

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE GOVERNMENT OF THE UNITED STATES OF AMERICA
AND
THE GOVERNMENT OF LIBERIA

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 Liberia (hereinafter referred to as Liberia"), hereinafter jointly referred to as the "Participants" and individually as the "Participant."

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

RECOGNIZING that United States global health investments made over the past 64 years have saved hundreds of thousands of lives and substantially and meaningfully strengthened Liberia's health system;

RECOGNIZING that Liberia has made substantial progress in rebuilding its domestic, post-civil war health system over the past 22 years; and

FURTHER RECOGNIZING the benefits of ongoing collaboration between Liberia and the U.S. Government to detect, prevent, and respond to emerging and existing infectious disease threats affecting both Liberia 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	86%	88%	89%	91%	93%	95%
% People Who Know Their HIV Status on Treatment	99%	99%	99%	99%	99%	99%

% People On Antiretroviral Treatment (ART) Who Are Virally Suppressed	95%	95%	96%	96%	96%	96%
# of confirmed Malaria Deaths in Children Under 5	171	140	122	118	100	100
# Polio Cases (e.g., WPV, cVDPVB)	0	0	0	0	0	0
# Measles Cases	1,283	1,026	769	512	255	100
Maternal Mortality Rate / 100000	116	108	96	87	78	70
Children Under 5 Mortality Rate / 1000	13	12	12	12	11	11

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	32,596	33,654	34,711	35,769	36,827	37,885
# new HIV diagnoses among infants (0-18 months)	170	120	80	60	50	40
# new HIV diagnoses among children and adults (age 18 months or older)	690	600	500	450	400	350
% pregnant and breastfeeding women living with HIV who receive ART	79%	82%	85%	88%	91%	95%
% confirmed malaria cases that receive first-line antimalarial treatment	85.21%	88%	92%	95%	97%	98%
# insecticide-treated nets distributed to populations at risk of malaria	213,359	223,859	234,674	245,813	257,287	269,104
% surviving infants who received at least one dose of inactivated polio vaccine	92%	94%	95%	95%	96%	97%
% of children aged 12–23 months who received one dose of measles-containing vaccine	91%	92%	93%	94%	95%	95%
Median number of antenatal care visits for pregnant women	N/A	4	4	4	4	4
% accuracy of data fields assessed during the annual data audit	N/A	70%	75%	80%	85%	90%

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:

- Liberia detects suspected infectious disease outbreaks with epidemic potential in Liberia within 7 days of disease emergence;
- Liberia notifies the U.S. Government within 1 day of detection of an infectious disease outbreak in Liberia and engages in meaningful coordination and consultation with the U.S. Government; and
- Liberia completes relevant initial response actions to respond effectively to priority infectious disease outbreaks in Liberia within 7 days of notification, including engaging in meaningful consultation with the U.S. Government on Liberia'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: Liberia envisions a country-level national surveillance and outbreak response system led by the Ministry of Health with implementation by the National Public Health Institute of Liberia 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 Liberia.

2.1.2 Implementation Plan:

- The U.S. Government plans to leverage past system assessments and analyses of prior outbreak responses in Liberia to inform operational planning. The U.S. Government also plans to fund regular timeliness analyses and reviews of system capabilities to support continuous improvement of systems to detect, notify, and respond to outbreaks of priority infectious diseases. This may include but is not limited to disease surveillance systems, laboratory systems, and procedures for safe and efficient sample collection, transport, storage, testing and disposal.
- Liberia commits to work with the U.S. Government to address any prioritized gaps identified by the aforementioned assessments and timeliness analyses.
- Liberia commits to providing salaries (consistent with the Civil Service standing order of Liberia) to fund 49 FTE positions in 2027; and 674 other positions in 2028 and beyond.
- The U.S. Government plans to support training of at least 140 individuals in the workforce focused on detection, notification, and response processes each year of this MOU.
- Liberia commits to allow the United States Food and Drug Administration's approval for Emergency Use Authorization of medical countermeasures to be a sufficient basis to use the medical countermeasures to respond to an outbreak in country.

- The U.S. Government, in coordination with Liberia, plans to establish a funding mechanism to surge additional personnel and equipment to respond to detected infectious disease threats with epidemic potential if needed.

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

Year	U.S. Government Surveillance & Outbreak Response Funding
2026	\$2,519,792
2027	\$2,519,792
2028	\$2,519,792
2029	\$1,519,792
2030	\$2,519,792

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 Liberia.

2.2 Laboratory Systems

2.2.1 2030 Vision: Liberia envisions a connected network of tiered laboratories with clear referral pathways and coordination between different levels to optimize diagnostic capabilities and public health responses. The National Public Health Reference Laboratory (NPHRL) is expected to be the central hub for laboratory services in Liberia, mandated to strengthen diagnostic capacity for diseases of public health importance. Diagnostic testing services are expected to be decentralized using existing new regional laboratory facilities to be constructed by GOL. They are expected to serve as intermediate hubs for disease detection and diagnosis, supporting the NPHRL and local laboratories. District and clinic laboratories are expected to likewise provide basic diagnostic services and referrals to health center laboratories.

2.2.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds \$200,000 of laboratory commodities and no frontline lab workers in Liberia.
- 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 Liberia funding 100% 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 but is not limited to human and veterinary laboratory leaders and managers, laboratory technicians, laboratory aides, laboratory quality assurance officers, Field Epidemiologist and Community Animal Health Workers (CAHWs).
- Liberia commits to progressively enroll lab technicians onto government payrolls throughout the funding period. Liberia commits to add 7 lab technicians onto government

payrolls in 2027, 7 lab technicians onto government payrolls in 2028, 7 lab technicians onto government payrolls in 2029, and 7 lab technicians onto government payrolls in 2030.

- Liberia commits to ensure all Level 2 and Level 3 biosafety labs in Liberia have biosafety and biosecurity management programs and quality assurance in place aligned with the national laboratory quality assurance policy and any relevant international accreditation standards (e.g. ISO 35001 and ISO 15189) by the end of 2029.
- Any sample management and transport support provided by the U.S. government plans to be transitioned to Liberia by 2028 and be used for specimens of outbreak, epidemic, or pandemic potential. All specimen management and transport systems are expected to meet established global biosafety and biosecurity standards to support multiple diseases by the end of 2028.
- Any diagnostic network optimization support provided by the U.S. government plans to be transitioned to Liberia by January 1, 2028, and the relevant networks be used to enhance country laboratory capabilities to improve outbreak detection and response.
- Any lab quality improvement accreditation support provided by the U.S. government plans to be transitioned to Liberia by January 1, 2029, and institutionalized to support resilient and durable public health lab systems that improve disease outbreak, response, containment, and control.

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 Liberia Funding	Existing Liberia Funding	Total Funding
2026	\$5,560,194	0	1,620,000	\$7,180,194
2027	\$5,985,544	\$50,000	1,620,000	\$7,655,544
2028	\$5,480,294	\$100,000	1,620,000	\$7,200,294
2029	\$1,366,244	\$150,000	1,620,000	\$3,136,244
2030	\$2,760,400	\$200,000	1,620,000	\$4,580,400

The breakdown of the U.S. Government' planned 2026 lab commodity procurement spending is in Appendix 2. The U.S. Government plans to purchase lab commodities through U.S. implementing partners through September 30, 2027 and then through Liberia Ministry of Health through December 31, 2030. The U.S. Government plans to distribute its lab commodities through an existing collaboration with the Global Fund. Liberia plans to purchase its lab commodities through the Ministry of Health and the Central Medical Stores and distribute its lab commodities through the Ministry of Health and the Central Medical Stores. Liberia plans to insure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) distributed through Liberia 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 Liberia in the table above is expected to only include funding provided directly by Liberia 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	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Liberia Total # FTEs Funded
2026	342	0	538	880
2027	293	49	538	880
2028	223	119	538	880
2029	129	213	538	880
2030	0	342	538	880

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 U.S. implementing partners through September 30, 2027, and then through Liberia's government beginning October 1, 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 Liberia. 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 Liberia in the table above are expected only to include positions funded directly by Liberia and are not expected to include positions funded by other donors or multilateral organizations.

2.3 Commodities

2.3.1 2030 Vision: Liberia envisions an integrated health care commodity supply chain system that meets global standards. This system is expected to realize accountable procurement, secure storage, and nation-wide distribution of commodities. This system expected to be controlled and operated by the Liberia and are expected to progressively become fully funded through its domestic resources.

2.3.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds \$10,539,600 of commodities annually including anti-malaria medicines for both prevention and treatment, malaria diagnostic commodities, insecticide treated nets as well as maternal child health commodities such as those for integrated community case management. This cost also covers warehouse management and distribution of insecticide treated nets.

- 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 Liberia funding 100% of these commodities by the end of this MOU as outlined in Section 2.3.3.
- Liberia 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 Liberia's government-owned supply chain by December 31, 2027.
- Liberia commits to ensuring all Liberian government owned, managed, or run warehouses storing commodities funded by the U.S. government under this MOU are able to meet ISO warehouse standards by December 31, 2027, and maintain such standards through the end of the MOU period.
- Liberia commits to identify at least 30 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.
- Liberia commits to notify the U.S. Government as soon as there is suspicion of theft or diversion of U.S. Government funded commodities.
- Liberia commits to assuming the management of the Central Medical Stores (CMS) as of October 1, 2028. Liberia commits to fully fund the CMS through direct budgetary allocation beginning October 1, 2028, and in line with declining U.S. Government funding.

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 Liberia Funding	Existing Liberia Funding	Total Funding
2026	\$10,539,600	\$0	\$6,302,000	\$16,841,600
2027	\$8,439,600	\$2,100,000	\$6,302,000	\$16,841,600
2028	\$7,039,600	\$3,500,000	\$6,302,000	\$16,841,600
2029	\$5,039,600	\$5,500,000	\$6,302,000	\$16,841,600
2030	\$539,600	\$10,000,000	\$6,302,000	\$16,841,600

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 U.S. implementing partners through September 30, 2027, and then through Liberia Ministry of Health through December 31, 2030. The U.S. Government plans to distribute its commodities to public health facilities and other health facilities through an existing collaboration with the Global Fund. Liberia plans to purchase its commodities through its Ministry of Health and distribute its commodities to public and other health facilities through the Central Medical Stores and an existing collaboration with Global Fund. Liberia plans to procure commodities that are U.S. FDA or stringent regulatory authority or approved by a stringent regulatory authority (SRA). 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 Liberia in the table above is only expected to include funding provided directly by Liberia and is not expected to include funding from other donors or multilateral organizations.

2.4 Frontline Healthcare Workers

2.4.1 2030 Vision: Liberia envisions integrating all positions currently funded by the U.S. government into its 2030 healthcare workforce to include: 184 nurses, 16 physician assistants, 16 dispensers, 56 midwives, 16 registrars, and 20 nurse anesthetists.

2.4.2 Implementation Plan:

- The U.S. Government plans to fund frontline healthcare workers as outlined in Section 2.4.3. This includes dispensers, nurses, midwives, nurse aides, physician assistants, registrars and nurse anesthetists.
- Liberia commits to add 35 medical doctors per year over the four year period onto the government payroll beginning 2027; 44-60 nurses per year over the four year period onto the government payroll beginning 2027; 4 dispensers per year over the four year period onto the government payroll beginning 2027; 35 pharmacists per year over the four year period onto the government payroll beginning 2027; 14 midwives per year over the four year period onto the government payroll beginning 2027; 5 nurse aides per year over the four year period onto the government payroll beginning 2027; 4 registrars per year over the four year period onto the government payroll beginning 2027; 4 physician assistants per year over the four year period onto the government payroll beginning 2027; and 5 nurse anesthetists per year over the four year period onto the government payroll beginning 2027.
- Liberia plans to continue to absorb verified volunteer healthcare workers into the Civil Service system at a rate consistent with the recruitment of replacement volunteers. In the specific case of community health workers, the Government of Liberia plans to progressively assume responsibility for their compensation in accordance with government laws and regulations.

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	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	1,851	33	6,577	8,461

2027	1,248	636	6,577	8,461
2028	692	1,314	6,577	8,583
2029	342	1,748	6,577	8,667
2030	0	2,164	6,577	8,741

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

2.5 Data Systems

2.5.1 2030 Vision: Liberia envisions robust data health information systems that are interlinked and interoperable, and where appropriate, integrated, so that data needed from multiple relevant sectors (e.g. surveillance, laboratory, response, health, environment, agriculture) can be brought together for timely detection, notification, and response to public health priority diseases and disease control programs for new or existing public health threats. These systems include DHIS2 e-tracker, Electronic Medical Records (EMRs), Lab information System (LIS) its laboratory information management system, Electronic Integrated Disease Surveillance and Response (eIDSR), surveillance and response data systems, mSupply and Electronic Logistics Management Information System (eLMIS) as its health commodity inventory management system, Community Based Information System (CBIS)-sub system within DHIS2, electronic community-based information system (eCBIS) and Health Management Information System (HMIS)/DHIS2 as its national integrated health data warehouse.

2.5.2 Implementation Plan:

- Liberia commits to the development and use of an open-sourced Electronic Medical Records (EMR) as its health related individual patient information system that can be created, gathered, managed and consulted by authorized clinicians and staff within the health facilities (clinic, health centers, hospitals) and interoperable with DHIS2. Liberia also commits to this roll out in a phased approach with 20% in 2026, 60% in 2027, 80% in 2028, 90% in 2029 and 100% in 2030 of all public health facilities. The U.S. Government plans to support the following improvements to Liberia's EMR over the term of this MOU consistent with Section 2.5.3: development, provision of equipment, training, server management, hosting, maintenance and upgrade, staffing and internet support.
- Liberia commits to implement financial penalties or rewards or other non-financial incentives for healthcare providers to facilitate greater than 50% of encounters are loaded

in the EMR within 1 year of rollout in a facility and 90% of encounters are loaded in the EMR within two years of rollout in a facility.

- Liberia commits to use laboratory information system (LIS) as its laboratory management system. LIS is expected to be rolled out across all national and regional labs by the end of 2027.
- The U.S. Government plans to support the following improvements to six laboratory information systems over the term of this MOU consistent with Section 2.5.3: provision of equipment, training, accreditation, internet and staffing.
- Liberia commits to use Soft Logistics Management Information System (sLMIS) as its pharmacy management systems. sLMIS is expected to be rolled out across 20% of pharmacies by the end of 2026, 60% of pharmacies by the end of 2027, and 80% of pharmacies by the end of 2028, 90% in 2029 and 100% in 2030 in all public health facilities.
- Liberia commits to use integrated disease surveillance and response (IDSR) and electronic IDSR (eIDSR) as its disease surveillance systems. IDSR and eIDSR are expected to be rolled out across all applicable sites by the end of 2027.
- The U.S. Government plans to support the following improvements to IDSR and eIDSR disease outbreak surveillance systems over the term of this MOU, consistent with Section 2.5.3: Expansion to additional regions, provision of equipment, training, accreditation, internet and staffing.
- Liberia commits to use mSupply as its health commodity inventory management system. mSupply is expected to be rolled out across 20% of the government-run health commodity health facilities by the end of 2026. Using this funding the government of Liberia plans to budget for this incremental rollout by 60% in 2027, 80% in 2028, 90% in 2029 and 100% in 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: expansion to all health facilities, provision of equipment, training, internet and staffing.
- Liberia commits to use HMIS/DHIS2 as its national health data warehouse.
- The U.S. Government plans to support the following improvements to HMIS/DHIS2 national health data warehouse over the term of this MOU consistent with Section 2.5.3: Provision of equipment, training, server management and hosting, maintenance and upgrade, staffing and internet support.
- Both the U.S. Government and Liberia 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 Liberia intend to negotiate a data sharing arrangement that includes the elements set out in Appendix 5 for the purpose of exchanging data on the long-term performance of this MOU and for accountability to the United States Congress for

appropriated funds. Both Participants expect this data sharing arrangement to continue for ten (10) years.

2.5.3 Funding Plan: The U.S. Government intends to provide the following amount of funding for data systems in each of the specified years, subject to the availability of funds:

Year	U.S. Government Data System Funding
2026	\$8,056,796
2027	\$6,705,396
2028	\$6,517,396
2029	\$2,054,096
2030	\$2,800,000

In 2026, the U.S. Government intends to include the following funding for specific data systems: \$1,654,099 for mSupply, \$827,050 for EMR, \$1,620,287 for LIS, \$620,287 for eIDSR/IDSR and \$413,525 for HMIS/DHIS2. Over the course of the MOU, the U.S. Government plans to fund \$2,676,744 for Electronic Medical Records systems, \$2,007,558 for lab information system, \$2,007,558 for eIDSR/IDSR \$1,338,372 for HMIS/DHIS2 at 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, Liberia 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: Liberia 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 detection, notification, and response technical assistance and technical assistance to support the rollout of new innovative diagnostics, vaccines, drugs, and other interventions.

2.6.2 Implementation Plan:

Liberia plans to focus on the following categories:

- Service Delivery not covered in previous sections: Includes equipment of pediatric and neonatal facilities providing MCH services. Internet/Electricity to facilitate data sharing and establishment of online records and pharmacy management.
- Training health workforce enhancement: Doctors, nurses, midwives, pharmacists, community healthcare managers, and Central Sterile Services Department Technicians.

Establishment and implementation of Multi-Modal strategies with Audit Reporting Across Health Facilities.

- Laboratory not covered in previous sections: Support accreditation of national reference laboratory and two subnational laboratories. Equip regional, district and local public laboratories. Support procurement of communication tools including internet, telephone and fax services. IPC-WASH Assessment and Supervision of Healthcare Facilities Including Laboratory Departments to strengthen facility-level IPC and WASH practices, reduce the risk of HAIs and promote safe healthcare environments nationwide. Establish provision of post-exposure prophylaxis for laboratory personnel.
- Surveys: Update 2019 demographic and health survey, conduct of HIV prevalence and incidence studies. Conduct evaluation of the National IPC Program to determine degree to which IPC standards are implemented. Conduct annual performance monitoring studies (Harmonized Health Facility Assessment, Data Quality Assessments, multi seroprevalence study of vaccine preventable diseases etc.) to determine the Ministry of Health readiness to provide quality healthcare services.
- Policy/Standards development: National standardized guidelines and protocols for central sterile services department and establishment of the GS1 standards. Create standardized National System for Healthcare-Associated Infection (HAI) Surveillance and Integrate HAI indicators into DHIS-2 for routine reporting of HAI surveillance data.

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

Year	U.S. Government Strategic Investments and Technical Assistance Funding
2026	\$7,920,362
2027	\$8,581,868
2028	\$7,868,278
2029	\$1,766,788
2030	\$2,088,688

In 2026, the specific strategic investments and technical assistance the U.S. government plans to fund include: training for additional midwives across various midwifery training institutions in Liberia, specialty training for medical doctors at the Liberia College of Physicians and Surgeons, training for laboratorians as internal auditors for national and subnational reference laboratories, supporting accreditation of national reference laboratory and two subnational laboratories, collaborating with the Global Fund to support and expand (to include zoonotic samples) national integrated disease sample transportation network; supporting solarization of health facilities and laboratories across Liberia, conducting evaluation of the national infection control program, conducting an updated demographic and health survey, conducting an HIV incidence study, establishing the GS1 standards, equipping neonatal intensive care units

(NICUs) in areas of need across Liberia, developing national standardized guidelines and protocols for central sterile services department (CSSD), and capacity building for central sterile services department technicians nationwide. Strategic investment and technical assistance funds are expected to include the following allocations: \$2,200,257 for service delivery, \$2,350,140 for health workforce enhancement, \$1,238,108 for supply chain investments, \$2,190,070 for laboratory-related investments, \$3,310,122 for surveys and assessments including outcome surveys, \$1,630,752 for policy and standards development, \$3,809,985 for equipment and \$1,100,070 for internet and electricity.

The U.S. Government intends to provide its funding through contract mechanisms it identifies, with advice and input from Liberia. For purposes of this MOU, this strategic investments and technical assistance funding includes all costs not specified in Section 2.1.3, 2.2.3, 2.3.3, 2.4.3, and 2.5.3.

2.7 Additional Responsibilities

- Liberia commits to exempt from taxation in Liberia 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 Liberia. 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 Liberia and, (b) the value-added tax levied or otherwise imposed on the purchases of goods and services in Liberia.
- Liberia commits to modify its regulations by December 31, 2026, to recognize approval from the United States Food & Drug Administration (FDA) as meeting all similarly required regulatory approvals by the Liberia Medicines and Health Products Regulatory Authority (LMHRA).

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 Liberia 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 \$1,500,000 in 2027 and 2029, subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The U.S. Government and Liberia intend to work together to mutually decide upon the design and execution of the survey.

4.2 Process Metric Audit: Liberia acknowledges that so long as the U.S. Government is providing any funding in support of activities described in this MOU, the U.S. Government has a significant and material interest in ensuring the process metrics outlined in Section 1.2 and 1.3 are accurately collected, complete, and maintained. To this end, Liberia commits to provide the U.S. Government with any data access, on-site access, or other information needed to audit the process metrics in Section 1.2 and 1.3 in up to five percent (5%) of randomly selected and/or specific health facilities, clinics, labs, or programs identified by the U.S. Government.

4.3 Supply Chain Audit: Liberia 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, Liberia commits to provide the U.S. Government with any data access or information needed to audit supply chain leakage.

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

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

4.6 Effect of Failure to Provide Data: Liberia 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 Data Sharing Commitment: Liberia 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 Liberia fulfills all commitments in the data sharing arrangement referenced in Sections 2.1.2 and 2.5.2 respectively and that failure to fulfill any commitments in this arrangement could result in changes in the planned assistance contemplated under this MOU and/or discontinuation of this MOU by the U.S. Government.

SECTION 5

Co-Investment & Performance Benchmarks

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

5.2 Performance: In the event Liberia 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 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 day's 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.

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

For the U.S. Government
Chief of Mission
United States Embassy
Monrovia, Liberia

For Government of Liberia
Foreign Minister
Ministry of Foreign Affairs
Monrovia, Liberia

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 Liberia and the U.S. Government.

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

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

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 9, 2025, in the English language.

FOR THE GOVERNMENT OF THE
UNITED STATES OF AMERICA:

FOR THE GOVERNMENT OF
LIBERIA:
Sara Beysolow Nyanti

MINISTER OF FOREIGN AFFAIRS

Appendix 1: Co-Funding Summary

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

Year	U.S. Government	Liberia
2026	\$36,699,480	\$1,189,584
2027	\$33,785,480	\$5,696,720
2028	\$30,589,480	\$9,343,560
2029	\$12,635,480	\$13,772,800
2030	\$10,708,480	\$20,723,040
Total	\$124,418,400	\$50,725,704

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 (\$)	\$2,519,792	\$2,519,792	\$2,519,792	\$1,519,792	\$2,519,792
Lab Commodities (\$)	\$5,560,194	\$5,985,544	\$5,480,294	\$1,366,244	\$2,760,400
Frontline Lab Workers (# FTEs)	342	293	223	129	0
Frontline Lab Workers (\$)	\$697,200	\$544,800	\$379,800	\$496,800	\$0
Other Commodities (\$)	\$10,539,600	\$8,439,600	\$7,039,600	\$5,039,600	\$539,600
Frontline Healthcare Workers (# FTEs)	1,851	1,248	692	342	0
Frontline Healthcare Workers (\$)	\$1,405,536	\$1,008,480	\$784,320	\$392,160	\$0
Data Systems (\$)	\$8,056,796	\$6,705,396	\$6,517,396	\$2,054,096	\$2,800,000
Technical Assistance (\$)	\$2,165,948	\$3,079,898	\$2,624,198	\$1,296,788	\$1,638,688
Strategic Investments	\$5,754,414	\$5,501,970	\$5,244,080	\$470,000	\$450,000

Excluding GHS					
Total	\$36,699,480	\$33,785,480	\$30,589,480	\$12,635,480	\$10,708,480

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

Year	2026	2027	2028	2029	2030
Lab Commodities (\$)	0	\$50,000	\$100,000	\$150,000	\$200,000
Frontline Lab Workers (# FTEs)	0	49	119	213	342
Frontline Lab Workers (\$)	\$0	\$1,341,984	\$317,400	\$496,800	\$697,200
Other Commodities (\$)	\$0	\$2,100,000	\$3,500,000	\$5,500,000	\$10,000,000
Frontline Healthcare Workers (# FTEs)	33	706	1,332	1,748	2,164
Frontline Healthcare Workers (\$)	\$1,189,584	3,394,320	\$5,426,160	\$7,626,000	\$9,825,840
Total	\$0	\$6,886,304	\$9,343,560	\$13,772,800	\$20,723,040

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

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

Lab Commodities

Lab Commodity	Total Cost
Assorted Lab Commodities	\$5,560,194
Total	\$5,560,194

Other Commodities

Commodity	Total Cost
Malaria Commodities (Treatment, Diagnostics and prevention)	\$7,946,303
Maternal Child Health Commodities	\$268,000
Warehousing + ITN Distribution	\$2,325,297
Total	\$10,539,600

Appendix 3: Frontline Lab & Healthcare Worker Funding

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

Frontline Lab Worker Type #1: Lab Technicians

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	28	0	130	158
2027	21	7	130	158
2028	14	14	130	158
2029	7	21	130	158
2030	0	28	130	158

Frontline Lab Worker Type #2: Field Epidemiologists

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	16	0	128	144
2027	12	4	128	144
2028	8	8	128	144
2029	4	12	128	144
2030	0	16	128	144

Frontline Lab Worker Type #3: Lab Aides

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	32	0	246	278
2027	24	8	246	278
2028	16	16	246	278
2029	8	24	246	278
2030	0	32	246	278

Frontline Lab Worker Type #4: Community Animal Health Workers (CAHWs)

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	226	0	0	226
2027	206	20	0	226
2028	165	61	0	226
2029	100	126	0	226
2030	0	226	0	226

Frontline Healthcare Worker Type #1: Doctors

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	2	33	376	411
2027	0	70	376	446
2028	0	105	376	481
2029	0	140	376	516
2030	0	175	376	551

Frontline Healthcare Worker Type #2: Nurses

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	184	0	2,468	2,652
2027	140	44	2,468	2,652
2028	120	64	2,468	2,652
2029	60	124	2,468	2,652
2030	0	184	2,468	2,652

Frontline Healthcare Worker Type #3: Community Health Workers

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	1521	0	0	1,521
2027	1,000	521	0	1,521
2028	500	1,021	0	1,521
2029	250	1,271	0	1,521
2030	0	1,521	0	1,521

Frontline Healthcare Worker Type #4: Community Health Services Supervisors (CHSSs)

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	0	0	537	537
2027	0	0	537	537
2028	0	0	537	537
2029	0	0	537	537
2030	0	0	537	537

Frontline Healthcare Worker Type #5: Dispensers

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	16	0	409	425
2027	12	4	409	425
2028	8	8	409	425
2029	4	12	409	425
2030	0	16	409	425

Frontline Healthcare Worker Type #6: Pharmacists

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	0	0	156	156
2027	0	35	156	191
2028	0	70	156	226
2029	0	105	156	261
2030	0	140	156	296

Frontline Healthcare Worker Type #7: Midwives

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	56	0	962	1,018
2027	42	14	962	1,018
2028	28	28	962	1,018
2029	14	42	962	1,018
2030	0	56	962	1,018

Frontline Healthcare Worker Type #8: Nurse Aides

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	20	0	1,255	1,275
2027	15	5	1,255	1,275
2028	10	10	1,255	1,275
2029	5	15	1,255	1,275
2030	0	20	1,255	1,275

Frontline Healthcare Worker Type #9: Registrars

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	16	0	106	122
2027	12	4	106	122
2028	8	8	106	122
2029	4	12	106	122
2030	0	16	106	122

Frontline Healthcare Worker Type #10: Physician Assistants

Year	U.S. Government	Liberia New # FTEs Funded	Liberia	Total # FTEs Funded
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	# FTEs Funded		Existing # FTEs Funded	
2026	16	0	250	266
2027	12	4	250	266
2028	8	8	250	266
2029	4	12	250	266
2030	0	16	250	266

Frontline Healthcare Worker Type #11: Nurse Anesthetists

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	20	0	58	78
2027	15	5	58	78
2028	10	10	58	78
2029	5	15	58	78
2030	0	20	58	78

Frontline Healthcare Worker Type #12: Lab Technologists (NPHIL-16 and MoA-24)

Year	U.S. Government # FTEs Funded	Liberia New # FTEs Funded	Liberia Existing # FTEs Funded	Total # FTEs Funded
2026	40	0	34	74
2027	30	10	34	74
2028	20	20	34	74
2029	10	30	34	74
2030	0	40	34	74

