

SCIENTIFIC COOPERATION

Infectious Diseases

**Memorandum of Understanding
Between the
UNITED STATES OF AMERICA
and CHINA**

Signed at Beijing May 25, 2010



NOTE BY THE DEPARTMENT OF STATE

Pursuant to Public Law 89—497, approved July 8, 1966
(80 Stat. 271; 1 U.S.C. 113)—

“ . . .the Treaties and Other International Acts Series issued under the authority of the Secretary of State shall be competent evidence . . . of the treaties, international agreements other than treaties, and proclamations by the President of such treaties and international agreements other than treaties, as the case may be, therein contained, in all the courts of law and equity and of maritime jurisdiction, and in all the tribunals and public offices of the United States, and of the several States, without any further proof or authentication thereof.”

CHINA

Scientific Cooperation: Infectious Diseases

*Memorandum of understanding signed
at Beijing May 25, 2010;
Entered into force May 25, 2010.*

**Memorandum of Understanding
for the Collaborative Program
on Emerging and Re-emerging Infectious Diseases
between**

**The Department of Health and Human Services
of the United States of America**

and

The Ministry of Health of the People's Republic of China

The Department of Health and Human Services (HHS) of the United States of America and the Ministry of Health (MOH) of the People's Republic of China (hereinafter referred to as "the Parties"), for the purpose of promoting closer cooperation, capacity building, and exchange of information in the field of infectious diseases,

RECOGNIZING that many emerging and re-emerging infectious diseases have become significant threats to human health;

ACKNOWLEDGING that initial achievements have been made under the Collaborative Program on Emerging and Re-emerging Infectious Disease since 2005;

AFFIRMING their strong mutual commitment to continue collaboration to prepare for emerging and re-emerging infectious diseases;

DESIRING to enhance capacity for timely detection, response, and treatment of emerging and re-emerging infectious diseases;

HAVE REACHED THE FOLLOWING UNDERSTANDINGS:

ARTICLE I

1. This Memorandum of Understanding is subject to and governed by the Protocol between the Department of Health and Human Services of the United States of America and the Ministry of Health of the People's Republic of China for Cooperation in the Science and Technology of Medicine and Public Health, signed June 22, 1979, as extended and amended (the Health Protocol). The Health Protocol was implemented under the auspices of the Agreement between the Government of the United States of America and the Government of the People's Republic of China on Cooperation in Science and Technology, signed at Washington on January 31, 1979, as extended and amended.

2. The Memorandum of Understanding to Establish a Collaborative Program on Emerging and Re-emerging Infectious Diseases signed in Washington on October 31, 2005 is hereby superseded.

3. The principal objectives of this Collaborative Program are to facilitate policy decision-making and to strengthen the expertise of US and Chinese health and medical scientists and professionals, through activities that 1) promote research in epidemiology, prevention, control, diagnosis, and treatment of infectious diseases, and 2) enhance the operational aspects of preparedness and response to emerging infectious disease threats.

ARTICLE II

1. The scope of the Collaborative Program includes:

- a. enhanced capacity in surveillance, laboratory testing, diagnosis, treatment, epidemiological investigation, biomedical research, and control of emerging infectious diseases,
- b. exchange of technical experts and materials used to enhance preparedness and the rapid response to emerging infectious disease threats,
- c. dissemination of effective public health and clinical practices information regarding emerging and re-emerging infectious diseases and sharing of research findings, and
- d. promotion of strategic research on prevention and control of infectious diseases to strengthen capacity in evidence-based decision- and policy-making.

2. Cooperation and collaboration will involve areas of emerging and re-emerging infectious diseases, as consistent with the five-year strategic plan to specify priorities to be developed within three months of the entry into force of this Memorandum of Understanding.

3. Given the unpredictable nature of emerging infections, a mid-course review of the five-year strategic plan will occur during the third year of the Memorandum of Understanding, which could enable an adjustment of efforts and priorities.

4. The Parties will seek to incorporate this cooperation into the broad range of existing U.S.-China health activities.

ARTICLE III

To achieve the objectives of the Collaborative Program, each Party will, as appropriate, provide its disease control networks, technical advisors, office space, field sites and technical support. Subject to the availability of funds, and as appropriate, the Parties will provide funding.

ARTICLE IV

The mechanism for the Collaborative Program will be as follows:

1. The Collaborative Program structure will include a Collaborative Committee and a Collaborative Program Office.

2. Collaborative Committee

(1) The composition of the Collaborative Committee shall consist of twelve (12) senior public health officials and recognized experts in emerging infectious diseases from both Parties.

a. For China, representatives from the following institutes shall be included in the committee:

- i. the Office of Health Emergency, MOH;
- ii. the Bureau of Disease Prevention and Control, MOH;
- iii. the Department of Medical Administration, MOH;
- iv. the Department of Medical Science, Technology and Education, MOH;
- v. the Department of International Cooperation, MOH;
- vi. the Chinese Center for Disease Control and Prevention (China CDC); and,
- vii. the Chinese Academy of Medical Sciences.

b. For the United States, representatives from each of the following institutes shall be included in the committee:

- i. The HHS Health Attaché's Office, Beijing;
- ii. the National Institutes of Health (NIH);
- iii. the Centers for Disease Control and Prevention (CDC);
- iv. the Food and Drug Administration (FDA), and
- v. the Office of the Secretary (OS), HHS.

c. Each Party may invite representatives from its other ministries, sub-national health authorities, academic institutions, or organizations to participate as observers, as desired.

(2) The U.S. Co-Chair of the Collaborative Committee shall be a senior public

health official from HHS, and the Chinese Co-Chair of the Collaborative Committee shall be a senior public health official from MOH.

(3) The Collaborative Committee shall meet at least once a year. The Parties shall convene additional meetings, if necessary, according to program needs.

(4) The duties and responsibilities of the Collaborative Committee will include:

- a. reporting on the progress of the program to the U.S. Secretary of Health and Human Services and the Chinese Minister of Health, and making suggestions on the direction and priority areas of collaboration;
- b. approving the five-year strategic plan and general plans for annual cooperation arrangement in the most efficient and timely manner;
- c. identifying and adjusting the management mechanism of the Collaborative Program Office;
- d. monitoring, guiding, and evaluating project implementation; and
- e. coordinating activities among project-related government departments and institutions.

(5) Decision making shall be by consensus.

3. Program Office

(1) The U.S.-China Collaborative Program Office (Program Office) is located in the China CDC.

(2) The duties and responsibilities of the Program Office will include the following:

- a. jointly developing an annual cooperation arrangement in line with the approved five-year strategic plan;
- b. arranging the Collaborative Committee's meetings;
- c. overall program management;
- d. overseeing, monitoring and evaluating project progress;
- e. facilitating collaboration and coordination with relevant partners, for example, partners at the national, provincial, and local levels;
- f. developing, within three months of the entry into force of this MOU, a management manual that is consistent with the terms and conditions of this MOU;
- g. reporting regularly to the Collaborative Committee (including finance reports); and
- h. executing other decisions made by the Collaborative Committee.

4. Technical Advisors

Technical Advisors will be recruited by the Program Office to provide independent advice on the following:

- a. five-year strategic plan and annual cooperation arrangement;
- b. project plans and proposals;
- c. monitoring and evaluation; and,
- d. other technical support as needed.

ARTICLE V

1. All activities undertaken pursuant to this MOU are to be conducted in accordance with the applicable laws and regulations of the United States and the People's Republic of China, as well as with other international agreements to which both the United States and the People's Republic of China are party, and are subject to the availability of personnel, resources, and appropriated funds.
2. The protection of intellectual property created or furnished in the course of activities under this MOU, the allocation of rights to such intellectual property, and the treatment of business-confidential information obtained and/or exchanged pursuant to this MOU will be governed by the provisions of Annex I of the Agreement between the Government of the United States of America and the Government of the People's Republic of China on Cooperation in Science and Technology, signed in Washington on January 31, 1979, as extended and amended, unless otherwise agreed upon by the Parties.
3. Each Party shall strictly follow its own laws and regulations on intellectual property protection during the project implementation process.
4. All project research findings will be submitted for scientific publication in keeping with both Parties' policies and practices and with mutual consent of both Parties.
5. Each Party shall promote the sharing of data, information and specimens.
6. The use and management of specimens shall be consistent with applicable laws and regulations.
7. The transport of specimens between the two countries shall be consistent with the applicable laws and regulations of both countries and any applicable international law.
8. Work under this Memorandum of Understanding will proceed consistent with the obligations and spirit of the revised International Health Regulations, as adopted by the World Health Assembly in 2005, in accordance with the

acceptance by each Party of these Regulations.

ARTICLE VI

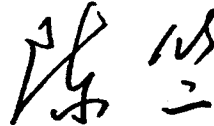
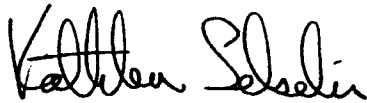
1. Changes in the scope of work of this Collaborative Program shall require the advance mutual consent of the Parties. Any disputes arising regarding the interpretation or application of this MOU shall be resolved by consultations between the Parties.

2. This Memorandum of Understanding shall enter into force upon signature and remain in force for a period of five years. Six months prior to expiration, the Parties will review the Memorandum of Understanding to decide whether to extend or amend it. If either Party wishes to terminate this Memorandum of Understanding, it shall give notice in writing ninety days in advance through diplomatic channels to the other Party of its intention to terminate.

Done in Beijing, China, this 25th day of May, 2010 in duplicate, in the English and Chinese languages, both texts being equally authentic.

FOR THE DEPARTMENT OF
HEALTH AND HUMAN
SERVICES OF THE UNITED
STATES OF AMERICA

FOR THE MINISTRY OF HEALTH
OF THE PEOPLE'S REPUBLIC
OF CHINA



**美利坚合众国卫生与公众服务部和
中华人民共和国卫生部关于
新发和再发传染病合作项目的谅解备忘录**

美利坚合众国卫生与公众服务部和中华人民共和国卫生部(以下简称“双方”),为在传染病领域进一步加强合作、能力建设和信息交流;

认识到许多新发和再发传染病已对人类健康构成重大威胁;

认为自 2005 年以来中美新发和再发传染病合作项目已取得初步成效;

确认双方将继续在新发和再发传染病领域密切合作;

希望提高双方及时发现、应对和处理新发及再发传染病的能力,

达成如下谅解:

第一条

一、本谅解备忘录从属并遵从于 1979 年 6 月 22 日签订、及此后延期和修订的《美利坚合众国卫生与公众服务部和中华人民共和国卫生部关于医学及公共卫生科学技术领域合作议定

书》(卫生议定书)。该卫生议定书是在于1979年1月31日在华盛顿签订、及此后延期和修订的《美利坚合众国政府与中华人民共和国政府科学技术合作协定》的框架下执行的。

二、2005年10月31日在华盛顿签署的关于建立新发和再发传染病合作项目的谅解备忘录就此被取代。

三、本合作项目的的主要目标是,通过以下活动,协助政策制定并加强美中两国卫生医疗科研技术人员的专业能力:(1)促进传染病的流行病学、预防、控制、诊断和治疗方面的研究,(2)在各个操作层面加强准备和应对新发传染病威胁的能力。

第二条

一、本合作项目的范围包括:

(一)提高对新发传染病的监测、实验室检测、诊断、治疗、流行病学调查、生物医学研究及控制能力;

(二)技术专家互访和材料交换,以增强针对突发传染病威胁的准备和快速应对;

(三)推广关于新发和再发传染病的有效的公共卫生和临床实践信息,分享研究成果;以及

(四)促进预防和控制传染病的战略研究,以加强循证决策能力。

二、合作活动将在新发和再发传染病领域内开展,且与由此备忘录签署生效后三个月内所制定五年战略规划确定的优先合作领域相一致。

三、鉴于新发传染病的不可预测性,在本备忘录签署后的第三年将对五年战略规划进行中期评估,有可能对工作重点做出调整。

四、双方将寻求把此项合作同现有广泛的中美卫生活动相结合。

第三条

为达成该合作项目的目标,双方将酌情提供其疾病控制网络、技术顾问、办公场所、现场和技术支持。双方将根据各自可用资金的情况,酌情提供资助。

第四条

本合作项目的机制如下:

一、合作项目管理机构包括合作委员会和项目办公室。

二、合作委员会

(一)合作委员会由双方的公共卫生高级官员及新发传染病领域的知名专家组成,规模为十二(12)人。

1. 中方代表应由下列机构人员组成：

- (1) 卫生部卫生应急办公室；
- (2) 卫生部疾病控制局；
- (3) 卫生部医政司；
- (4) 卫生部科技教育司；
- (5) 卫生部国际合作司；
- (6) 中国疾病预防控制中心(中国疾控中心)；以及
- (7) 中国医学科学院。

2. 美方代表应由下列机构人员组成：

- (1) 卫生与公众服务部驻华卫生专员；
- (2) 国立卫生研究院 (NIH)；
- (3) 疾病预防控制中心(CDC)；
- (4) 食品药品监督管理局(FDA)；以及
- (5) 卫生与公众服务部部长办公室(OS, HHS)。

3. 若必要, 双方可邀请本国其它部委、地方卫生主管部门、科研学术机构和组织的代表作为观察员参加。

(二) 合作委员会的美方联合主席应由卫生与公众服务部公共卫生高级官员担任, 中方联合主席应由卫生部公共卫生高级官员担任。

(三) 合作委员会至少每年举行一次会议。若必要, 双方将

根据项目需要另行召开会议。

(四)合作委员会的职责如下：

1. 向美国卫生与公众服务部部长和中国卫生部部长汇报项目进展,并就重要合作事宜提出建议;
2. 以最高效率及时批准五年战略规划和年度合作安排的总体计划;
3. 确定和调整合作项目办公室的管理机制;
4. 监督、指导和评估项目的执行;以及
5. 协调与项目相关的政府部门和机构的活动。

(五)决策应在各方达成一致后作出。

三、项目办公室

(一)美中合作项目办公室(项目办公室)设在中国疾控中心。

(二)项目办公室的职责如下：

1. 根据批准的五年战略规划,共同制定合作项目的年度执行计划;
2. 组织召开合作委员会会议;
3. 负责项目的日常管理;
4. 检查、监督和评估项目进度;
5. 协助各参与方开展合作,例如国家级、省级和地方有关

机构；

6. 在该谅解备忘录生效后 3 个月内，制定与该备忘录条款
和规定一致的管理手册；

7. 定期向合作委员会提交项目实施进展报告(包括财务报
告)；以及

8. 执行合作委员会的其它决定。

四、技术顾问

(一)项目办公室将招聘技术顾问，在以下方面提供独立
建议：

1. 合作项目五年战略规划和年度执行计划；
2. 具体合作计划和建议书；
3. 项目督导与评估；以及
4. 其他所需的技术支持。

第五条

一、本谅解备忘录下的所有活动都必须符合美利坚合众国
和中华人民共和国的相关法律、规定以及其他美中两国均加入
的国际协定，并服从于可获得的人员、资源和经费拨付情况。

二、除双方另行商定的情况外，双方在本谅解备忘录框架下
开展活动的过程中所产生或出现的知识产权的保护，该种知识

产权的权利归属,以及根据本谅解备忘录获取或交换的商业机密信息的处理,将按 1979 年 1 月 31 日在华盛顿签署、并于此后延期和修订的《美利坚合众国政府与中华人民共和国政府科学技术合作协定》附录一的规定进行管理。

三、双方在项目执行过程中应严格遵守各自关于知识产权保护的法律法规。

四、所有项目研究成果如在科学出版物上发表,必须遵守双方的政策和作法,并获得双方的同意。

五、每一方应促进数据、信息和标本的共享。

六、标本的使用和管理应符合相关的法律法规。

七、两国之间的标本运输应符合两国的法律法规和适用的国际规则。

八、根据本谅解备忘录开展的工作必须根据 2005 年世界卫生大会通过的修订后、并经各方采纳的《国际卫生条例》的义务和精神。

第六条

一、本合作项目工作范围的变动需提前经双方同意,由对本谅解备忘录的解释或实施所产生的任何争议应该由双方协商解决。

二、本谅解备忘录自签字之日生效,有效期五年。本谅解备忘录到期前六个月,双方须重新审定本谅解备忘录,决定是否延期或修订。若任何一方希望终止本谅解备忘录,应提前 90 天以书面形式,通过外交渠道将其终止意图通知对方。

本谅解备忘录于 2010 年 5 月 25 日在北京签订。以英中文两种文字书就,一式两份,两种文本同等作准。

美 利 坚 合 众 国
卫 生 与 公 众 服 务 部

中 华 人 民 共 和 国
卫 生 部

