Memorandum of Understanding

between

The Centers for Disease Control and Prevention, Department of Health and Human Services of the United States of America, on the one side

and

The Ministry of Labour, Health and Social Affairs and The Ministry of Agriculture of the Government of Georgia, on the other side

for

Joint Cooperation

The Centers for Disease Control and Prevention (CDC) of the United States Department of Health and Human Services of the United States of America, on the one side , and the Ministry of Labour, Health and Social Affairs (MoLHSA) and the Ministry of Agriculture (MoA) of the Government of Georgia, on the other side (hereinafter referred to collectively as "the Participants"),

APPRECIATING the importance of promoting closer cooperation, capacity building, and exchange of information in the field of public health;

RECOGNIZING that the United States and Georgia wish to broaden cooperation on health, especially emerging infectious, zoonotic, vaccine-preventable, and chronic diseases;

ACKNOWLEDGING that continued achievements with significant impact have resulted from collaborative projects since the establishment of the CDC South Caucasus Office (the CDC SCO) in 2009;

AFFIRMING their strong mutual commitment to continue collaborations to prevent, detect and respond to emerging and re-emerging infectious, as well as chronic diseases within the

framework of the International Health Regulations and other health initiatives of the global community; and

DESIRING to enhance public health and health care capacity in Georgia and the region;

HAVE REACHED THE FOLLOWING UNDERSTANDINGS:

Section 1

The Participants intend to focus on the following Areas of Cooperation:

- **Public Health Workforce Development** - Development of human resources, both in epidemiology and laboratory sciences within the MoLHSA and MoA;
- **Program Implementation** – Strengthening the effectiveness of public health programs, particularly to prevent, detect and respond to emerging, re-emerging, zoonotic and vaccine-preventable infections, as well as chronic diseases;
- **Monitoring and Evaluation** – Improving the quality and effectiveness of public health programs through monitoring and evaluation;
- **Public Health Research** – Conducting applied public health research to address outstanding questions on high priority health concerns;
- **Public Health Policy –** Supporting evidence-based policymaking by national authorities.

This cooperation and collaboration may include direct technical consultations and assistance, technical exchange visits, training of public health personnel, transfer of new diagnostic technology and reagents to Georgia, and financial support through Cooperative Agreements. The Participants intend to identify new opportunities for collaborations of mutual interests within the scope of this Memorandum of Understanding (MOU); descriptions of such collaborations are to be added as appendices to this MOU.

Section 2

Through this MOU, and within the Areas of Cooperation stated above, the Participants intend to pursue Strategies for Cooperation, including:

1. Advanced training in field epidemiology, disease surveillance, public health and mentoring of public health professionals through the Field Epidemiology and Laboratory Training Program (FELTP);
2. Building of sustainable laboratory capacity for the diagnosis of emerging, re-emerging and zoonotic infectious diseases using well characterized reference materials and

advanced technology transfers between Participants that meet CDC and global standards;

3. Promoting and providing technical assistance for strategic planning and research to reach national public health goals for both human and animal health;
4. Promoting and providing technical assistance for the development of operational and basic research. The results of this research should provide evidence for national health policy and public health decision making;
5. Building sustainable systems and capacity for information management, outbreak investigations and emergency operations for public health;
6. Implementing sustainable public health programs with systems capable of measuring progress and outcomes.

Section 3

To achieve successful outcomes in these Areas of Cooperation,

MOLHSA intends to:

1. Through the National Center for Disease Control and Public Health (NCDC) of the MoLHSA, along with the Richard Lugar Center for Public Health Research (Lugar Center), serve as principal counterpart to the CDC SCO to coordinate planning and implementation of its CDC-supported activities;
2. Through the NCDC, facilitate the transfer, distribution, and reporting of funds from CDC through Cooperative Agreements for its CDC-supported activities;
3. Through the NCDC, provide office space and basic infrastructure support for the CDC SCO;
4. Through the NCDC and the Lugar Center, identify areas for and coordinate consultations from CDC Atlanta-based subject matter experts (SMEs) to support activities included in the Cooperative Agreements and other CDC-supported activities;
5. Through the NCDC and Lugar Center, promote full participation of national epidemiologists, laboratory experts and other public health staff, and full engagement of the disease control networks in the collaborations with the CDC SCO.

MoA intends to:

1. Through the National Food Agency (NFA) and the Laboratory of the Ministry of Agriculture (LMA) of the MoA, serve as principal counterpart to the CDC SCO to coordinate its CDC-supported activities in the area of animal health;
2. Through the NFA and LMA, facilitate the transfer, distribution and reporting of funds from CDC through Cooperative Agreements for its CDC supported activities;
3. Through the NFA and the Laboratory of the Ministry of Agriculture (LMA), identify areas for, and coordinate consultations from, CDC Atlanta-based SMEs collaborating in activities included in Cooperative Agreements and other CDC-supported activities;

4. Through the NFA and LMA, promote full participation of national epidemiologists, laboratory experts and other public health staff, and full engagement of the disease control networks in the collaborations with the CDC SCO.

CDC, represented by CDC SCO, intends to:

1. Work with the MoLHSA, NCDC, Lugar Center and the MoA, NFA, LMA to sustain and build upon existing collaborative projects of the CDC SCO;
2. Provide the operational platform for US CDC Programs to establish and maintain activities as part of Technical Collaborations. Examples of CDC Programs involved in such collaborations include the Global Disease Detection Program (GDD); the Global Immunization Division (GID); the Hepatitis C Elimination Program through the Division of Viral Hepatitis (DVH); the Antimicrobial Resistance Program through the Division of Healthcare Quality and Promotion (DHQP); and the Orthopox Program through the Poxvirus and Rabies Branch, Division of High Consequence Pathogens and Pathology;
3. Provide technical assistance for the capacity building activities and others described within the Strategies of Collaboration;
4. Coordinate with NCDC and NFA to facilitate financial support provided through Cooperative Agreements with CDC;
5. Participate in GDD network activities with other GDD Regional Centers to share the best practices for capacity building in public health;
6. Facilitate engagement of public-private partnerships to work in public health areas of mutual interest.

Section 4

The Participants intend the following to be outcomes of this collaboration:

- Trained public health professionals with advanced epidemiology skills and laboratory capacity in public health institutions of Georgia and the region to prevent, detect and respond to the threat of emerging diseases;
- Improved capacity in the use of advanced technologies for detection and confirmation of emerging and re-emerging infectious disease pathogens;
- Improved capacity to respond rapidly and decisively to disease outbreaks and prevent future outbreaks wherever possible;
- Established systems to sustain critical public health programs, including monitoring and evaluation and informatics systems, as well as for financial management plans.

Section 5

The Participants recognize that work under this MOU may involve exchanges of administrative and scientific personnel for which clearances (including visa issuance by the receiving country, access to buildings and laboratories) may need to be provided by the respective countries. The Participants intend to provide such clearances when necessary and appropriate, subject to each country's respective laws and regulations.

Section 6

All activities carried out pursuant to this MOU are intended to be conducted in accordance with the applicable laws of the United States and Georgia, as well as with any international agreements to which both the United States and Georgia are parties, and are subject to the availability of personnel, resources, and appropriated funds. This MOU is not intended to impose any legal or financial obligations on the Participants.

The Participants intend to submit research findings for publication at scientific conferences and in scientific literature. All project research findings submitted for scientific publication should follow the Participants' policies and practices.

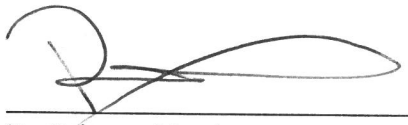
Each Participant intends to promote the sharing of data, specimens, and information.

Section 7

Changes in the scope of work of the collaborative projects may be made with written mutual consent of the Participants. If questions arise in the interpretation or the application of this MOU, the Participants should resolve them through consultations.

This MOU may commence upon the last signature below and is intended to continue for a period of five (5) years and may be extended for subsequent periods of five (5) years through mutual written consent. Six months prior to the end of each five year period, the Participants may review the MOU to decide whether to extend or modify it. Modifications to the MOU may be made at any time by mutual decision of the Participants. If any Participant wishes to discontinue its participation in this MOU, it intends to give notice to the other Participants in writing ninety (90) days in advance. If any participant withdraws participation, this MOU is intended to be discontinued.

Signed, in triplicate, in the English and Georgian languages, on the date(s) set out below.

U.S. Centers for Disease Control and Prevention, Department of Health and Human Services of the United States of America  Dr. Rebecca Martin Director, Center for Global Health Date: 2 MAY 2017 Place: ATLANTA, GA USA	Ministry of Labor, Health and Social Affairs of the Government of Georgia: Dr. Davit Sergeenko Minister Date: _____ Place: _____ Ministry of Agriculture of the Government of Georgia: Mr. Levan Davitashvili Minister Date: _____ Place: _____

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U.S. Centers for Disease Control and Prevention, Department of Health and Human Services of the United States of America _____ Dr. Rebecca Martin Director, Center for Global Health Date: 2 MAY 2017 Place: Atlanta GA USA	Ministry of Labor, Health and Social Affairs of the Government of Georgia: _____ Dr. Davit Sergeenko Minister Date: _____ Place: _____ Ministry of Agriculture of the Government of Georgia: _____ Mr. Levan Davitashvili Minister Date: _____ Place: _____

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