# MEMORANDUM OF UNDERSTANDING

BETWEEN

THE GOVERNMENT OF THE UNITED STATES OF AMERICA

AND

THE GOVERNMENT OF THE FEDERAL REPUBLIC OF NIGERIA

ON

HEALTH COORPORATION

December 19, 2025

MEMORANDUM OF UNDERSTANDING
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AND
THE GOVERNMENT OF THE FEDERAL REPUBLIC OF NIGERIA

**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 Federal Republic of Nigeria, which comprises the Federal, State and Local Governments (hereinafter referred to as the "Federal Republic of Nigeria") hereinafter jointly referred to as the "Participants" and individually as the "Participant."

CONSIDERING that the Federal Republic of Nigeria aims to develop a durable and resilient health system that prevents, detects, and treats diseases; maintains the health of its population by increasing access towards attaining Universal Health Coverage (UHC); and enables its economy to thrive;

FURTHER CONSIDERING that the U.S. Government seeks to advance its bilateral relationship with the Federal Republic of Nigeria and prevent the spread of emerging and existing infectious disease threats globally;

RECOGNIZING that United States global health investments made over the past twenty-three years have saved millions of lives including over 1,500,000 people currently on HIV lifesaving treatment, and have substantially and meaningfully strengthened Nigeria's health system;

RECOGNIZING that the Federal Republic of Nigeria has made substantial progress in advancing its domestic financing and building a stronger health system over the past 23 years;

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

RECOGNIZING that the Federal Republic of Nigeria, through the Federal Ministry of Health & Social Welfare, has launched a comprehensive reform - **The Nigeria Health Sector Renewal Investment Initiative (NHSRII)** to improve healthcare accessibility, affordability, quality, accountability, and efficiency toward achieving UHC, implemented through a Sector-Wide Approach (SWAp) that aligns all government agencies and development partners under a single plan, budget, and reporting framework;

NOTING that on 12 December 2023, Nigeria signed the Health Sector Renewal Compact under the theme "Health for All: Time for Action", presided over by President Bola Ahmed Tinubu, GCFR, uniting all 36 State Governors, the Federal Capital Territory Administration, and development partners to demonstrate high-level political commitment to a unified, efficient, and resilient health system for all Nigerians; and

NOTING that the Basic Health Care Provision Fund (BHCPF) as mandated by the Nigerian National Health Act of 2014 serves as the primary vehicle for frontline service delivery to improve access to quality essential health services for all Nigerians at the Primary Health Care delivery level.

**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:

| S/N | Indicators | Source | Baseline | Annualized growth rate | 2026 | 2027 | 2028 | 2029 | 2030 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | % People With HIV Who Know Their Status | NASCP 2025 Program Data | 87% | 0.75% | 88% | 90% | 92% | 93% | 95% |
| 2 | % People Who Know Their HIV Status on Treatment | NASCP 2025 Program Data | 98% | 0.00% | 98% | 98% | 98% | 98% | 98% |
| 3 | % People On Antiretroviral Treatment (ART) Who Are Virally Suppressed | NASCP 2025 Program Data | 95% | 0.00% | 95% | 95% | 95% | 95% | 95% |
| 4 | # Malaria Deaths in Children Under 5 | DHIS 2 Platform, 2024 | 2,340 | -5% | 2,223 | 2,112 | 2,006 | 1,906 | 1,811 |
| 5 | # TB Deaths | Global TB Report 2025 | 61,800 | -5.19% | 58,594 | 55,554 | 52,672 | 49,940 | 47,349 |
| 6 | # Polio Cases (e.g., cVPV2) | Surveillance data (2025) | 67 | -75.38% | 55 | 27 | 0 | 0 | 0 |
| 7 | Maternal Mortality Rate | WHO estimates 2023 | 993 | -5% | 946 | 901 | 858 | 817 | 778 |
| 8 | Children Under 5 Mortality Rate | NDHS 2024 | 110 | -3% | 107 | 103 | 100 | 97 | 94 |



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**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:

| S/N | Indicators | Source | Baseline | Annualized growth rate | 2026 | 2027 | 2028 | 2029 | 2030 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | # people on ARV | NDARS Sept 2025 | 1,707,093 | 1.95% | 1,740,381 | 1,774,318 | 1,808,917 | 1,844,191 | 1,880,153 |
| 2 | # new HIV diagnoses among infants (0-18 months) | NDARS Sept 2025 | 1,617 | -2% | 1,585 | 1,553 | 1,522 | 1,491 | 1,462 |
| 3 | # new HIV diagnoses among children and adults (age 18 months or older) | NDARS Sept 2025 | 83,552 | -6% | 78,559 | 73,865 | 69,451 | 65,300 | 61,398 |
| 4 | % pregnant and breastfeeding women living with HIV who receive ART | NDARS Sept 2025 | 66% | 2% | 68% | 70% | 72% | 74% | 76% |
| 5 | # Number of people with HIV enrolled into health insurance | NHIA Program Data | 22,399 | 0.70% | 1,200,000 | 1,252,792 | 1,302,473 | 1,349,228 | 1,393,229 |
| 6 | # Number of people with TB enrolled into health insurance | NHIA Program Data | 3,416 | 250,000 | 400,000 | 650,000 | 900,000 | 1,150,000 | 1,150,000 |
| 7 | Malaria Prevalence | 2021 NMIS | 22% | - | 19% | 16% | 14% | 12% | 10% |
| 8 | % confirmed malaria cases that receive first-line antimalarial treatment | World Malaria report | 74% | 2% | 76% | 78% | 80% | 82% | 84% |
| 9 | # insecticide-treated nets distributed to populations at risk of malaria | NMEP 2024 | 10,330,544 | 0.50% | 10,382,197 | 10,434,108 | 10,486,278 | 10,538,710 | 10,591,403 |
| 10 | # patients with TB notified (i.e., bacteriologically confirmed + clinically diagnosed) | Global TB Report 2025 | 402,100 | 0% | 402,100 | 402,100 | 402,100 | 402,100 | 402,100 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 11 | % patients with TB notified who completed treatment | Global TB Report 2025 | 94% | 0.% | 94% | 94% | 94% | 94% | 94% |
| 12 | % of children 12-23 months who have received Penta 3) | NDHS 2024 | 53% | 2% | 55% | 57% | 59% | 61% | 63% |
| 13 | % surviving infants who received at least one dose of inactivated polio vaccine | NDHS 2024 | 55% | 2% | 57% | 59% | 61% | 63% | 65% |
| 14 | % of children aged 12–23 months who received one dose of measles-containing vaccine | NDHS 2024 | 51% | 2% | 53% | 55% | 57% | 59% | 61% |
| 15 | Proportion of pregnant women that attended a minimum of 4 ANC visits | NDHS 2024 | 52% | 2.5% | 55% | 57% | 60% | 62% | 65% |
| 16 | % accuracy of data fields assessed during the annual audit* | National HIV Data DQA Reports | 71% | 4% | 75% | 79% | 83% | 87% | 91% |

*Limited only to the HIV data

**1.3 Infectious Disease Outbreak Response Metrics:** To ensure infectious disease threats are quickly identified and responded to, the Participants also aim to achieve the following metrics throughout the term of this MOU:

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

**Performance indicator proposed for 7-1-7:**

Increase the proportion of public health events that achieve full 7-1-7 (detection in ≤7 days, notification in ≤1 day, response in ≤7 days) from 33% baseline in 2025 to ≥85% within 5 years.

**Outcome Metrics for 7-1-7 in 2025.**

| Outcome Metric | Definition | 2025 Baseline | 5-Year Target |
|---|---|---|---|
| **Detection ≤ 7 days** | Proportion of PHEs detected within 7 days of onset | 75% | ≥95% nationwide |
| **Notification ≤ 1 day** | Proportion of detected events escalated to authorities within 24 hours | 100% | Sustain ≥90–100% |
| **Response ≤ 7 days** | Proportion of events completing early response within 7 days | 50% | ≥90% |
| **Full 7-1-7 achievement** | Events meeting all 3 targets | 33% | ≥85% |

The Participants affirm that the Federal Republic of Nigeria, through NCDC, intends to transmit quarterly performance reports to the appropriate body and the United States Government on the implementation of 7-1-7. Reports are expected to include the number of public health events, percentage meeting full 7-1-7 performance in accordance with the Data sharing and protection act of Nigeria.

## 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 Federal Republic of Nigeria envisions by 2030 a country-level surveillance and outbreak response system led by national public health institutions with functional capabilities in place to detect infectious disease outbreaks with epidemic or pandemic potential within 7 days of emergence, notify relevant authorities including critical parties in the national public health system 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 Nigeria.

2.1.2 Implementation Plan:

- The U.S. Government plans to fund an assessment of Nigeria's outbreak surveillance system to include disease surveillance and safety procedures for pathogen sample collection, transport, storage, testing and disposal.
- The Federal Republic of Nigeria commits to work with the U.S. Government to address any prioritized gaps identified by the assessment.
- The United States intends to support the provision of technical support, training and guidance to strengthen national and state-level rapid response capabilities, including the deployment of Rapid Response Teams, Emergency Management and Operations Centers, Infection Prevention and Control measures and the safeguarding of Antimicrobial resistance and detection in support of an effective execution of essential outbreak surveillance and response actions within seven days of an infectious disease outbreak confirmation.
- The United States plans to provide technical and financial support for essential outbreak response commodities, personal protective equipment, and plans to support their pre-positioning and rapid deployment to high-risk states in support of timely response.
- The Federal Republic of Nigeria commits to continuing to provide salaries and benefits to fund 37 field epidemiologists and 37 state disease surveillance and notification officers, and 774 local government area (LGA) state disease surveillance and notification officers].
- The Federal Republic of Nigeria plans to provide routine surveillance and outbreak response operational costs to support activities of [37] field epidemiologists and [37 state disease surveillance and notification officers, and 774 local government area

(LGA) state disease surveillance and notification officers] throughout the period of this MoU.

- As guided by the Mutual Recognition Framework of the NAFDAC-FDA, the Federal Republic of Nigeria intends to depend on its Regulatory Directive on Reliance - Section 2.1.1 and 3.2.2.- to accelerate the evaluation of relevant applications with a view to ensuring timely access to the product that has been evaluated.
- The Federal Republic of Nigeria plans to negotiate a specimen sharing arrangement that includes the elements set out in Appendix 4 for the purpose of providing specimen(s) and related data, including genetic sequence data, of detected pathogens with epidemic potential as approved by the data and specimen governance committee on a case-by-case basis. Both participants intend this specimen sharing to continue for a 5-year term, renewable for another 5 years by mutual agreement.

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 | New Federal Republic of Nigeria Funding | Existing Federal Republic of Nigeria Funding | Total Federal Republic Government of Nigeria Funding |
|---|---|---|---|---|
| 2026 | $4,171,000 | $27,586,207 | | $27,586,207 |
| 2027 | $4,171,000 | $37,598,179 | | $37,598,179 |
| 2028 | $4,171,000 | $47,610,152 | | $47,610,152 |
| 2029 | $4,171,000 | $57,622,124 | | $57,622,124 |
| 2030 | $4,171,000 | $67,634,097 | | $67,634,097 |

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 identified with input from the Federal Republic of Nigeria.

## 2.2 Laboratory Systems

2.2.1 [2030] Vision: The Federal Republic of Nigeria envisions a connected network of at least 12 national and specialized laboratories that have the capabilities to support the identification and characterization of pathogens of outbreak, epidemic, or pandemic potential and 23 regional laboratories and over 1500 clinical and public health laboratories at the sub-national level, that have the capabilities to do laboratory testing for disease screening/diagnosis and staging, treatment monitoring, sample collection and processing and referral to regional and national laboratories for specialized serological/molecular based integrated disease testing, laboratory information data management, quality

management system implementation, and standard biosafety and biosecurity practices including laboratory (liquid and solid) waste management.

2.2.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds a total of $74m of laboratory commodities procured centrally and at state/health facilities levels annually; 1,198 frontline lab scientists, technicians, lab assistants and data clerks in Nigeria.
- The U.S. Government plans to fund 100% of the lab commodities in 2026, subject to the availability of funds, and thereafter the U.S. Government 's funding for these commodities is expected to decline gradually with the Federal Republic of Nigeria 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 laboratory scientists, technicians, lab assistants, laboratory quality assurance officers.
- The Federal Republic of Nigeria commits to ensure all Level 2 and Level 3 biosafety labs in Nigeria have biosafety and biosecurity management programs and quality assurance in place aligned with the national laboratory quality assurance policy and any relevant international accreditation standards (e.g. ISO 35001 and ISO 15189) by the end of 2027.
- Any sample transport support provided by the U.S. Government is planned to be transitioned to the Federal Republic of Nigeria by 2030. All specimen transport systems are expected to meet established global biosafety and biosecurity standards by the end of 2028.
- Any diagnostic network optimization support provided by the U.S. Government is planned to be transitioned to the Federal Republic of Nigeria by January 1, 2027.
- Any lab quality improvement accreditation support provided by the U.S. Government is planned to be transitioned to the Federal Republic of Nigeria by January 1, 2027.
- The Federal Republic of Nigeria commits to fund recurring operational, infrastructure and maintenance costs for labs including but not limited to; laboratory ancillary equipment maintenance, provision of power (generators/fuels), internet connection, water and other utilities.
- The National Integrated Sample Transport Network (NISRN) provided by the U.S. Government is expected to be funded by half (50%) by the Federal Republic of Nigeria by the end of 2027 and plans to be fully transitioned to the Federal Republic of Nigeria by 2030.
- The National External Quality Assurance Laboratory (NEQAL) for laboratory proficiency testing program supported by the U.S government is planned to be transitioned to the Federal Republic of Nigeria by September 2028.

- The National Laboratory Equipment Calibration Center (NaLECC) supported by the U.S government plans to be transitioned to the Federal Republic of Nigeria by September 2027.
- The United States plans to support the Federal Republic of Nigeria to enhance national laboratory capacity through technical assistance for BSL-3 laboratories, genomic sequencing and bioinformatics, environmental surveillance, and information, communication, technology (ICT) platforms for laboratory information management, data transmission, and integration with national surveillance systems.

2.2.3 Funding Plan:

The Participants intend to provide the following support for lab commodities and HRH in each of the specific years, subject to the availability of funds:

| Year | U.S. Government Funding | New Federal Republic of Nigeria Funding | Existing Federal Republic of Nigeria Funding | Total Federal Republic Government of Nigeria Funding |
|---|---|---|---|---|
| 2026 | $74,759,214 | $24,137,931 | | $24,137,931 |
| 2027 | $62,136,009 | $32,898,407 | | $32,898,407 |
| 2028 | $32,835,329 | $41,658,883 | | $41,658,883 |
| 2029 | $23,603,916 | $50,419,359 | | $50,419,359 |
| 2030 | $21,133,990 | $59,179,834 | | $59,179,834 |

The breakdown of the U.S. Government 's planned 2026 lab commodity procurement spending is in Appendix 2. The U.S. Government plans to work with the Federal Republic of Nigeria on the purchase, warehousing and distribution of lab commodities through a sustainable procurement supply chain management (PSM) mechanism. Once the Federal Republic of Nigeria's Medipool system has procured at least $50 million USD of health commodities using funding from the Federal Republica of Nigeria, the U.S. Government intends to move towards using Medipool as its pooled procurement vehicle. The Federal Republic of Nigeria plans to leverage Medipool as a primary pooled procurement vehicle [with Wambo and other platforms serving as secondary options, (2) National, (6) Zonal and (37) State-owned Facilities for Warehousing, Federal and State-owned Distribution channels for last mile delivery to health facilities, complemented by existing Public Private Partnership (PPP) arrangements and partner with other private or public entities to ensure last mile distribution for distribution in conjunction with Medipool to ensure an inclusive and efficient supply chain system. The Federal Republic of Nigeria intends to insure in a reasonable amount any lab commodity inventory both (a) paid for by the U.S. Government and (b) distributed through the Federal Republic of Nigeria owned supply chains. For

purposes of this MOU, lab commodities include the actual cost of the commodities as well as related commodity distribution costs including warehousing, shipping, and trucking. These costs do not include any costs of data systems or technical assistance to support commodity procurement or supply chain distribution, which are covered in Sections 2.5.3 and 2.6.3 respectively. Funding provided by the Federal Republic of Nigeria in the table above is intended only to include funding provided directly by the Federal Republic of Nigeria and is not intended 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:

| | U.S. Government # FTEs Funded | Federal Republic of Nigeria New # FTEs Funded | Federal Republic of Nigeria Existing # FTEs Funded | Federal Republic of Nigeria Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 1,937 | 0 | 0 | 0 |
| 2027 | 1,453 | 484 | 0 | 484 |
| 2028 | 969 | 484 | 484 | 969 |
| 2029 | 484 | 484 | 969 | 1,453 |
| 2030 | 0 | 484 | 1,453 | 1,937 |

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 100% for frontline lab workers in 2026 and then phase over to the Federal Republic of Nigeria over the years through a mutually determined framework that is expected to be decided by both parties within 90 days of the completion of implementation plan, following signature of the MOU. For purposes of this MOU, funding is expected to cover the salary and benefits for frontline lab workers. Salary support is intended to flow through government systems of the Federal Government of Nigeria as determined during implementation planning. State Governments plan to recruit, deploy, and manage personnel, while the Federal Government intends to determine recruitment numbers based on criteria mutually determined by the State Governments and the Federal Government and public service regulations, and assign required quota to States based on their needs. Salaries and benefits are intended to follow prevailing State and Local Government payroll structures.

This funding does not include any costs related to data systems or technical assistance for frontline lab workers, which are covered in Sections 2.5.3 and 2.6.3 respectively. Positions funded by the Federal Republic of Nigeria in the table above are intended to include only positions funded directly by the Federal Republic of Nigeria and not positions funded by other donors or multilateral organizations.

## 2.3 Commodities

2.3.1 [2030] Vision: The Federal Republic of Nigeria envisions a robust, accountable and integrated health care commodity supply chain system that supports its drive towards achieving UHC. Nigeria plans to leverage Medipool as a primary pooled procurement vehicle. Nigeria plans to leverage 2 National, 6 Zonal and 37 State-owned Facilities for warehousing, Federal and State-owned distribution channels for last mile delivery to health facilities, complemented by existing Public Private Partnership (PPP) arrangements to ensure last mile distribution for distribution in conjunction with Medipool to ensure an inclusive and efficient supply chain system.

2.3.2 Implementation Plan:

- For the purposes of this section, the U.S. Government currently funds $133M of malaria, HIV, TB, maternal newborn and child health (MNCH), and nutrition commodities annually. 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 Federal Republic of Nigeria funding 100% of these commodities by the end of this MOU as outlined in Section 2.3.3.
- The Federal Republic of Nigeria commits to fully implementing a technology-based system on GS1 global standards for track and trace and serialization of commodities funded by the U.S. Government and others under this MOU and distributed through the Federal Republic of Nigeria's government-owned supply chain by 2028. Both Participants plan to align approaches to ensure Quality Assurance and Quality Control (QAQC) activities are implemented along the supply chain system (from procurement to last mile delivery). Also, commodities theft, diversion, falsification, and other related issues are expected to be reported in a timely manner including through national law enforcement actions where appropriate while subjecting all products to Quality Assurance and Quality Control.
- The Federal Republic of Nigeria commits to ensuring that all Nigerian government-owned, managed, or run warehouses storing commodities funded by the U.S. Government under this MOU meet ISO warehouse standards by 2027 and beyond
- AS APPROPRIATE The Federal Republic of Nigeria plans to request that the following procurement strategy be adopted:
    - Priority is expected to be given to procuring 30% of commodities from local manufacturers in Nigeria for products that are manufactured locally including antimalarials, antibiotics and long-lasting insecticidal net (LLINs); the Federal Republic of Nigeria is expected to cover any price differentials, if needed.
    - Sourcing products from the United States or other international suppliers is expected to be considered for commodities that are not manufactured locally or do not meet quality and quantity requirements. Both the United States and Nigeria plan to co-

develop a transition plan to increase the percentage of locally manufactured products that are procured under this MOU.

Furthermore, U.S. or other suppliers are encouraged to develop plans to enable localization of production for health commodities in Nigeria, aligning with Presidential Initiative to Unlock the Healthcare Value chain (PVAC's) mandate to increase the Federal Republic of Nigeria's share of locally manufactured high-quality healthcare products; reduce reliance on imports; and enhance self-sufficiency.

The Federal Government of Nigeria with the support of the U.S Government expects to strengthen the monitoring of Good Storage and Distribution Practices (GSDP) by establishing and tracking Key Performance Indicators (KPIs) across critical areas of the supply chain, including warehousing and last-mile delivery.

- As guided by the Mutual Recognition Framework of the NAFDAC-FDA, the Federal Republic of Nigeria should rely on its Regulatory Directive on Reliance - Section 2.1.1 and 3.2.2.- to accelerate the evaluation of relevant applications with the view to ensuring timely access to the product that has been evaluated.
- The Federal Republic of Nigeria commits to notify the Federal Ministry of Health & Social Welfare and U.S. Government as soon as there is suspicion of theft or diversion of U.S. Government funded commodities.

2.3.3. Funding Plan:

The Participants intend to provide the following amount of support for commodities in each of the specified years, subject to the availability of funds:

| Year | U.S. Government Funding | New Federal Republic of Nigeria | Existing Federal Republic of Nigeria Funding | Total Federal Republic of Nigeria Funding |
|---|---|---|---|---|
| 2026 | $133,188,061 | $59,310,345 | | $59,310,345 |
| 2027 | $88,948;866 | $80,836,086 | | $80,836,086 |
| 2028 | $85,038,295 | $102,361,826 | | $102,361,826 |
| 2029 | $84,562,080 | $123,887,567 | | $123,887,567 |
| 2030 | $50,405,150 | $145,413,308 | | $145,413,308 |

The breakdown of the U.S. Government's planned 2026 commodity procurement funding is in Appendix 2. The U.S. Government plans to work with the Federal Republic of Nigeria on the purchase, warehousing and distribution of commodities initially through a

sustainable procurement supply chain management (PSM) mechanism. Once the Federal Republic of Nigeria's Medipool system has procured at least $50M USD of health commodities using funding from the NHSRII program of the Government of Nigeria, the U.S. Government intends to move towards using Medipool as its pooled procurement vehicle. The Federal Republic of Nigeria plans to purchase its commodities through Medipool and other platforms as secondary options and distribute its commodities to public health facilities through Drug Management Agencies and to other non-public health facilities through Public-Private Partnership (PPP) arrangements. 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 Federal Republic of Nigeria in the table above should only include funding provided directly by the Federal Republic of Nigeria and should not include funding from other donors or multilateral organizations.

## 2.4 Frontline Healthcare Workers

2.4.1 [2030] Vision: The Federal Republic of Nigeria envisions progressively integrating frontline healthcare workers currently funded by the U.S. Government into its permanent health workforce by 2030. In collaboration with State Governments, the Federal Government of Nigeria also aims to better integrate AIDS, TB, and Malaria (ATM) service delivery into the broader primary, secondary, and tertiary health systems to improve efficiency, strengthen system performance, and promote holistic patient care.

Cadres prioritized for transition include:

- Doctors – providing oversight for virally unsuppressed individuals and those on second- and third-line regimens (~5% of PLHIV), often across multiple facility catchments.
- Skilled Birth Attendants (nurses, midwives, community health extension workers (CHEWs)) – delivering PMTCT services and supporting routine ART refill clinics.
- Community Health Practitioners/workers – leading home-based care, community screening, health education, and case management across HIV and TB; this cadre incorporates roles previously categorized as clinical officers and case managers supporting in-facility HIV refill and care clinics.
- Pharmacists and Pharmacy Technicians – dispensing and managing HIV medication refills.
- Laboratory Technicians – conducting HIV confirmatory testing, viral load monitoring, TB diagnostics, and other essential investigations.

Recognizing the essential role of this multidisciplinary workforce in sustaining HIV, TB, and malaria outcomes, the Participants plan to collaborate to strengthen and maintain technical expertise across the Federal Republic of Nigeria's health system.

2.4.2 Implementation Plan:

- The U. S. Government plans to fund frontline healthcare workers as outlined in Section 2.4.3. This includes doctors, nurses, community health workers, pharmacy workers, case managers/social workers, and other frontline healthcare workers.
- The United States commits to working with the Federal Republic of Nigeria to identify technical and financial support needs to strengthen Nigeria's public health workforce in line with [Nigerian] government priorities and structures. Support may include training, mentorship, supervision, and workforce development initiatives to ensure sustainable expertise following the transition.
- Only cadres formally recognized within government structures i.e. clinical staff, laboratory personnel, pharmacy personnel, community health workers, and laboratory personnel are planned for transition.
- Salary support is intended to flow through Nigerian government systems. State Governments plan to recruit, deploy, and manage personnel, while the Federal Government intends to determine recruitment numbers based on agreed criteria and public service regulations, and assign required quota to States based on their needs. Salaries and benefits are intended to follow prevailing State and Local Government payroll structures.

2.4.3 Funding Plan:

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

| Year | U.S. Government # FTEs Funded | Federal Republic of Nigeria New # FTEs Funded | Federal Republic of Nigeria Existing # FTEs Funded | Federal Republic of Nigeria Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 25,696 | 0 | 0 | 0 |
| 2027 | 19,272 | 6,424 | 0 | 0 |
| 2028 | 12,848 | 6,424 | 6,242 | 12,848 |
| 2029 | 6,424 | 6,424 | 12,848 | 19,272 |
| 2030 | 0 | 6,424 | 19,272 | 25,696 |

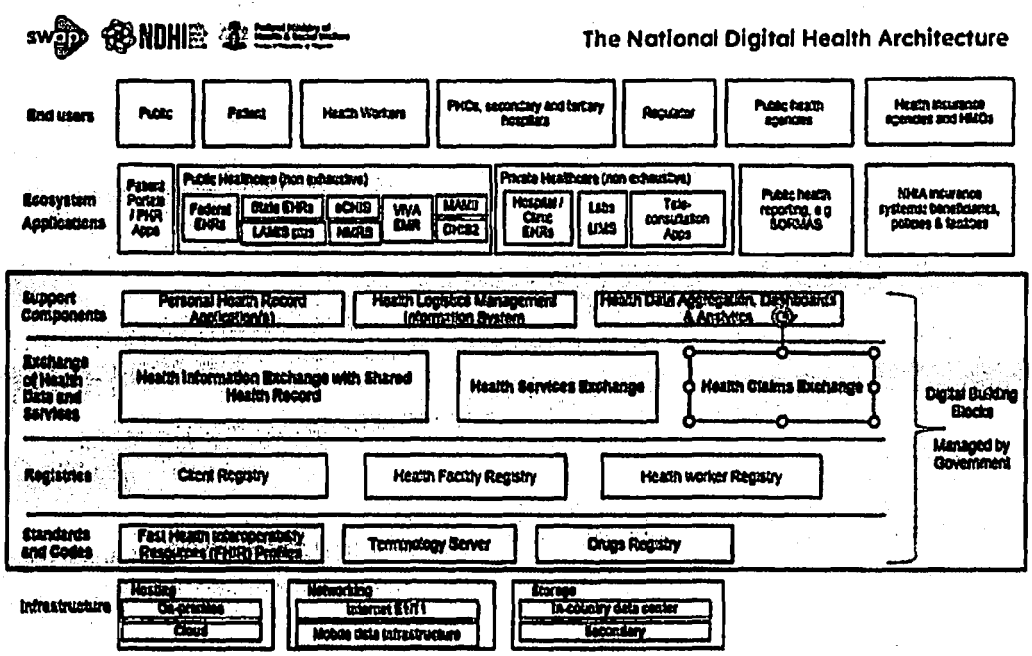
A breakdown by cadre is included in Appendix 3. The U.S. Government plans to provide funding for frontline healthcare workers through 2030 based on a framework that is intended to be decided by both parties within 90 days of the completion of the implementation plan, after the MOU has been signed. For purposes of this MOU, funding is expected to cover the salary and benefits for frontline healthcare workers. Positions

considered as funded by the Federal Republic of Nigeria are intended to include only those financed directly by the Federal Republic of Nigeria and are intended exclude positions supported by other donors or multilateral organizations.

## 2.5 Data Systems

2.5.1 2030 Vision: The Federal Republic of Nigeria envisions an integrated and robust digital health data ecosystem in line with the provisions of the National Health Act 2014 and the Nigeria Digital in Health Initiative (NDHI).

The Nigeria Digital Health Architecture (NDHA) defines three exchanges: a health information exchange, health services exchange, and health insurance claims exchange as the basis for making health data interoperable and accessible. All software solutions across the public and private healthcare sectors, including government Electronic Health Records (EHRs), Tuberculosis and HIV systems (i.e. the systems funded by the U.S. Government, including ViVA EMR, NigeriaMRS, LAMIS Plus, the National Data Repository, and the Logistics Management Information System), state-level EHRs, public health software like SORMAS, and software used by private labs and clinics, are expected to integrate with health information exchange to create a fully interoperable digital health ecosystem. This integration is intended to foster robust data sources to support population-level health data analytics, leading to more evidence-based decision-making and improved healthcare outcomes.




The NDHI and NDHA aim to build on established systems, integrate, standardize and expand as needed (e.g. the expansion of the health worker registry and health facility registry to all 36+1 States in Nigeria).

2.5.2 Implementation Plan:

- The Federal Republic of Nigeria commits to use NDHI-aligned digital medical record solutions (including existing EHRs or equivalent OCR technologies, as applicable) as its EHRs and roll them out in 20% facilities by 2026, 40% facilities by 2027, 60% facilities by 2028, 80% facilities by 2029, and 100% facilities by 2030.
- The U.S. Government plans to support improvements and rollout of the existing EHR over the duration of this MOU with the funding outlined in Section 2.5.3 including supporting Local Government Authorities to use EHR systems and supporting the digital literacy of health workers at all levels in all States.
- The Federal Republic of Nigeria plans to implement financial penalties or rewards or other non-financial incentives for healthcare providers to ensure greater than 50% of encounters are loaded in the EHR within 1 year of rollout in a facility and 90% of encounters are loaded in the EHR within two years of rollout in a facility.
- The Federal Republic of Nigeria commits to use Laboratory Information Management System (LIMS) as its laboratory management system. LIMS is expected to be rolled out across all national and regional labs by the end of 2026.
- The U.S. Government plans to support the following improvements to the laboratory management system over the term of this MOU consistent with Section 2.5.3.
- The Federal Republic of Nigeria plans to use M-Supply as its warehouse management system. M-Supply is expected to be rolled out across 6 warehouses by the end of 2026, 15 warehouses by the end of 2027, 15 warehouses by the end of 2028, and 9 warehouses by end of 2029.
- The U.S. Government plans to support some improvements to the M-Supply warehouse management system over the term of this MOU, consistent with Section 2.5.3.
- The Federal Republic of Nigeria commits to use SORMAS as its disease outbreak surveillance systems. SORMAS is expected to be rolled out across all applicable sites by the end of 2026.
- The U.S. Government plans to support the following improvements to SORMAS disease outbreak surveillance system over the term of this MOU, consistent with Section 2.5.3
- The Federal Republic of Nigeria commits to use Nigeria Health Logistics Management Information System - NHLMIS as its health commodity inventory management system. NHLMIS is expected to be rolled out across all components of the government-run health commodity supply chain by the end of 2026.
- The U.S. Government plans to fund the following improvements to NHLMIS health commodity inventory management system and digital Health System over the term of this MOU, consistent with Section 2.5.3.
- The Federal Republic of Nigeria commits to use a suitable Data Repository in line with the reforms of the National Data in Health Architecture (NDHA) and District Health Information System (DHIS2) as its national health data warehouse.

- The U.S. Government plans to support the NDHA and DHIS2 national health data warehouse over the term of this MOU consistent with Section 2.5.3:
- The Government of Nigeria also intends to ensure that all Community Health Workers (referenced in section 2.4 of this MOU) have access to an electronic Community Health Information System with data from the system linked to the National Health Information Exchange.
- Both the U.S. Government and the Federal Republic of Nigeria intend to maximize integration and interoperability between the systems and to ensure that appropriate cybersecurity and data security is in place for all the systems, in line with the reforms of the NDHA.
- 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 U. S. Government and the Federal Republic of Nigeria 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 remain in force for a 5-year term, renewable for another 5 years by mutual agreement, in compliance with relevant laws regarding storage of personally identifiable information, respecting ownership, access rights and hosting requirements.
- The U. S. Government intends to provide advisory support, and funding contributions to strengthen Nigeria's public health data systems, including SORMAS, NADIS, AMRISS, INHESS, and LIMS, eCHIS, as guided by the NDHA. This support is expected to improve real-time reporting, system interoperability, data integration, infrastructure upgrades, and analytics to guide public health response and planning.

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 | New Federal Republic Government of Nigeria Funding | Existing Federal Republic of Nigeria Funding | Total Federal Republic of Nigeria Funding |
|---|---|---|---|---|
| 2026 | $60,000,000 | $13,793,103 | | $13,793,103 |
| 2027 | $49,000,000 | $18,799,090 | | $18,799,090 |
| 2028 | $42,000,000 | $23,805,076 | | $23,805,076 |
| 2029 | $23,000,000 | $28,811,062 | | $28,811,062 |
| 2030 | $22,000,000 | $33,817,048 | | $33,817,048 |

In 2026, the U.S. Government intends to provide the following funding for specific data systems: $1.35M for NigeriaMRS, $1.05M for LAMISPlus $0.38M for ViVA EMR. Over

the course of the MOU, the U.S. Government plans to fund approximately $28M for enhanced electronic medical record system, approximately $0.53M for LIMS lab management system, approximately $2.14M for M-Supply warehouse management system, approximately $7.76M for SORMAS surveillance and outbreak response data system, approximately $1.6M for NHLMIS health commodity inventory management system, and approximately $50.5M for DHIS2 as its national health data warehouse. For purposes of this MOU, these amounts include the cost of developers, product managers, systems engineers and other similar personnel; the cost of cloud computing capacity, software licenses, and other similar software costs; and the cost of hardware including computers, tablets, servers, and other similar hardware costs.

## 2.6 Strategic Investment and Technical Assistance

2.6.1 [2030] Vision: The Federal Republic of Nigeria through the NHSRII has set areas of national priorities in line with the sector-wide approach reform and the existing Health Compact signed with State Governments. These areas include expansion of financial protection and increasing service access for the vulnerable and people with HIV and TB, strengthening health facility functionality and workforce capacity through training (pre-service and in-service training) for frontline workers (nursing, pharmacy, laboratory science, and public health), Improving the quality and outcomes in maternal and child health, HIV, TB and malaria.

Investments in these areas due to their strategic national importance are expected to catalyze action towards the Federal Republic of Nigeria's Health Sector Renewal Initiative, accelerating progress toward the goal of reducing preventable morbidity and mortality.

**Strategic Goal**
To expand access to quality affordable integrated health services across primary, secondary, and tertiary care levels in Nigeria by 2030, through strengthened partnerships, sustainable financing, and strategic investments in health systems that improve outcomes particularly for women and children. This initiative represents a bold, collaborative approach to Nigeria's health challenges that harnesses U.S. Government expertise and aligns with our global priorities, while positioning the Government of Nigeria to drive a lasting, system-wide transformation.

2.6.2 Implementation Plan: *(Detailed plan can be found in Annex)*
**Strategic Objectives:**

**Objective 1: Strengthen health facility functionality and workforce capacity**
This objective is intended to improve functionality and service flow of selected health facilities to strengthen access to and utilization of high-quality integrated services, including HIV, TB, malaria, MNCH, polio/routine immunization and nutrition.

Specifically, health facilities (HFs) are intended to be equipped with the necessary infrastructure, tools, commodities, documentation, and qualified health workers as outlined in the government's Basic Health Care Provision Fund (BHCPF) Guidelines. Furthermore, the personnel in these facilities are intended to be capacitated to deliver 24-hour maternal and child health services across 500 local government areas (LGAs) by 2030. Specific details on the number of health facilities and LGAs are intended to be finalized with the Federal Republic of Nigeria within 90 days of signing the MoU.

These health systems investments are expected to enhance the availability and quality of HIV testing and treatment, TB screening and referral, and malaria diagnosis and case management, ensuring earlier detection, timely treatment, and reduced morbidity. Integrated service delivery is intended to enable health facilities to provide these interventions during routine MNCH and primary health care encounters, improving continuity of care and reducing missed opportunities.

Health workforce enhancement technologies are planned to be deployed across PHC facilities inclusive of CEmONC facilities in designated management of at-risk mother and infants under six months (MAMII) local government areas (LGAs) to further support comprehensive service delivery and facilitate specialist engagement, especially in hard-to-reach areas. A hub- and spoke model is expected to create linkage between these CEmONC sites (hubs) and select primary centers (spokes) - 3 spoke facilities per hub facility- and are expected to reduce delays in addressing maternal and newborn complications as well as enhance access to remote clinical guidance for HIV, TB, and malaria case management. This includes rapid consultation for complicated cases and diagnostic decision support, and management of severe malaria, ultimately improving outcomes and reducing preventable deaths.

U.S. Government expected contributions: health workforce enhancement technologies; power and water solutions; advanced health devices, optimized sample transportation network and digital data reporting solutions.

Federal Republic of Nigeria expected contributions: facility upgrades; staffing; workforce training; and ongoing maintenance.

**Objective 2: Improve quality and outcomes in maternal and child health (including polio eradication), HIV, TB and malaria**

Building on facility readiness as achieved under Objective 1, deliver standardized, high-quality integrated health services (MNCH, HIV, TB, malaria) at scale and ensure commodity security across 500 LGAs, including strengthening routine immunization and polio eradication efforts in 100 zero dose LGAs.

Maternal and newborn intensive care units are expected to be set up in identified CEmONC facilities (a subset of where the health workforce enhancement technology is deployed (Objective 1)), in addition to interventions to strengthen emergency maternal care through support for the supply of equipment for managing complicated deliveries and support for training frontline workers at selected facilities.

Support intensified HIV and TB case finding with active linkage to care and treatment to close identified treatment gaps and ensure availability of HIV commodities in LGAs with the highest treatment gaps for HIV & Tuberculosis.

Support malaria elimination efforts through a complimentary package of high impact malaria interventions at health facility and community levels in selected high-burden malaria LGAs. These include vector control interventions like providing Insecticide Treated Nets (ITN) and spatial emanators to targeted populations.

In addition, support drug-based prevention interventions like Intermittent Preventive Treatment for pregnant women (IPTp) with Sulphadoxine-Pyrimethamine (SP) at ANC, malaria vaccines and seasonal malaria chemoprevention (SMC) with sulfadoxine-pyrimethamine and amodiaquine SPAQ (SPAQ) for children under five years in eligible locations.

The U.S. Government plans to ensure availability of ARVs, HIV test kits, nutrition, GHS, and malaria commodities, gradually transitioning them to the Federal Republic of Nigeria.

The Federal Government of Nigeria intends to deploy interventions to improve routine immunization coverage, reduce the number of zero dose children and eradicate polio.

U.S. Government expected contributions: newborn units, emergency obstetric equipment, health workforce enhancement technologies, HIV/TB case-finding, malaria testing adherence, HIV, GHS, and malaria commodities, quality assurance, pre-service training and deployment of HRH.

Federal Republic of Nigeria expected contributions: skilled workers, infrastructure, quality improvement systems, MPDSR implementation, phased assumption of commodity procurement, and interventions to reduce burden of zero dose and eradicate polio.

**Objective 3: Expand financial protection and service access for women, children and their families**

This objective is intended to further reduce maternal and infant mortality by expanding financial protection for pregnant women and their infants through support to the SWAp and National Health Insurance Authority (NHIA) Comprehensive Emergency Obstetric Newborn Care (CEmONC) program. It also endeavors to improve financial protection for children living with HIV and TB through enrollment into NHIA. The U.S. Government intends to play a catalytic role in reducing maternal and infant mortality through the expansion of access to high quality health insurance coverage through the SWAp/NHIA Financing Access to CEmONC program. NHIA currently supports 270 secondary and tertiary health facilities as part of the CEmONC program and with U.S. Government support, intends to expand CEmONC to all PEPFAR supported sites. Specifically, the U.S. Government aims to provide support for 350,000 pregnancy related services and essential emergency services for 100,000 neonates by 2030. All women and children who receive these lifesaving interventions are intended to be subsequently enrolled in the NHIA health insurance scheme to ensure continuity of care and long-term access to essential health services.

To improve financial protection, the U.S. Government plans to provide support for the enrollment of people living with HIV and/or TB with a focus on children, adolescents and their families with the aim of providing coverage for 500,000 person years, thereby complementing services related to HIV and TB, which are already covered. The U.S. Government intends to support partnerships with NHIA for increased accountability and claims verification and actuarial standardization for sustainability. The U.S. Government plans to support ongoing partnerships between NHIA and U.S. companies (i.e. AWS) to enhance data warehousing and cloud storage for NHIA insurance and claims database, consistent with Nigeria's data protection laws.

U.S. Government expected support: catalytic financing for 350,000 pregnant women, 100,000 neonates and 500,000 people living with HIV/TB and their families through support for emergency obstetric and neonatal related services and enrollment into the NHIA.

Federal Republic of Nigeria expected contributions: financing premiums for vulnerable populations, increase of current funding through the Basic Healthcare Provision Fund, and developing insurance claims reimbursement systems.

**Coverage**

All 36+1 states of Nigeria are intended to be covered. Investments are expected in 500 high-burden LGAs to maximize impact and demonstrate measurable results.

Key Criteria for LGA Selection:

1. Burden of disease: LGAs with high burdens of TB, HIV, malaria, and maternal/child health challenges to address the greatest needs
2. Maternal health outcomes: LGAs with high antenatal care attendance yet with poor maternal outcomes to address gaps in quality of care
3. Immunization and Nutrition: LGAs with low routine immunization coverage and high rates of severe acute malnutrition to improve child health and nutrition outcome
4. Health insurance coverage and enrollment: States with low health insurance coverage and enrollment and potential for improvement and willingness to collaborate to maximize impact and demonstrate value

**Expected Outcomes:**

- 15-20% reduction in maternal mortality by 2030 in targeted LGAs- MPDSR/ national demographic health survey
- 95% of PLHIV know their status, 95% are on treatment and 95% of those on treatment achieve viral suppression.
- TB death reduction by 95% from 2015 - Annual TB report
- TB incidence reduction by 90% from 2015 - Annual TB report
- Reduction in malaria prevalence rates in targeted states from the 2025 level- MIS/NDHS
- Zero Polio cases by 2030
- Reduction in malaria deaths by 2030 – World Malaria Report
- Annual reduction in malaria test positivity rate – Nigeria Health Logistics Management Information System (NHLMIS)
- Increase in Nigerians covered by health insurance.

Faith-Based Service Providers: The U.S. Government plans to allocate 10% (approximately $208M) of funding within this MOU to faith-based service delivery providers to compliment implementation as described in Objective 2.6. to the maximum extent permitted by U.S. law.

2.6.3 Funding Plan:

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

| Year | U.S. Government Strategic Investment and Technical Assistance Funding | Federal Republic of Nigeria New Funds | Existing Federal Republic of Nigeria Funding | Total Federal Republic of Nigeria Funding |
|---|---|---|---|---|
| 2026 | $205,000,925 | $185,517,241 | | $185,517,241 |
| 2027 | $241,446,632 | $252,847,756 | | $252,847,756 |
| 2028 | $226,166,116 | $320,178,270 | | $320,178,270 |
| 2029 | $ 217,120,144 | $387,508,785 | | $387,508,785 |
| 2030 | $133,442,600 | $454,839,299 | | $454,839,299 |

The U.S. Government plans to provide funding through mechanisms identified and agreed upon in collaboration with the Federal Republic of Nigeria. For purposes of this MOU, this 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

The Federal Republic of Nigeria commits to provide a general exemption on the U.S. Government assistance used to implement the elements of this MOU, including U.S. Government funds deployed through a contractor or sub-contractor or other recipient, consistent with the terms included in the August 31, 2021 Development Objectives Assistance Agreement between the United States of America and the Federal Republic of Nigeria for a Healthier, More Educated, Prosperous, Stable, and Resilient Nigeria, and in line with the fiscal reforms of the Federal Republic of Nigeria, which allows health services and medical supplies to be tax-free and provides VAT exemption for humanitarian donor funded projects.

## 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 leverage existing national structures like the expanded Ministerial Oversight Committee (MOC), chaired by the Coordinating Minister of Health which already has senior representatives from both governments and other key stakeholders as the members. The MOC should meet quarterly and should include as an agenda item progress review of the goals outlined in Section 1 and meet at least annually during the Health Sector Joint Annual Review 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 national demographic health survey as outlined by the Federal Republic of Nigeria including the outcome survey for up to $10 million for two cycles (2027 and 2029), subject to the availability of funds, to objectively measure the outcomes outlined in Section 1.1. The U.S. Government and the Federal Republic of Nigeria intend to work together to mutually improve the design and strengthen execution of the survey.

4.2 Process Metric Audit: The Federal Republic of Nigeria 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, the Federal Republic of Nigeria commits to provide the U.S. Government with regulated 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 and agreed by both Participants, in line with the Data Sharing Agreement.

4.3 Supply Chain Audit: The Federal Republic of Nigeria 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 Federal Republic of Nigeria commits to provide the U.S. Government with regulated data access or information needed to audit supply chain leakage under the applicable laws and regulations of the Federal Republic of Nigeria.

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

4.5 Regulatory Compliance Audit: The Federal Republic of Nigeria 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 Federal Republic of Nigeria commits to provide the U.S. Government with regulated 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, under the applicable laws and regulations of the Federal Republic of Nigeria.

4.6 Effect of Failure to Provide Data: The Federal Republic of Nigeria acknowledges that failure to provide regulated 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 Federal Republic of Nigeria 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 Federal Republic of Nigeria 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 both Participants do not fulfill the co-investment requirements outlined in Section 2.2.3, 2.3.3, and/or 2.4.3 within the specified calendar year, either Participant may within a period of twelve (12) months give notice on changes in the planned co-funding arrangement contemplated under this MOU.

5.1.1. Both Participants plan to develop a structured co-financing arrangement not limited to disease-specific programs but encompassing broader government health financing, leveraging the MOU to drive higher domestic health investments to progressively increase health's share of the Federal budget. Co-investment by the Federal Republic of Nigeria may only be calculated based on funds raised directly by the Federal Republic of Nigeria, including loans, and may not include grants from donors or multilateral organizations.

Nigeria plans to progressively increase domestic government health spending as a share of the total national budget relative to its 2025 baseline. In line with this transition, both Participants acknowledge that U.S. Government funding is expected to gradually decline according to the mutually determined schedule, while the Federal Republic of Nigeria is expected to correspondingly increase its co-financing commitments. The planned Nigeria co-investment relative to its 2025 baseline of domestic government health expenditures and associated U.S. Government funding is below:

| Nigeria Increase Relative to 2025 Baseline (USD) | 2026 ($M USD) | 2027 ($M USD) | 2028 ($M USD) | 2029 ($M USD) | 2030 ($M USD) |
|---|---|---|---|---|---|
| $845,426,207 | | | | | $237M |
| $720,276,552 | | | | $358 | $137 |
| $595,126,897 | | | $402 | $258 | $37 |
| $469,977,241 | | $456 | $302 | $158 | $0 |
| $344,827,586 | $501 | $356 | $202 | $58 | $0 |
| | $401 | $256 | $102 | $0 | $0 |

Both Participants acknowledge that should the Nigerian government not increase its domestic government health expenditures relative to the 2025 baseline by the amounts indicated in the table above in a given year, the U.S. Government may prorate its funding in accordance with the table, with all amounts between the stated values increasing or

decreasing in a linear fashion. For example, if the Nigerian government increases its domestic government health expenditures by $845,426,207 in 2030 relative to its 2025 baseline, the U.S. Government would intend to provide $236,852,740 funding in 2030. However, if the Nigerian government only increased its domestic government health expenditures by $720,276,552 in 2030 relative to the 2025 baseline, the U.S. Government would potentially decrease its support by $100 million in 2030 from $236 million to $136 million. Similarly, if the Nigerian government only increased its domestic government health expenditures by $814,138,793 in 2030 relative to the 2025 baseline (equal to a miss of $31,287,413, or 25% of the difference between $845,426,207 and $720,276,552), the U.S. Government would potentially decrease its support by $25 million in 2030 from $236 million to $211 million. Likewise, if the U.S. Government does not meet its commitment, the Federal Republic of Nigeria may revise the terms of its co-investment accordingly.

5.2 Performance: If the programmatic targets are not met, both Participants intend to institute a joint review of targets and outcomes and identify the root causes of performance and develop on implementation actions to address the root cause as outlined in Section 3.2 before any co-financing adjustments are made. After such consultation, both Participants acknowledge that the U.S. Government may substantially decrease or eliminate funding for one or more areas of cooperation in future years, including in cases where there is not a clear plan to improve performance and/or performance does not improve.

5.3 Performance Incentives: In the event that the Federal Republic of Nigeria achieves all the process and outbreak response metrics for 2027 or 2028 outlined in Section 1.2 and 1.3, the Federal Republic of Nigeria 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 Nigeria's eligibility for the performance incentive. In each year, the size of the performance incentive is expected to equal (the population in Nigeria 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 Nigeria's performance incentive exceed $75M per year. Performance incentives may be used by the Federal Republic of Nigeria to fund any health-related costs that would be allowed under this MOU.

5.4 In the event of a national emergency or a catastrophic event that impacts performance achievements, the U.S. Government and the Federal Republic of Nigeria intend to document the event and take it into consideration during performance reviews.

5.5 Both Participants acknowledge that funds from the U.S. Government are intended to be disbursed through the Federal Republic of Nigeria systems to support increased government-to-government on-budget financing, to the maximum extent possible, subject

to U.S. law and policy. Thus, within the ninety (90) day implementation phase after signing, both Participants plan to develop a detailed transition plan to review and transition existing implementing partner support to Federal Republic of Nigeria government systems and to decide on a phased approach for the modification, continuation or discontinuation of their contracts by the U.S. Government within the 5-year period.

## 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 one year'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.

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

For the U.S. Government
Ambassador Richard M. Mills Jr.
U.S, Embassy Abuja
1075 Diplomatic Drive
FCT, Abuja Nigeria

For the Federal Republic of Nigeria
Muhammad Ali Pate, CON
Federal Ministry of Health & Social
Welfare, Federal Secretariat Phase III
FCT, Abuja Nigeria

Either Participant may, by notice in writing to the other Participant, designate additional representatives or substitute other representatives for those designated in this Section. The Participants intend any notice, request or other communication under this MOU to be in writing and delivered to the address specified in this MOU or such other address as either Participant may provide to the other Participant.

6.6 Compliance with Applicable Laws: The cooperation between the Participants is expected to be carried out consistent with applicable law and the relevant rules and regulations of the Federal Republic of Nigeria 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 the Federal Republic of Nigeria. All activities described in and/or pursued by the Participants under this MOU are subject to the availability of funds, personnel, and other resources.

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

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

SIGNED in Abuja, Nigeria on December 19, 2025, in the English language in duplicate.

FOR THE GOVERNMENT OF THE UNITED STATES OF AMERICA

Richard M. Mills Jr.
U.S Ambassador To Nigeria

FOR THE GOVERNMENT OF THE FEDERAL REPUBLIC OF NIGERIA

Muhammad Ali Pate, CON
Coordinating Minister of Health & Social Welfare, Nigeria

## Appendix 1: Co-Funding Summary

Nigeria plans to progressively increase domestic government health spending as a share of the total national budget. In line with this transition, both Participants acknowledge that U.S. Government funding is intended to gradually decline according to the agreed schedule, while the Federal Republic of Nigeria plans to correspondingly increase its co-financing commitments. All funds are expected to be channeled through the Federal Government to the states in alignment with the NHSRII Compact signed in 2023, which establishes a unified framework for government and partners to align investments, harmonize financing, and strengthen accountability for health system performance, service quality, and utilization. The integration of federal resources is intended to further catalyze additional state-level financing.

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

| Year | U.S. Government | Federal Republic of Nigeria |
|---|---|---|
| **2026** | $500,719,200 | $344,827,586 |
| **2027** | $455,590,740 | $469,977,241 |
| **2028** | $402,010,740 | $595,126,897 |
| **2029** | $358,357,140 | $720,276,552 |
| **2030** | $236,852,740 | $845,426,207 |
| **Total** | **$1,953,530,560** | **$2,975,634,499** |

Note: The U.S. Government budget earmarked a 6% Management & Operations (M&O) allocation of **$124,693,440**

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 ($) | $4,171,000 | $4,171,000 | $4,171,000 | $4,171,000 | $4,171,000 |
| Lab Commodities ($) | $70,312,145 | $57,688,940 | $31,611,794 | $21,992,148 | $19,633,990 |
| Frontline Lab Workers (FTEs) | 1,198 | 898 | 599 | 299 | 0 |
| Frontline Lab Workers ($) | $4,447,069 | $2,335,302 | $1,223,535 | $ 1,611,768 | $1,500,000 |
| Other Commodities ($) | $133,188,061 | $88,948,866 | $85,038,295 | $84,562,080 | $50,405,150 |
| Frontline Healthcare Workers (FTEs) | 22,867 | 17,150 | 11,433 | 5,717 | 0 |
| Frontline Healthcare Workers ($) | $23,600,000 | $12,000,000 | $11,800,000 | $ 5,900,000 | $5,700,000 |
| Data Systems ($) | $60,000,000 | $49,000,000 | $42,000,000 | $23,000,000 | 22,000,000 |
| Strategic Investment ($) | $205,000,925 | $241,446,632 | $226,166,116 | $217,120,144 | $133,442,600 |
| **USG M&O (6% of 2.078)** | | | **$124,693,440** | | |
| **Total** | **$500,719,200** | **$455,590,740** | **$402,010,740** | **$358,357,140** | **$236,852,740** |

The below represents the total new planned financial support described in this MOU by the Federal Republic of Nigeria

| Thematic Area | 2026 | 2027 | 2028 | 2029 | 2030 |
|---|---|---|---|---|---|
| Surveillance & Biosecurity | $27,586,207 | $37,598,179 | $47,610,152 | $57,622,124 | $67,634,097 |
| Laboratory Systems | $24,137,931 | $32,898,407 | $41,658,883 | $50,419,359 | $59,179,834 |
| Commodities | $59,310,345 | $80,836,086 | $102,361,826 | $123,887,567 | $145,413,308 |
| HRH_FHWs (recruitment, preservice and in-service capacity building) | $32,758,621 | $44,647,838 | $56,537,055 | $68,426,272 | $80,315,490 |
| HRH_Laboratory workers | $1,724,138 | $2,349,886 | $2,975,634 | $3,601,383 | $4,227,131 |
| Digitization & Data Systems | $13,793,103 | $18,799,090 | $23,805,076 | $28,811,062 | $33,817,048 |
| Strategic Investments | $185,517,241 | $252,847,756 | $320,178,270 | $387,508,785 | $454,839,299 |
| **Total Commitment** | **$344,827,586** | **$469,977,241** | **$595,126,897** | **$720,276,552** | **$845,426,207** |

The below represents the total planned financial support described in this MOU by the Federal Republic of Nigeria and the U.S Government

| Thematic Area | | 2026 | | 2027 | | 2028 | | 2029 | | 2030 | | 2026-2030 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | % | | % | | % | | % | | % | | % |
| Surveillance & Biosecurity | USG | $4,171,000 | 13 | $4,171,000 | 10 | $4,171,000 | 8 | $4,171,000 | 7 | $4,171,000 | 6 | $20,855,000 | 8 |
| | GoN | $27,586,207 | 87 | $37,598,179 | 90 | $47,610,152 | 92 | $57,622,124 | 93 | $67,634,097 | 94 | $238,050,762 | 92 |
| | Total | $31,757,207 | | $41,769,179 | | $51,781,152 | | $61,793,124 | | $71,805,097 | | $258,905,763 | |
| Laboratory Systems | USG | $70,312,145 | 74 | $57,688,940 | 64 | $31,611,794 | 43 | $21,992,148 | 30 | $19,633,990 | 25 | $201,239,019 | 49 |
| | GoN | $24,137,931 | 26 | $32,898,407 | 36 | $41,658,883 | 57 | $50,419,359 | 70 | $59,179,834 | 75 | $208,294,416 | 51 |
| | Total | $94,450,076 | | $90,587,347 | | $73,270,677 | | $72,411,507 | | $78,813,824 | | $409,533,435 | |
| Commodities | USG | $133,188,061 | 69 | $88,948,866 | 52 | $85,038,295 | 45 | $84,562,080 | 41 | $50,405,150 | 26 | $442,132,454 | 46 |
| | GoN | $59,310,345 | 31 | $80,836,086 | 48 | $102,361,826 | 55 | $123,887,567 | 59 | $145,413,308 | 74 | $511,809,133 | 54 |
| | Total | $192,498,406 | | $169,784,952 | | $187,390,121 | | $208,449,647 | | $195,818,458 | | $953,941,587 | |
| HRH_FHWs (recruitment, preservice and in-service capacity building) | USG | $23,600,000 | 42 | $12,000,000 | 21 | $11,800,000 | 17 | $5,900,000 | 8 | $5,700,000 | 7 | $59,000,001 | 17 |
| | GoN | $32,758,621 | 58 | $44,647,838 | 79 | $56,537,055 | 83 | $68,426,272 | 92 | $80,315,490 | 93 | $282,685,279 | 83 |
| | Total | $56,358,621 | | $56,647,838 | | $68,337,055 | | $74,326,272 | | $86,015,490 | | $341,685,280 | |
| HRH_Laboratory workers | USG | $4,447,069 | 72 | $2,335,302 | 50 | $1,223,535 | 29 | $1,611,768 | 31 | $1,500,000 | 26 | $11,117,676 | 43 |
| | GoN | $1,724,138 | 28 | $2,349,886 | 50 | $2,975,634 | 71 | $3,601,383 | 69 | $4,227,131 | 74 | $14,878,175 | 57 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | $6,171,207 | | $4,685,188 | | $4,199,169 | | $5,213,151 | | $5,727,131 | | $25,995,850 | |
| Digitization & Data Systems | USG | $60,000,000 | 81 | $49,000,000 | 72 | $42,000,000 | 64 | $23,000,000 | 44 | $22,000,000 | 39 | $196,000,003 | 62 |
| | GoN | $13,793,103 | 19 | $18,799,090 | 28 | $23,805,076 | 36 | $28,811,062 | 56 | $33,817,048 | 61 | $119,025,381 | 38 |
| | Total | $73,793,103 | | $67,799,090 | | $65,805,076 | | $51,811,062 | | $55,817,048 | | $315,025,383 | |
| Strategic Investments | USG | $205,000,925 | 52 | $241,446,632 | 49 | $226,166,116 | 41 | $217,120,144 | 36 | $133,442,600 | 23 | $1,023,176,419 | 39 |
| | GoN | $185,517,241 | 48 | $252,847,756 | 51 | $320,178,270 | 59 | $387,508,785 | 64 | $454,839,299 | 77 | $1,600,891,354 | 61 |
| | Total | $390,518,166 | | $494,294,388 | | $546,344,386 | | $604,628,929 | | $588,281,899 | | $2,624,067,773 | |
| USG M&O (6% of 2.078) | Total | $124,693,440 | | | | | | | | | | | |
| **Total Commitment** | USG | $500,719,200 | 59 | $455,590,740 | 49 | $402,010,740 | 40 | $358,357,140 | 33 | $236,852,740 | 22 | **$2,078,224,012** | 41 |
| | GoN | $344,827,586 | 41 | $469,977,241 | 51 | $595,126,897 | 60 | $720,276,552 | 67 | $845,426,207 | 78 | **$2,975,634,499** | 59 |
| | Total | $845,546,786 | | $925,567,981 | | $997,137,637 | | $1,078,633,692 | | $1,082,278,947 | | $5,053,858,511 | |

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

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

### Lab Commodities

| Lab Commodity | Total Cost |
|---|---|
| Lab Commodity #1 HIV, TB, GHS, RTK | $49,820,490 |
| Lab Commodity #2 IP procured consumables/supplies | $14,638,788 |
| Lab Commodity #3 Malaria | $5,852,867 |
| Total | $70,312,145 |

### Other Commodities

| Commodity | Total Cost |
|---|---|
| Commodity #1 HIV/TB | $62,838,947.46 |
| Commodity #2 Malaria | $67,054,949 |
| Commodity #3 MNCH | $3,294,165.00 |
| Total | $133,188,061 |

## Appendix 3: Frontline Lab & Healthcare Worker Funding

The U.S. Government and Federal Republic of Nigeria 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 | Federal Republic of Nigeria New # FTEs Funded | Federal Republic of Nigeria Existing # FTEs Funded | Federal Republic of Nigeria Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 1,937 | 0 | 0 | 0 |
| 2027 | 1,453 | 484 | 0 | 484 |
| 2028 | 969 | 484 | 484 | 969 |
| 2029 | 484 | 484 | 969 | 1,453 |
| 2030 | 0 | 484 | 1,453 | 1,937 |

**Frontline Lab Worker Type #2: [Epidemiologists]**

| Year | U.S. Government # FTEs Funded | Federal Republic of Nigeria New # FTEs Funded | Federal Republic of Nigeria Existing # FTEs Funded | Federal Republic of Nigeria Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | | | 37 | |
| 2027 | | | 37 | |
| 2028 | | | 37 | |
| 2029 | | | 37 | |
| 2030 | | | 37 | |

**Frontline Healthcare Worker Type #1: [Doctors]**

| Year | U.S. Government # FTEs Funded | Federal Republic of Nigeria New # FTEs Funded | Federal Republic of Nigeria Existing # FTEs Funded | Federal Republic of Nigeria Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 284 | 0 | 0 | 0 |
| 2027 | 213 | 71 | 0 | 71 |
| 2028 | 142 | 71 | 71 | 142 |
| 2029 | 71 | 71 | 142 | 213 |
| 2030 | 0 | 71 | 213 | 284 |

**Frontline Healthcare Worker Type #2: [Nurses]**

| Year | U.S. Government # FTEs Funded | Federal Republic of Nigeria New # FTEs Funded | Federal Republic of Nigeria Existing # FTEs Funded | Federal Republic of Nigeria Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 2,862 | 0 | 0 | 0 |
| 2027 | 2,147 | 716 | 0 | 716 |
| 2028 | 1,431 | 716 | 716 | 1,431 |
| 2029 | 716 | 716 | 1,431 | 2,147 |
| 2030 | 0 | 716 | 2,147 | 2,862 |

**Frontline Healthcare Worker Type #3: [Community Health Workers]**

| Year | U.S. Government # FTEs Funded | Federal Republic of Nigeria New # FTEs Funded | Federal Republic of Nigeria Existing # FTEs Funded | Federal Republic of Nigeria Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 13,936 | 0 | 0 | 0 |
| 2027 | 10,452 | 3484 | 0 | 3484 |
| 2028 | 6,968 | 3,484 | 3,484 | 6,968 |
| 2029 | 3,484 | 3,484 | 6,968 | 10,452 |
| 2030 | 0 | 3,484 | 10,452 | 13,936 |

**Frontline Healthcare Worker Type #4: [Pharmacy Workers]**

| Year | U.S. Government # FTEs Funded | Federal Republic of Nigeria New # FTEs Funded | Federal Republic of Nigeria Existing # FTEs Funded | Federal Republic of Nigeria Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 1,103 | 0 | 0 | 0 |
| 2027 | 827 | 276 | 0 | 276 |
| 2028 | 552 | 276 | 276 | 552 |
| 2029 | 276 | 276 | 552 | 827 |
| 2030 | 0 | 276 | 827 | 1,103 |

**Frontline Healthcare Worker Type #5: [Community Health Practitioners]**

| Year | U.S. Government # FTEs Funded | Federal Republic of Nigeria New # FTEs Funded | Federal Republic of Nigeria Existing # FTEs Funded | Federal Republic of Nigeria Total # FTEs Funded |
|---|---|---|---|---|
| 2026 | 5,574 | 0 | 0 | 0 |
| 2027 | 4,180 | 1,393 | 0 | 1,393 |
| 2028 | 2,787 | 1,393 | 1,393 | 2,787 |
| 2029 | 1,393 | 1,393 | 2,787 | 4,180 |
| 2030 | 0 | 1,393 | 4,180 | 5,574 |

## Appendix 4: Specimen Sharing Agreement

**See attachment**

## Appendix 5: Data Sharing Agreement

**See attachment**