Agency Priority Goal Action Plan

Health Security

Goal Leaders:

Stephen Redd, Director, Office of Public Health Preparedness and Response
Center for Disease Control and Prevention (CDC)

Rebecca Martin, Director, Center for Global Health (CDC)

Sally Phillips, Deputy Assistant Secretary, Strategy, Planning, Policy and Requirements (SPPR),
Office of the Assistant Secretary for Preparedness and Response (ASPR)

Overview

Goal Statement

- Increase capacity to prevent health threats originating abroad from impacting the United States
  - By September 30, 2019, HHS will contribute to increasing the surveillance, workforce, emergency management, and laboratory capacity of 17 partner countries.

Challenge

- An infectious disease threat anywhere—particularly if it is novel or spreads rapidly through international travel—can threaten Americans' health, security, and prosperity
- Infectious disease and other threats (e.g., radiological, chemical) might not be fully prevented from entering the U.S.—necessitating action by HHS
- Threats (particularly those that are covert) might not immediately and obviously reveal themselves—increasing risk to Americans
- Increased protection for Americans is dependent upon strong partner country capacities to stop threats at their source and on the agency's ability to support responses, as appropriate, to health threats when partner country capacity is overwhelmed

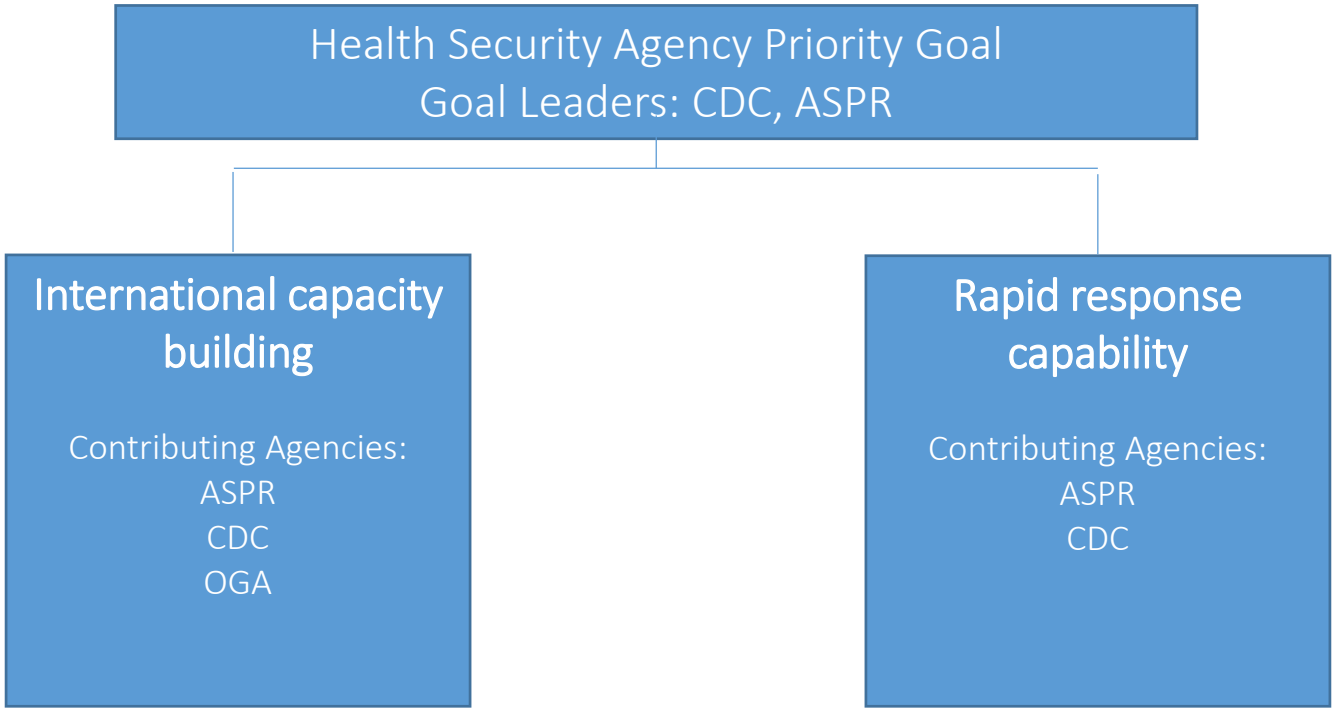
Opportunity

- To minimize the impact of threats to Americans' health, HHS can:
  - Work with partner countries to build capacity to stop health threats at their source by strengthening the capacity of partner countries to prevent, detect, and respond to incidents before they affect the U.S.; and
  - Provide personnel and operational resources to support investigations of and responses to health threats in and with partner countries.

Leadership

Core Team:

- Goal Leaders
  - Stephen Redd, Director, Office of Public Health Preparedness and Response, CDC
  - Rebecca Martin, Director, Center for Global Health, CDC
  - Sally Phillips, Deputy Assistant Secretary, Strategy, Planning, Policy and Requirements (SPPR), ASPR
- Support
  - Christopher Perdue, Commander, US Public Health Service, Chief for International Health Regulations Programs and Policies, SPPR, ASPR
  - Maureen Bartee, Associate Director for Global Health Security, Center for Global Health, CDC



Goal Structure & Strategies

To prevent or slow a threat from entering the U.S., HHS will contribute to increasing the surveillance, workforce capacity, emergency management, and laboratory capacities of 17 priority partner countries.

- HHS will leverage all of its expertise to evaluate current partner country capacity, jointly plan activities with these partner countries and other U.S. Government (U.S.G.) partners, provide technical assistance, and monitor progress.
  - External factors, which may impact these efforts, include partner country political will and technical capacity, complex security situations impacting our access in countries, and real incidents (e.g., Ebola) that can impact the plans for capacity building implementation.
  - We will mitigate these external factors' impacts by using health diplomacy to strengthen relationships with countries; ensuring that HHS employees operate only in safe environments and providing virtual support; and using incidents as an opportunity to strengthen capacity during response.

- HHS will also maintain the capability to rapidly provide personnel and operational resources to support investigations of and responses to health threats in and with partner countries.
  - For example, CDC's Global Rapid Response Team (GRRT) is a highly trained workforce ready to deploy on short notice anywhere in the world to enable a timely response to global public health outbreaks and emergencies. In support of this goal, the GRRT will work with and provide support to U.S. Missions, Ministries of Health, and other public health organizations; respond to health threats when and where they occur; provide staffing as needed for emergency responses; and deploy field-based support for response management and operations.

Goal Structure & Strategies

Goal: Increase capacity to prevent health threats originating abroad from impacting the U.S.	
Sub-goals: By September 2019, HHS will:	**Strategies to achieve sub-goal**
Contribute to increasing the surveillance, workforce capacity, emergency management, and laboratory capacity of 17 partner countries	• Plan priority activities together annually with the 17 partner countries • Provide timely technical expertise from HHS employees that are posted in the partner countries and based in the U.S. • Provide HHS resource support (employee time and travel) to the World Health Organization (WHO) to evaluate the partner countries and develop country-specific action plans, based on these evaluations, to improve results • Report, semi-annually, progress against baseline across the four capacities
Provide personnel and operational resources to support investigations of and responses to health threats in and with partner countries	• Work with and provide support to U.S. Missions, Ministries of Health, and international public health organizations • Help HHS respond to health threats when and where they occur • Deploy field-based logistics, communications and management, and operations to support emergency operations

Goal Structure and Strategies: 17 Global Health Security Agenda (GHSA) Partner/Phase I countries

Bangladesh	Burkina Faso
Cameroon	Cote d' Ivoire
Guinea	Ethiopia
India	Indonesia
Kenya	Liberia
Mali	Pakistan
Senegal	Sierra Leone
Tanzania	Uganda
Vietnam	

Summary of Progress – Mid-Year FY 2019

APG Close-Out Statement: HHS has not yet received the Q3-Q4 reporting data from GHS Country Teams. HHS has met the target. Progress has been achieved in each of these areas in all 17 countries. When the final data are ready in January 2020, HHS will provide a summary slide showing the progress made in each country in these four areas from the beginning of the goal period to the end.

In May 2019, U.S. Government teams (including HHS employees) reported on each country's progress for each capacity area, using indicators from the WHO Joint External Evaluation (JEE) tool. The table below summarizes how many of the partner countries increased their capacities in the four capacities of interest from their country-specific baselines that were set in FY 2017.

Capacity	Target	Number of Countries (n=17) with Capacity Level Increase over Country-Specific Baseline at Mid-Year FY 2019
National Laboratory System	Detect and diagnose infectious diseases by building a strong laboratory network	12
Real-time Surveillance	Detect and assess outbreaks in real time using high-quality data from a robust surveillance network	13
Workforce Development	Prevent, detect, and respond to infectious disease outbreaks using a trained public health workforce	10
Emergency Operations Center (EOC)	Reduce the impact of public health threats by developing an EOC that is connected to a global network of EOCs	13

Key Milestones: International Response Capacity

- In Fiscal Years 2018-2019, HHS will work with 17 priority partner countries to build health security capacity to prevent, detect, and respond to health threats before they spread and impact the United States.
- HHS just completed—with other U.S.G. agencies and the partner countries—the priority capacity building activities for FY 2019.

Milestone Summary				
Key Milestone*	**Milestone Due Date**	**Milestone Status**	**Owner**	**Comments**
Develop FY 2018 annual work plans	Q1, FY 2018	Complete	CDC	
Implement FY 2018 work plan activities	Q1-Q4, FY 2018	Complete	CDC	Activities successfully implemented for FY 2018
Submit FY 2018 mid-year progress reports	Q3, FY 2018	Complete	CDC	
Submit FY 2018 end-of-year progress reports	Q1, FY 2019	Complete	CDC	Country teams submitted November 2018
Develop FY 2019 annual work plans	Q1, FY 2019	Complete	CDC	Country teams submitted November 2018
Publish FY 2018 annual report	Q2, FY 2019	Complete	CDC, OGA	Published
Implement FY 2019 work plan activities	Q1-Q4, FY 2019	Complete	CDC	
Submit FY 2019 mid-year progress reports	Q3, FY 2019	Complete	CDC	Country teams submitted May 2019
Submit FY 2019 end-of-year progress reports	Q1, FY 2020	In Progress	CDC	Country teams submitted November 2019
Publish FY 2019 annual report	Q2, FY 2020		CDC, OGA	

*Most milestones will be completed in collaboration with other U.S.G. agencies. All milestones apply to all 17 partner countries.

Key Indicator: Number of Partner Countries that Increased Capacity in Four Priority Capacity Areas* (Target Met)

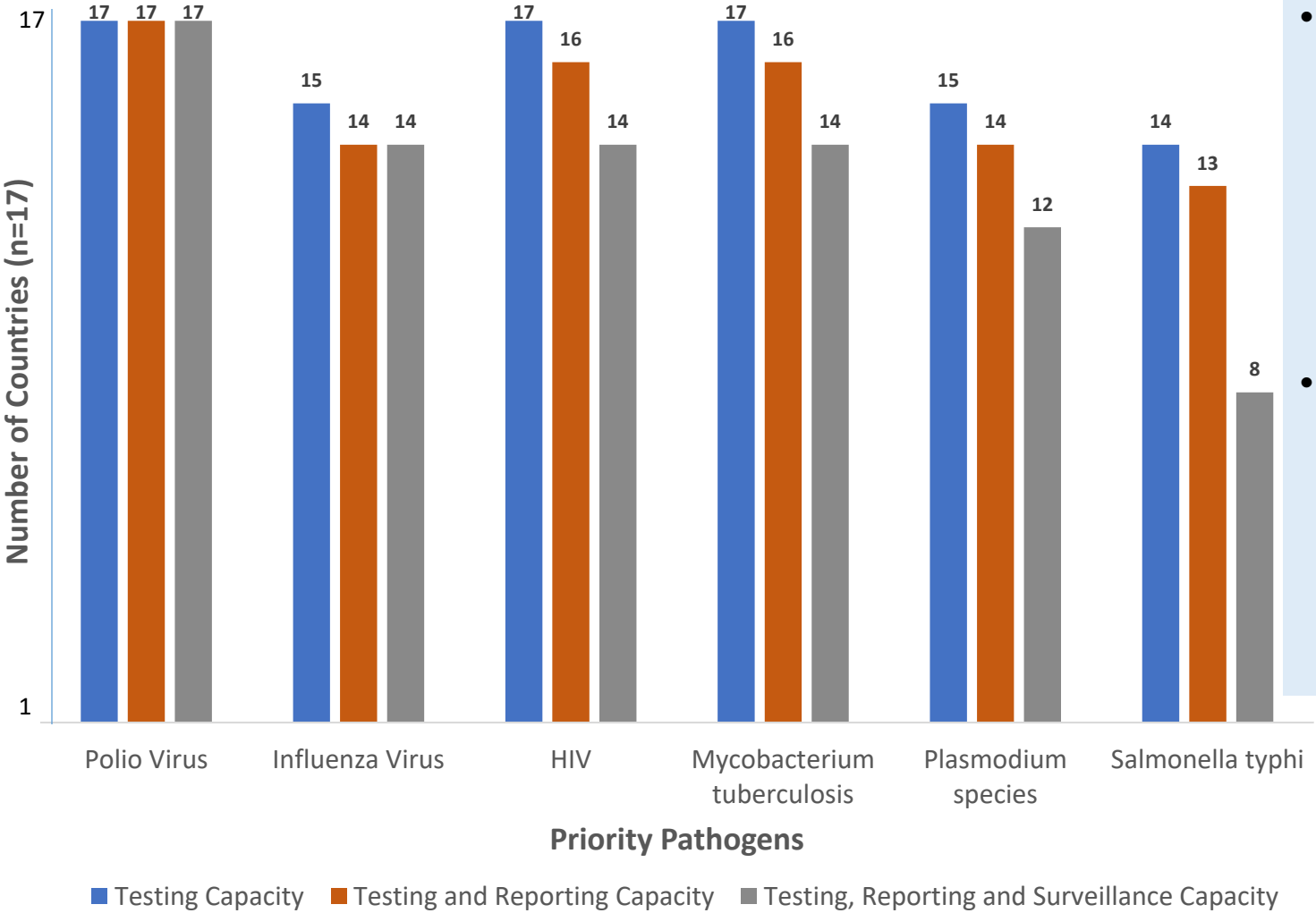
HHS has not yet received the Q3-Q4 reporting data from GHS Country Teams. HHS has met the target. Progress has been achieved in each of these areas in all 17 countries. When the final data are ready in January 2020, HHS will provide a summary slide showing the progress made in each country in these four areas from the beginning of the goal period to the end.

Number of Countries (n=17) with Capacity Level Increase over Country-specific Baseline					
Capacity	End FY 2017	Mid FY 2018	End FY 2018	Mid FY 2019	End FY 2019
National Laboratory System	9	10	12	12	
Real-time Surveillance	10	12	14	13	
Workforce Development	9	11	11	10	
Emergency Operations Center (EOC)	11	14	14	13	

*Capacity level increase reflects partner countries' capacity improvement during the six-month reporting period only. The Mid FY 2019 results for Real-Time Surveillance and for Emergency Operations Center reflect increased capacity in 13 of the 17 priority partner countries and no increase in the remaining 4 countries over the six-month period.
Note: Previous methodology for end of year FY 2017 through end of year 2018 used a mixture of three different country-specific baseline assessments: GHSA assessment, official JEE scores, and FY 2017 mid-year. However, the GHSA assessment indicators and JEE indicators are not directly applicable -- only about 50 percent of the GHSA assessment indicators align and are similar to the JEE indicators.

- To determine country-specific baseline where all indicators were the same to compare to FY 2019 mid-year, we used the earliest date of mid-year FY 2017 or official JEE scores.
- Explanation of changes in results from end of year FY 2018 to mid-year 2019 for real-time surveillance, workforce development and EOC:
  - Some countries made adjustments in individual indicator scores and thus not as many countries had increases in individual indicator scores.
  - In other words, if countries' individual indicator scores in that technical area decreased from country specific baselines to mid-year 2019, those countries are not represented in the results for FY 2019 mid-year.

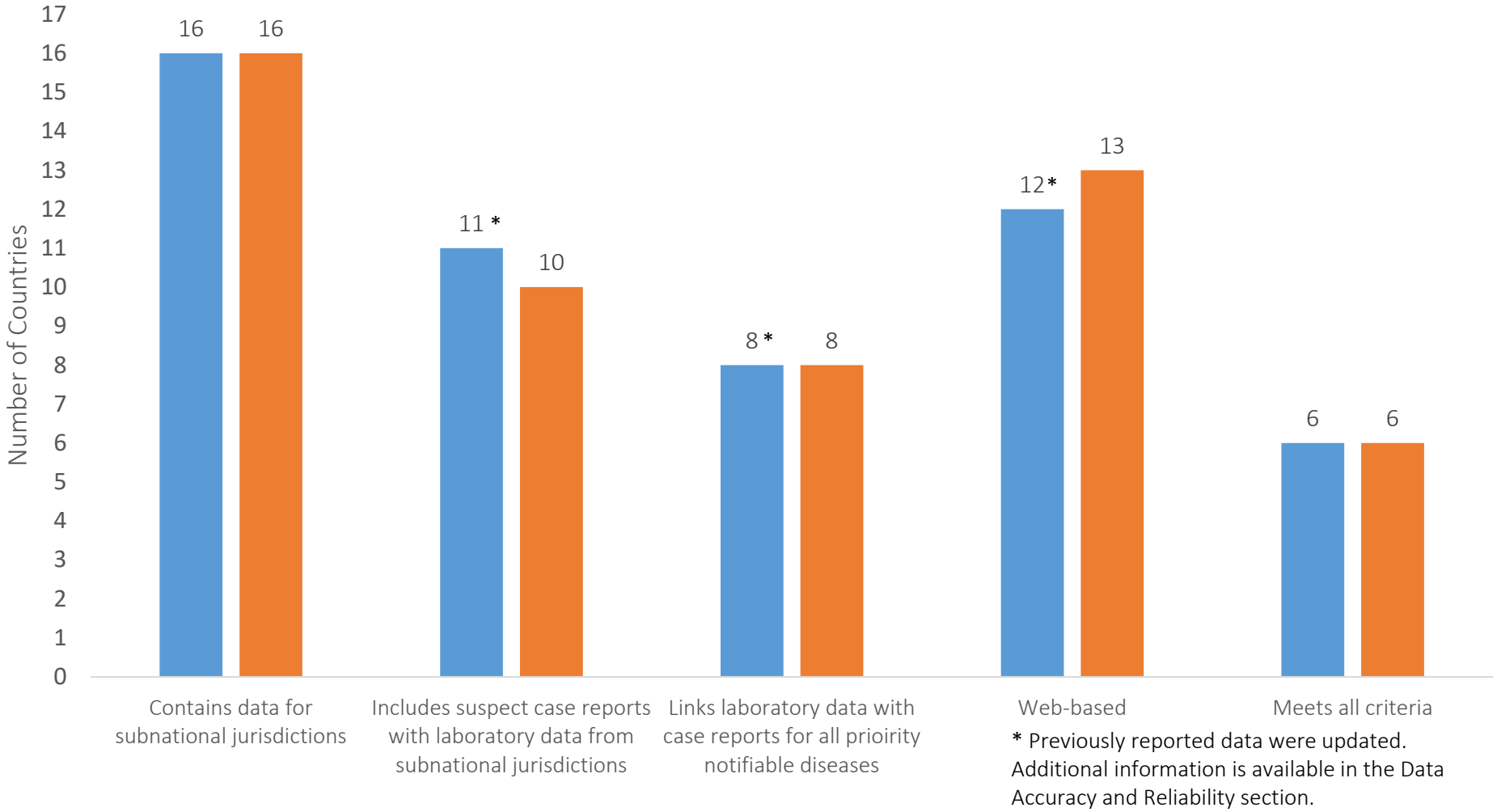
FY 2018 Key Indicator Data Detail – Laboratory: Testing, Reporting, and Surveillance Capacity for Priority Pathogens Using Six WHO Core Tests



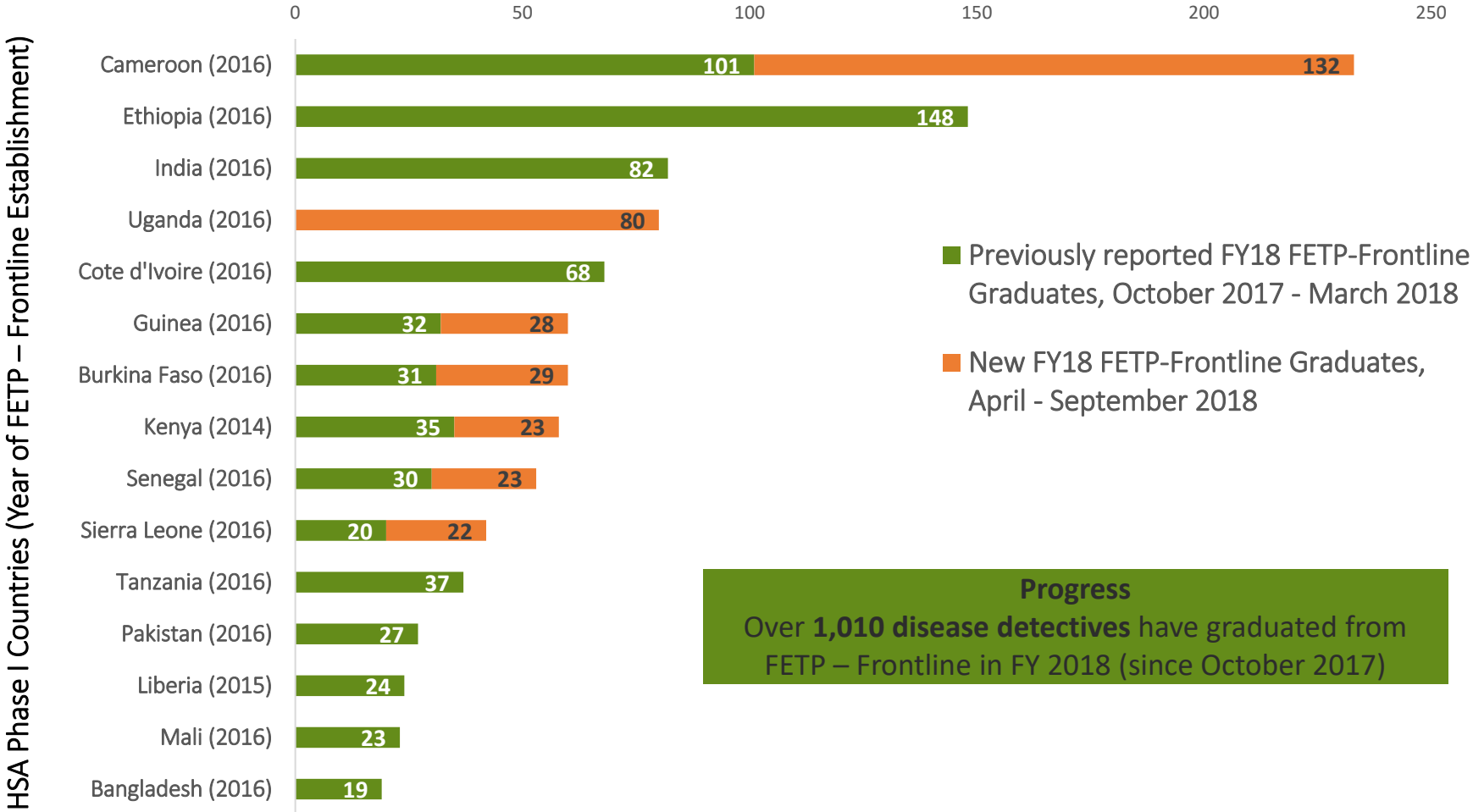
- **100 percent** (17/17) of countries have testing, reporting and surveillance capacity for 1 priority pathogen (polio virus)
- **47 percent** (8/17) of countries have testing, reporting and surveillance capacity for salmonella typhi

Compared to last submission Ethiopia reported an increase in testing capacity for Influenza virus, therefore the testing capacity increased from 14 to 15 countries.

FY 2018 Key Indicator Data Detail – Surveillance: GHSA Countries using a National Database that Meets GHSA Surveillance Indicator Criteria



FY 2018 Key Indicator Data Detail – Workforce Development: Field Epidemiology Training Program (FETP) – Frontline: Number of New Graduates in FY 2018



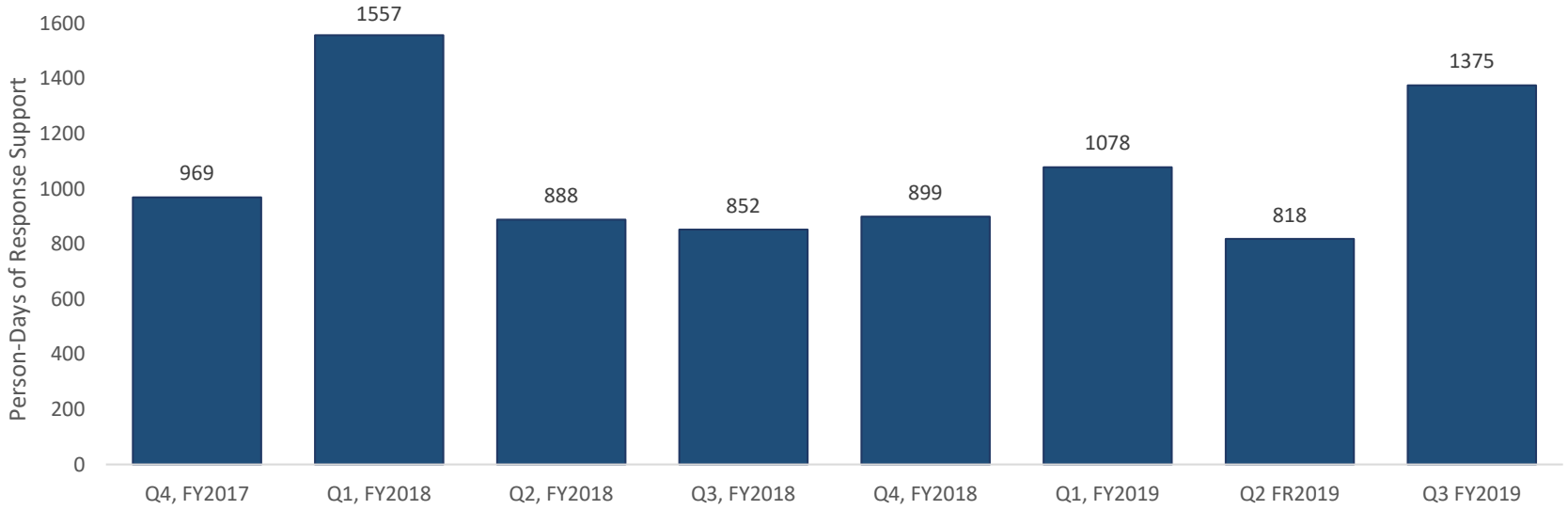
Progress

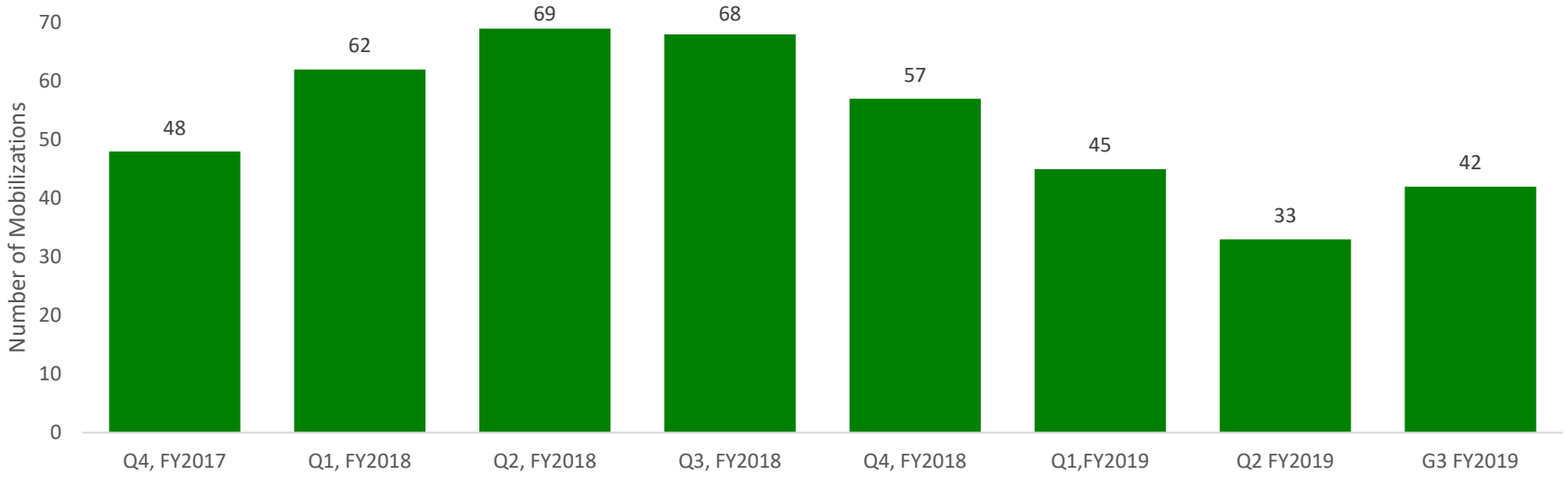
Over **1,010 disease detectives** have graduated from FETP – Frontline in FY 2018 (since October 2017)

Indonesia and Vietnam do not have FETP-Frontline, but do support FETP-Advanced and other workforce capacity building efforts. To date, Indonesia has had 572 FETP-Advanced graduates and Vietnam has had 23 FETP-Advanced graduates since the beginning of their respective programs.

Previously reported data for Senegal, Cameroon, India and Uganda have been updated to reflect new information received after the previous reporting period.

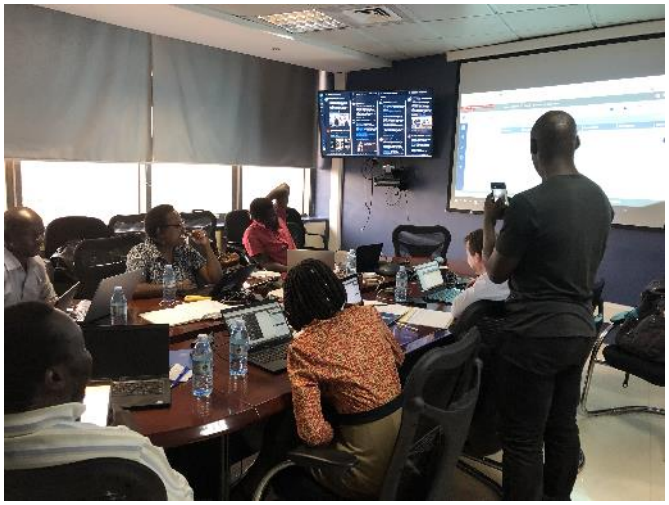
Key Indicator - Number of mobilizations and person-days of response support of the CDC Global Rapid Response Team





FY 2019 Key Indicator Data Detail – Emergency Management:
Emergency Operations Centers and Management Training

- **100 percent** (17/17) **of Phase I countries** have established or strengthened their national EOCs to manage and monitor health events in real time
- **81 Public Health Emergency Management Fellows** trained from all 17 Phase I countries to better lead and manage outbreak and other public health emergency responses



Public Health Emergency Operations Center (PHEOC) in Uganda, 2019

PHEM Fellowship Cohort 10 (June 2019)

U.S. National Action Plan for Health Security based on the 2016 Joint External Evaluation

- WHO-led evaluation of the United States using the JEE Tool in 2016 resulted in a comprehensive assessment of national public health and emergency response capacities
- U.S. Health Security National Action Plan published in October 2018 describes actions that USG will take in 2018-2020 to maintain and improve JEE scores by 2021
- ASPR Policy Division coordinating alignment and synergy with the National Health Security Strategy and the National Biodefense Strategy

- Domestic priorities include
  - Antimicrobial resistance
  - Laboratory systems
  - Real-time surveillance
  - Zoonotic diseases
  - Biosafety/biosecurity
  - Emergency operations
  - Risk Communication
  - Chemical and radiological preparedness

Data Accuracy and Reliability

- HHS will contribute to increasing the surveillance, workforce capacity, emergency management, and laboratory capacities of 17 partner countries. HHS will maintain the capability to provide personnel and operational resources to support investigations of and responses to health threats in and with partner countries.
- Data Source: The JEE is a WHO-led process for a transparent, external assessment of countries' health security capacity.
  - Each country that completes a JEE receives a score from 1 to 5 across indicators spanning 19 areas that include the 11 GHSA Action Packages.
  - The JEE is the source for the baseline data the U.S. Government uses to measure progress, and is also used to validate previous assessments and plans.
- The U.S. Government, including HHS, works with 17 priority partner countries to build capacity to prevent, detect, and respond to infectious disease threats. The impact of this work can be measured using the indicators within the JEE, the international metric for health security capacity.
- Twice per year, USG country teams report on whether the U.S. work with partners has built the capacity necessary for the country to score a point higher by the JEE scoring scale. For most indicators, gaining one level of capacity represents a significant accomplishment.
- The data presented capture the impact of U.S.-supported activities by detailing the number of countries that have built the capacity needed to score at least one point higher on JEE indicators related to each GHSA Action Package. Monitoring and evaluation experts in CDC's Division of Global Health Protection verify and validate all data, in collaboration with other HHS and U.S. Government partners.
- Data quality varies across all countries.
- CDC GRRT collects and maintains data on all GRRT international deployments. GRRT staff regularly update, monitor, and analyze information on GRRT deployments and person-days of response time.

Data Accuracy and Reliability (continued)

- Data are often refined as new information is received about the country's capabilities. Partner counties provide new information when they reanalyze the data or add new data to what had been reported previously.

- HHS is in regular communications with the countries during the reporting periods and have several conversations with experts both in country and at CDC headquarters during the data validation process. HHS continuously consults with countries on monitoring and reporting. The Department also work with other USG Departments and Agencies (e.g., Department of Defense and USAID) on some indicators to ensure data quality.

- When discrepancies are identified during reporting periods, HHS works with the partner country to reconcile the discrepancies.

Additional Information

Contributing Programs

Organizations:

- CDC – Serves as the technical lead for U.S. Government GHSA implementation and works with U.S. Government partners to implement GHSA activities; manages the CDC GRRT
- ASPR – Runs the Secretary's Operations Center; coordinates in multilateral fora (e.g., Global Health Security Initiative, North American Plan for Animal and Pandemic Influenza) to ensure health security preparedness; funds cooperative agreements to build and leverage surveillance capacity and rapid medical countermeasure deployment
- OGA – Fosters critical global relationships, coordinates international engagement across HHS and the U.S. government, and provides leadership and expertise in global health diplomacy and policy to contribute to a safer, healthier world

Policies:

- Executive Order: Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats (November 2016)

Other Federal Activities:

- U.S. Government GHSA Implementation – As described in the Executive Order and associated Policy-level Implementation Guidance, U.S. Government partners contribute to capacity building activities across GHSA action packages in the 17 priority countries. Partners include, but are not limited to, USAID, DoD, DoS, USDA, and DOJ (FBI).