

**Collaboration Framework Arrangement
Among the
Department of Health and Human Services of the United States of America,
the Pan American Health Organization,
and the
European Regional Office of the World Health Organization**

The Department of Health and Human Services of the United States of America (HHS), the Pan American Health Organization (PAHO), and the European Regional Office of the World Health Organization (EURO) hereinafter referred to as the “Participants”, seeking to establish a more collaborative approach to strengthening global health architecture, global health and health security, and the attainment of health equity, informed by a common understanding and the experience of the COVID-19 pandemic, propose the following framework for cooperation (Framework):

The following current activities are considered priority areas for collaboration:

- Considering lessons from COVID-19, improving preparedness, including through establishing international networks for collaborative pandemic response, health care workforce development, infection prevention and control (IPC) and simulation exercises to improve governance, and predictive analytics and health;
- Assisting with enhancing local and regional manufacturing of vaccines and health supplies, including selected therapeutics, medical devices, and diagnostics potentially through public-private partnerships;
- Obtaining the views of the pharmaceutical sector and other non-state actors on scientific expertise, technology and material transfers, manufacturing capabilities, prequalification of medications, procurement planning, and supply chain management and sustainability, and other issues;
- Addressing barriers related to using scientifically validated information to inform political decision-making including mistrust in the sources of science; conflicting, incomplete or unclear evidence; excessive information; lack of concrete knowledge to inform decisions; lack of timely and easy access to the knowledge; issues of communication with scientists; and limited understanding of the science by decision-makers;
- Developing informed guidelines to enable timely and transparent sharing of research data and materials between scientists and public health officials;
- Producing expert analytic reports with guidelines for governments that clarify the value of intellectual property derived from research and how sharing can be done in ways that do not discourage innovation, collaborative research, and scientific progress;
- Developing training programs across the appropriate spectrum of health care professions, relevant high-tech manufacturing skills, working with a consortium of universities, academic institutions, institutes and other partners;
- Strengthening training, and implementing IPC principles and protocols in healthcare workforce programs to protect the workforce, patients, and the community;
- Providing access to essential health services for all populations in a non-discriminatory manner, including to chronically underserved populations such as ethnic minority

populations, individuals with cognitive and/or functional impairments, individuals with disabilities, indigenous groups, and LGBTQI+ individuals;

- Promoting the health of indigenous populations through community-engaged research and outreach and advance strategies to address the disproportionate burden of COVID-19, other diseases and risk factors in these communities;
- Using a One Health approach, addressing shared health threats at the human-animal-environment interface based on collaboration, communication, and coordination across all relevant sectors and disciplines;
- Enhancing the detection of and response to antimicrobial resistance (AMR) using a One Health approach by identifying and responding to risk factors driving the emergence and spread of AMR;
- Strengthening border health systems and capacities to improve compliance with International Health Regulations and build cross-border collaboration and information sharing;
- Collaborating in developing and assist in implementing strategies and interventions to respond to the public health needs of migrants, refugees, and communities hosting displaced individuals in countries of origin, transit and destination, such as during mass migration and refugee movements; and
- Collaborating to strengthen surveillance for pathogens of concern in international travelers.

The Participants may also consider activities related to:

- Global health security, including strengthening of laboratory services and networks; surveillance and response to public health threats such as food-borne, vector-borne and respiratory diseases; biosafety and biosecurity; strengthening of the public health workforce and the public health emergency response;
- Collaborative activities in the assessment of global health security capacities, including Joint External Evaluations, InterAction and After-Action Reviews, and support in State Party Self-Assessment Annual Reports;
- Enhancing national public health institutes through strengthened organizational capacities and public health technical functions such as laboratory network systems, emergency detection and response capabilities and workforce;
- Improving support for IPC programs, including accurate laboratory detection, and appropriate epidemiological response to emerging infectious disease threats, such as AMR;
- Strengthening the physical and human capacity of essential immunization programs, focused on intensifying efforts to better communicate with populations who require services and to prevent outbreak-prone vaccine-preventable diseases like measles, rubella, polio, cholera, yellow fever, Ebola, typhoid, and COVID-19, through vaccine delivery;
- Cooperative research and demonstration projects;
- Regulatory cooperation;
- Personnel exchanges;

- Conferences and other networking initiatives that promote regional and international technical cooperation and advice, information dissemination, research and training; and
- Other activities as the Participants may mutually identify.

The Participants intend that any non-public information exchanged under this Framework is intended to be consistent with the legal requirements of the Participants.

The Participants intend to coordinate and cooperate with universities, academic institutions, institutes and other partners, as appropriate.

The Participants intend to set up points of contact to foster the cooperation and collaboration activities elaborated in this document. Points of Contact may determine the frequency, format, and timing of meetings to provide updates on activities under this Arrangement. Participants anticipate at least two meetings per year.

All activities are subject to the availability of appropriations and other resources and subject to applicable rules, policies, and procedures of each Participant.

This Collaboration Framework Arrangement does not create and is not intended to create any legally binding obligations on any of the Participants.

This Collaboration Framework does not and is not intended to affect any existing or potential cooperation with other partners.

This activities of this Framework may commence upon the date of signature of all Participants and may continue for a period of five (5) years. Before the five-year period ends the Participants may review the Framework and may decide on whether to continue the collaboration.

The terms of this Collaboration Framework Arrangement may be modified or extended upon mutual written decision of the Participants.

Notwithstanding the foregoing, any Participant may discontinue this Framework at any time and should endeavor to provide at least six (6) months' prior written notice to the other Participants.

Such discontinuation is not intended to affect the implementation of ongoing activities facilitated under this Framework prior to discontinuation.