OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE
FY 2008 ANNUAL PERFORMANCE REPORT

Introduction

ASPR's mission – to lead the Nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters – and its vision – a Nation prepared to prevent, respond to and reduce the adverse health effects of public health emergencies and disasters – reflect the essential role ASPR plays within the Nation's public health preparedness and emergency response arena. ASPR focuses its efforts on promoting community preparedness and prevention; building public health partnerships with federal departments and agencies, academic institutions and private sector partners; and coordinating federal public health and medical response capability.

This FY 2008 Annual Performance Report provides information on the Office of the Assistant Secretary for Preparedness and Response's actual performance and progress in achieving the goals established in the FY 2008 Annual Performance Plan which was published in February 2008.

The goals and objectives contained within this document support the Department of Health and Human Services' Strategic Plan (available at http://aspe.hhs.gov/hhsplan/2007/).

Summary of Performance Targets and Results Table

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2006	10	10	100%	7	70%
2007	8	7	88%	5	71%
2008	10	8	80%	8	100%
2009	9	NA	NA	NA	NA

Performance Detail (by Activity)

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 1: Improve DHHS response assets to support municipalities and States								

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
2.4.1	Improve ESF #8 preparedness planning and response capability.	NA	NA	Develop threat-based response plans; continue to assess the Department's ability to respond to scenarios and actual events; respond to public health and medical threats and emergencies; participate in exercise (e.g. TOPOFF). Develop capacity for, interoperable communications between field elements and headquarters. Coordinate expansion of FMS. Build cadre of surge personnel with specialized skills. Sustain and enhance monitoring and medical management of a radiological/ nuclear public health emergency	9 operational playbooks written. Responded to Hurricane Dean. Executed COOP exercise in conjunction with "Pinnacle 2007." Provided ICS training to IRC. Implementing a national surge bed reporting system (HAVBED). Identified 159 respiratory therapists who could deploy. Launched the Radiation Event Medical Management (REMM) website. NDMS was transferred successfully teams have been successfully deployed.	Continue to develop and revise existing threat-based response plans. Continue to train personnel to lead ESF 8 planning and response. Conduct regional site specific surveys to determine availability of assets to be utilized in a response. Develop capacity for interoperable communications between field elements and headquarters. Develop web based training modules. Train human services assessment teams. Coordinate expansion of FMS. Sustain and expand the cadre of surge personnel with specialized skills.	12 playbooks have been completed, including 11 on the National Planning Scenarios Playbooks, including RDD, Hurricane, and Chemical, have been exercised each quarter. Have been working to regionalize caches, which has increased the number of teams ready to deploy from 39 to 43	Continue regionalization of response caches and development of MOD deployment capabilities. Regionalization of response team administrative and operations functions. Playbook development. Interagency roles/reponsibliti es incorporated. Scope to include public health and medical equities. SOC SA enhanced via Fusion Cell & DTRA partnership. Critical data elements for all mission requirements have been identified. Material readiness & development of regional readiness enhancements include the regionalization of OPEO/NDMS caches & warehouse consolidation, development of field operations guides, creation of 3 Advanced Incident Coordination Teams. Exercise ability to deploy HHS command staff, medical shelter, initial care is supported by numerous table top and operational exercises.

Performance Narrative:

ASPR has successfully responded to tropical storms, food safety concerns, national special security events, threats and exercises throughout the past year. These responses have provided ASPR and HHS the opportunity to strengthen their situational awareness, analysis and decision support capabilities, and mature their response management. ASPR is building its ability to manage information by outlining the existing information management processes between its internal and external stakeholders and by improving the definition of the Department's core capabilities to ensure essential elements of information are collected. ASPR is building a regional response capability by consolidating warehousing and equipment/supply caches within the regions. Many Departmental and national plans have been exercised and "lessons learned" applied which allows HHS to make necessary revisions in order to expand the capabilities to respond. The COOP Program successfully participated in National Level Exercise 2-08 "Eagle Horizon" by fully activating one of the alternate facilities, exercising the HHS Orders of Succession, and training senior HHS leadership in their roles and responsibilities when acting from the alternate facility during disasters. ASPR also participated in and evaluated several tabletop, functional, and full scale exercises such as TOPOFF 4, hurricane scenarios, and the Democratic and Republican National Conventions.

ASPR leads planning activities required to fulfill HHS mass casualty care responsibilities under ESF #8 of the NRF and HSPD-10. This includes the continuing development of Federal Medical Stations (FMS). The FMS project supports HHS in fulfilling the responsibility under mandates noted above to develop a federal asset to provide over 30,000 patient beds. ASPR is also building mass casualty care capability by developing threat-based operational plans, establishing logistics mechanisms for rapidly deploying federal and civilian medical personnel and medical materiel, and building a cadre of surge personnel with specialized skills anticipated to be in short supply during disasters. The HHS mass casualty care initiative also works to mobilize emergency medical personnel by developing protocols for coordinating with the Emergency Systems for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) and the Medical Reserve Corps. Other mass casualty preparedness planning activities include initiatives to promote development of subject matter expertise and decision support tools for chemical, biological, radiological and nuclear (CBRN) incidents.

ASPR led HHS's integrated response to 42 ESF #8, ESF #6, and ESF #14 public health emergencies and disasters, including Hurricanes Gustav and Ike, deploying nearly 2,000 HHS, Department of Defense (DOD), and other National Response Framework partners to Louisiana, Texas, Florida, Mississippi, and Georgia to support medical and public health assets, including:

- 14 Federal Medical Shelters comprised of 250 beds each staffed by Federal and State personnel to provide basic care.
- 22 Disaster Medical Assistance Teams from the National Disaster Medical System (NDMS) to coordinate patient evacuations.
- 1 Disaster Mortuary Assistance Team and 1 Disaster Portable Morgue Unit to provide mortuary services for disinterred remains.
- 7 Rapid Deployment Force teams from the United States Public Health Service (USPHS) to provide mental health and public health staff augmentation.

In its role of coordinating efforts to address mental health and needs of "at-risk individuals," ASPR has undertaken several significant initiatives. In 2007, ASPR conducted a thorough assessment of the Department's emergency behavioral/mental health capabilities, including personnel, technical assistance, materials, and grants. In FY 2009, working with the Disaster Mental Health Subcommittee of the National Biodefense Science Board (NBSB), ASPR will work to develop a federal strategy to address behavioral health and look to begin implementation of the action items. In FY 2009, efforts will focus on integrating attention to at-risk/special needs into HHS preparedness and response activities, as mandated by PAHPA. ASPR has also established a new program to improve federal coordination of in-hospital emergency medical care activities and to promote programs and resources that improve the delivery of daily emergency medical and mental health care. This is a multi-level collaboration that will result in a coalition comprised of subject-matter experts from various organizations who will provide strategic and operational policy guidance and facilitate agencies involvement.

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 2: Enhance State and Local Preparedness								
2.4.2	Improve surge capacity and enhance community and hospital preparedness for public health emergencies through:							
A	% of States demonstrating ability to report hospital bed data	NA	NA	50%	4/2009	60%	4/2010	70%
B	% of States demonstrating use of Interoperable Communications Systems	NA	NA	50%	4/2009	60%	4/2010	70%
C	% of States demonstrating development of Fatality Management Plans	NA	NA	50%	4/2009	60%	4/2010	70%
D	% of States demonstrating development of Hospital Evacuation Plans	NA	NA	50%	4/2009	60%	4/2010	70%
E	% of States demonstrating development of fully operational and compliant ESAR-VHP programs	NA	NA	50%	60%	70%	88%	70%

Performance Narrative:

A Program Assessment Rating Tool (PART) review of the program was conducted during FY 2003 and published with the release of the FY 2005 President's Budget. The program received a rating of "Results Not Demonstrated." That assessment indicated the program had not yet demonstrated results due to its relative newness, and the inherent difficulty in measuring preparedness for events that do not regularly occur. Performance measures focusing on the implementation of various aspects of awardees' plans to address surge capacity were initially developed during the FY 2005 PART review, but they no longer reflect the evolution of the program and the elements identified in the National Preparedness Goal that involve increasing medical surge capacity. The program developed new evidenced-based measures for FY 2008 that reflect the requirements of PAHPA, and will continue to refine those measures for FY 2009 to provide a more accurate picture of the direction and focus of current and future proposed preparedness efforts.

In FY 2007, the Emergency Systems for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) provided significant assistance to continue to increase the number of operational state systems and enhance the capability of those state systems already in place. These jurisdictions continued to develop fully operational and compliant ESAR-VHP programs. The remaining states and territories developed their plans to become fully operational. In FY 2008, the program finalized its national compliance requirements and released the 3rd version of the *ESAR-VHP Technical and Policy Guidelines, Standards, and Definitions: System Development Tools* (*Guidelines*). The *Guideline*s provided the technical information that states need to develop systems capable of registering a wide range of health volunteers, verify their credentials and qualifications, and assign volunteers to one of four credential levels. Included

are new and interim standards for 20 healthcare profession occupations. Currently 40 jurisdictions have operational ESAR-VHP systems, including 80% of the top ten population states.

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 1: Improve DHHS response assets to support municipalities and States								
2.4.3	Increase the ratio of preparedness exercises and drills per total program (Coop. Agreement) dollar by 50% each year. (Approved by OMB.)	.000004482 (baseline) or 4.48 per million dollars	14.4 per million dollars	10.08 per million dollars	4/2009	15.13 per million dollars	4/2010	22.69 per million dollars

Performance Narrative:

Drills and exercises serve to assess the summation of all of the factors contributing to preparedness. A drill is a coordinated, supervised activity employed to test a single specific operation. An exercise is a planned activity designed to practice planning, response, and recovery capabilities in a risk free environment in the effort to assess and improve performance. Both function as mechanisms that prepare hospitals and their supporting health care systems and/or partners, to respond to victims of terrorism and other public health emergencies. The efforts associated with conducting drills and exercises and implementing any related performance improvements are costly in terms of time and resources. The theory behind the measure is that, as grantees become more efficient and effective, they will conduct more drills and exercises per federal dollar spent. The baseline has been amended from .0000423 to .000004482 as a result of a recent data consistency check, which revealed a likely typographical error in entering the number of decimal places as well as a small upward adjustment in the number of exercises due to a late data submission. The ratio for FY 2006 is .0000144, which exceeds the target of .000006723 exercises per dollar, or 6.72 per million dollars. To make the data more meaningful, as well as easier to report correctly, ASPR has changed the scale of the measure, and has started reporting exercises per million dollars, in lieu of exercises per dollar.

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 3: Define requirements for and deliver safe and effective medical countermeasures to identify threats (biological, chemical, radiation and nuclear) to the SNS through coordination of interagency activities, interfacing with industry and acquisition management.								
2.4.4	Obtain sufficient evidence for the safety, efficacy and product characteristics of candidate medical countermeasures for priority chemical, biological, radiological and nuclear agents to accelerate their potential for procurement under Project BioShield	NA	NA	NA	NA	Issue BAAs, RFPs, or other FAR-sanctioned notices for advanced development of top priority MCM for CBRN threats in accordance with the PHEMCE Implementation Plan. Award contracts with product developers responsive to USG requirements. Obtain data on usefulness of broad spectrum antibiotics against bacterial threat agents identified by DHS Material Threat Determinations. Demonstrate technology for increased stability of protein based vaccines. Accomplish stability studies and consistency lot manufacturing of a candidate rPA vaccine. Identify potential novel candidate medical countermeasures for acute radiation syndrome	See below.	See below.

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
A	Anthrax (vaccines, therapeutics, and medkits)	NA	NA	NA	NA		Awarded contracts for anthrax vaccine enhancement development, and anthrax therapeutic, palatability study, and antibiotic medkits. Continued funding for 5 anthrax Advanced Research and Development (ARD) contracts. Issued RFP for rPA procurement. Worked to award contract to replenish AVA doses in the SNS. Established IAA for the purchase of kits, design of kits and label comprehensio n study.	Issue BAA for evaluation of antibody-based antitoxins currently available in combination therapies (contracts awarded in FY10). Issue BAA for small-molecule antitoxin innovation (contracts awarded in FY10). Fund development of one anthrax vaccine enhancement program.
B	Radiation	NA	NA	NA	NA		See Performance Narrative below	Continue to support 7 ARD contracts awarded in FY08. Award up to 12 ARD three-year contracts for Biodosimetry.
C	BSA	NA	NA	NA	NA		See Performance Narrative below	Issue three new BSA solicitations, four contracts awarded from FY08 BAA. Continued pre-clinical studies of inhalational gentamicin. Partially fund SIGA (smallpox antiviral) to lot consistency

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
								and Phase II. Fund Development and Acquistion of Antibiotic MedKits.
D	Innovation	NA	NA	NA	NA		NA	NA
E	Viral Hemorrhagic Fevers	NA	NA	NA	NA		NA	NA
F	Botulism	NA	NA	NA	NA		NA	NA
G	Chemical	NA	NA	NA	NA		Continued to fund Midazolam project. Signed MOU with Chemical Biological Medical Systems (CBMS) for joint development of MCMs.	No new activity

Performance Narrative:

In March 2007, BARDA released the *Public Health Emergency Medical Countermeasures Enterprise Strategy for CBRN Threats* (*PHEMCE Strategy*). It defined the goals for HHS development and acquisition programs and provided a framework for priority-setting to establish top priority medical countermeasures. In April 2007, the *PHEMC Enterprise* (led by ASPR) identified top priorities for the advanced development and acquisition of medical countermeasures for CBRN threats. Determinations were based on principles established in the HSPD-18 and the goals and framework for priority-setting detailed in the *PHEMCE Strategy*. HHS published the *Public Health Emergency Medical Countermeasures Enterprise Implementation Plan* (*PHEMCE Implementation Plan*) which describes top priority medical countermeasure development and acquisition programs for CBRN threats. The investments in both advanced research and development and in Project BioShield acquisitions are aligned with these priorities.

Medical countermeasure requirements for CBRN threats are established under the PHEMC Enterprise Governance Board, chaired by ASPR. The highest priority requirements are reflected in the *PHEMCE Implementation Plan* and are based on population threat assessments developed by the Department of Homeland Security and medical and public health consequences of the threat as determined through HHS-coordinated modeling efforts.

Broad agency announcements were issued in FY 2008 in partnership with NIAID in the following areas: anthrax vaccine enhancement; advanced development of pan-filovirus vaccines; and the development of broad spectrum antibiotics and antivirals. Awards were made under vaccine enhancement and broad spectrum antivirals in September of 2008. Additionally, BARDA is supporting several existing NIAID contracts that are consistent with the *PHEMCE Implementation Plan* and Draft BARDA Strategic Plan.

Steps taken to combat the threat of radiation included the award of seven (7) ARD contracts for Acute Radiation Syndrome (ARS); one contract to support GLP radionuclide facility support services; and eight (8) grants for both Radiation induced cutaneous and lung injury. Additionally, funding on three (3) contracts for Oral DTPA was continued in FY 2008. An RFI for biodosimetry and procurement RFP for Neutropenia were also issued.

Funding was continued on several items related to BSA. In FY 2008, ASPR continued to fund Inhalational Gentamicin, the US Army Medical Research Institute of Infectious Diseases (USAMRIID) screening program, and the development of smallpox antiviral. Additionally, a new contract was awarded for smallpox antiviral for the development of an alternate formulation for morbidly ill and post-exposure prophylaxis (PEP) indication.

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 4: Define requirements for and deliver safe and effective medical countermeasures to identify threats (biological, chemical, radiation and nuclear) to the SNS through coordination of interagency activities, interfacing with industry and acquisition management.								
2.4.5	Deliver licensed, licensable and approvable top priority medical countermeasures for chemical, biological, radiological and nuclear threats.	NA	Targets met for AVA, pediatric KI and DTPA. Target not met for rPA anthrax vaccine due to development delays	Complete delivery of 2nd 5M doses of AVA; complete delivery of 2nd 2.3M bottles of pediatric KI to SNS; initiate begin delivery of anthrax immune globulin to the SNS; delivery of additional botulinum antitoxin to the SNS	Delivery of the 2nd acquisition of 5M doses of AVA to the SNS and 3.1M bottles of pediatric KI were completed. Contract was awarded for 20 M doses of a next generation smallpoz vaccine Modified Vaccinia Ankara (MVA) smallpox vaccine and 18.75 million doses of AVA. Deliveries of AIG and H-BAT to SNS were initiated	Issue RFPs for needed products in accordance with the *PHEMCE Strategy and PHEMCE Implementation Plan.*Modified Vaccinia Ankara 9MVA) smallpox vaccine – begin delivery to the SNS. Botulism antitoxin: continue delivery to the SNS. Anthrax Therapeutics: AIG: continue delivery to the SNS. rPA: Award contract for acquisition ARS: Award contract for acquisition	AIG,h-BAT and AVA delivered to SNS. RFPs released for ARS MCM and for rPA. In negotiations with ARS RFP offerors. rPA RFP closed on 7/31	Issue RFP for smallpox antiviral and make contract award(s). Award contract(s) for rPA. Initiate deliveries of HGS Abthrax (anthrax therapeutic monoclonal) and MVA to SNS. Continue deliveries of h-BAT, AVA and AIG to SNS.

Performance Narrative:

Contracts for the currently licensed anthrax vaccine (AVA) and pediatric potassium iodide (KI) were awarded in 2005 and the products have been delivered to the SNS (5 million AVA doses and 1.7 million bottles of pediatric KI). In FY 2006 a contract was awarded for calcium and zinc DTPA, chelating agents that remove radioactive particulates from the body, and over 474,000 doses have been delivered to the SNS. Existing contracts were also modified in FY 2006 to purchase an additional 5 million doses of AVA and 3.1 million bottles of the pediatric formulation of KI; delivery of these products has been completed. The following contracts were also awarded under Project BioShield in FY 2006:

- Anthrax therapeutic – 10,000 treatment courses of Anthrax Immune Globulin
- Anthrax therapeutic – 20,000 treatment courses of a monoclonal antibody, ABthrax

- Botulism antitoxin – 200,000 treatment courses of an equine plasma-derived heptavalent botulism antitoxin.

These three acquisition contracts all involve late-stage development, and it is anticipated that they will be delivered to the SNS in advance of licensure/approval upon demonstration of sufficient evidence of utility to enable their use in a public health emergency.

In June 2007, a Project BioShield contract was awarded for 20 million doses of a smallpox Modified Vaccinia Ankara (MVA) vaccine to protect 10 million immunocompromised persons. This contract uses the original Project BioShield 10% advance payment provision as well as the milestone payment authorities provided by PAHPA. In September 2007, a contract was awarded for 18.75 million doses of AVA anthrax vaccine.

In 2008 BARDA issued a Request for Proposals (RFP) for next generation recombinant protective antigen (rPA) anthrax vaccines. In addition, BARDA issued a RFP for medical countermeasures to treat the neutropenia associated with Acute Radiation Syndrome (ARS). BARDA is anticipating making one or more awards for each solicitation. BARDA also an RFP for an Anthrax Antibiotic MedKit in 2008 and anticipates releasing an RFP for a smallpox antiviral in 2009.

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 5: Mitigate the adverse public health effects of a terrorist attack.								

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
2.4.6	Coordinate and facilitate development of international preparedness and response capabilities.	N/A	N/A	Leverage global partnerships to increase preparedness and response capabilities around the world with the intent of stopping, slowing or otherwise limiting the spread of a pandemic to the United States.	Progress made through agreements with the WHO, Ministries of Health and other international entities, and by leveraging global partnerships. Also, U.S. and members of the GHSI continue to undertake collaborative efforts in preparing for CBRN threats and pandemic influenza. Continued developing and implementing disease detection capabilities through a collaborative program with U.S. border states. ASPR led the US government implementation of the revised International Health Regulations (IHR) and established the IHR Program to monitor IHR compliance for the USG.	Continue support of global partnerships. Assess progress of countries/ regions in early detection reporting surveillance and response. Continue support of the WHO early warning and response activity; continue the U.S. Mexico and Canada border activities. Continue to decrease the time needed to identify causes, risk factors, and appropriate interventions needed.	Led development of HHS *International Emergency Response Framework.*EWIDS: Increased sharing of epi. surveillance and lab data, improved participation in int'l preparednes exercises, increased health alert communications between border states and provinces. GHSAG: Hosted Ministerial, Senior Officials, Technical Experts meetings 12/07. In 2008, hosted 5 GHSAG workshops/ conferences and participated in 11 GHSAG-related workshops, meetings, conferences. SPP: Completed high priority deliverables to include signing of a mutual assistance MOU, improving connectivity between EOC's and health alert reporting systems, and implementing the public health components of the North American Plan for Avian and Pandemic Influenza. IHR: Provided TA to 41 countries in support of the universal implementation of the IHR. Work with BARDA and OPEO has led to collaborations with int'l partners to address MCM development, stockpiling, and deployment and increased testing of emergency preparedness plans and protocols.	Continue to collaborate with U.S. border states, neighboring countries, other cross-border and international partners, and with multilateral initiatives to advance domestic and international preparedness and response to all public health emergencies. Continue to support and manage international response exercises and to collaborate with international partners to support universal implementation of the IHR. Continue to build international preparedness and response capabilities, specifically in the areas of MCM development, stockpiling & deployment, and testing/exercising of emergency preparedness plans.

Performance Narrative:

The FY 2008 performance target to coordinate and facilitate the development of international preparedness and response capabilities through agreements with the WHO, with Ministries of Health and other international organizations, and by leveraging global partnerships to increase preparedness and response capabilities around the world was met. ASPR's activities last year included regional activities that provided technical assistance, training and capacity building in Asia and Latin America, as well as coordinating the building of influenza vaccine production capacity in key developing countries through a global initiative with the WHO. Efforts have also been directed toward improving influenza surveillance and pandemic preparedness for H5N1 avian influenza in Asia, Africa, and Latin America, thereby strengthening global health security. ASPR also continued implementing a collaborative program among U.S. and Mexican states and Canadian provinces, immediately along the U.S. international borders, to enhance disease detection capacities.

Additionally, ASPR has continued its engagement in international preparedness and response partnerships, including the Global Health Security Initiative (GHSI), the Security and Prosperity Partnership of North America (SPP), and with the WHO. Members of the GHSI continue to plan and share their experiences and lessons learned in preparing for chemical, biological, radiological and nuclear (CBRN) events and pandemic influenza threats to public health. ASPR coordinated the GHSI 2007 Ministerial Meeting, and as a result of this event, ASPR is now leading a GHSI initiative to support the development of a sustainable global infrastructure for medical countermeasures for CBRN events and pandemic influenza. As part of the SPP, ASPR's major accomplishments include developing protocols with Canada and Mexico to assist each other in cross-border emergencies, improving connectivity between each country's Emergency Operations Centers, and is exchanging public health liaisons with Canada and Mexico.

ASPR has increased its international outreach efforts, in collaboration with the WHO, to implement the Revised International Health Regulations (IHR) globally. ASPR led the US government implementation of the revised IHR and established the IHR Program to monitor IHR compliance for the USG. The IHR Program has supported IHR implementation globally by sharing USG IHR implementation best practices and providing technical assistance to 43 countries across all six WHO regions.

In addition to these partnership activities, ASPR began the development and exercising of international response plans. The Pandemic and All-Hazards Preparedness Act (PAHPA) charges the Assistant Secretary for Preparedness and Response to provide leadership for programs, initiatives and policies that deal with international public health and medical emergency preparedness and response. In FY 2008 ASPR led the Department-wide effort to develop the *HHS International Emergency Response Framework* and engaged the federal Departments under whose lead HHS might support a coordinated USG international response. ASPR led HHS engagement in the whole-of-government effort to establish a civilian capacity to prevent or prepare for post-conflict situations, and to help stabilize and reconstruct societies in transition from conflict or civil strife, so they can reach a sustainable path toward peace, democracy, social-well being and a market economy.

Biodefense and biosecurity are national priorities. To address this priority, ASPR has markedly expanded, intensified, and accelerated its support for critical national security biodefense and biosecurity activities. Specific areas of expansion include the examination of ways to strengthen biosafety practices and the oversight of biocontainment laboratories; development and implementation of policies to mitigate risks posed by the misuse of technologies related to the synthesis of nucleic acids; development of policies and program efforts related to help safeguard classified life sciences research; and support for continuing and new USG efforts to strengthen pathogen security.

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 6: Mitigate the adverse public health effects of a terrorist attack.								
2.4.7	Provide medical, scientific, and public health subject matter expertise	N/A	N/A	N/A	N/A	Conduct two annual meetings of the National Biodefense Science Board. Participate on working groups. Identify and engage with subject matter experts. Draft policy options papers and reports.	National Biodefense Science Board held public face-to-face meetings in December 2007, June 2008, and September 2008 and two public teleconferences; one in March and one in August 2008. Four Working Groups were established in December; and an additional Working Group and one Subcommittee was established in June 2008. Recommendations were submitted to the Secretary following approval by the Board, in March, August, and September 2008.	National Biodefense Science Board will hold a public meeting in November 2008 and June 2009. At least three additional public meetings and 12 administrative meetings are planned. The 6 Working Groups will hold over 70 Working Group Meetings, and 12 Subcommittee Meetings.

Performance Narrative:

The FY 2008 target to provide medical, scientific, and public health subject matter expertise was met. The inaugural meeting of the National Biodefense Science Board (NBSB) occurred on December 17-18, 2007 in Washington, DC. The NBSB, established as part of PAHPA, is comprised of 13 individuals selected from among the Nation's preeminent scientific, public

health, and medical experts. The NBSB will continue to provide independent advice and guidance on scientific, technical and other matters regarding naturally occurring, accidental, or deliberate incidents involving CBRN agents. In addition to the 13 voting members, 21 *ex officio* representatives from across the federal government were appointed to the NBSB. At the close of the meeting, the Board voted to establish four working groups. The working groups will examine the current state of pandemic influenza research efforts; conduct an overview of the U.S. government's research portfolio of medical countermeasure and biosurveillance efforts; consider efforts to address and strengthen the medical countermeasure marketplace; and explore the development of an integrated disaster medicine framework. The Board held several additional meetings during the year and approved recommendations and submitted them to the Secretary in March, August, and September 2008. The Board formed a Personal Preparedness Working Group and the Disaster Mental Health Subcommittee, in June 2008.

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 7: Improve DHHS response assets to support municipalities and States.								
2.4.8	Improve strategic communications effectiveness.	NA	NA	Continue development and distribution of emergency and crisis risk communications packages. Publish and begin distribution of reporter's field guide on terrorism and other public health emergencies. Complete Public Health Emergency Response: A Guide for Leaders and Responders publication. Update and create public health emergency-related radio public service announcements. Continue outreach efforts to inform news media and public health community of all the above initiatives. Create new programming.	Implementing the EPIC recommendations. Planning and developing emergency crisis risk communications. Expanding collaboration on crisis and emergency risk communications to include not only federal partners via the Incident Communications Public Affairs Coordination Committee, the National Public Health Information Coalition of state and local public health communicators, North American partners Canada and Mexico, and entire international health community via the WHO.	Increase communication with ASPR employees. Improve awareness of ASPR within HHS and with external stakeholders. Increase participation and presentation at key conferences. Increase and strengthen emergency and crisis risk communications network within the international and national public health community. Continue outreach efforts to other key stakeholders of informational products, exercises and training opportunities. Expand short form programming to priority projects that reach larger audiences.	Communications team established. Developing draft strategic communications plan for ASPR. Expanding short form programming to priority projects that reach larger audiences. Conducting the first of a series of ASPR webcasts.	Improve communication and support for external stakeholder around public health emergencies. Improve communication with international entities including increasing involvement in SPP and GHSAG communication activities.

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
Long Term Objective 8: Improve DHHS response assets to support municipalities and States.								

#	Key Outcomes	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2008 Actual	FY 2009 Target
2.4.9	Establish and improve awareness of the ASPR strategy for preparedness and response	NA	NA	NA	NA	Ensure ASPR initiatives are aligned with ASPR strategy. Develop ASPR annual plan that supports the ASPR Strategic Plan. Finalize Balanced Scorecard for full implementation of ASPR Strategic Management System. Complete development of framework for the National Health Security Strategy.	Framework for National Health Security Strategy being developed. Est. and chaired the interagency Public Health and Medical Task Force. Developed the "Public Health and Medical Preparedness Implementation Plan. Executed activities to align the organization to ASPRs 5-year Strategic Plan for Preparedness and Response including: populating 17 of ASPR's 22 strategic objectives with quantifiable or milestone driven performance indicators; piloting an ASPR Program Performance Review Board; initiating a beta ASPR web-based tool for the collection, analysis, reporting of strategic performance data	Complete the draft of the National Health Security Strategy. Work with partners and stakeholders on draft outreach materials.

Performance Narrative:

Planning and development of emergency crisis risk communications as necessary as part of the response to a pandemic influenza outbreak is well underway. Ongoing collaboration on crisis and emergency risk communications related to public health emergencies, including a pandemic influenza outbreak or terrorism, has expanded to include not only federal partners via the Incident Communications Public Affairs Coordination Committee but also the National Public Health Information Coalition of state and local public health communicators, our North American partners Canada and Mexico, and the entire international health community via the World Health Organization. The development and publication of the National Health Security Strategy is required by PAHPA to be published in 2009 and is a significant undertaking.

Agency Support for HHS Strategic Plan

	ASPR Long-Term Goals			
	Enhance State and Local Preparedness.	Improve DHHS response assets to support municipalities and states.	Define requirements for and deliver safe and effective medical countermeasures to identified threats (biological, chemical, radiation and nuclear) to the SNS through coordination of interagency activities, interfacing with industry and acquisition management.	Mitigate the adverse public health effects of a terrorist attack.
HHS Strategic Goals and Objectives				
1: Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.				
1.1 Broaden health insurance and long-term care coverage.				
1.2 Increase health care service availability and accessibility.				
1.3 Improve health care quality, safety and cost/value.				
1.4 Recruit, develop, and retain a competent health care workforce.				
2: Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats				
2.1 Prevent the spread of infectious diseases.				
2.2 Protect the public against injuries and environmental threats.				
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.				
2.4 Prepare for and respond to natural and man-made disasters.	**X**	**X**	**X**	**X**
3: Human Services Promote the economic and social well-being of individuals, families and communities.				
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.				
3.2 Protect the safety and foster the well being of children and youth.				
3.3 Encourage the development of strong, healthy and supportive communities.				
3.4 Address the needs, strengths and abilities of vulnerable populations.				
Strategic Goal 4: Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.				

4.1 Strengthen the pool of qualified health and behavioral science researchers.				
4.2 Increase basic scientific knowledge to improve human health and human development.				
4.3 Conduct and oversee applied research to improve health and well-being.				
4.4 Communicate and transfer research results into clinical, public health and human service practice.				

Data Source and Validation

Measure Unique Identifier	Data Source	Data Validation
2.4.1	Katrina Lessons Learned reports on Mission Fulfillment and Incident Command, HHS Concept of Operations Plan for Public Health and Medical Emergencies (CONOPS), Incident Response Coordination Team (IRCT) System Description, the Secretary's Operations Center logs of response operations, TOPOFF III after action reports and other exercise evaluations. "Federal Medical Contingency Station-Type III-Basic Prototype Evaluation" (Report CD305T3) dated May, 2005; After Action Report (AAR) on the FMS deployment during 2005 hurricane season dated April 2006. Draft playbooks for pandemic influenza, improvised nuclear devices, and hurricanes. Website for the Radiological Event Medical Management (REMM). Draft RFI "Portal for Verification of Healthcare Professionals Qualifications."	Policies, plans and evaluations are reviewed and cleared by ASPR and HHS senior leadership, and interagency partners, including DHS. After action reports, statements of standard operation procedures, and deployment plans are reviewed by a variety of inter and intra-agency workgroups including the Homeland Security Council Deputies Committee.
2.4.2	Reports from states and health care facilities; after action reports and corrective action plans; Memoranda of Understanding among coalition partner; minutes of meetings. Sector Specific Plan (SSP) for the Healthcare and Public Health Sector: An element of the National Infrastructure Protection Plan (NIPP).	Observation of exercises and drills; data reported to the SOC. The SSP initial draft was cleared through the Executive Secretary's process and all commentary from the department was included and was reviewed by private sector partners. Changes were made after the 2005 changes to the NIPP. The final NIPP was published in early 2006 and final revisions were be made to the SSP to ensure full compliance with the NIPP. The SSP was forwarded to DHS within 180 days and the tasks associated with the SSP are being scheduled in partnership with the private and government sector partners.
2.4.3	Data are based on the applications submitted.	Data are self-reported
2.4.4	HHS Public Health Emergency Medical Countermeasure Enterprise (PHEMCE) Strategy and PHEMCE Implementation Plan for CBRN Threats published in March and April 2007, respectively (http://www.hhs.gov/aspr/ophemc/enterprise /strategy/strategy.html)	Contracts awarded and draft Request for Proposal for industry comment are negotiated and issued, respectively, in accordance with Federal Acquisition Regulations (FAR) and the HHS Acquisition Regulations (HHSAR). Interagency Agreements are developed with federal laboratories to address specific advanced research questions.
2.4.5	http://www.hhs.gov/aspr/ophemc/bioshield/ procurement_activities/PBSPrcrtPrjct/index.html; Program files maintained by the Project Officer and Contract Officer assigned to each BioShield acquisition program.	Contracts awarded and draft Request for Proposal for industry comment are negotiated and issued, respectively, in accordance with Federal Acquisition Regulations (FAR) and the HHS Acquisition Regulations (HHSAR).
2.4.6	Interagency Agreements and their action plans describe the roles and responsibilities of the parties, the period of the agreement, process for modification and the activities to be supported under the agreement.	Each agreement specifies the interval for reporting progress. Validation of progress in reaching performance goals and the rate of spending is accomplished through the review of written reports and verbal communication with

		the servicing partner.
2.4.7	Information related to the National Biodefense Science Board will be posted on the Board's website, http://www.hhs.gov/aspr/omsph/nbsb/.	Recommendations and findings of the National Biodefense Science Board will be posted on the Board's website, http://www.hhs.gov/aspr/omsph/nbsb/.
2.4.8	"Terrorism and Other Public Health Emergencies - A Reference Guide for Media", public health communications strategies and messages for terrorism and other public health emergency scenarios, after action reports on risk communication exercises.	Interagency review by appropriate subject matter experts, field testing of strategies and messages during developing incidents and major exercises.
2.4.9	ASPR Strategic Plan, ASPR Annual Plan, Homeland Security Presidential Directives, Executive Orders, Pandemic and All-Hazards Preparedness Act, National Health Security Strategy	Intra-Departmental and Interagency review of the National Health Security Strategy, Stakeholder forums and subject matter expert input.

Discontinued Performance Measures

Long Term Goal: Enhance State and Local Preparedness			
Measure	**FY**	**Target**	**Result**
Implementation of health professional bioterrorism preparedness training for health professionals in practice.	*2007*	225,000 health professionals trained	Progress has been made towards this target. (Summary of Performance Targets and Results Table.)
Data Source: Data was extracted from grantee reports.			
Data Validation: Data are reviewed by project officers in final acceptance.			
Cross Reference: HHS Top 20 Goal #17 – "Enhance Emergency Response and Renew the Commissioned Corps." Also, HHS Strategic Plan Goal #2: **Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness:** Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental, and terrorist threats.			

Performance Narrative:

Nineteen awardees have reported that 225,000 healthcare providers will be trained in FY 2007 to adequately respond to a terrorist event or other public health emergency. The content of the training included an all-hazards approach, utilizing each state's Hazard Vulnerability Assessments (HVA) as a means to prioritize the courses presented and the content addressing the appropriate Target Capabilities from the Uniformed Task List (UTL). The quality of the training was measured by pre and post examinations with an emphasis on observed demonstration from among 11 nationally vetted clinical competencies. An attempt was made to extrapolate whether a learner was "prepared" based on observing a percentage of targeted discipline-specific learners who also participated in a NIMS compliant tabletop, simulation or live drill/exercise. (Note that the number of providers trained in FY 2003, FY 2004, and FY 2005 exceeded targets by over 200%.)

Long Term Goal: Enhance State and Local Preparedness			
Measure	**FY**	**Target**	**Result**
Percent of awardees that have developed plans to address surge capacity.	*2008*	100%	Target has been met. (Summary of Performance Targets and Results Table)
	2007	100%	Target has been met. (Summary of Performance Targets and Results Table)
Data Source: Awardees' FY 2004 end-of-the-year progress reports and FY 2005 mid-year progress reports.			
Data Validation: Data are self-reported by the awardees through annual or semi-annual reports.			
Cross Reference: HHS Top 20 Goal #17 – "Enhance Emergency Response and Renew the Commissioned Corps." Also, HHS Strategic Plan Goal #2: **Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness:** Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental, and terrorist threats.			

Performance Narrative:

This performance goal has been met consistently since FY 2005. This performance goal is intended to enhance hospital preparedness for biological, chemical, radiological, and explosive incidents, public health emergencies and other potential mass casualty incidents. One of the key aspects of facility preparedness is the development of surge capacity plans, which are designed to address incidents involving at least 500 casualties per million. A Program Assessment Rating Tool (PART) review of the program was conducted during FY 2003 and released with the FY 2005 President's Budget. The program received a rating of "Results Not Demonstrated." The assessment indicated that the program had not yet demonstrated results due to its relative newness and the inherent difficulty in measuring preparedness for events that do not regularly occur. Performance measures focusing on the implementation of various aspects of awardees plans to address surge capacity were initially developed during the FY 2005 PART review, but they no longer reflect the evolution of the program and the elements identified in the National Preparedness Goal that involve increasing medical surge capacity. The program is currently in the process of developing new evidence-based measures that reflect the requirements of PAHPA, which will provide a more accurate picture of the direction and focus of current and future proposed preparedness efforts.