



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

**Office of the Assistant Secretary for
Preparedness and Response**

FY 2012 Online Performance Appendix

INTRODUCTION

The FY 2012 Online Performance Appendix is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2012 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Summary of Performance and Financial Information (SPFI). These documents are available at <http://www.hhs.gov/budget/>.

The FY 2012 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2010 Annual Performance Report and FY 2012 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS SPFI summarizes key past and planned performance and financial information.



Today, our Nation faces a growing number of threats to our way of life. It is critical that we have the capability to be resilient as a nation after disaster strikes. We must be able to respond to all disasters with the proper resources to limit casualties and disruptions to communities. One of the primary responsibilities of the Office of the Assistance Secretary for Preparedness and Response (ASPR) is to ensure we have safe and effective medical countermeasures available for response efforts. The Medical Countermeasures (MCM) enterprise encompasses the development, manufacturing, production, stockpiling, and distribution of products deemed critical to protecting or treating our population against a variety of naturally occurring or intentionally delivered chemical, biological, radiological, and nuclear (CBRN) threats. The MCM enterprise has demonstrated unprecedented successes including development of the first human vaccine for avian flu. Countermeasures for anthrax (vaccines and therapeutics) and other bacterial threats (therapeutics), chemical threats, radiation exposure, and botulism have been delivered to the Strategic National Stockpile, and research and development efforts are underway for a smallpox vaccine and additional countermeasures to diversify the SNS. The MCM enterprise also supports response efforts.

While the MCM enterprise has been successful in moving the Nation forward in preparedness efforts, there is still much work to be done. In August 2010, ASPR released the *Public Health Emergency Medical Countermeasures Enterprise Review: Transforming the Enterprise to meet Long-Range National Needs* (MCM Review). Secretary Sebelius had requested a review HHS's MCM enterprise with the goal of ensuring the nation has a forward-looking, 21st-century MCM enterprise system upon which it can rely during an emergency or other major public health event. The MCM Review examined the steps involved in the research, development, and FDA approval of medications, vaccines, and medical equipment and supplies for a health emergency.

The MCM enterprise is one component of a broader response strategy to mitigate the effects of a CBRN and pandemic disease events. To be resilient in the face of these disasters, we need a fully integrated and coordinated strategy to address how services will work together, from various sectors of our healthcare system, to respond and save lives. We need a healthcare system that is nimble and versatile and can address patients' needs when and where necessary. After we work to procure valuable medical countermeasures to treat CBRN effects, we need adaptable distribution plans in place to deliver countermeasures to every American quickly. A larger framing of all public health infrastructure needs for national health security is described in the National Health Security Strategy (NHSS). The purpose of the NHSS is to guide the Nation's efforts to minimize the risks associated with a wide range of potential large-scale incidents that put the health and well-being of the U.S. population at risk, whether at home, in the workplace, or in any other setting. National health security is achieved when the Nation and its people are prepared for, protected from, and are able to respond effectively to and recover from public health emergencies. While major investments in the preparedness and response components are bearing fruit, we also recognize that recovery is an integral part of the full-spectrum capability.

The FY 2012 budget request includes \$1.3 billion for ASPR, an increase of +\$411 million over FY 2010. The request continues investments in advanced development of medical countermeasures against CBRN threats, as called for in the MCM Review. Funding is also

requested for investments in federal, state, and local preparedness; strategic planning; and operational coordination.

The ASPR FY 2012 Online Performance Appendix updated FY 2010 performance details and FY 2011 and FY 2012 performance planning information for each of ASPR's performance measures. Targets for FY 2011 reflect a full-year Continuing Resolution rate of funding at the program, project or activity level and do not reflect policy decisions about spend plans if a full-year Continuing Resolution is passed. The selected measures support the organization's overall goals of:

- Ensuring that the public health and responder community is fully capable
- Developing and procuring medical countermeasures
- Building community resilience
- Ensuring the healthcare infrastructure is able to meet anticipated and unanticipated needs
- Recognizing our interdependence and solidarity with the rest of the world

The Performance Appendix is a supplement to the FY 2012 Performance Budget to the Office of Management and Budget. It includes all performance measures for the ASPR, including measures discussed in the FY 2012 Performance Budget to the Office of Management and Budget.

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SUMMARY OF TARGETS AND RESULTS

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2007	8	8	100%	7	88%
2008	10	10	100%	10	100%
2009	9	9	100%	8	89%
2010	9	7	78%	4	44%
2011	9	1	NA	NA	NA
2012	9	NA	NA	NA	N/A

PERFORMANCE DETAIL

PROGRAM: PREPAREDNESS AND EMERGENCY OPERATIONS

Agency Long-Term Objective: Improve DHHS response assets to support municipalities and States.

Measure 2.4.1: Improve ESF #8 preparedness planning and response capability. (Outcome)

FY	Target	Result
2012	Development of regional/state/local playbooks through gap analyses and regional exercises. Field exercises for Incident Response Coordination Team (IRCT) in collaboration with other ESF #8 response assets. Corrective action plans developed based on exercises and real world events. Fully developed MedMap that serves as platform that provides a common operating picture across state and federal response operations. Readiness workforce training standards for personnel involved in preparedness and response operations. Readiness standards fully developed for all teams deployed for ESF #8 response efforts. Refinement of an information management process that uses automated business intelligence and other technological solutions to aid decision makers and to feed the Fusion process. Fully developed situational awareness tools and systems in support of MedMap and other technologies utilized by the Emergency Management Group. Full fielding of the Disaster Medical Information Suite (DMIS) electronic medical record, patient tracking system and Health Information Repository (HIR).	N/A
2011	All equipment caches capable of sustaining deployed medical personnel for 48 hours and full fielding of the DMIS electronic medical record, patient tracking system and HIR. Build a capabilities based assessment, developing preparedness plans to include interagency concepts of operations, resource typing and team deployment logistical/ travel/ equipment support.	Sep 30, 2011
2010	Complete cache regionalization to improve response and team deployment. Be able to fully deploy teams with the appropriate support cache within 24 hours of activation within the continental US. Exercise participation will include partners to affect optimum response.	ASPR has responded to the G-20 Nuclear Security Summit, the Haiti earthquake, Deepwater Horizon oil spill in the Gulf, the State of the Union address, the 2010 Olympics in Vancouver, Red River flooding, flooding in Rhode Island, the Tsunami in American Samoa, and multiple vaccination teams to assist states with 2009-H1N1 influenza vaccinations. (Target Met)
2009	Fully define public health and medical capability areas. Begin to develop interagency response framework guidelines by capability area. Enhance situational awareness within SOC. Provide materiel readiness to ASPR domestic deployable medical capability. Enhance development of regional readiness capability. Exercise ability to deploy HHS command and control, medical shelter and initial triage/ emergency capabilities. Exercise COOP far and near site functionality.	Regional Emergency Care Coordinators (REC) worked directly with state, local and Tribal agencies to enhance response capabilities expanding. REC continued integrated planning efforts to identify capability gaps for hurricane responses. IRCT advanced training provided at ESF #8 Summit. First draft of the Field Operations Guide completed. 14 playbooks completed out of 15 National Planning Scenarios. Exercises conducted annually on hurricane preparedness. Additional exercises focused on anthrax, and continuity of government,

FY	Target	Result
		and continuity of operations for the transition to the new Administration. The fusion cell is developing situational awareness tools such as MedMap. Tools and guidelines are available such as Radiation Event Medical Management that is now available in a PDA version and Chemical Event Medical Management is under development. (Target Met)
2008	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 have increased the number of teams ready to deploy from 39 to 43. (Target Met)
2007	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. (Target Met)

Measure	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 and 2008hurricane season. Playbooks for pandemic influenza, improvised nuclear devices, radiological dispersal devices, anthrax and hurricanes. Draft playbooks for earthquake, botulinum toxin, plague, improvised explosive devices, and chemical events. 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 White House Deputies Committee.

Performance Report:

Preparedness, Planning, Operations, and Logistics

OPEO leads HHS's integrated international and domestic preparedness planning, response and regional logistics support that require public health, medical, human services and recovery

support under ESF #8, and supports both ESF #6 (Mass Care, Emergency Assistance, Housing, and Human Services) and ESF #14 (Long-Term Community Recovery). During FY 2010, OPEO deployed over one million pounds of medical supplies and equipment in response to several events and incidents including, but not limited to: the G-20 Nuclear Security Summit, the Haiti earthquake, Deepwater Horizon oil spill in the Gulf, the State of the Union address, the 2010 Olympics in Vancouver, Red River Flooding, Flooding in Rhode Island, Montana and Kentucky, the Tsunami in American Samoa, the Caribbean Games in Puerto Rico, and multiple vaccination team missions to assist states and territories with the 2009 H1N1 influenza response.

OPEO is continuing to enhance its regional response capability by consolidating and restructuring HHS's medical cache warehouses, modularizing medical supply and equipment caches for rapid deployment, and engaging OPEO's 34 Regional Emergency Coordinators in conducting integrated planning with state/local and other Federal entities (e.g., FEMA) to include detailed analyses of potential gaps in state/local capabilities that may require federal support during disaster response. The regional exercises for the New Madrid and Southern California earthquake zones are examples of this integrated planning. Exercises based on departmental and national plans have allowed HHS to make necessary revisions to expand response capabilities based on "lessons learned" and to work with state and local partners to fill gaps identified and become more resilient. For example, exercises with North Dakota regarding responses to flooding have enabled North Dakota to modify its plans and make it less dependent on federal support. In FY 2012, OPEO will continue these critical efforts. Using ongoing gap analysis studies with the states, OPEO will work to identify needs that will most likely be unmet during a public health emergency and response. Potential solutions to those gaps will then be identified by working with local, State, and Federal Partners, and the private sector.

Volunteers

OPEO is planning for the use of civilian volunteer health professionals to supplement the Federal ESF #8 response in domestic and international disasters and emergencies. Now that volunteer professional pools (i.e., pediatrics, orthopedics, trauma, burn, etc.) are well established, OPEO is developing a volunteer playbook (operational plan) for these HHS civilian volunteer health professional pools, such as Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Medical Reserve Corps (MRC), the National Disaster Medical System (NDMS) Augmentation Teams (volunteers who are specialists, such as pediatricians, who are not available in large numbers on NDMS and Office of Force Readiness and Deployment (OFRD) teams that supplement those teams during disasters when needed), and civil service employees.

Situational Awareness, Analysis, and Decision Support

OPEO has successfully responded to earthquakes (in particular, the January 2009 Haiti earthquake), 2009 H1N1 influenza, the Deepwater Horizon oil spill, food safety concerns such as salmonella and *E. coli* outbreaks, NSSEs, and other threats throughout the past year. These responses required capturing, analyzing, and interpreting data to facilitate the decisions required in our coordination among the health care delivery and public health and emergency response systems. They also provided ASPR and other HHS components the opportunity to strengthen their situational awareness; analysis and decision support capabilities, and mature their response management.

Continuity of Operations and Critical Infrastructure Protection

ASPR also has lead responsibility for ensuring that all of HHS complies with all Continuity of

Operations (COOP) and Continuity of Government (COG) requirements. This includes planning for the continuation of the Department's essential functions and leadership during emergencies, and providing direction and guidance to all HHS OPDIVs, STAFFDIVs, and regional offices concerning COOP programmatic activities. The COOP Program successfully participated in *National Level Exercise 2-10, 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. OPEO also participated in and evaluated several other tabletop, functional, and full-scale exercises. OPEO developed an internal COOP website to provide COOP awareness, access to COOP-related guidance and directives, and a controlled access environment for the storage and maintenance of vital records needed to execute the Department's essential functions. OPEO continues to further develop its COOP program.

OPEO serves as the lead Sector Specific Agency under HSPD-7 *Critical Infrastructure Identification, Prioritization, and Protection* for the Healthcare and Public Health (HPH) Sector. It includes not only acute hospital and ambulatory healthcare but also the vast and complex public-private systems that finance that care. It includes population-based care provided by health agencies at the local, state, and federal levels. It also includes a large system of private sector enterprises that manufacture, distribute, and sell drugs, biologics, and medical devices. This is all done within a complex environment of science, regulation, finance, and public policy.

In FY 2010, OPEO continued to support a number of efforts to significantly enhance the public-private partnership among HPH sector partners. Initiatives included the expansion of an on-line information sharing portal for public and private sector partners, and a liaison program permitting private sector partners to engage in ESF #8 operations at the federal level. During the 2009 H1N1 influenza pandemic, the CIP program identified threats related to continuity of the healthcare supply chain and healthcare worker protection in coordination with private sector and State, Local, Tribal and Territorial (SLTT) partners, and participated in exercises such as National Level Exercise (NLE)'10 to prepare for future responses. In addition to the two existing governing bodies and workgroups, the CIP program expanded the number of collaborative workgroups involving public and private sector partners to address issues such as information sharing, risk assessment, and cybersecurity. The on-line portal system currently enrolls more than one thousand SLTT and private sector partners in a secure forum to share information related to healthcare and public health preparedness, mitigation and response. OPEO will continue to expand enrollment through engagement with sector partners.

PROGRAM: HOSPITAL PREPAREDNESS PROGRAM

Agency Long-Term Objective: Enhance State and Local Preparedness

Measure 2.4.2.A: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of States demonstrating ability to report hospital bed data: % of States demonstrating ability to report hospital bed data. (Outcome)

FY	Target	Result
2012	Discontinued	N/A
2011	100%	Dec 31, 2012
2010	90%	Dec 31, 2011
2009	80%	100% (Target Exceeded)
2008	60%	100% (Target Exceeded)
2007	50%	98% (Target Exceeded)

While surge bed capacity is still relevant to the mission, this measure has reached 100% and significantly exceeded its target. Therefore, this measure is being retired for a more rigorous measure to consider how the information is transmitted (e.g. electronically).

Measure 2.4.2.B: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of States demonstrating use of Interoperable Communications Systems: % of States demonstrating use of Interoperable Communications Systems. (Outcome)

FY	Target	Result
2012	100%	Dec 31, 2013
2011	100%	Dec 31, 2012
2010	98%	Dec 31, 2011
2009	95%	100% (Target Exceeded)
2008	60%	89% (Target Exceeded)
2007	50%	91% (Target Exceeded)

This measure has reached 100%; however, due to the importance of communication capability to healthcare preparedness, the goal is to maintain this measure at this level.

Measure 2.4.2.C: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of States demonstrating development of Fatality Management Plans: % of States demonstrating development of Fatality Management Plans. (Outcome)

FY	Target	Result
2012	Discontinued	N/A
2011	100%	Dec 31, 2012

FY	Target	Result
2010	85%	Dec 31, 2011
2009	70%	96% (Target Exceeded)
2008	60%	58% (Target Not Met)
2007	50%	64% (Target Exceeded)

While ASPR has exceeded or come close to reaching the target for this measure, due to the complexity of the measure it may be difficult to control the outcomes in FY 2012. For instance, much of fatality management is performed by the State Examiner, coroners, and other mortuary services that are out of the direct domain of State public health departments or hospitals, and hence HPP funding. It will be retired among GPRA measurement.

Measure 2.4.2.D: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of States demonstrating development of Hospital Evacuation Plans: % of States demonstrating development of Hospital Evacuation Plans. (Outcome)

FY	Target	Result
2012	Discontinued	N/A
2011	100%	Dec 31, 2012
2010	90%	Dec 31, 2011
2009	85%	96% (Target Exceeded)
2008	60%	82% (Target Exceeded)
2007	50%	79% (Target Exceeded)

The area covered by this measure was determined to be less essential. It will be retired among GPRA measurement.

Measure 2.4.2.E: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of States demonstrating development of fully operational and compliant ESAR-VHP programs: % of States demonstrating development of fully operational and compliant ESAR-VHP programs. (Outcome)

FY	Target	Result
2012	Discontinued	N/A
2011	100%	Dec 31, 2011
2010	100%	98% (Target Not Met)
2009	85%	98% (Target Exceeded)
2008	70%	88% (Target Exceeded)
2007	50%	60% (Target Exceeded)

As this measure approaches 100%, it becomes less relevant and will be retired for a new ESAR-VHP measure.

Measure 2.4.2.F: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of States with the ability to electronically report healthcare organization (HCO) bed data: % of States with the ability to electronically report HCO bed data. (Outcome)

FY	Target	Result
2012	40%	Dec 31, 2013

This measure outlines the proportion of States that are able to report HavBED data to the SOC regardless of the how the information is transferred. The precise question asked “Awardees that demonstrated the ability to report hospital beds data according to HAvBED definitions within 4 hours of request”. However, there is an increased interest in HavBED data to be reported electronically. Therefore the measure it proposed to have a baseline of approximately 40% from 2011 data and expected to climb in increments of 10% over the next 5 years.

Measure 2.4.2 G: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of states with heightened healthcare organization (HCO) engagement in statewide/regional exercises: % of States with heightened HCO engagement in statewide/regional exercises. (Outcome)

FY	Target	Result
2012	20%	Dec 31, 2013

Exercises have been noted to be one of the best indicators for success in healthcare preparedness. There have been few changes in the measurement of exercises over the past few years. The major emphasis had shifted from counting overall exercises despite the breadth or depth of the exercise to focusing on more comprehensive exercises that was more expansive in nature and garnered statewide and regional participation and adhered more closely to HSEEP principles. Further, it was important to encourage participation among major cities (i.e. CRI cities) and the FOA requested that all awardees have engagement among the CRI cities, with an addition of non-CRI city participation matching that of CRI cities. Therefore if a state had 3 CRI cities, they were expected to complete a minimum of six statewide/regional exercises (3*2=6) by the end of the funding cycle. Given the more robust nature of the measure, a baseline of 20% has been established. It is anticipated that each year will reflect a 20% increase, so that over the next 5 years there will be a maximal outcome. While the CRI cities requirement is being reconsidered, at minimum the assessment of this measure will strive to increase the participation of more expansive and rigorous exercises.

Measure 2.4.2.H: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of states with established operational healthcare coalitions: % of States with established operational healthcare coalitions. (Outcome)

FY	Target	Result
2012	30%	Dec 31, 2013

There is a growing interest in partnerships and their role in healthcare preparedness. Further, increasing evidence supports that for healthcare preparedness to truly advance, established partnerships need to be developed and utilized. While the FOA has traditionally included partnerships as an area to report on, ASPR is currently in the process of better defining partnerships and its components to maximize effectiveness. During this development, ASPR will operationalize partnerships and hold Awardees to these outlined standards. Given this is a

developmental measure we have taken a conservative approach with a baseline at 30%. Since an operational partnership is multifaceted, ASPR anticipates an increase of approximately 10% each year over the next 5 years.

Measure 2.4.2.I: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of states with established operational ESAR-VHP programs: % increase in the total number of registered volunteers. (Outcome)

FY	Target	Result
2012	5% increase over baseline	Dec 31, 2013
2011	Set Baseline	N/A

This capability is important to healthcare systems preparedness and community resilience. This measure outlines the growth rate of the volunteer pool across the states. The ASPR ESAR-VHP program launched a national website to recruit health professionals and direct potential volunteers to the state ESAR-VHP programs for registration. Additionally, technical assistance has been provided to support state volunteer recruitment and retention efforts. Health professionals continue to register with the state ESAR-VHP programs to help improve surge capacity and community resiliency. A baseline of 5% has been established. It is anticipated each year will reflect a 5% growth rate.

Measure 2.4.3: Increase the ratio of preparedness exercises and drills per total program (Coop. Agreement) dollar by 50% each year. (Approved by OMB) (Outcome).

FY	Target	Result
2012	Discontinued	N/A
2011	51.1 per 1 million dollars	Apr 30, 2013
2010	34 per 1 million dollars	Apr 30, 2012
2009	22.69 per million dollars	46.9 per million dollars (Target Exceeded)
2008	15.13 per million dollars	25.8 per million dollars (Target Exceeded)
2007	10.08 per million dollars	7.1 per million dollars (Target Not Met)

This measure was based on a prescribed ratio. However, due to the changes in the emphasis in exercises in expanding their scope to a state and regional focus, along with the emphasis on adherence to HSEEP standards the ratio became less applicable. Therefore the decision was made to retire this measurement.

There is a significant spike in results from FY 2007 to FY 2008. In 2007, awardees were only asked to list the level of most recent exercise (i.e. table top, full scales, drills or functional). In contrast, FY 2008 awardees were asked to report the number of table top, full scale, drills, and functional exercises conducted during the budget period. Additionally, in FY 2007 a single question was extrapolated to be used as proxy for the GPRA measures related to exercise and in FY 2008, there were four measures (table, drills, functional & full scale) were added to be used as proxy for the actual exercises and drills.

Measure	Data Source	Data Validation
2.4.2.A 2.4.2.B	Reports from states and health care facilities; after action reports and corrective action plans; Memoranda of	Observation of exercises and drills; data reported to the SOC. The SSP initial draft was cleared through the

Measure	Data Source	Data Validation
2.4.2.C 2.4.2.D 2.4.2.E	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). Reports from HPP Awardees. Primary reliance on data from the End of Year Reports.	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 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.
2.4.2.F	Reports from HPP Awardees. Primary reliance on data from the End of Year Reports.	Data cleaning and cross-checks are performed by PES and HPP Project Officers.
2.4.2.G 2.4.2.H	Reports from HPP Awardees. Primary reliance on data from the End of Year Reports.	Data cleaning and cross-checks are performed by PES and HPP Project Officers.
2.4.2.I	Reports from HPP Awardees. Primary reliance on data from the End of Year Reports. Reports from HPP Awardees. Reports from ESAR-VHP Programs.	Data cleaning and cross-checks are performed by PES, ESAR-VHP Project Officers, and HPP Project Officers.
2.4.3	Data are based on the applications submitted.	Data are self-reported

Performance Report:

The HPP is an integral part of the OPEO response mission through grant-funded activities, developed using HPP relationships with awardees and sub-recipients at the state, local, and healthcare system level, which are integrated into day-to-day hospital mission space and enable medical surge capacity and capability during a response. In addition, the technical assistance and real-time situational awareness available to OPEO, from the HPP headquarters and field staff, enhance overall hospital, healthcare organizations (HCO), and healthcare system preparedness and subsequent response to medical and public health emergencies, through its ability to leverage and connect to all ASPR programs and assets, including the National Disaster Medical System (NDMS), Critical Infrastructure Preparedness (CIP), Emergency Care Coordination Center (ECCC), the Regional Emergency Coordinator (REC) program, and the Regional Health Administrators (RHA), which maximizes ASPR's lead ESF #8 response and coordination responsibilities.

A program evaluation section was established in 2006 in order to evaluate the HPP program and overall healthcare systems preparedness. PES contributes to the development of program measures, improvements in the quality of data available for analysis, and study designs necessary to critically evaluate national programs and their implementation at state and local levels and in communities. As the nation has recognized that prepared hospitals cannot exist in a vacuum but are an integral part of a prepared community, PES is working with state, local, and private sector partners to measure whether healthcare systems in communities are prepared.

OPEO continues to focus on greater outcomes and efficiencies in the HPP program. In addition to coordinating all of ASPR preparedness and response programs, OPEO has led a number of efforts to improve coordination of HPP, CDC Public Health Emergency Preparedness (PHEP), and Federal Emergency Management Agency (FEMA) grants with the ultimate goal of developing a seamless interface with State and local partners. Senior ASPR HPP staff coordinate with CDC PHEP staff to develop shared strategic planning for future grant

opportunities. Specifically, priority capabilities for funding are being created and vetted, along with multiple levels of supplemental materials, in order to guide awardees in state/local planning for future use of HPP grants, including seamless connections to the public health priorities funded through the CDC PHEP grant opportunity. This direct connection has led to success, including the joint approval of a crosscutting document released in the FY 2010 HPP Grant Guidance to help states develop more comprehensive strategic planning as well as streamlining their grants application processes.

In addition, a grant steering committee spearheaded by ASPR is working to align and coordinate federal preparedness grant programs together in a way not seen prior to PAHPA. These efforts will, for example, enable awardees to better execute statewide and regional exercises meeting the requirements of both programs, while following overarching criteria developed by the Department of Homeland Security, Homeland Security Exercise and Evaluation Program (HSEEP). Also, ASPR is leading an effort to coordinate the performance measures of the grant programs, and the National Health Security Strategy Biennial Implementation Plan metrics.

The HPP Grant Program developed new evidenced-based performance measures for grantees in FY 2008 that reflect the requirements of PAHPA, and continues to refine those measures for FY 2010 and beyond to provide a more accurate picture of the direction and focus of healthcare system preparedness efforts. During 2008 and 2009 OPEO undertook an internal program review. Staff clarified measures, analyzed data, and developed reports of states' accomplishments. The internal review demonstrated that significant progress has been made. Measures of healthcare system preparedness were more clearly defined and the procedures for collecting and analyzing data that have been standardized will continue to evolve. Independent reports from the Government Accountability Office and the Center for Biosecurity at the University of Pittsburgh, indicate that the Nation's health care system is more prepared to respond to disasters because of the funding that has been provided through this cooperative agreement program.

One of the FY 2009 performance targets was that 80 percent of states be able to demonstrate the ability to report hospital bed data using the Hospital Available Beds in Emergencies and Disasters (HAvBED) System in at least one drill, exercise, or real life event. Progress on this target was validated in March 2009 during a test of the HAvBED system when 74 percent of states were able to report their available beds without difficulty. Additional validation came in response to 2009 H1N1 influenza, where 49 of 50 states consistently reported bed status to the HHS Secretary's Operation Center. Another FY 2009 performance target was that 95 percent of states be able to demonstrate through reporting or exercises the use of interoperable communications systems with multiple communications technologies that would ensure connectivity and operability in a public health emergency; 100% of states achieved this goal.

In addition, HPP funding has played a critical role in building state and local capacity to respond to events and incidents without the need for federal response assets. For example:

- Fort Hood Incident

In central Texas, HPP-funded preparedness efforts enhanced the regional hospitals' response during the November 2009 Fort Hood shooting incident. Specifically, HPP partnership and coalition funds used for ongoing hospital planning meetings helped to ensure continued coordination between and among hospitals and Emergency Medical Systems (EMS). As a part of the planning associated with participation in HPP hospital

officials developed a regional Hospital Disaster Plan that was signed off on by all Chief Executive Officers involved. Soon after word of the shootings arrived, Darnell Hospital on Fort Hood called the Regional Advisory Council (RAC) and HPP regional contractor and requested that this plan be activated. Three HPP-funded tools – EMResource, EMTrack, and WebEOC-facilitated hospital communication and patient tracking. In an attempt to continuously learn from live events, the Texas Department of State Health Services (DSHS) has authorized the use of HPP funds to support a planned after-action review meeting.

- Minnesota Bridge Collapse
Using the Minnesota System for Tracking Resources, Alerts, and Communication (MNTrac), Minnesota can rapidly send critical information to hospitals and first responders during a disaster. As part of the response to the bridge collapse in Minneapolis-St. Paul, MNTrac alerts were sent via multiple methods, including text messages to mobile devices.
- Tennessee Flooding
The Middle Tennessee Flood response of May 2010 relied upon resources, services, plans, and systems developed and sustained with HPP grants. The Tennessee State Emergency Operations Center opened during the event to aid in response efforts. These efforts included activation of the ESF #8, to support the medical needs of the public. Several hospitals were forced to implement their medical evacuation plans. Several nursing homes evacuated their patients, many of whom went to local hospitals. The HAvBED system made these evacuation and relocation efforts possible by providing available bed counts on request. Communication, sharing and partnership also played a key role in successful response efforts. The Regional Medical Communication Centers funded by ASPR grants were actively involved in the flood response and enhanced interoperable communications systems allowed hospitals to use their Base Station Radios, and one hospital used its grant-funded HAM radio as its sole source of communication.

In FY 2008, the HPP programmatically institutionalized the HSEEP methodology used across government, and implemented an execution strategy for HPP awardees and sub-recipient healthcare systems and other HCOs to maximize participation in coordinated multi-disciplinary exercises in accordance with the DHS initiative. HSEEP is a capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning. The HSEEP constitutes a national standard for all exercises. Through exercises, the National Exercise Program (NEP) supports organizations to achieve objective assessments of their capabilities, so that strengths and areas for improvement are identified, corrected, and shared prior to a real incident. The HPP goal is to ensure state and territory departments of public health awardees and sub-recipient healthcare systems engage appropriately in planning and conducting exercises. HSEEP implementation has resulted in a program shift, starting in FY 2008, from increasing and measuring the number of hospital-based drills and exercises, to ensuring fewer, but more comprehensive, multidisciplinary regional and statewide exercises with hospital, HCO and healthcare coalition participation, and exercising of the over-arching and Level 1-capabilities outlined in the HPP guidance.

PROGRAM: MEDICAL COUNTERMEASURE DISPENSING

Agency Long-Term Objective: Enhance State and Local Preparedness

Measure 2.4.10: Expansion of the Cities Readiness Initiative USPS Strike Teams in up to 15 cities. (Outcome)

FY	Target	Result
2012	2 cities	N/A
2011	5 total cities	N/A
2010	4 cities	One city is operational (Minneapolis-St. Paul, MN) while one city is still in planning (Louisville). Activity is continuing.

Measure	Data Source	Data Validation
2.4.10	Analysis of State and local preparedness plans and plan with specific emphasis on the medical countermeasure dispensing component.	Interagency review by appropriate subject matter experts, field testing of strategies and messages during developing incidents and major exercises.

Performance Report:

ASPR has entered into a Memorandum of Understanding that established a Joint Program Enterprise (JPE) to coordinate the collaboration with local municipalities who have made the decision to integrate the Postal capability into their Strategic Security Plans (SSP). The JPE has worked closely with Minneapolis-St. Paul to further develop and test the operational capability in this municipality. There are currently 378 US postal workers who could be called upon to deliver antibiotics to 20 zip codes in Minneapolis-St. Paul should that city experience an anthrax attack. To assure the readiness of the postal workers to respond, they have been screened and “fit tested” for personal protect equipment, they and their family members have been given “Medkits” of antibiotics to keep at work and in their homes to assure their safety should they be asked to deliver antibiotics to the residents of Minneapolis-St. Paul. These home Medkits must be replaced every year and the postal workers and their families must be screened again by medical providers if there have been changes to their status. This “refresh” of the home Medkits is underway and will be completed by the end of January 2011. A table top exercise was conducted January 2011 and a full scale exercise is planned for Spring 2011. Conducting robust exercises ensures the postal workers will be able to perform this operational capability if needed.

The lessons learned from the implementation of the postal option in Minneapolis-St. Paul served as the basis for a national model that clearly identifies the requirements necessary for new cities who wish to implement the postal option. Planning meetings have begun with Louisville, KY which is interested in serving as a second pilot site. Additionally, through stakeholder engagement activities, a number of additional cities have expressed interest in the program including New York City, Washington DC, Chicago, Philadelphia, and Boston. Funds have been set aside to support funding a cooperative agreement for five new municipalities and one full scale exercise.

Work is being done to create a program infrastructure that will support new cities who wish to implement the postal option. These infrastructures include:

- Creating databases to roster the postal workers and track their health records;
- Establishing procedures to do screening and fit testing for personal protective equipment;
- Streamlining procedures for health screening for the workers and their families to determine whether they can take the antibiotics that are included in the home Medkits;
- Streamlining processes for prescribing, packaging and delivering the home Medkits;
- Developing a cooperative agreement for municipalities to request funds to support development and testing of their capability; and
- Creating standardized exercise templates to test the effectiveness of the program across municipalities.

Additional cities will be enrolled once the infrastructures have been fully established. Continuing and sustainment costs will dictate the number of cities that can be enrolled each year. Sustainment includes annually refreshing the home Medkits, recruiting new postal workers to replace those who drop out of the program, annual exercises to maintain operational readiness and updating operational plans based on the lessons observed during the exercises.

In FY 2012, OPEO will adjust the target to two cities participating in the program. As cities join the program, there will be sustainment costs to maintain their readiness (e.g., doing annual exercises, replacing medkits, keeping rosters up to date, etc). Given the sustainment and continuing costs, there will be limits to bringing new cities into the program because an increasing percentage of the annual amount will be required to sustain the existing cities' operational readiness. OPEO realizes there is a significant investment required of cities to join the program, and has established a cooperative agreement funding opportunity so interested cities can apply to participate in the program. Successful applicants will receive up to \$50,000 for achieving specific milestones for program development. With successful completion of the phase one program development deliverables the cities will be eligible to apply for funding to complete a full scale exercise. Also, as required in the Executive Order, ASPR is working with other federal partners to see which of them may also have medical countermeasure dispensing capabilities for rapid deployment.

**PROGRAM: BIOMEDICAL ADVANCED RESEARCH AND DEVELOPMENT
AUTHORITY**

Agency Long-Term Objective: Develop safe and effective medical countermeasures to identified chemical, biological, radiation and nuclear (CBRN) threats and emerging infectious diseases through coordination of interagency activities, support of product development and innovation with industry partners and building manufacturing infrastructure and surge capacity to enable product acquisition.

Measure 2.4.4: Support development and innovation of candidate medical countermeasures for CBRN threats to facilitate their eligibility for procurement under Project BioShield. (Outcome)

FY	Target	Result
2012	See specific targets by countermeasure area below.	N/A
2011	See specific targets by countermeasure area below.	N/A
2010	Targets, which may be addressed by contract awards in FY10 from BAA for CBRN MCM AD, include anthrax, acute radiation syndrome, and biothreats including enhanced agents such as antibiotic-resistant forms of anthrax, plague, and tularemia.	See below. (Target Met)
2009	Continue to issue special instructions under the CBRN BAA for high priority threats and for those threat areas where programs are matured enough to be considered for ARD funding. Continue to issue RFPs for ARD of specific products that have the potential to quickly transition into procurement contracts.	BARDA issued BAAs and RFPs in FY09; offerors submitted white papers (under the BAA) or full proposals (under the RFP) for BARDA consideration. Contracts awarded in 2009. See details below. (Target Met)
2008	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. (Target Met)
2007	N/A	N/A

Measure 2.4.4.A: Anthrax (vaccines, therapeutics, and MedKits). (Outcome)

FY	Target	Result
2012	Progress anthrax therapeutic programs, continue to support program to expand domestic manufacturing capacity of AVA, initiate phase I clinical study for anthrax vaccine enhancement and dose-sparing studies programs, and continue to fund rPA anthrax vaccine programs.	N/A
2011	Progress 50% of anthrax therapeutic programs to TRL 7. Advance program to develop increased manufacturing capacity of AVA to TRL 6. Advance anthrax vaccine enhancement program to TRL 5	N/A

FY	Target	Result
2010	New round of special instructions under the CBRN BAA will be issued for anthrax MCM development. Award contracts for third-generation anthrax vaccine products, anthrax therapeutics or enhancements to current products such as alternative routes of administration. In addition, continue funding for contracts awarded in FY09.	BARDA awarded multiple contracts in FY10 supporting development of third generation anthrax vaccines to prevent anthrax and therapeutic monoclonal antibody to treat anthrax. BARDA awarded 3 contracts in FY10 for advanced development of new and existing anthrax rPA vaccine candidates and 1 contract for promising broad spectrum antibiotics for treatment of anthrax, plague and tularemia. Additionally, a contract in FY10 was awarded to support expanding domestic manufacturing capacity for existing licensed anthrax vaccine production and product testing. (Target Met)
2009	Issue BAA for evaluation of antibody-based therapeutic antitoxins currently available and small-molecule antitoxin innovations (contracts planned for award in FY10). Issue BAA for CBRN MCM ARD including anthrax vaccines, antitoxins, and antibiotics. Fund development of one anthrax vaccine enhancement program. Fund manufacturing of doxycycline MedKits for anthrax and labeling comprehensions studies.	BARDA issued BAAs; offerors submitted white papers for BARDA consideration; two offerors were invited to submit full proposals, negotiations are underway. IAA executed to manufacture anthrax antibiotic MedKits and conduct labeling comprehension studies. Transitioned anthrax vaccine contract from NIAID to BARDA. Continue to fund contracts awarded in FY07 and FY08. (Target Met)
2008	N/A	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 comprehension study. (Target Met)
2007	N/A	(Target Met)

Measure 2.4.4.B: Radiation. (Outcome)

FY	Target	Result
2012	Continue to fund biodosimetry programs deemed appropriate after USG internal review. Award 1-2 new contracts for biodosimetry programs to expand pipeline of products, continue to fund programs for neutropenia, skin and lung injury associated with ARS. Award 2-3 new contracts for development of products for neutropenia, skin and lung injury associated with ARS to expand product pipeline.	N/A
2011	Advance 50% of biodosimetry programs to TRL 3. Advance Neutropenia program to TRL 6. Advance Prussian Blue program to TRL 6.	N/A
2010	Continue support of (i) ARS MCM ARD contracts awarded in FY08, (ii) for development of MCMs to address ARS-associated neutropenia, and (iii) for development of biodosimetry diagnostic devices and assays for rad/nuc exposure. Issue new special instructions under CBRN BAA, if needed, for ARS MCMs and biodosimetry devices.	BARDA awarded multiple contracts in FY10 supporting development of biomarker and biodosimetry devices to measure radiation exposure (10 contracts). BARDA awarded a single contract in FY10 for advanced development of therapeutics to treat neutropenia and continued funding on numerous awards made in previous years. Awards for cutaneous skin afflictions and pulmonary illnesses associated with acute radiation exposure

FY	Target	Result
		were delayed to FY 2011 due to lack of funding. (Target Met)
2009	Continue support of ARS MCM ARD contracts awarded in FY08. Issue RFP for development of MCMs to address ARS-associated neutropenia. Issue BAA for development of biodosimetry diagnostic devices and assays for rad/nuc exposure. Work with the CDC to determine the most cost effective path forward to maintain stockpiles of Prussian Blue. Issue special instruction under CBRN BAA for ARD to support development of a pediatric indication for Prussian Blue.	BARDA issued a BAA for development of biodosimetry diagnostic devices and assays for rad/nuc exposure. Offerors submitted proposals for BARDA consideration. RFP was issued and proposals received for ARD of MCM to combat Neutropenia associated ARS. Additional funding was added to existing contracts awarded in FY08 for advanced development of ARS MCMs. Solicitation for pediatric indication for Prussian Blue. (Target Met)
2008	N/A	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. (Target Met)
2007	N/A	N/A. (Target Not In Place)

Measure 2.4.4.C: Broad Spectrum Antimicrobials (BSA) (Outcome)

FY	Target	Result
2012	Continue funding development of BSA programs awarded in previous years. Award 1-2 new contracts for BSA to expand the development pipeline.	N/A
2011	Award multiple programs for development of broad spectrum antivirals. Advance BS antimicrobial programs to the next TRL (will vary by contract).	N/A
2010	Continue support of existing BSA ARD contracts awarded in FY09. Issue new special instructions under CBRN BAA in FY10 for development of next generation BSA drugs for treatment of infections resulting from biothreats such as anthrax, plague and tularemia with emphasis focused on enhanced resistant forms of these bacterial pathogens.	BARDA awarded a new contract and supported an existing contract (gentamicin) in FY10 for advanced development of promising broad spectrum antibiotics for treatment of anthrax, plague and tularemia. (Target Met)
2009	Issue CBRN MCM for CBRN MCM ARD including BSA, Continue pre-clinical studies of inhalational gentamicin.	BARDA issued BAA for CBRN MCM ARD that included BSA. BARDA is currently funding one ARD program in which pre-clinical studies of inhalational gentamicin are on-going. (Target Met)
2008	N/A	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

FY	Target	Result
		enhancement and broad spectrum antivirals in September of 2008. (Target Met)
2007	N/A	N/A

Measure 2.4.4.D: Innovation. (Outcome)

FY	Target	Result
2012	Continue support of original contracts started in FY10-11 with down selection of poor performers, continued funding towards promising products, and continued focus on new projects on immune modulators.	N/A
2011	Continue to support contracts awarded in FY10. Prioritized new projects on small molecule immune modulators.	N/A
2010	Award innovation grants for BAA issued in FY09. Programs have the potential to affect multiple products as platform technologies are developed, improve the manufacturing processes of products and develop new <i>in vitro</i> testing methods to determine a product's efficacy, support assay development. In addition this effort will support development of late stage diagnostics.	BARDA awarded seven new contracts for the innovation of products to facilitate measurement of host immune competency for vaccines, to evaluate the effects of several novel adjuvants on the immunogenicity of anthrax vaccines, to evaluate new platform expression systems for commercial scale antigen production, and new rapid diagnostic methods for broad spectrum antimicrobial detection and assessment of drug resistance. (Target Met)
2009	Issue BAA to solicit proposals for (i) technologies to accelerate evaluation of vaccines and therapeutics, (ii) formulation chemistry, protein stabilization, and vaccine delivery technologies as applied to products in advanced stages of development or to licensed products. (iii) methods in bioprocess development and manufacturing. and (iv) methods to enhance rapid diagnostic tests for CBRN threats.	BAA posted on FedBizOpps, and the first round of white papers (33) received by August 31, 2009. (Target Met)
2008	N/A	N/A
2007	N/A	N/A

Measure 2.4.4.E: Smallpox. (Outcome)

FY	Target	Result
2012	Continue funding development of programs awarded in previous years. Initiate phase I clinical study of smallpox vaccine enhancement program.	N/A
2011	BARDA expects to award an ARD contract to determine the efficacy of a live attenuated vaccine licensed in Japan. BARDA expects to award a contract(s) for the advanced development of smallpox antiviral candidates.	N/A
2010	Continue funding ARD program and ensure no overlap with scope of work for potential SRF award(s).	BARDA awarded one contract to enhance smallpox vaccine for at-risk individuals. (Target Met)
2009	Continue funding of ARD of enhanced formulation and new indication. Products have matured enough to the point where BARDA has issued a Project BioShield RFP for procurement of product for the strategic national stockpile (SNS).	BARDA continued to fund existing development contracts. (Target Met)

FY	Target	Result
2008	N/A	BARDA awarded one new contract for the enhancement of a smallpox antiviral product (new formulation and new indication). (Target Met)

Measure 2.4.4.F: Viral Hemorrhagic Fevers. (Outcome)

FY	Target	Result
2012	No new starts, programs are too immature for ARD	N/A
2011	No new starts.	N/A
2010	No new activity.	BAA issued in FY09, and white paper proposals were under technical review. (Target Met)
2009	Issue CBRN BAA to call for products to treat viral hemorrhagic fevers.	BAA issued in FY09, and white paper proposals were under technical review. (Target Met)
2008	N/A	N/A
2007	N/A	N/A

Measure 2.4.4.G: Botulism. (Outcome)

FY	Target	Result
2012	Continue to support development of programs initiated in FY 2011. No new starts.	N/A
2011	BARDA anticipates making awards for the development of novel therapies for botulism intoxication.	N/A
2010	No new activity.	N/A
2009	Issue CBRN BAA for ARD including products to botulism. Review white papers.	BAA issued in FY09, and white paper proposals were under technical review. (Target Met)
2008	N/A	N/A
2007	N/A	N/A

Measure 2.4.4.H: Chemical. (Outcome)

FY	Target	Result
2012	Award 1-2 new contracts for development of MCMs to ameliorate the effects of exposure to chemical agents.	N/A
2011	One new anti-convulsive drug development project started.	N/A
2010	No new activity	BARDA continued to support an anticonvulsive drug as a chemical antidote. (Target Met)
2009	Issue CBRN BAA for ARD including products to treat illnesses resulting from chemical attacks or accidents. Review white papers.	BAA issued in FY09, and white paper proposals were under technical review. (Target Met)
2008	N/A	Continued to fund midazolam project. Signed MOU with Chemical Biological Medical Systems (CBMS) for joint development of MCMs. (Target Met)
2007	N/A	N/A

Measure 2.4.4.J: Bioproduction Facility. (Outcome)

FY	Target	Result
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FY	Target	Result
2012	(1) Award contracts to establish Centers of Innovation for Advanced Development and Manufacturing; (2) Monitor construction and/or renovation of facilities. (3) Select and match CBRN MCM candidates for assistance in the Centers of Innovation for Advanced Development and Manufacturing pending operational status of the facilities; (4) Determine timelines for facility operation and manufacturing capacities of pandemic influenza vaccines.	N/A
2011	(1) Issue solicitation for proposals and (2) prepare and establish charter for USG governance and operation of the Centers of Innovation for Advanced Development and Manufacturing.	N/A
2010	Release RFP for concept design for multipurpose use manufacturing facility	BARDA issued a draft solicitation in FY10 for the establishment of Centers of Innovation for Advanced Development and Manufacturing. (Target Not Met)

Measure 2.4.4.I: Animal Studies. (Outcome)

FY	Target	Result
2012	Award more contracts for development of animal challenge models for CBRN MCMs and implement testing of MCMs to Contractors for safety and efficacy against prioritized CBRN agents.	N/A
2011	Award first contracts for development of animal challenge models for CBRN MCMs.	N/A

Measure	Data Source	Data Validation
2.4.4 2.4.4.A 2.4.4.B 2.4.4.C 2.4.4.D 2.4.4.E 2.4.4.F 2.4.4.G 2.4.4.H 2.4.4.J 2.4.4.I	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.

Agency Long-Term Objective: 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 managem.

Measure 2.4.5: Deliver licensed, licensable and approvable top priority medical countermeasures for chemical, biological, radiological and nuclear threats. (Outcome)

FY	Target	Result
2012	Continue deliveries of MVA, raxibacumab, h-BAT and AIG to the SNS. Award contract for development and	N/A

FY	Target	Result
	procurement of candidate products for neutropenia associated with ARS.	
2011	Continue deliveries of MVA, raxibacumab, h-BAT and AIG to the SNS. Initiate phase III clinical studies and pivotal animal studies to support licensure of MVA. Issue Request for Proposals for potential contracts for neutropenia associated with ARS. Award procurement contract(s) for development and procurement of smallpox antiviral drug candidate(s).	N/A
2010	Award contract(s) for smallpox antiviral drugs. Award contract(s) for rPA vaccine, if not completed in FY09. Complete BLA submission to FDA for raxibacumab. Complete animal studies to inform AVA PEP. Continue deliveries of MVA, h-BAT, and AIG to SNS. Initiate delivery of additional doses of raxibacumab if contract is awarded. Issues procurement RFP for ARS associated neutropenia. Programs will have been in ARD for approximately two years and have the potential to transition to procurement contracts. Release RFP for procurement of anthrax antitoxins.	Continued deliveries of MVA, raxibacumab, h-BAT and AIG products to the SNS. BARDA was unable to award a contract for the development and acquisition of smallpox antivirals. Additional funding will be directed to anthrax and botulinum antitoxins. (Target Not Met)
2009	Issue RFP for smallpox antiviral drug. Award contract(s) for rPA vaccine from RFP in FY08. Complete deliveries of Human Genome Science's (HGS) raxibacumab and file BLA. Complete delivery of anthrax vaccine AVA to SNS in FY09. Initiate deliveries of smallpox vaccine MVA to SNS. Continue deliveries of h-BAT and AIG to SNS. Establish in FY09 plasma pools for h-BAT and AIG and warm base manufacturing operations for raxibacumab.	RFP issued for development/acquisition of a smallpox antiviral drug; negotiations are underway and contract awards expected in 2009. Contract negotiations were on-going for rPA vaccine RFP at the end of FY09; RFP cancelled in first quarter of FY10. ARD BAA special instructions for second generation anthrax vaccine released. Deliveries of raxibacumab completed. Modification to contract signed for additional 45,000 doses of raxibacumab. Deliveries of 18.75 M doses of AVA completed July 2009. Transition of procurement to SNS. Data package and EUA are under review by FDA for smallpox vaccine MVA. Deliveries of h-BAT and AIG are on schedule in FY09. Contract modifications are pending to establish plasma pools for h-BAT and AIG. (Target Met)
2008	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. (Target Met)
2007	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 20M doses of a next generation smallpox vaccine Modified Vaccinia Ankara (MVA) smallpox vaccine and 18.75 million doses of AVA. Deliveries of AIG and H-BAT to SNS were initiated. (Target Met)

Measure	Data Source	Data Validation
2.4.5	http://www.hhs.gov/aspr/ophemc/bioshield/	Contracts awarded and draft Request for Proposal for

Measure	Data Source	Data Validation
	procurement activities/PBSPrertPrjct/index.html ; Program files maintained by the Project Officer and Contract Officer assigned to each BioShield acquisition program.	industry comment are negotiated and issued, respectively, in accordance with Federal Acquisition Regulations (FAR) and the HHS Acquisition Regulations (HHSAR).

Performance Report:

In August 2010, HHS released the Department’s *Public Health Emergency Medical Countermeasures Enterprise Review*, a document designed to evaluate the policies and processes required to develop a product through research and development to acquisition and stockpiling. Recognizing the integral role BARDA plays in transitioning prospective MCMs from the lab bench to the marketplace, the MCM review recommended two new initiatives that BARDA will lead: (1) fostering flexible manufacturing and advanced development core service partnerships that focus on new platforms for novel product development and manufacturing by establishing Centers of Innovation for Advanced Development and Manufacturing; and (2) expanding the product pipeline by exploiting new concepts emerging from the science base and addressing multi-purpose potential for these products for preparedness and everyday healthcare.

In FY 2009, BARDA issued its first Broad Agency Announcement (BAA) for CBRN medical countermeasures to support the advanced research and development of products against priority threats. In this BAA, special instructions were issued for anthrax vaccines, anthrax antitoxins and countermeasures for skin and lung injury associated with acute radiation syndrome (ARS). Also, a request for proposals was posted for neutropenia associated with ARS, and a BAA was posted for the development of bioassays to detect exposure levels after a nuclear or radiological event. In FY 2010, BARDA renewed the BAA for CBRN medical countermeasures and issued special instructions that established a broad spectrum antimicrobial program within BARDA. This program will address critical issues in effective countermeasures against current and future bioterrorist threats and emerging infectious diseases. In subsequent fiscal years this BAA will continue to assist BARDA in identifying candidate projects for advanced development commensurate with the MCM Review.

BARDA continues to support the development of medical countermeasures against CBRN threats. In the anthrax portfolio, BARDA supports the expansion of the domestic manufacturing capacity for the only currently licensed vaccine, anthrax vaccine absorbed, and continued support of the advanced development of three next-generation anthrax rPA vaccine candidates in FY 2010. Under the CBRN BAA, ten contracts were awarded in FY 2010 to develop biodosimetry devices. These awards are managed under new oversight and decision practices including HHS’ interagency in-process review (IPR) that evaluate progress and determine whether funding should continue. The IPRs provide the best value to the government by rewarding high-level performance and product potential, and quickly discarding products that do not meet performance and product specification criteria, while allowing development of many candidates. To support advanced research and development of medical countermeasures for neutropenia associated with acute radiation syndrome, BARDA awarded new contracts in FY 2010. [Additionally, BARDA awarded two contracts in FY 2011 for product candidates that may be used to treat lung and skin injury associated with acute radiation syndrome.] Lastly, BARDA exercised an option on the advanced development contract with Bavarian Nordic to support vaccine formulation studies that may lead to longer shelf life, lower cold chain storage and delivery costs, and simplify vaccine deployment for safer smallpox vaccines.

BARDA continues to work within the HHS and USG Interagency process via Interagency Agreements (IAAs) to support research studies that enable MCM development and strengthen the overall product pipeline. These efforts help to diversify the breadth of work supporting medical countermeasure development while managing the portfolios centrally.

In FY 2009, BARDA formally addressed the PAHPA mandate to foster product innovation by establishing an Innovations Program. The program was designed to identify and support novel technologies that can improve the nation's ability to manufacture, test, and utilize medical countermeasures, as part of a public health emergency response. The focus of the BARDA Innovations Program was to facilitate the development of technologies that accelerate the development pipeline and make the manufacturing process more flexible by emphasizing platform and broad-spectrum approaches. The program awarded eight contracts in FY 2010 through a Broad Agency Announcement. Among others these projects included: the development of new lot release product sterility assays for vaccines, the optimization of high-production vaccine virus seed strains for influenza, and *in vitro* immunity testing. These are initiatives that were called for in both the MCM review and the PCAST report of 2010 on Pandemic Influenza Vaccine Production. The BAA was renewed for FY 2011, and the first IPRs will commence in early FY 2012. The FY 2011 CR will limit the effectiveness of this program, as reduced funding will be available to support new projects in this program. With limited funding, efforts will be prioritized to focus on innovation of existing products that can modulate host immunity to provide broad spectrum therapeutic or prophylactic value in the face of known or unknown biothreats.

BARDA continued its management of Project BioShield. The purpose of Project BioShield was to accelerate the research, development, purchase and availability of effective medical countermeasures against CBRN agents. In FY 2004, Congress appropriated a total of \$5.6 billion to establish the Special Reserve Fund to support late-stage development and acquisitions of CBRN medical countermeasures. To date, contracts have been awarded for medical countermeasures for anthrax, botulism, smallpox, and radiological/nuclear exposure. The availability of smallpox vaccines for immunocompromised individuals in the U.S. was realized in FY 2010, as Bavarian Nordic delivered the first doses of MVA smallpox vaccine developed and manufactured under a Project BioShield contract with BARDA to the Strategic National Stockpile. These deliveries highlighted the successful partnership between the U.S. Government and industry. This was the first Project BioShield contract to be awarded using milestone payments authorized under PAHPA.

PROGRAM: POLICY AND PLANNING

Agency Long-Term Objective: Enhance State and Local Preparedness

Measure 2.4.9: Establish and improve awareness of the ASPR strategy for preparedness and response. (Outcome)

FY	Target	Result
2012	Complete an approach for conducting the first NHSS Quadrennial Review. Approach will achieve the intended purpose of informing the development of the second NHSS. The same approach also will help inform progress toward the ASPR strategy.	N/A
2011	Publish the first NHSS Biennial Implementation Plan by March 2011.	N/A
2010	Continue to build on current outreach and awareness strategy via web, video, and presentations at major meetings of stakeholders.	Participated in numerous national conferences and meetings to highlight the goals and objectives of the NHSS; produced several videos/Webcasts to provide education and guidance to assist with the implementation of policies and practices addressing at-risk individuals, behavioral health, and community resilience. Conducted several conference calls with key State and local public health stakeholders regarding key components of the NHSS. Conducted several conference calls with key State and local public health stakeholders regarding the implementation of Executive Order 13527. Discussions directly related to key components of the NHSS including the “effective countermeasure enterprise” objective. Obtained key stakeholder input for medical countermeasures through a townhall session, a summit and roundtable meetings. Provided technical assistance and coordination to implement a behavioral health force protection and stress management framework for deployed HHS responders to the Haiti 2010 earthquake event. Provided just-in-time information and technical assistance for public health communication messages and materials during HHS H1N1 response activities. Surveyed HHS agencies and federal departments regarding disaster behavioral health capabilities and gaps and developed Advancing Disaster Mental and Behavioral Health Preparedness and Response report. Convened Pediatric Preparedness and Response in Public Health Emergencies and Disasters Workshop and produced report focusing on improving pediatric medical countermeasures and enhancing pediatric readiness of federal medical staff and other responder systems. Convened a Regional Disaster Behavioral Health Coordination Workshop focused on coordination and identification of capabilities and gaps pertaining to the disaster behavioral health response within ESF #8. (Target Met)
2009	Complete the draft of the National Health Security Strategy. Work with partners and stakeholders on draft outreach materials.	Completed draft National Health Security Strategy and submitted to Congress. (Target Met)

FY	Target	Result
2008	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. (Target Met)
2007		N/A

Measure 2.4.11.A: Informed and empowered individuals, communities: Percent of NHSS implementation plan activities implemented. (Development) (Outcome)

FY	Target	Result
2012	100%	N/A

Measure 2.4.11.B: Integrated, scalable healthcare delivery systems: Percent of NHSS implementation plan activities implemented. (Developmental) (Outcome)

FY	Target	Result
2012	80%	N/A

Measure 2.4.11.C: Effective Countermeasure Enterprise: Percent of NHSS implementation plan activities implemented. (Development) (Outcome)

FY	Target	Result
2012	75%	N/A

Measure 2.4.11.D: Prevention/mitigation of environmental/other health threats: Percent of NHSS implementation plan activities implemented. (Development) (Outcome)

FY	Target	Result
2012	100%	N/A

Measure 2.4.11.E: Cross border and global partnerships: Percent of NHSS implementation plan activities implemented. (Development) (Outcome)

FY	Target	Result
2012	80%	N/A

Measure 2.4.12: Percent of NHSS capabilities that have been defined and for which validated and accepted measures, baselines, and targets exist. (Outcome)

FY	Target	Result
2012	20%	N/A

Measure	Data Source	Data Validation
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.
2.4.11.A 2.4.11.B 2.4.11.C 2.4.11.D 2.4.11.E	NHSS Biennial Implementation Plan	The Biennial Implementation Plan calls for the continued development of specific performance measures for each of the objectives. ASPR/OPP is in the process of assigning organizations responsible for ensuring completion and developing appropriate data to support national health security activities. ASPR will utilize matrices to track intra-agency completion of implementation plan activities and will conduct quarterly teleconferences to review progress and discuss possible challenges to timelines for anticipated implementation achievements.
2.4.12	NHSS Biennial Implementation Plan	The Biennial Implementation Plan calls for the continued development of specific performance measures for each of the objectives. ASPR/OPP is in the process of assigning organizations responsible for ensuring completion and developing appropriate data to support national health security activities. ASPR will utilize matrices to track intra-agency completion of implementation plan activities and will conduct quarterly teleconferences to review progress and discuss possible challenges to timelines for anticipated implementation achievements.

Performance Report:

In 2010, the ASPR consolidated its policy functions (e.g., Office of Policy, Strategic Planning and Communications; Office of Medicine, Science and Public Health; Office of At-Risk Individuals, Behavioral Health, and Human Services Coordination; and Office of Medical Countermeasure Policy, Planning and Requirements) in the newly established Office of Policy and Planning (OPP). OPP advises the ASPR with policy options and strategic planning to support domestic and international public health emergency preparedness and response activities. OPP provides both in-house subject matter expertise and coordination of HHS-wide and U.S. Government stakeholders to bolster health security-related policy and planning efforts to support implementation of the *National Health Security Strategy* (NHSS) objectives. This includes the coordination, analysis and implementation of relevant laws (e.g., Pandemic and All-Hazards Preparedness Act (PAHPA); Public Readiness and Emergency Preparedness Act; Project BioShield Act), proposed policies, Presidential Directives, Executive Orders, regulations, and the development of requirements for medical countermeasure research, development and acquisitions.

In December 2009, the Department issued its first quadrennial NHSS as called for in PAHPA. The NHSS represents the Department’s first comprehensive strategy focusing specifically on the Nation’s goal of protecting the health of the public in the case of an emergency. The purpose of the NHSS is to guide the Nation’s efforts to minimize the risks associated with a wide range of potential large-scale incidents that put the health and well-being of the U.S. population at risk, whether at home, in the workplace, or in any other setting. In this context, national health security is achieved when the Nation and its people are prepared for, protected from, and are able to respond effectively to and recover from public health emergencies. OPP uses the NHSS as its

primary strategic guide for public health emergency preparedness and response policy development, and uses a science-based and risk-informed process to shape policies when recommending priorities for national health security. The two overarching goals of the NHSS are to build community resilience, and strengthen and sustain health and emergency response systems.

OPP helps oversee and coordinate the implementation of NHSS, which takes a “systems approach” to health in recognizing that many interrelated systems are needed to support the health of individuals and communities and to protect them from and support their recovery after an incident. These include, but are not limited to, traditional health care and public health systems. They also include systems that address elements essential to maintaining public health, such as water, food, housing, the environment, and access to health care. In addition to its policy and planning responsibilities, OPP manages a variety of other functions. OPP leads international programs and initiatives to enhance U.S. cross-border and global public health emergency preparedness and response activities. In support of NHSS objectives, OPP incorporates post-incident health recovery into planning and response, working with cross-border and global partners to enhance national, continental, and global health security, in support of the Administration’s Global Health Security Initiative. OPP supports implementation of the White House National Security Staff’s *National Strategy for Countering Biological Threats* and coordinates HHS-wide implementation of this Strategy’s objectives and reporting. OPP coordinates the transparency, participation, and collaboration of HHS under the Biological and Toxin Weapons Convention (BWC), on the foundation built by the *National Strategy for Countering Biological Threats* and the President’s Open Government Directive. On behalf of the Secretary and the ASPR, OPP provides coordination, management, and operational services for the National Biodefense Science Board (NBSB). Furthermore, OPP provides its partners, stakeholders, and response assets with education and guidance to assist with the implementation of policies and practices addressing the functional needs of at-risk individuals (including children), the behavioral health needs of disaster survivors and responders, and community resilience. In addition, OPP provides policy and strategic direction for the NHSS objective to promote an effective medical countermeasure enterprise.

OPP’s recent accomplishments include:

- Leading the interagency development of *Screening Framework Guidance for Providers of Synthetic Double-Stranded DNA* (released October 2010), which aims to minimize the risk that unauthorized individuals will gain access to biological agents of concern through the use of nucleic acid synthesis technology;
- Coordinating HHS participation in the annual Confidence Building Measures reporting under the Biological and Toxin Weapons Convention (BWC), posted publicly online for the first time in 2010;
- Providing technical assistance and coordination to implement a behavioral health force protection and stress management framework for HHS responders deployed to the Haiti 2010 earthquake event. The framework included medical and behavioral health in-briefings, in-theater support, out-briefings for deployed staff, and stress management materials disseminated in partnership with SAMHSA and CDC;
- Producing several videos/Webcasts to provide education and guidance to assist with the implementation of policies and practices addressing at-risk individuals, behavioral health, and community resilience, including Functional Needs of At-Risk Individuals and

Communication, Medical Care, Independence, Supervision and Transportation (6/2010), and Behavioral Health and Community Resilience (6/2010);

- Developing of medical countermeasure requirements to address chemical, biological, radiological and nuclear threats;
- Coordinating the Deepwater Horizon oil spill HHS policy process, the HHS' Chapter for the White House Deepwater Horizon recovery plan, and an Institute of Medicine workshop on the health effects of the oil spill;
- Establishing of the Federal Experts Security Advisory Panel, together with USDA, as directed by *Executive Order 13546: "Optimizing the Security of Select Agents and Toxins in the United States,"* and developing recommendations for the designation of Tier 1 biological select agents and toxins (BSAT), the establishment of practices to ensure reliability of personnel with access to Tier 1 BSAT, and the establishment of practices for physical and cyber security for facilities with Tier 1 BSAT;
- Developing the *HHS Implementation Plan* to support the objectives of the *National Strategy for Countering Biological Threats*, which is targeted to reduce biological threats by instituting a suite of coordinated activities that collectively will help influence, identify, inhibit, and/or interdict those who seek to misuse the life sciences;
- Establishing the Interagency Biosafety and Biosecurity Outreach Working Group, within the National Science and Technology Council;
- Developing U.S. regional and national guidance and decision support tools on recovery and restoration after a large-area biological attack;
- Supporting the WHO Advisory Committee on Variola Virus Research, representing the U.S. Government on the Advisory Committee and facilitating communication and coordination with CDC and WHO to assure oversight of funded activities;
- Coordinating HHS support to U.S. Government policy development on BWC compliance and implementing United Nations Security Council Resolution 1540;
- Organizing, with the U.S. Department of Defense, two international workshops with tabletop exercises in Southern Caucasus and Eastern Europe, to improve regional and global partnerships in building international preparedness and response capacity;
- Coordinating the NBSB in delivering reports and recommendations related to disaster mental health, and the Department's efforts to develop and procure medical countermeasures;
- Obtaining key stakeholder input for medical countermeasure research, development, stockpiling and utilization through workshops, summits, and roundtable events;
- Coordinating ASPR and OGHA efforts to develop a Biosecurity Level 3 laboratory in Mexico City which will be part of the CDC's Laboratory Response Network;
- Convening the Roundtable on the National Health Security Strategy and At-Risk Individuals, Behavioral Health, and Community Resilience with a spectrum of federal, national, state, and local experts, public health stakeholders, and emergency planners;
- Co-chairing (with ACF) the Children's HHS Interagency Leadership on Disasters (CHILD) Working Group with completion of the group's final report to the Secretary with recommendations for HHS to better address the disaster-related needs of children; and
- Convening and coordinating the HHS Disaster Behavioral Health Concept of Operations (DBH CONOPS) Working Group to develop a DBH CONOPS document for the Federal-level behavioral health response to disasters.

PROGRAM: OPERATIONS

Agency Long-Term Objective: Improve HHS response assets to support municipalities and States.

Measure 2.4.8: Improve strategic communications effectiveness. (Outcome)

FY	Target	Result
2012	Renew and implement an ASPR strategic communications plan. Continue to maintain and improve ASPR’s central infrastructure for public web communications and interagency collaboration.	N/A
2011	Continue to implement the ASPR strategic communications plan. Maintain and improve ASPR’s central infrastructure for public web communications and interagency collaboration.	Continued to incorporate ASPR’s strategic communications plan into all preparedness and response activities, such as the federal Deepwater Horizon response, the National Health Security Strategy announcement, and the medical countermeasure review rollout and used public health forums to educate stakeholders on ASPR mission and activities. Maintained and improved the interagency collaboration tool, the ASPR Knowledgebase, to better communicate with federal partners in the exchange of information and drafting of policy documents. The ASPR Knowledgebase is now operating as the “one-stop-shop” for ESF 8 partners to share information and collaborate. Once finalized, information posted on the ASPR Knowledgebase is posted on ASPR’s PHE.gov website for public review. (In Progress)
2010	Implement the ASPR strategic communications plan, including initiating a branding and marketing effort of ASPR. Implement ASPR’s central infrastructure for public web communications with ESF #8 partners and the public.	Incorporated strategic communications plan implementation, including initial branding and marketing efforts of ASPR, into all preparedness and response activities, such as the federal Deepwater Horizon response, the National Health Security Strategy announcement, and the medical countermeasure review rollout and used public health forums to educate stakeholders on ASPR mission and activities. Implemented ASPR’s central infrastructure for public web communications with ESF #8 partners and the public (www.phe.gov). (Target Met)
2009	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.	Supported the development and execution of the Department’s communication strategy related to the 2009-H1N1 influenza outbreak. Coordinating with GHSAG partners around the international messaging related to the 2009 H1N1 influenza outbreak. (Target Met)
2008	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. (Target Met)

FY	Target	Result
2007	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. (Target Met)

Measure	Data Source	Data Validation
2.4.8	ASPR communication plan	Produced over 12 webcasts on preparedness and response activities including "Know What to Do about the Flu" H1N1 programs. Conducted a series of outreach activities with the National Governors Association. Provided on-going public affairs training to NDMS teams for field deployment.

Performance Report:

ASPR continues to develop tools to enable its stakeholders and partners to learn from the programs, projects and lessons learned. Externally, and in coordination with the Office of the Assistant Secretary for Public Affairs, ASPR will continue to enhance public health risk communication. Through paid and free media, and the training and education of journalists and public spokespersons, HHS develops and delivers messages and strategies that can enhance communications with the public during a public health emergency, including a pandemic influenza outbreak or a terrorist attack.

Planning and development of emergency crisis risk communications products is a necessary part of the response to a public health emergency outbreak. Public health communications strategies and messages have been identified, used, and shared both during major disasters, such as Hurricanes Gustav and Ike, the 2009 H1N1 influenza, the Haiti earthquake, the Deepwater Horizon oil spill in the Gulf, as well as during training sessions, such as the series of pandemic influenza outbreak response tabletop exercises. Ongoing collaboration on crisis and emergency risk communications related to public health emergencies has expanded to include not only federal partners via the Interagency Communications 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.

PROGRAM: MEDICINE, SCIENCE, AND PUBLIC HEALTH (FORMERLY INTERNATIONAL EARLY WARNING SURVEILLANCE)

Agency Long-Term Objective: Mitigate the adverse public health effects of a terrorist attack.

Measure 2.4.6: Coordinate and facilitate development of international preparedness and response capabilities. (Outcome)

Discontinued Performance Measures		
FY	Target	Result
2012	Discontinued	N/A
2011	Continue to collaborate with HHS Agencies, USG Departments, U.S. border states, neighboring countries, other cross-border and international partners (e.g. WHO, foreign governments, NGOs), and with multilateral initiatives to advance domestic and international preparedness and response to all public health emergencies, including CBRN events and emerging infectious disease outbreaks. Continue to support and manage international response exercises and to collaborate with US States/Tribes/Territories and international partners to support universal implementation of the IHR. Continue to build international preparedness and response capabilities and develop plans, specifically in the areas of medical countermeasure development, pandemic influenza, stockpiling and deployment, international responder readiness, and testing/exercising of emergency response plans. Support developing countries through strategic programs to enhance early-warning infectious disease surveillance capacity to rapidly detect bio-terrorism & infectious disease threats.	Results currently continue per FY 10 activities and results.

Discontinued Performance Measures		
FY	Target	Result
2010	Continue to collaborate with HHS Agencies, USG Departments, U.S. border states, neighboring countries, other cross-border and international partners (e.g. WHO, foreign governments, NGOs), and with multilateral initiatives to advance domestic and international preparedness and response to all public health emergencies, including CBRN events and emerging infectious disease outbreaks. Continue to support and manage international response exercises and to collaborate with US States/Tribes/Territories and international partners to support universal implementation of the IHR. Continue to build international preparedness and response capabilities and develop plans, specifically in the areas of medical countermeasure development, pandemic influenza, stockpiling and deployment, international responder readiness, and testing/exercising of emergency response plans.	Completed the remodeling of two functional Biosecurity Level 3 (BSL-3) laboratories in Mexico City and Panama City, respectively, with capacity to diagnose biological threat agents. Provided funds for equipment and supplies, technical advice and training of personnel of biosafety and biosecurity practices. Coordinated the notification of the potential public health emergency of international concern (PHEIC) to the WHO after the H1N1 outbreak and supported Mexico in Mexico's notification according to the WHO IHRs. Coordinated policy and logistics of the international deployment of 820,000 treatment courses of antiviral drugs of Mexico and PAHO and nearly 17 M doses of H1N1 vaccine to nine developing countries through WHO to help respond to the H1N1 outbreak. Provided support for international coordination of efforts during the HHS-wide response to Haiti, Chile and China earthquakes. Detailed liaison to PAHO during the response to Haiti. Collaborated with Global Health Security Initiative (GHSI) countries & WHO to enhance capacity to prepare for and respond to CBRN threats and the H1N1 outbreak. ASPR efforts set the basis for concrete international collaboration on medical countermeasures (MCM). Supported U.S. border states and developing countries in enhancement of early-warning infectious disease surveillance capacity to rapidly detect bio-terrorism & infectious disease threats. (Target Met)
2009	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.	Collaborated with GHSI countries & WHO to enhance capacity to prepare for/respond to health threats. ASPR organized WS led to GHSI countries agreeing on specific areas of Emergency MCM collaboration. Developed 10 supporting annexes to all-hazards HHS International Emergency Response Framework; assisted DOS, USAID, & DOD harmonize interagency plans on international response. Led HHS in whole-of-government effort to establish civilian capacity to prevent/prepare for post-conflict situations, & help stabilize/reconstruct societies in transition from conflict. Detailed health and humanitarian assistance advisor to the US Army War College Peacekeeping and Stability Operations Institute with focus on developing doctrine & training on health & medical aspects of DOD stability, security, transition & reconstruction. Significantly improved US Border State cross-border epi infectious disease surveillance capacity to rapidly detect bio-terrorism & infectious disease threats. Assisted Mexico in renovation of a BSL-3 laboratory with capacity to diagnose biological threat agents. (Target Met)

Discontinued Performance Measures		
FY	Target	Result
2008	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 international preparedness exercises, increased health alert communications between border states and provinces. Global Health Security Action Group (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. Security and Prosperity Partnership of North America (SPP): Completed high priority deliverables to include signing of a mutual assistance MOU, improving connectivity between emergency operation centers 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 international partners to address MCM development, stockpiling, and deployment and increased testing of emergency preparedness plans and protocols. (Target Met)
2007	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 IHR and established the IHR Program to monitor IHR compliance for the USG. (Target Met)
2006		N/A

Measure 2.4.7: Provide medical, scientific, and public health subject matter expertise.
(Outcome)

Discontinued Performance Measures		
FY	Target	Result
2012	Discontinued	N/A
2011	Conduct two annual meetings of the National Biodefense Science Board. Participate on working groups and Subcommittee. Identify and engage with subject matter experts. Draft policy options papers and reports. Provide guidance and administrative support to the Selection Committee, who will be selecting new members to fill six vacancies available as of December 31, 2010.	The next meeting of the National Biodefense Science Board is planned for late January 2011. Six (6) new members were selected to replace six members whose terms expire on December 31, 2010. These new members will join the Board at the January 2011 meeting.

Discontinued Performance Measures		
FY	Target	Result
2010	Conduct two annual meetings of the National Biodefense Science Board. Participate on working groups and Subcommittee. Identify and engage with subject matter experts. Draft policy options papers and reports. Hold an in-person public meeting in November 2009 and June 2010. The six Working Groups will hold over 70 working Group Meetings, and 12 Subcommittee Meetings.	National Biodefense Science Board held public teleconferences in October 2009, November 2009, and February 2010, and two public face-to-face meetings in March 2010 and September 2010. Recommendations were submitted to the Secretary, following approval of the Board, in October 2009, November 2009, February 2010, and March 2010. (Target Met)
2009	Conduct two annual meetings of the National Biodefense Science Board. Participate on working groups and Subcommittee. Identify and engage with subject matter experts. Draft policy options papers and reports. Hold additional in-person public meeting in September 2009.	National Biodefense Science Board held public teleconferences in October 2008, May 2009, July 2009, and August 2009, and three public face-to-face meetings in November 2008, April 2009, and September 2009. Recommendations were submitted to the Secretary following approval by the Board, in October 2008, November 2008, July 2009. (Target Met)
2008	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. (Target Met)
2007		N/A

Measure	Data Source	Data Validation
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.phe.gov/Preparedness/legal/boards/mbsb/pages/default.aspx	Recommendations and findings of the National Biodefense Science Board will be posted on the Board's website, http://www.phe.gov/Preparedness/legal/boards/mbsb/pages/default.aspx



ASPR Linkages to HHS Strategic Plan

The table below shows the alignment of ASPR's strategic goals with HHS Strategic Plan goals.

	ASPR Goal 1: Enhance State and Local Preparedness.	ASPR Goal 2: Improve DHHS response assets to support municipalities and states.	ASPR Goal 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.	ASPR Goal 4: Mitigate the adverse public health effects of a terrorist attack
HHS Strategic Objectives				
1 Transform Health Care				
1.A Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured				
1.B Improve health care quality and patient safety				
1.C Emphasize primary and preventive care linked with community prevention services				
1.D Reduce the growth of health care costs while promoting high-value, effective care				
1.E Ensure access to quality, culturally competent care for vulnerable populations				
1.F Promote the adoption and meaningful use of health information technology				
2 Advance Scientific Knowledge and Innovation				
2.A Accelerate the process of scientific discovery to improve patient care				
2.B Foster innovation at HHS to create shared solutions				
2.C Invest in the regulatory sciences to improve food and medical product safety				
2.D Increase our understanding of what works in public health and human service practice				
3 Advance the Health, Safety and Well-Being of the American People				
3.A Ensure the safety, well-being, and healthy development of children and youth				

	ASPR Goal 1: Enhance State and Local Preparedness.	ASPR Goal 2: Improve DHHS response assets to support municipalities and states.	ASPR Goal 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.	ASPR Goal 4: Mitigate the adverse public health effects of a terrorist attack
HHS Strategic Objectives				
3.B Promote economic and social well-being for individuals, families and communities				
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults				
3.D Promote prevention and wellness				
3.E Reduce the occurrence of infectious diseases				
3.F Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies	X	X	X	X
4 Increase Efficiency, Transparency, and Accountability of HHS Programs				
4.A Ensure program integrity and responsible stewardship of resources				
4.B Fight fraud and work to eliminate improper payments				
4.C Use HHS data to improve the health and well-being of the American people				
4.D Improve HHS environmental, energy, and economic performance to promote sustainability				
5 Strengthen the Nation's Health and Human Service Infrastructure and Workforce				
5.A Invest in the HHS workforce to meet America's health and human services needs today and tomorrow				
5.B Ensure that the Nation's health care workforce can meet increased demands				
5.C Enhance the ability of the public health workforce to improve public health at home and abroad				
5.D Strengthen the Nation's human services workforce				

	ASPR Goal 1: Enhance State and Local Preparedness.	ASPR Goal 2: Improve DHHS response assets to support municipalities and states.	ASPR Goal 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.	ASPR Goal 4: Mitigate the adverse health effects of a terrorist attack
HHS Strategic Objectives				
5.E Improve national, state, and local surveillance and epidemiology capacity				

Summary of Full Cost for ASPR
(Budgetary Resources in Millions)

HHS Strategic Goals and Objectives	FY 2010	FY 2011	FY 2012
1 Transform Health Care (Total)			
1.A Make coverage more secure for those who have insurance, and extend affordable coverage to the uninsured			
1.B Improve health care quality and patient safety			
1.C Emphasize primary and preventive care linked with community prevention services			
1.D Reduce the growth of health care costs while promoting high-value, effective care			
1.E Ensure access to quality, culturally competent care for vulnerable populations			
1.F Promote the adoption and meaningful use of health information technology			
2 Advance Scientific Knowledge and Innovation (Total)			
2.A Accelerate the process of scientific discovery to improve patient care			
2.B Foster innovation at HHS to create shared solutions			
2.C Invest in the regulatory sciences to improve food and medical product safety			
2.D Increase our understanding of what works in public health and human service practice			
3 Advance the Health, Safety and Well-Being of the American People (Total)	891.446	891.595	1302.295
3.A Ensure the safety, well-being, and healthy development of children and youth			
3.B Promote economic and social well-being for individuals, families and communities			
3.C Improve the accessibility and quality of supportive services for people with disabilities and older adults			
3.D Promote prevention and wellness			
3.E Reduce the occurrence of infectious diseases			
3.F Protect Americans' health and safety during emergencies, and foster resilience in response to emergencies	891.446	891.595	1302.295
4 Increase Efficiency, Transparency, and Accountability of HHS Programs (Total)			
4.A Ensure program integrity and responsible stewardship of resources			
4.B Fight fraud and work to eliminate improper payments			
4.C Use HHS data to improve the health and well-being of the American people			
4.D Improve HHS environmental, energy, and economic performance to promote sustainability			
5 Strengthen the Nation's Health and Human Service Infrastructure and Workforce (Total)			
5.A Invest in the HHS workforce to meet America's health and human services needs today and tomorrow			
5.B Ensure that the Nation's health care workforce can meet increased demands			
5.C Enhance the ability of the public health workforce to improve public health at home and abroad			
5.D Strengthen the Nation's human services workforce			
5.E Improve national, state, and local surveillance and epidemiology capacity			
Total	891.446	891.595	1302.295