

法規名稱：GUIDELINES FOR A COOPERATIVE PROGRAM IN PUBLIC HEALTH AND PREVENTIVE MEDICINE BETWEEN THE COORDINATION COUNCIL FOR NORTH AMERICAN AFFAIRS AND THE AMERICAN INSTITUTE IN TAIWAN (AD.1994.07.19)

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1. Background

Cooperation between public health professionals from the territory represented by the American Institute in Taiwan (hereinafter referred to as the "AIT") and the territory represented by the Coordination Council for North American Affairs (hereinafter referred to as the "CCNAA") is furthered pursuant to the Agreement dated September 4, 1980, between AIT and CCNAA, which was renewed by an exchange of letters effective March 10, 1987. The "Taiwan Relations Act" (Public Law 96-8, 22 U.S.C. 3301 et seq., April 10, 1979) authorizes the continuation of commercial, cultural and other relations between the people of the territory represented by AIT and of the people in the territory represented by the CCNAA. Such relations are conducted by or through AIT, a non-profit Corporation, incorporated under the laws of the District of Columbia. CCNAA is the instrumentality which has been established to provide assurances and take actions on behalf of the people in the territory represented by the CCNAA. AIT works in association with the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, in administering the program. CCNAA performs a similar function in affiliation with the Department of Health, Executive Yuan (DOH), in Taipei.

2. Program Goals

Goals of this agreement are:

- To increase the contacts and cooperation between public health professionals and institutions of the two sides;
- To provide public health professionals and institutions with opportunities to exchange information, ideas, experience and techniques;
- To enhance opportunities to collaborate in solving public health

1th problems of common interest;

Cooperation may be in the areas of public health, management skills including cost effectiveness and ecological impact assessments, and behavioral sciences. The types of cooperative activities may include the exchange of scientific information, visits, training, seminars and workshops, and cooperative projects.

3. Implementation and Coordination

CCNAA and AIT will coordinate and implement the activities agreed to under these Guidelines with the Centers, Institute, and Program Offices of CDC and similar organizations allied to the D-OH. Each side shall designate a program coordinator to be responsible under its auspices for the overall coordination of cooperative activities under these Guidelines. For each topic identified as the subject of a formal cooperative activity, each side shall also name a topic coordinator.

Research activities, which remain the responsibility of individual researchers themselves, are not covered under these Guidelines.

4. Funding

Funding of cooperative activities under these Guidelines shall be carried out on the basis of mutuality, reciprocity, and flexibility. In general, each side will fund the cost of its participation in cooperative activities (unless agreed on and specified otherwise) or may, if it chooses, provide full or partial support for participation in these activities by scientists of the other side. Receipt of funding in such cases either from AIT to CCNAA or from CCNAA to AIT will be officially signed and submitted by CCNAA to AIT or by AIT to CCNAA upon receipt of funds. Decisions on funding for joint activities will be made by mutual agreement and specified in letters of understanding exchanged prior to initiation of a proposed activity.

5. Fellowships

The CDC, through its visiting programs (fellows/associates/scientists and guest researcher/special volunteer programs), provides collaborative program and training opportunities at the CDC

in the United States for Scientists sponsored by the DOH. AIT will undertake to facilitate the participation of public health professionals from the territory represented by CCNAA in such programs. As a reciprocal measure, CCNAA will undertake, in coordination with the DOH, to implement a program of fellowships for United States public health professionals applying to conduct collaborative projects and/or training in the territory represented by CCNAA. This program will be administered in the United States by AIT in accordance with the requirements of the visiting program of the DOH.

6. Review Meetings

CCNAA and AIT program coordinators shall meet at times and places of their choosing to review this program of cooperation, the guidelines, and additions/modifications to same.

7. Potential Areas of Cooperation

A. Scope of Cooperation may cover:

- (1) Exchange of information in the related areas;
- (2) Visits and/or training of relevant personnel;
- (3) Joint seminars on topics of mutual interest and benefit; and
- (4) Joint projects on mutually agreed topics.

B. Potential Areas of Cooperative Study and Prevention may include:

- (1) Chronic disease surveillance, prevention and health promotion (including cancer, heart disease and stroke);
- (2) Infectious disease surveillance and control (including food-borne, vector-borne, blood-borne, sexually-transmitted, and vaccine-preventable diseases);
- (3) Injury surveillance and prevention;
- (4) Birth defects and maternal mortality surveillance and prevention;
- (5) Behavioral risk factor surveillance and intervention (including smoking, seatbelt/helmet non-use, sedentary lifestyle, alcohol abuse, and drug abuse) ;
- (6) Occupational Health;
- (7) Environmental Health;



- (8) Information Resource Management (including medical library, database management, communications systems);
- (9) Public health laboratory improvement (quality central standards and techniques for establishing a national reference lab);
- (10) Training in applied epidemiology and management science.
- Other areas of cooperation may be added from time to time as may be mutually agreed to by CDC and DOH with the concurrence of CCNAA and AIT.

for CCNAA:

[Signed]

James Wen-Chung Chang

Deputy Representative

July 19, 1994

For AIT:

[Signed]

J. Richard Beck

Deputy Managing Director

June30,1994