infectious disease threats globally;

**RECOGNIZING** that United States global health investments made over the past 20 years have saved over 1 million lives and substantially and meaningfully strengthened Mozambique's health system;

**RECOGNIZING** that Mozambique has made substantial progress in advancing its domestic health system over the past 20 years; and

**FURTHER RECOGNIZING** the benefits of ongoing collaboration between the Government of Mozambique and the U.S. Government to detect, prevent, and respond to emerging and existing infectious disease threats affecting both Mozambique 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 outcome metrics by the end of each of the specified years:

	Baseline	2026	2027	2028	2029	2030
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% People With HIV Who Know Their Status (Spectrum/INSIDA/NIHS)	87% (Spectrum 2024)	89%	91%	93%	94%	95%
% People With HIV on Treatment (Spectrum INSIDA/NIHS)	83% (Spectrum 2024)	84%	86%	88%	89%	90%
% People With HIV Who Are Virally Suppressed (Spectrum/INSIDA/NIHS)	75% (Spectrum 2024)	78%	81%	84%	85%	86%
Estimated rate of mother to child transmission (Spectrum)	12.5% (Spectrum 2024)	11%	9%	7%	6%	5%
# of Malaria Deaths in Children Under 5 (Modelled estimates)	13,460 (WHO 2024 Estimates)	12,567	11,630	10,650	9,628	8,567
# of TB related deaths (Modelled estimates)	14,074 (WHO 2024 Estimates)	12,527	11,730	10,875	9,963	8,991
# Polio Cases (e.g., WPV, cVDPVB) Source: e-IDSR and BEDS?	(1-cVDPV1, 1-cVDPV2_E S 2024)	0	0	0	0	0
# Measles Cases Source: e-IDSR and BES	Measles Cases in 2024: 1,237	1,002	902	812	731	657
Maternal Mortality Rate (SIS-COVE)	233 deaths per 100,000 live births	205 per 100,000 live births	175 per 100,000 live births	140 per 100,000 live births	115 per 100,000 live births	85 per 100,000 live births
Children Under 5 Mortality Rate (SIS-COVE)	60 deaths per 1000 live births	55 per 1,000 live births	50 per 1,000	45	40	35 deaths per 1,000 live births

**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 (SIS-MA)	2,032,370 (2024)	2,085,896	2,139,422	2,192,948	2,246,474	2,300,000
# new HIV diagnoses among infants (0-18 months)- Spectrum	2,507 (2024)	1,890	1,651	1,437	1,236	1,038
# new HIV diagnoses among children and adults (SIS-MA, positive tests)	317,184 (2024)	301,184	285,184	269,184	253,184	237,184
% pregnant and breastfeeding women	82% (2024)	83%	85%	87%	89%	90%

living with HIV who receive ART (Spectrum)						
% confirmed malaria cases that receive first-line antimalarial treatment (SIS-MA)	99.2% (2024)	99.4%	99.5%	99.7%	99.8%	100%
# insecticide-treated nets distributed to populations at risk of malaria, pregnant woman, (NIHS/MIS, SISMA)	1,898,500 (2024)	1,747,949	1,792,586	1,838,539	1,885,853	1,934,455
# patients with TB notified (i.e., bacteriologically confirmed + clinically diagnosed) (SIS-MA OU RELATÓRIO DO SECTOR))	107,325 (2024)	117,386	116,973	115,422	114,978	114,300
% patients with TB notified who completed treatment (SIS-MA OU RELATÓRIO DO SECTOR)	92%	≥ 92%	≥ 92%	≥ 92%	≥ 92%	≥ 92%
% surviving infants who received at least one dose of inactivated polio vaccine (WUENIC)	86% (2024)	87%	88%	88%	88%	88%
% of children aged 12–23 months who received one dose of measles-containing vaccine (WUENIC, NIHS)	65% (2024)	66%	67%	67%	67%	67%
% of pregnant women with 4 or more ANC visits during a single pregnancy (SIS-MA, NIHS/MIS)	76% (2024)	77%	78%	79%	80%	80%
% accuracy of data fields assessed during the annual data audit. (Data Quality report 2023)	70	72	74	77	80	82

**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:

- I. The Government of Mozambique aims to detect suspected infectious disease outbreaks with epidemic potential in Mozambique within 7 days of disease emergence;
- II. The Government of Mozambique aims to notify the U.S. Government within 1 day (currently at 3 days, but striving to reduce the time for notification to 1

day) of confirmation of all events in Mozambique which may constitute a public health emergency of international concern, and engages in meaningful coordination and consultation with the U.S. Government and other entities; and

- III. The Government of Mozambique completes relevant initial response actions to respond effectively to infectious disease outbreaks in Mozambique within 7 days of notification, including engaging in meaningful consultation with the U.S. Government on the Government of Mozambique's response.

## **SECTION 2**

### **Areas of Cooperation**

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

#### **2.1 Surveillance & Outbreak Response**

**2.1.1 2030 Vision:** The Government of Mozambique envisions a country-level national surveillance and outbreak response system, 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 (currently at 3 days, but striving to reduce the time for notification to 1 day) of confirmation of any event which may constitute a public health emergency of international concern, and complete relevant initial response actions to respond effectively within 7 days to infectious disease outbreaks in Mozambique.

#### **2.1.2 Implementation Plan:**

- I. The U.S. Government and the Government of Mozambique plan to ensure that the exchange of information, resources, and technologies between countries is rapid and effective.
- II. The U.S. Government plans to fund an assessment of the Government of Mozambique's outbreak surveillance system to include disease surveillance (e.g., HIV) and safety procedures for pathogen sample collection, transport, storage, testing, and disposal.
- III. The Government of Mozambique commits to work with the U.S. Government to address any prioritized gaps identified by the aforementioned assessment.
- IV. The Government of Mozambique and the U.S. Government plan to strengthen Points of Entry (PoE) screening to reduce the risk of introducing diseases with epidemic potential, including through improved surveillance, screening, and coordination with cross-border health authorities.
- V. The U.S. Government and the Government of Mozambique plan to strengthen community-based surveillance, including mortality and HIV surveillance, to

improve early detection and reporting of unusual or unexpected deaths and to monitor progress toward national targets for reducing maternal, neonatal, and child mortality, as well as mortality from preventable diseases.

- VI. The U.S. Government and the Government of Mozambique plan to support the integration of community-based surveillance data with national electronic health surveillance and information systems to ensure the timely transmission, analysis, and use of data at the community level for decision-making at the district, provincial, and national levels.
- VII. The U.S. Government and the Government of Mozambique aim to support the prompt detection and notification of priority pathogens, including polio and measles. The U.S. Government and the Government of Mozambique intend to promote the need for prompt detection, notification, investigation, and reporting of cases of priority diseases, including those notifiable and epidemic-prone, with an emphasis on integrated surveillance activities. Disease surveillance activities to be supported may include updating standards, protocols, and procedures; assessment, monitoring and evaluation; providing technical support; collecting and transporting samples to reference laboratories.
- VIII. The U.S. Government and the Government of Mozambique plan to strengthen the Public Health Emergency Operations Centers and Outbreak Investigations Centers and to enhance national and sub-national capacity for rapid outbreak coordination, investigation, verification, and detection, for emergency response.
- IX. The U.S. Government and the Government of Mozambique intend to seek to advance integration of human, animal, and environmental health through a multidisciplinary, cross-sectional approach to improve preparedness and response to outbreaks, particularly those with zoonotic origins.
- X. The Government of Mozambique commits to ensuring the continued availability and institutional support of trained field epidemiologists and related public health professionals to strengthen national preparedness and response to public health emergencies. Mozambique expects to progressively expand and sustain this workforce over the coming years from 90 in 2025 to 113 by 2030.
- XI. The U.S. Government plans to support training of at least 10 field epidemiologists through FETP, hosted by the School of Public Health, each year of this MOU. The cohort is expected to include field epidemiologists supporting the HIV response.
- XII. The Government of Mozambique commits to allow the United States Food and Drug Administration's approval or Emergency Use Authorization of medical countermeasures to respond to an outbreak in-country, in accordance with national laws and regulations, and plans to explore entering into an appropriate agreement to operationalize the commitment.

- XIII. The U.S. Government, in coordination with the Government of Mozambique, plans to use existing mechanisms and/or establish a new 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:

<b>Year</b>	<b>U.S. Government Surveillance &amp; Outbreak Response Funding</b>
2026	\$7,300,000
2027	\$27,600,000*
2028	\$6,000,000
2029	\$19,300,000*
2030	\$4,300,000

\*Includes funding for surveys discussed in Section 4.1.

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 Mozambique.

**2.2 Laboratory Systems**

**2.2.1 2030 Vision:** The Government of Mozambique envisions an integrated, multi-tiered network of 529 laboratories with capacity to identify and characterize priority pathogens including those of outbreak, epidemic, or pandemic potential. The network is expected to enhance national diagnostic services and disease surveillance, providing advanced molecular, microbiological, and toxicological testing, including genomic sequencing, to improve early detection, confirmation and response to public health threats.

**2.2.2 Implementation Plan:**

- I. For the purposes of this section, the U.S. Government currently funds approximately \$32M of laboratory commodities and 105 of frontline lab workers in Mozambique. The U.S. Government plans to fund 100% of the aforementioned lab commodities in 2026, and flatline its contribution through 2030, subject to the availability of funds.

- II. The U.S. Government plans to fund frontline lab workers as outlined in Section 2.2.3. This includes laboratory technicians and laboratory quality assurance officers.
- III. The Government of Mozambique commits to add 10 lab technicians onto government payrolls in 2027, 20 lab technicians onto government payrolls in 2028, 30 lab technicians onto government payrolls in 2029, and 45 lab technicians onto government payrolls in 2030.
- IV. The Government of Mozambique commits to ensure all Level 2 and Level 3 biosafety labs in Mozambique 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, ISO 17025 and ISO 15189) by the end of 2030.
- V. Any sample transport support provided by the U.S. Government is expected to be transitioned to the Government of Mozambique by 2030. The lab sample transport transition should be aligned to government strategies and processes to maintain a sustainable and efficient referral system that is integrated into Mozambique’s national health system framework. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the time of transition.
- VI. Any diagnostic network optimization support provided by the U.S. Government is expected to be transitioned to the Government of Mozambique by January 1, 2030

**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 Mozambique Funding	Existing Mozambique Funding	Total Mozambique Funding
2026	\$32,222,465	\$0	\$0	\$0
2027	\$32,222,465	\$0	\$0	\$0
2028	\$32,222,465	\$0	\$0	\$0
2029	\$32,222,465	\$0	\$0	\$0
2030	\$32,222,465	\$0	\$0	\$0

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 laboratory commodities through an implementing partner through 2030. The U.S. Government plans to distribute its laboratory commodities to all health facilities through an implementing partner. The Government of Mozambique plans to purchase its lab commodities through the Central de Medicamentos e Artigos Medicos (CMAM) and distribute its laboratory commodities through

Mozambique’s supply chain system. The Government of Mozambique plans to ensure in a reasonable amount any laboratory commodity inventory both (a) paid for by the U.S. Government and (b) distributed through Government of Mozambique-owned supply chains. For purposes of this MOU, laboratory 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 Mozambique in the table above is expected to only include funding provided directly by the Government of Mozambique and is not expected to include funding from other donors or multilateral organizations.

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

Year	U.S. Government # FTEs Funded	Mozambique New # FTEs Funded	Mozambique Existing # FTEs Funded	Mozambique Total # FTEs Funded
2026	105	0	3,317	3,317
2027	95	10	3,317	3,327
2028	75	20	3,327	3,347
2029	45	30	3,347	3,377
2030	0	45	3,377	3,422

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 laboratory workers through 2029 accompanied by gradual absorption of laboratory workers by the Government of Mozambique beginning in 2027. For purposes of this MOU, funding is expected to cover the salary and benefits for frontline lab workers. 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 Mozambique. Positions funded by the Government of Mozambique in the table above are expected only to include positions funded directly by Mozambique and are not expected to include positions funded by other donors or multilateral organizations.

## **2.3 Commodities and Supply Chain**

### **2.3.1 2030 Vision:**

The Government of Mozambique envisions a streamlined and integrated health care commodity supply chain system that leverages centralized procurement and

pooled resources, supported by a hybrid distribution model combining public and private sector logistics to ensure efficient delivery to health facilities nationwide.

By 2030, the Central Medicines and Medical Supplies Agency (CMAM) is expected to be a national and regional benchmark in the management of the health products supply chain, operating with high standards of efficiency, transparency and innovation. A CMAM that is robust in its governance, resilient in the face of crises and sustainable in its use of resources, is essential to ensuring the continuous and equitable availability of medicines and medical supplies for all Mozambicans.

### **2.3.2 Implementation Plan:**

The Government of Mozambique plans to implement the Strategic Plan for Pharmaceutical Logistics, which sets out strategic activities. This plan is expected to be evaluated every five years, and the U.S. Government may provide technical and financial support for some of the actions in this plan.

- I. For the purposes of this section, the U.S. Government currently funds approximately \$70M of non-lab commodities annually including for HIV, Malaria, TB, Maternal and Child Health (MCH) and GHS.
- II. 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 Mozambique funding approximately \$23m of these commodities by the end of this MOU as outlined in Section 2.3.3.
- III. The Government of Mozambique commits to ensuring all Government of Mozambique-owned, managed, or run warehouses storing commodities funded by the U.S. government under this MOU meet ISO warehouse standards by 2030 and maintain such standards through the end of the MOU period.
- IV. The Government of Mozambique, through the National Medicines Regulatory Authority, the Central Medical Stores, and the General Inspectorate, plans to work jointly to prevent, detect, and respond to theft and diversion of medicines and medical supplies, and plans to transparently share information on all incidents identified.
- V. The Government of Mozambique commits to notify the U.S. Government at the first 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	Mozambique New Funding	Mozambique Existing Funding	Mozambique Total Funding
2026	\$69,111,507		\$5,000,000	\$5,000,000
2027	\$66,111,507	\$3,078,261	\$5,000,000	\$8,078,261
2028	\$64,111,507	\$5,130,435	\$5,000,000	\$10,130,435
2029	\$64,111,507	\$5,130,435	\$5,000,000	\$10,130,435
2030	\$59,111,507	\$10,260,869	\$5,000,000	\$15,260,869

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 an implementing partner through 2030. The U.S. Government plans to distribute its commodities to all health facilities through an implementing partner. Mozambique plans to purchase its commodities through the Central Medical Stores Procurement Department using the SADC Pooled Procurement Center and distribute its commodities to all health facilities through the Central Medical Stores fleet and outsourced/private sector managed vehicles. 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 Mozambique in the table above is expected to only include funding provided directly by the Government of Mozambique and is not expected to include funding from other donors or multilateral organizations.

## **2.4 Frontline Healthcare Workers**

For the purposes of Section 2.4, Community Health Workers (CHW) refers to community-based healthcare workers supported by the U.S. Government

For the purposes of Section 2.4, Multipurpose Health Workers or *Agentes Polivalentes de Saúde* (APS) refers to: Multipurpose Health Agents are members appointed by the community, responsible for implementing national policies of local community development through actions of health promotion, disease prevention and treatment of the most common health problems, subject to a specific training package by the entity that oversees the health sector.

**2.4.1 2030 Vision:** The Government of Mozambique envisions a workforce of frontline healthcare workers (HCWs), sufficient in number and capacity, to lead the country’s response to HIV/TB, malaria, and other priority public health areas. In support of this vision, the Government of Mozambique plans to expand its

workforce, through domestic healthcare investment, by absorbing critical, trained, frontline personnel from U.S. Government-supported Health programs, in accordance with the provisions of the General Statute of State Employees and Agents (EGFAE). In parallel, the Government of Mozambique also plans to increase the number of APSs into the Community Health Subsystem in accordance with the provisions of the APSs Statute.

Regarding the support of Human Resources for Health (HRH) absorption, the Government of Mozambique and the U.S. Government commit to:

- I. Support the ongoing absorption of U.S. Government-supported HRH from cadres that currently align with the Ministry of Health (MISAU), such as clinical officers, laboratory technicians and other professionals in the health sector, in accordance with the priorities of the sector.
- II. Reduce and streamline the workforce supported by the U.S. Government in consultation with MISAU.
  - a. Consolidate cadres and improve efficiency
  - b. Broaden scopes of work to create a more cross-cutting workforce
  - c. Align functions, titles, and remuneration with the Government of Mozambique to support/accelerate future HRH transfer to the Government of Mozambique
- III. Support Government of Mozambique policy shifts around the community workforce.
  - a. In Year One, the U.S. Government commits to work with the Government of Mozambique and other donors to operationalize the community subsystem strategy to ensure efficiency and impactful integration.
  - b. In Year Two and beyond, the U.S. Government commits to supporting the community health subsystem strategy. This may include support for the necessary training, supervision, mentorship, and scale-up of the community health subsystem. This is expected to allow the U.S. Government to support sub areas of interest (including malaria and MCH), to maintain a focus on HIV/TB.

The Government of Mozambique, over five years, envisions 1) integrating 857 Clinical Officers, 5 Doctors, 376 Nurses, and 95 Pharmacy Technicians currently funded by the U.S. Government; 2) continuing the routine absorption of frontline HCWs supported through Government to Government (G2G) agreements between the U.S. Government and the Government of Mozambique (400 per year, totaling 1,600); and 3) adding an additional 1,855 APS into its permanent healthcare workforce, under the terms of the EGFAE.

U.S. Government supported Clinical Officers, Doctors, Nurses, and Pharmacy Technicians have matching counterparts under MISAU and can be directly

absorbed from implementing partners, subject to programmatic needs. MISAU APS are recruited from and vetted by the communities they serve, so traditional absorption is not feasible. All candidates for APS are required to comply with criteria duly defined and approved by MISAU. Recruitment and evaluation are conducted directly within the communities they serve, ensuring legitimacy and alignment with national standards. Consequently, their absorption into the health system follows established and pre-approved processes, in strict conformity with the applicable regulatory framework. As such, MISAU commits to increasing its number of APSs through its own processes. As MISAU’s APS workforce grows year-over-year, the U.S. Government plans to commensurately reduce its volume of supported CHWs.

**2.4.2 Implementation Plan:**

- I. The U.S. Government plans to fund frontline HCWs as outlined in Section 2.4.3. This includes doctors, nurses, clinical officers, lab technicians and community health workers.
- II. The Government of Mozambique plans to continue the routine, annual absorption of G2G-supported frontline HCWs. Note that G2G-supported frontline HCWs is not expected to include MCH nurses.
- III. The Government of Mozambique commits to the following, annual absorption schedule in the table below subject to both programmatic need and budget availability. Additionally, for those HCWs absorbed from U.S. Government supported programs, the Government of Mozambique commits to maintaining their placement in accordance with Mozambican law, for the duration of this MOU.

Year	Absorbed from USG					Additional APS
	Clinical Officers	Doctors	Nurses	Pharmacy Technicians	G2G-supported Frontline HCWs	
2026	-	-	-	-	-	-
2027	212	1	94	23	400	450
2028	215	1	94	23	400	455
2029	215	1	94	23	400	475
2030	215	2	94	26	400	475
<b>Total</b>	<b>857</b>	<b>5</b>	<b>376</b>	<b>95</b>	<b>1,600</b>	<b>1,855</b>

The U.S. Government plans to continue the following elements of site- and community-level support through implementing partners wherever HRH support is provided:

- I.Ensure technical assistance to health facilities and the community through trained and qualified human resources;
- II.Ensure that frontline healthcare workers funded by the U.S. Government have salaries and functions equivalent to those in the civil service wherever feasible (e.g. when scopes of work align across governments);
- III.Strengthen technical capacities for the provision of quality health services through continuing education, quality assessment, and mentorship); and
- IV.Increase the primary healthcare workforce to deliver the essential health package, particularly through community/lay cadre HRH.

**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:

<b>Year</b>	<b>U.S. Government # FTEs Funded</b>	<b>Mozambique New # FTEs Funded</b>	<b>Mozambique Existing # FTEs Funded</b>	<b>Mozambique Total # FTEs Funded</b>
<b>2026</b>	19,798	-	44,163	44,163
<b>2027</b>	19,798	1,180	44,163	45,343
<b>2028</b>	19,018	1,188	45,343	46,531
<b>2029</b>	18,230	1,208	46,531	47,739
<b>2030</b>	17,422	1,212	47,739	48,951

The breakdown by type of frontline healthcare worker to be absorbed or staffed is in Appendix 3. For purposes of this MOU, 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 Mozambique. 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. Additional APSs have been budgeted to include support for initial training and supplies, as well as the current annual salary. Positions funded by the Government of Mozambique in the table above should only include positions funded directly by the Government of Mozambique and should not include positions funded by other donors or multilateral organizations. The U.S. Government has ended funding MCH nurse

staffing positions through government funding mechanisms as of end of September 2025.

## **2.5 Data Systems**

**2.5.1 2030 Vision:** The Government of Mozambique envisions an integrated national digital health platform that supports data-driven decision-making, regardless of condition, at all levels of the health system. The core product of this platform is the Integrated Electronic Medical Record System (SIS-RME), owned and operated by the Government of Mozambique. The improvements to SIS-RME should leverage and transition the functions and features of the U.S. Government-developed Electronic Patient Tracking System (SESP).

In addition, this platform, through a health data exchange, should leverage the Government of Mozambique's Laboratory Information System (SIS-LAB) as its laboratory management system; an Integrated Disease Surveillance and Response (eVIDR) Platform as its outbreak surveillance and response data system; and nSIMAM as the integrated health product inventory management system. A National Data Warehouse should be developed and implemented. Development of data systems funded by the U.S. Government are expected to be fully led and owned by the Government of Mozambique with technical assistance and workplan oversight by the U.S. Government.

### **2.5.2 Implementation Plan:**

#### Cross-System

- I. The Government of Mozambique commits to operationalizing a “health data exchange” for the continuous sharing integration between and among health data systems. This health data exchange is expected to be functional by the end of 2026.
- II. The U.S. Government plans to support the health data exchange and the creation of a shared health record.
- III. Both the U.S. Government and the Government of Mozambique intend to maximize integration and interoperability between the above-mentioned systems through data exchange, and to ensure that appropriate cybersecurity and data security is in place for all the aforementioned systems.

#### Electronic Medical Record System

- I. The Government of Mozambique commits to implement the electronic medical record system, SIS-RME, while maintaining an open approach to diversity and innovation, encouraging collaboration between partners and technical areas. The Government of Mozambique intends to promote the strengthening and expansion of the development of SIS-RME, ensuring sustainability and scalability, including

integration in the national health data exchange. The minimum viable version of SIS-RME (targeted for release in September 2026) is expected to include modules for registration, consultation, maternal and child health, HIV services for inpatients and outpatients, and TB services for inpatients and outpatients. Additional details on development and deployment of SIS-RME can be found in the Data Systems Roadmap.

- II. The U.S. Government plans to transfer SESP to the management of the Mozambican Government by June 20, 2026. A transition plan and strategy (to be finalized by March 31, 2026) is expected to detail governance of SESP and its gradual transition. SESP is expected to be fully retired once data and functionality (including interoperability and reporting) have been fully transitioned and integrated into SIS-RME. During this transition period, SESP should have approval to generate existing MISAU reports for national reporting and monitoring.
- III. The Government of Mozambique – with U.S. Government support – plans to identify and develop a scannable data capture solution (integrated with SIS-RME) in order to cover low burden health facilities in line with programmatic needs by the end of June 2027.
- IV. The U.S. Government plans to fund the following for SIS-RME during the term of this MOU in accordance with Section 2.5.3: software development; equipment to support the implementation of SIS-RME; transition of the functions and characteristics of the SESP; improvements in data capture needed for programmatic needs; and integration in the exchange of health data.
- V. U.S. Government support for SESP enhancements during the term of this MOU in accordance with Section 2.5.3 is expected to be limited to: transition to SIS-RME, minimum programmatic maintenance, and integration into health data exchange.

#### Laboratory Management System

- I. The Government of Mozambique commits to developing an open-source laboratory management system (SIS-LAB) that is expected to be implemented in clinical and public health laboratories by the end of 2030. While SIS-LAB is still in design and development, DISA is expected to continue to be used for managing laboratory data, for clinical and surveillance purposes.
- II. The U.S. Government plans to finance development of SIS-LAB during the term of this MOU in accordance with Section 2.5.3, including: software development; equipment to support the implementation of SIS-LAB; improvements in data capture for programmatic needs; and integration in the exchange of health data.
- III. The U.S. Government plans to support the DISA laboratory system in accordance with Section 2.5.3, including: equipment to cover programmatic needs; software licensing; improvements in data capture; and integration with the data interoperability layer.

### Pharmacy Management System

- I. The Government of Mozambique commits to using the SIS-RME pharmacy module as its pharmacy management system. The existing pharmacy data system for ART and TPT (iDMED) is expected to be temporarily utilized until all functionality has been transferred to the SIS-RME pharmacy system. This module is expected to be expanded concurrently with the base SIS-RME platform.
- II. The U.S. Government plans to fund the following improvements to the SIS-RME pharmacy module during the term of this MOU in accordance with Section 2.5.3: equipment for expansion; development of data capture modules for the collection of the data described in Section 1; improvements in data capture needed for programmatic needs; and integration at the data interoperability layer.

### Disease Outbreak Surveillance System

- I. The Government of Mozambique commits to using and strengthening eVIDR as its disease outbreak case-based surveillance system. eVIDR is expected to be implemented in all applicable locations by the end of 2027.
- II. The U.S. Government plans to fund the following improvements to eVIDR during the term of this MOU in accordance with Section 2.5.3: improvements to address priority gaps identified through the assessment of surge response systems; development of data capture modules for the collection of the data described in Section 1; improvements in data capture needed for programmatic needs; and integration into the data interoperability layer.

### Health Commodity Logistics Management Information System

- I. The Government of Mozambique commits to strengthening the nSIMAM as its health commodity logistics inventory management information system. This system is expected to be utilized across all components of the government-run health commodity supply chain by the end of 2028.
- II. The U.S. Government plans to fund the following improvements, with the aim of further consolidating and integrating the use of health product logistics management information systems, throughout the term of this MOU, in accordance with Section 2.5.3: Leveraging and consolidating the components, functionalities, and characteristics of existing systems into an integrated ERP platform; acquiring equipment to expand technological capacity; and Integrating the systems at the data interoperability layer, reinforcing the sharing and consistency of information between platforms.

### National Health Data Warehouse

- I. The Government of Mozambique commits to establish and use a national health data warehouse. The national health data warehouse is expected to be operational by the end of 2027. Once established and operational, the national health data warehouse is expected to serve as the data source for reporting process metrics described in Section 1.

- II. The U.S. Government plans to fund the design, architecting, deployment and implementation of a national health data warehouse over the term of this MOU consistent with Section 2.5.3.

**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	\$16,666,385
2027	\$28,230,116
2028	\$18,533,429
2029	\$11,129,710
2030	\$8,512,439

For detailed budget information, refer to the Data Systems Roadmap. 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 Mozambique 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.

In the unlikely event the Participants are not able to finalize a mutually acceptable technology roadmap for the data systems outlined in Section 2.5 of this MOU, both Participants acknowledge the U.S. Government may revisit its funding levels under this MOU.

**2.6 Strategic Investments**

**2.6.1 Vision**

By 2030, the U.S. Government commits to support the Government of Mozambique to end the public health threats of HIV, tuberculosis (TB), malaria, and polio, while strengthening the overall system’s ability to prevent, detect, report, and respond to other health threats, leading to overall reduced morbidity and mortality. Through integrated planning and targeted investments in geographic areas with the largest unmet needs, we aim to address interconnected health challenges, by leveraging synergies across programs to maximize impact.

This integrated approach is expected to also address acute malnutrition as a major underlying factor worsening outcomes for HIV, TB, and malaria.

More specifically, by 2030, The Government of Mozambique plans to:

- I. HIV: Achieve the 95–95–95 targets: ensure 95% of the estimated PLHIV have a known HIV status; 95% of those with a known status are receiving HIV treatment; and 95% of those on treatment achieve viral load suppression.
- II. TB: Reach 90% treatment coverage, 90% preventive therapy coverage, and 90% treatment success for TB (90-90-90 targets)
- III. Malaria: Reduce malaria incidence by 45%, and hospital mortality by 23%, in line with the National Malaria Strategic Plan.
- IV. Polio: Detect an annual non-poliomyelitis AFP rate  $\geq 3/100,000$  children under 15 years of age; Reach 90% of surviving infants who received at least one dose of inactivated polio vaccine (WUENIC).
- V.

## **2.6.2 Strategic Innovations**

### **2.6.2.1 Improve Cost Effectiveness**

Improved cost-effectiveness is expected to be essential for program continuity, and may be achieved through the following:

- I. Programmatic Integration and Optimization: Integration of service provision across health programs to enhance system efficiency and resource allocation. Updated data analyses should seek optimization across integrated programs. For example, site support designation (AJUDA vs. Sustainability sites) should be reconsidered to optimize support and reach the vision.
- II. Programmatic Simplification: Services should be streamlined around agreed-upon essential services, leveraging achievements for prevention and clinical outcomes.
- III. Transition to Local Partners and Government of Mozambique: The U.S. Government may increasingly shift funding to more cost-effective partners such as the Government of Mozambique at all levels and local implementing partners.

### **2.6.2.2 Integrated Multi-Disease Model**

A multi-disease model is expected to further strengthen the primary health care approach through health facility- and community-based services. This model is expected to include case finding and prevention of non-communicable diseases (NCDs) in the context of providing integrated services to patients with tuberculosis (TB), HIV, and malaria. Epidemiologic and other contextual factors should be considered for implementation, including the use of time-limited investments.

### **2.6.2.2.1 Integrated Multi-Disease Community-Based Interventions and Campaigns**

Multi-disease community-based campaigns are expected to accelerate disease control, including through integrated case finding, linkage and/or referral to services, and retention services.

Long-term sustainability may be achieved by consolidating vertical campaigns, reducing logistics inefficiencies, and strengthening permanent health systems. Where epidemiologically appropriate and operationally feasible, the multi-disease community-based interventions are expected to integrate health services, including health promotion, prevention, case-finding, linkage and/or referral to treatment, and retention services. A unified digital platform is expected to track coverage gaps, positivity patterns, and commodity utilization.

### **2.6.2.3 Maternal, Newborn, Child Health (MNCH), and Prevention of Mother to Child Transmission (PMTCT) Acceleration Initiative**

By 2030, The Government of Mozambique should ensure that every woman and child survives and thrives by reducing maternal mortality and under-5 mortality by 50% from DHS 2022-2023 levels and reducing vertical HIV transmission to under 5%. To prevent disease transmission and deaths, a continuum of prevention and care approach at the health facility and community levels is essential. Timely essential and emergency care from pre-pregnancy through to childhood should aim to save the lives of Mozambican women and children. Furthermore, this initiative is expected to prioritize child nutrition, routine immunization, and primary prevention strategies to improve holistic MCH outcomes. Epidemiologic and other contextual factors should be considered in developing an effective approach to reaching elimination of mother-to-child transmission (EMTCT) and MCH goals, including the use of time-limited investments.

To strengthen referrals and emergency care, the initiative is expected to refurbish and equip operating theaters and newborn care units, and improve emergency transport and maternity waiting homes, reducing maternal and neonatal mortality. A strong national quality improvement strategy and an integrated, robust health information system is expected to allow for evidence-based program management and accountability for this innovation.

The U.S. Government and the Government of Mozambique commit to support a holistic approach to strengthening routine immunization and vaccine preventable disease outbreak responses.

## **2.6.3 Program-Specific Considerations**

### **2.6.3.1 HIV Elimination Acceleration**

The Government of Mozambique is committed to accelerating progress across the entire HIV cascade, from case finding to sustained viral load suppression. The national initiative prioritizes strengthened strategies for HIV case finding, with continued emphasis on community-based approaches. Recognizing the importance of prevention, the Government of Mozambique commits to scale up comprehensive HIV combination prevention interventions, with special consideration for vulnerable and high-risk population groups to ensure all people living with HIV (PLHIV) achieve and maintain viral load suppression, the initiative should support the full inclusion of PLHIV in antiretroviral therapy (ART) services. This includes measures to improve treatment adherence and retention, expand advanced HIV disease care, strengthen the integration of HIV and tuberculosis (TB) care, and enhance the overall quality of care.

The initiative also underscores the importance of community engagement and the long-term sustainability of civil society organizations in the HIV response. A strong national quality improvement strategy and an integrated, robust health information system is expected to allow for evidence-based program management and accountability of the HIV response.

#### **2.6.3.2 TB Elimination Acceleration**

The Government of Mozambique's TB Elimination Acceleration Program is a comprehensive strategy to prevent, reach, and cure TB. Prevention includes the scale up of short-course TB preventive therapy (TPT) for PLHIV, household contacts, and other high-risk populations. Reaching TB includes strengthened social and behavioral change activities, active case finding at all health facility entry points as well as in the community. Curing TB includes expansion of short-course treatment for sensitive and drug-resistant TB, as well as improved quality care for all patients with active TB through improved patient-centered care to ensure treatment adherence and successful outcomes. A strong national quality improvement strategy and an integrated, robust health information system is expected to allow for evidence-based program management and accountability of the TB response.

#### **2.6.3.3 Malaria Elimination Acceleration**

To reduce malaria incidence and mortality, the Government of Mozambique plans to accelerate key prevention and treatment interventions, including promoting health-seeking behaviors, entomologic surveillance, insecticide-treated bed net use, targeted indoor residual spraying, and implementing seasonal, perennial, and pregnancy-focused malaria chemoprevention. Ensuring adequate diagnostic tests and anti-malarial medicines at all levels is expected to support timely, life-saving treatment. Innovative strategies such as the malaria vaccine, new diagnostics, and treatments are expected to be introduced.

All the above is expected to be anchored by a strong national quality improvement strategy and by the integrated malaria information storage system, which is intended to allow for evidence-based program management and accountability of the malaria response.

## **2.6.4 System-Specific Considerations**

### **2.6.4.1 Strengthen the National Integrated Laboratory Network**

The Integrated National Laboratory Network, coordinated by MISAU, brings together other Government of Mozambique's institutions under a unified regulatory framework. This framework ensures quality, safety, and continuous improvement in diagnostics, surveillance, and overall health system performance. Aligned with national and international standards and supported by the U.S. Government, the network prioritizes adequate infrastructure, skilled workforce retention, reliable sample transport, workplace safety, and robust quality management systems. Key investments include strengthening and integrating sample transport systems and maintaining the national BSL-3 laboratory for high-risk pathogen diagnostics and outbreak preparedness. The National Quality Assurance Program plans to expand proficiency testing and corrective actions, while investments in equipment maintenance and the national biobank network is expected to support reliable testing, research, and innovation. Consolidating partner investments and building domestic capacity is expected to ensure long-term sustainability and national ownership.

### **2.6.4.2 National Supply Chain Planning, Procurement, and Tracking System**

Ensuring the uninterrupted delivery of health products is a cornerstone of Mozambique's health system reform. The country is modernizing its supply chain through improved planning, procurement, and tracking systems that provide real-time data visibility, transparency, and integrity. This includes Government of Mozambique led procedures for outsourcing or optimizing transportation, enhancing logistics management information systems, and building capacity for accurate forecasting and procurement. Storage infrastructure is expected to be upgraded to meet international standards, including cold chain requirements and the adoption of sustainable energy solutions resilient to climate shocks and power failures. Sites are expected to be equipped for unit dosing of medicines, improving the quantification of needs, and ensuring the availability of health products at all levels of care.

### **2.6.4.3 National Health Survey and Sentinel Surveillance System**

The Government of Mozambique, through its research institutions, plans to implement integrated national household surveys to monitor HIV, malaria, TB, vaccine-preventable diseases, and maternal and neonatal mortality. This approach

merges previously separate surveys, reducing costs and duplication while maintaining data quality and comparability. A transition plan is expected to guide the shift to this integrated system, and biological samples are expected to be collected using combined methods. Existing disease-specific surveillance systems should also be integrated to gather additional data and biomarkers. Facility usage surveys and environmental data are expected to help define catchment areas and assess disease risks. Sustainability is expected to be achieved by consolidating surveys into a single national platform, reusing digital and laboratory resources, and streamlining government-led operations. The U.S. Government may support improvements in real-time data reporting, analytics, and capacity building for data management and visualization through a long-term strategy. In parallel, the scope of the National Health Observatory is expected to be expanded to include other programs/diseases and triangulate data from multiple sources for prediction and design of the most cost-effective scenarios for disease control.

#### **2.6.4.4 Integrated Community Health**

APs are expected to be fully integrated into a unified, multi-disease primary health care platform, leveraging digital tools for real-time data and coordinated deployment. APs are expected to deliver comprehensive services—including case-finding, adherence counseling, commodity distribution, and community mobilization—across HIV, TB, malaria, maternal and child health, and more. This is expected to include community-level screening for hypertension, lifestyle counseling, and referral for health units as needed. Additionally, civil society organizations intend to support the national disease response through an integrated approach, coordinated with the community subsystem. Supported by the Connected Lab Network and Unified M&E System, APs intend to strengthen the link between community and facility care and play key roles in national health initiatives. MISAU plans to ensure oversight, training, and sustainability, with partner support and integration into government systems and district budgets.

#### **2.6.4.5 Integrated Planning, Monitoring, Evaluation, and Budgeting System**

The Government of Mozambique is implementing a unified, government-led framework for planning, monitoring, evaluation, and budgeting across all health programs and partner activities. This integrated system is expected to enable real-time performance tracking, efficient resource allocation, and quarterly reviews to ensure accountability. All strategic initiatives, including disease campaigns and workforce planning, are expected to be incorporated into a single annual operational plan with unified targets and budgets. The MISAU plans to lead this process, supported by a Unified M&E System that facilitates automated analysis and timely adjustments, with input from partners such as the U.S. Government.

#### **2.6.4.6 Strengthened Financial Management and Government-to-Government Transfer Systems**

To strengthen financial management and accelerate payment processing, MISAU intends to create an Electronic State Financial Administration System (e-SISTAFE) hub, where it can centralize and simplify the entire payment flow and thus improve budget execution. This hub is expected to include staff from all areas involved in the payment process, supported by specialized equipment and technical assistance. For better results nationwide, the aim is to gradually create replicas of the hub in all provinces. Additionally, to further strengthen financial management, continuous training is expected to be provided to financial teams to improve compliance, asset management, and audit response. These measures are expected to streamline payment processes, optimize time and resources, and ensure transparent and effective financial management of the health sector at all levels.

#### **2.6.4.7 Health-Sector Extension of the National HR System (SNGRH)**

To strengthen Human Resources for Health (HRH) management in Mozambique, a dedicated health-sector extension of the national eSNGRHE platform is expected to be developed. This extension is expected to provide the MISAU with real-time, detailed HRH data for effective planning, deployment, and supervision, especially for frontline workers. Over four years, the system is expected to be designed, tested, and expanded nationwide, with capacity-building at all levels. Implementation should align with national civil service policies and involve close coordination with other government entities, ensuring interoperability, sustainability, and institutional ownership, while reinforcing the Government of Mozambique's leadership in HRH governance and maintaining HRH data as a public asset.

#### **2.6.4.8 Telessaúde Capacity Strengthening for Frontline Health Professionals**

The Telessaúde platform is expected to expand continuous professional development (CPD), delivering timely, competency-based training tailored to service needs at all health system levels. Standardized training packages are expected to be developed, and health training institutions and facilities are expected to be better equipped to support practical learning. In-person modules on malaria, HIV, and TB are expected to be adapted for remote learning, increasing access and efficiency. Enhanced monitoring and evaluation should ensure training effectiveness and inform ongoing improvements. All CPD activities are expected to be integrated with the national HR information system, supporting accurate documentation, workforce planning, and sustainability. Through these measures, Telessaúde is expected to build a skilled, resilient health workforce, directly contributing to improved care quality and achievement of national goals. In-person modules on malaria, HIV, and TB are expected to be adapted for remote learning, increasing access and efficiency.

#### **2.6.4.9. Strengthening HIV Systems (NACC/CNCS)**

Recognizing the interconnectedness of HIV and other health challenges, the Government of Mozambique should empower the National AIDS Control Council (CNCS) to coordinate a multi-disease, multisectoral response. This includes building capacity at national, provincial, and district levels to plan, coordinate, and monitor integrated health interventions, optimizing resources, and addressing the social determinants of health.

#### **2.6.4.10. Infrastructure Construction and Renovations**

Strengthening the health system may require infrastructure construction and renovations, including surgical theaters, health facilities, and neonatal units, construction of a molecular testing laboratory in Inhambane Province, and construction of the ANARME laboratory. Additionally, to ensure appropriate service delivery conditions, facility renovations may be conducted. Any construction and renovations may be supported as needed and subject to prioritization by the Government of Mozambique and final approval by the U.S. Government and the availability of funds.

### **2.7 Additional Responsibilities**

- I. In December 2015, the U.S. Government and the Government of Mozambique signed a framework Bilateral Agreement on assistance to Mozambique, including tax and duty exemption and reimbursement mechanisms. Under the Bilateral Agreement and the subsequent Development Objective Agreements, the Government of Mozambique agreed to the principle that U.S. foreign assistance should not be subject to taxation. This principle recognizes that U.S. foreign assistance should not be taxed by the recipient government. The Government of Mozambique commits to exempt from taxation in Mozambique any U.S. Government funds used to implement any element of this MOU or any other U.S. Government foreign assistance funds, 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 Mozambique. 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 Mozambique and (b) the value-added tax levied or otherwise imposed on the purchases of goods and services in Mozambique. The Government of Mozambique commits to identify one focal point to facilitate compliance with applicable tax exemptions at no additional cost to the U.S. Government.
- II. The Government of Mozambique commits to review the U.S. Government supported lay cadres as part of the simplification of services exercise. The revision may result in the termination of some cadres and the integration and

consolidation of others into the Community Subsystem Strategy in-line with the current MISAU CHW hiring practices stated in 2.4.1. The proposed strategy is expected to result in community health workers capable of delivering an integrated package of services such as health promotion, literacy, testing, treatment services, and referrals.

- III. The Government of Mozambique commits to accelerating the 6 multi-month drug dispensing model of care at all sites and should explore the expansion of a 12-month multi-month dispensing model for specific geographies, along with annual consultations with six-month ARV drug pickups.
- IV. The Government of Mozambique commits to engage the private sector into supporting health infrastructure development through various means such as social tax exemption.

### **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 Mozambique 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 Outcome Survey:** Both Participants acknowledge the importance of ensuring accurate outcomes data. To this end, the U.S. Government plans to fund surveys for up to \$35 million, subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The surveys should include the following: HIV among adults and children, PMTCT, RMNCH, malaria, polio and other vaccine preventable diseases in all ages in 2027; and a final outcomes survey in 2030 covering the same key indicators as the 2027 survey. The U.S. Government and Mozambique intend to work together to mutually decide upon the design and execution of the surveys. Efforts should be made to identify additional integrated

cross-sectional surveys to measure outcomes, including the potential use of a community-based surveillance system that continuously monitors vital events and disease burdens through a representative sample.

**4.2 Process Metric Audit:** The Government of Mozambique acknowledges that so long as the U.S. Government is providing any funding in support of activities described in this MOU, the U.S. Government has a significant and material interest in ensuring the process metrics outlined in Section 1.2 and 1.3 are accurately collected, complete and maintained.

The Government of Mozambique and the U.S. Government commit to a collaborative approach for verifying the process metrics outlined in Sections 1.2 and 1.3. To this end, the Government of Mozambique should implement robust internal controls and quality assurance procedures and conduct regular audits of these metrics in up to four percent (4%) of randomly selected and/or specific health facilities, clinics, labs, or programs identified by the U.S. Government. The Government of Mozambique is expected to provide the U.S. Government with a quarterly report detailing the findings of these audits.

To this end, the Government of Mozambique 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 four percent (4%) of randomly selected and/or specific health facilities, clinics, labs, or programs identified by the U.S. Government.

**4.3 Supply Chain Audit:** Mozambique 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 Mozambique commits to conducting inspections to ensure the transparency and integrity of the supply chain, and to provide the U.S. Government with any data access or information needed to audit supply chain leakage.

**4.4 Co-Investment Audit:** The Government of Mozambique 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 Mozambique is making its committed co-investment. To this end, the Government of Mozambique commits to audit and provide the U.S. Government with any data access or information needed to audit any accounts from which or to which co-investment funding is being provided.

**4.5 Regulatory Compliance Audit:** The Government of Mozambique 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 Mozambique commits to inspect/monitor/oversee and provide the U.S. Government with any data access or information needed to monitor compliance with applicable legal requirements, including to confirm no U.S. Government funding is being used for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.

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

**4.7 Effect of Failure to Fulfill Specimen and Data Sharing Commitments:** The Government of Mozambique 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 Mozambique 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 Mozambique does not make the required co-investment outlined in Section 2.2.3, 2.3.3, and 2.4.3 within the specified calendar year, the U.S. Government may unilaterally reduce or cease providing funding to Mozambique 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 Mozambique may only be calculated based on funds raised directly by the Government of Mozambique and may not include funds from other donors or multilateral organizations.

In addition, the Government of Mozambique commits to increase the percentage of domestic government health expenditures relative to the total government expenditures by the following percentages in each of the following years:

<b>Year</b>	<b>Increase in domestic government health expenditures as a percentage of total government expenditures relative to 2025 Baseline</b>
2026	0.0%
2027	0.5%
2028	1.0%
2029	1.5%
2030	2.0%

For example, if domestic health expenditures represent 6% of the total government expenditures in 2026, in 2027 the Government of Mozambique’s domestic health expenditures would represent 6.5% of the total government expenditures.

Domestic government health expenditures should include all domestic government health expenditures, including the required co-investment outlined in Section 2.2.3, 2.3.3, and 2.4.3, and should not include funds from the U.S. Government or funds from other donors, or multilateral organizations, whether “on-budget” or “off-budget”. The Participants intend to work together during the implementation period to determine the amount the Government of Mozambique is spending on domestic government health expenditures relative to all expenditures in 2025 and this amount should be the 2025 baseline.

Both Participants acknowledge 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 co-investment outlined in this Section 5.1 occurs. To this end, both Participants acknowledge the U.S. Government plans to decrease its funding by a ratio of one (1) to one (1) under this MOU if the Government of Mozambique fails to meet the above co-investment. For example, if the Government of Mozambique increases its domestic government health expenditures by \$30 million in 2028, whereas a 1.0% increase above the 2025 baseline should equal \$40 million, the U.S. Government would decrease its total funding by \$10 million in 2029. If a funding decrease occurs, the U.S. dollar amount would be calculated based on the official Government of Mozambique exchange rate (<https://www.bancomoc.mz/en/>) on 31 December of the year for which the calculation is made (for example, when calculating the increase in 2028 relative to the 2025 baseline, the exchange rate on 31 December 2028 is expected to be used).

**5.2 Performance:** In the event the Government of Mozambique 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.

**5.3 Performance Incentives:** In the event that the Government of Mozambique achieves all the process and outbreak response metrics for 2027 or 2028 outlined in Section 1.2 and 1.3, the Government of Mozambique is expected to be eligible to receive a performance incentive for 2027 or 2028 respectively, subject to the availability of funds. The U.S. Government reserves the right to build a composite score of these metrics for the purpose of calculating eligibility for the performance incentive if doing so in no way decreases the Government of Mozambique's eligibility for the performance incentive. In each year, the size of the performance incentive is expected to equal (the population in Mozambique divided by the population of all countries who are eligible for the performance incentive) times the size of the performance pool. In no event would the Government of Mozambique's performance incentive for a given year be greater than \$2 per person per year. For the purposes of this calculation, Mozambique's population is considered to be Mozambican. Performance incentives may be used by the Government of Mozambique to fund any health-related costs that would be allowed under this MOU.

## **SECTION 6**

### **Additional Terms**

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

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

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

**6.4 Confidentiality:** Unless otherwise authorized under this MOU or its appendices, Participants are expected not to disseminate or otherwise make available any information exchanged under this MOU to any third party (with the exception of the Participants' contractor support personnel) or use the information for purposes other than those for which it was provided, without the prior written consent of the Participant that provided the information, unless otherwise

required by applicable law and regulations; however, for the avoidance of doubt, either Participant may make this MOU itself public.

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

**For the U.S. Government**

Foreign Assistance Office  
U.S. Embassy  
Avenida Marginal, 5467  
Maputo  
Mozambique

**For the Government of  
Mozambique**

Ministério dos Estrangeiros e  
Cooperação  
Avenida 10 de Novembro, 610  
Maputo  
Mozambique

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 Mozambique 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 Mozambique. 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 Mozambique.

**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 in WASHINGTON on December 15, 2025, in the English language.

FOR THE GOVERNMENT OF THE  
UNITED STATES OF AMERICA:

FOR THE GOVERNMENT  
OF MOZAMBIQUE:

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Maria Manuela dos Santos Lucas  
Minister of Foreign Affairs and  
Cooperation of the Republic of  
Mozambique

## Appendix 1: Co-Funding Summary

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

Year	U.S. Government	Mozambique Government*
2026	\$441,334,000	\$0
2027	\$403,734,000	\$7,775,572
2028	\$386,094,000	\$14,596,056
2029	\$322,034,000	\$19,435,367
2030	\$276,184,000	\$28,766,111
<b>Total</b>	<b>\$1,829,380,000</b>	<b>\$70,573,106</b>

\*Includes funding for additional front-line Healthcare workers

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 (\$)	\$7,300,000	\$27,600,000	\$6,000,000	\$19,300,000	\$4,300,000
Lab Commodities (\$)	\$32,222,465	\$32,222,465	\$32,222,465	\$32,222,465	\$32,222,465
Frontline Lab Workers (# FTEs)	105	95	75	45	0
Frontline Lab Workers (\$)	\$858,200	\$792,200	\$660,200	\$462,200	\$0
Other Commodities (\$)	\$69,111,507	\$66,111,507	\$64,111,507	\$64,111,507	\$59,111,507
Frontline Healthcare Workers (# FTEs)	19,798	19,798	19,018	18,230	17,422
Frontline Healthcare Workers (\$)	\$36,963,448	\$32,654,200	\$27,042,028	\$24,854,804	\$21,324,198
Data Systems (\$)	\$16,666,385	\$28,230,116	\$18,533,429	\$11,129,710	\$8,512,439
Strategic Investments (\$)	\$278,211,995	\$216,123,512	\$237,524,371	\$169,953,314	\$150,713,391
<b>Total</b>	<b>\$441,334,000</b>	<b>\$403,734,000</b>	<b>\$386,094,000</b>	<b>\$322,034,000</b>	<b>\$276,184,000</b>

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

Year	2026	2027	2028	2029	2030	Total

Lab Commodities (\$)	\$0	\$0	\$0	\$0	\$0	\$0
Other Commodities (\$)	\$0	\$3,078,261	\$5,130,435	\$5,130,435	\$10,260,869	\$23,600,000
Frontline Lab Workers (# FTEs)	0	10	30	60	105	n/a
Frontline Healthcare Workers (# FTEs)	0	1,180	2,368	3,576	4,788	n/a

\*The total additional cost to employ 4,893 front-line Healthcare workers over the five-year period is \$46,973,106

## 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 - FY26	Total Cost*
EID Reagents and Consumables	\$3,909,629
VL Reagents and Consumables	\$26,249,110
VL Sample Collection	\$522,412
Other Lab Commodity	\$1,341,314
GHS TBD	\$200,000
Total	\$32,222,465

*\*Total Costs are representative of one year; these amounts may fluctuate yearly based on the actual need as determined in the annual quantification.*

### Other Commodities

Commodity - FY26	Total Cost*
ARVs for Adult Treatment	\$22,477,894
ARVs for Infant Prophylaxis	\$350,000
ARVs for Pediatric Treatment	\$4,994,076
HIV Tests	\$4,005,625
HIV Other	\$533,912
RDTs	\$7,500,000
ACTs	\$7,800,000
Inj. Artesunate	\$1,200,000
SP (IPTp)	\$600,000
TB - TBD	\$200,000
GHS - TBD	\$200,000
MCH - TBD	\$5,000,000 (reduced to \$2,000,000 in FY27-FY30)
Distribution/ICL	\$14,250,000
Total	69,111,507

*\*Total Costs are representative of one year; these amounts may fluctuate yearly based on the actual need as determined in the annual quantification.*

## Appendix 3: Frontline Healthcare Worker Funding

The Government of Mozambique intends to continue its annual absorption of U.S. Government supported G2G frontline HCWs. These FTEs are hired using U.S. Government funding at the provincial level to fill identified gaps, and are then permanently migrated to Government of Mozambique positions.

### Continued Annual Absorption of Frontline HCWs

Year	U.S. Government # FTEs Funded	Mozambique New # FTEs Funded	Mozambique Existing # FTEs Funded	Mozambique Total # FTEs Funded
2026	400	-	-	-
2027	400	400	-	400
2028	400	400	400	800
2029	400	400	800	1,200
2030	400	400	1,200	1,600

In addition, The Government of Mozambique intends to absorb the following U.S. Government frontline cadres, subject to availability and programmatic need:

#### Frontline Healthcare Worker Type #1: Clinical Officers

Year	U.S. Government # FTEs Funded	Mozambique New # FTEs Funded	Mozambique Existing # FTEs Funded	Mozambique Total # FTEs Funded
2026	857	-	10,113	10,113
2027	857	212	10,113	10,325
2028	645	215	10,325	10,540
2029	430	215	10,540	10,755
2030	215	215	10,755	10,970

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

Year	U.S. Government # FTEs Funded	Mozambique New # FTEs Funded	Mozambique Existing # FTEs Funded	Mozambique Total # FTEs Funded
2026	5	-	2,469	2,469
2027	5	1	2,469	2,470
2028	4	1	2,470	2,471
2029	3	1	2,471	2,472
2030	2	2	2,472	2,474

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

Year	U.S. Government # FTEs Funded	Mozambique New # FTEs Funded	Mozambique Existing # FTEs Funded	Mozambique Total # FTEs Funded
2026	376	-	12,336	12,336
2027	376	94	12,336	12,430
2028	282	94	12,430	12,524
2029	188	94	12,524	12,618
2030	94	94	12,618	12,712

**Frontline Healthcare Worker Type #4: Pharmacy Technicians**

<b>Year</b>	<b>U.S. Government # FTEs Funded</b>	<b>Mozambique New # FTEs Funded</b>	<b>Mozambique Existing # FTEs Funded</b>	<b>Mozambique Total # FTEs Funded</b>
2026	95	-	4,585	4,585
2027	95	23	4,585	4,608
2028	72	23	4,608	4,631
2029	49	23	4,631	4,654
2030	26	26	4,654	4,680

Finally, The Government of Mozambique intends to increase its number of CHWs (APS) in-accordance with its policies and procedures; the USG intends to make proportionate decreases in its number of supported lay cadres:

<b>Year</b>	<b>U.S. Government # FTEs Funded</b>	<b>Mozambique New # FTEs Funded</b>	<b>Mozambique Existing # FTEs Funded</b>	<b>Mozambique Total # FTEs Funded</b>
2026	9,899	-	8,959	8,959
2027	9,899	450	8,959	9,409
2028	9,449	455	9,409	9,864
2029	8,994	475	9,864	10,339
2030	8,519	475	10,339	10,814