



**DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES**

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

*FY 2011 Online Performance Appendix*

## **INTRODUCTION**

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

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**SUMMARY OF PERFORMANCE TARGETS AND RESULTS**

<b>Fiscal Year</b>	<b>Total Targets</b>	<b>Targets with Results Reported</b>	<b>Percent of Targets with Results Reported</b>	<b>Total Targets Met</b>	<b>Percent of Targets Met</b>
2007	8	7	88	7	88
2008	10	7	70	7	70
2009	9	8	89	7	78
2010	9	3	NA	NA	NA
2011	9	NA	NA	NA	NA

**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
2011	All equipment caches capable of sustaining deployed medical personnel for 48 hours and full fielding of the Disaster Medical Information Suite (DMIS) electronic medical record, patient tracking system and Health Information Repository (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.	Sep 30, 2010
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, 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 has increased the number of teams ready to deploy from 39 to 43 (Target Met)

FY	Target	Result
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)
2006	N/A	N/A (Target Not In Place)

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 hurricane season dated April 2006. Draft playbooks for pandemic influenza, improvised nuclear devices, and hurricanes. Website for the Radiological Event Medical Management (REMM). Draft RFI "Portal for Verification of Healthcare Professionals Qualifications."	Policies, plans and evaluations are reviewed and cleared by ASPR and HHS senior leadership, and interagency partners, including DHS. After action reports, statements of standard operation procedures, and deployment plans are reviewed by a variety of inter and intra-agency workgroups including the Homeland Security Council Deputies Committee.

*Performance Report:*

ASPR leads HHS's integrated preparedness planning, response and regional logistics support that require public health, medical, human services and recovery support under ESF #8, ESF #6 (Mass Care, Emergency Assistance, Housing, and Human Services), and ESF #14 (Long-Term Community Recovery). During 2009, ASPR responded to several events including but not limited to: the G-20 summit, the Presidential Inauguration, the crash of Continental Flight 3407 in Buffalo, New York, and the 2009-H1N1 influenza outbreak.

ASPR's Regional Emergency Coordinators are the lead in working with state/local entities and OPEO preparedness and operations offices to plan for National Special Security Events (NSSE's) and other planned and unplanned events. In FY 2009, ASPR responded to two NSSE's, the Presidential Inauguration and the President's Address to Joint Session of Congress. Other events include the Lincoln Memorial re-dedication, the Police-Peace Memorial ceremony, Independence Day ceremonies in Washington DC, the annual Cherry Blossom Festival, and the 2009 World Police and Fire Games (which provided operational concepts testing for the 2010 Winter Olympics).

ASPR serves as the lead Sector Specific Agency under Homeland Security Presidential Directive (HSPD)-7 *Critical Infrastructure Identification, Prioritization, and Protection* for the Healthcare and Public Health (HPH) Sector. In FY 2009, ASPR initiated and completed a number of efforts to

significantly enhance the public-private partnership among HPH sector partners. Initiatives included the development of an on-line information sharing portal for public and private sector partners and a new liaison program permitting private sector partners to engage in ESF #8 operations at the federal level. In addition to the two existing governing bodies and workgroups, the Critical Infrastructure Protection (CIP) program expanded the number of collaborative workgroups involving public and private sector partners to address issues such as information sharing and risk assessment. The on-line portal system will enroll thousands of State, local, tribal territorial and private sector partners in a secure forum to share information related to healthcare and public health preparedness, mitigation and response.

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

**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)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2011	100%	Dec 31, 2012
2010	90%	Dec 31, 2011
2009	80%	Dec 31, 2010
2008	60%	Jan 31, 2010
2007	50%	74% (Target Exceeded)

**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)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2011	100%	Dec 31, 2012
2010	98%	Dec 31, 2011
2009	95%	Dec 31, 2010
2008	60%	Jan 31, 2010
2007	50%	91% (Target Exceeded)

**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)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2011	100%	Dec 31, 2012
2010	85%	Dec 31, 2011
2009	70%	Dec 31, 2010
2008	60%	Jan 31, 2010
2007	50%	64% (Target Exceeded)



**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
2011	100%	Dec 31, 2012
2010	90%	Dec 31, 2011
2009	85%	Dec 31, 2010
2008	60%	Jan 31, 2010
2007	50%	79% (Target Exceeded)

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

FY	Target	Result
2011	Discontinued	N/A
2010	100%	Sep 30, 2010
2009	85%	98% (Target Exceeded)
2008	70%	88% (Target Exceeded)
2007	50%	60% (Target Exceeded)

**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
2011	4 per 10 million dollars	Apr 30, 2013
2010	3.2 per 10 million dollars	Apr 30, 2012
2009	22.69 per million dollars	Apr 30, 2011
2008	15.13 per million dollars	Apr 30, 2010
2007	10.08 per million dollars	7.1 per million dollars (Target Not Met)
2006	6.72 per million dollars	14.4 per million dollars (Target Exceeded)

Measure	Data Source	Data Validation
2.4.2.A 2.4.2.B 2.4.2.C 2.4.2.D 2.4.2.E	Reports from states and health care facilities; after action reports and corrective action plans; Memoranda of Understanding among coalition partner; minutes of meetings. Sector Specific Plan (SSP) for the Healthcare and Public Health Sector: An element of the National Infrastructure Protection Plan (NIPP).	Observation of exercises and drills; data reported to the SOC. The SSP initial draft was cleared through the Executive Secretary's process and all commentary from the department was included and was reviewed by private sector partners. Changes were made after the 2005 changes to the NIPP. The final NIPP was published in early 2006 and final revisions were made to the SSP to ensure full compliance with the NIPP. The SSP was forwarded to DHS within 180 days and the tasks associated with the SSP are being scheduled in partnership with the private and government sector partners.
2.4.3	Data are based on the applications submitted.	Data are self-reported

*Performance Report:*

The Hospital Preparedness Program developed new evidenced-based performance measures for 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 ASPR undertook an internal program assessment 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. Final results aren't yet available, but preliminary information indicates 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 the fall 2009 H1N1 event, where an even greater percentage of 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 and/or exercises the use of interoperable communications systems with multiple communications technologies that would ensure connectivity and operability in a public health emergency. Because of the enhanced data collection and reporting procedures that were put in place, FY 2007 end of year data has been finalized, and new FY 2008 data submitted by the states is currently being analyzed in record time. As reported by the states through FY 2007, 91 percent were able to demonstrate interoperable communications during exercises, and preliminary FY 2008 data suggests that percentage will increase.

The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is a national program intended to help health professionals volunteer in public health emergencies and disasters. PAHPA mandates that states are not eligible to receive the ASPR Hospital Preparedness Program and CDC Public Health Emergency Preparedness Program funding unless they participate in ESAR-VHP. Forty nine (49) states have fully operational ESAR-VHP systems, and the remaining state is working to become fully operational. There are over 147,600 registered ESAR-VHP volunteers.

In FY 2009, ASPR launched a new grants program to support and sustain state and territorial ESAR-VHP programs. The focus of the grants was to meet compliance requirements, adopt and implement guidelines, and support activities related to the integration of local Medical Reserve (MRC) volunteer resources and state ESAR-VHP programs. The ESAR-VHP program continued to provide state access to national data sources, such as the American Board of Medical Specialties (ABMS), Federation of State Medical Boards (FSMB), American Osteopathic Information Association (AOIA), and the Drug Enforcement Administration (DEA). The ESAR-VHP program partnered with the National Disaster Medical System (NDMS), the Office of Public Health and Science (OPHS), the Office of Force Readiness and Deployment (OFRD), and the Medical Reserve Corps (MRC) to conduct the first Integrated Medical, Public Health, Preparedness and Response Training Summit. The Summit was attended by over 3,200 participants. In addition to ESAR-VHP specific sessions and regional breakouts, the Summit provided a forum for training, discussion, information sharing, and networking with public health and response partner organizations. During the initial H1N1 influenza outbreak in the Spring of 2009, ESAR-VHP led and collaborated with HHS and ASPR programs to revise the federal protocol to plan for the potential use of civilian volunteer health professionals in a federally coordinated response to this event.

The way in which the Hospital Preparedness Program (HPP) measures exercise progress has changed through the years. In FY 2005, the numbers of hospital-based drills conducted across states were reported. However in FY 2006 the number of hospital-based drills, table top exercises, and functional exercises were added together to present a cumulative value related to drills and exercises. This summative methodology, along with potential duplicative reporting and fluid definitions, may explain the larger numbers in FY 2006, which is three times that reported in FY 2005. The context and definitions of preparedness exercises became more comprehensive in FY 2007, with a focus, not on hospital-based exercises, but instead on statewide and regional exercises. This emphasis on promoting statewide and regional exercises, and exploring innovative evaluation methods continued to evolve for FY 2008.

In FY 2008, the HPP programmatically institutionalized the Homeland Security Exercise and Evaluation Program (HSEEP) methodology, and implemented an execution strategy for awardees and sub-recipient healthcare systems in accordance with the Department of Homeland Security (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 methodology 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 as appropriate prior to a real incident. The HPP goal is to ensure state/territory awardees and sub-recipient healthcare systems engage appropriately in this enterprise.

In conclusion, 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 statewide and regional exercises with hospital participation. As the program collects and analyzes more data, we expect to examine the existing measure and targets, as they relate to this programmatic shift, and may develop innovative qualitative and quantitative measures and/or targets to evaluate the efficiency of the HPP program.

**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
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.	N/A
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
2006		Target Met. (Target Met)

**Measure 2.4.4A:** Anthrax (vaccines, therapeutics, and medkits) (Outcome)

FY	Target	Result
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

<b>FY</b>	<b>Target</b>	<b>Result</b>
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 expects to award multiple contracts in FY10 for advanced development of new and existing anthrax rPA vaccine candidates and several promising broad spectrum antibiotics for treatment of anthrax, plaque, tularemia, and botulism. Additionally, a contract in FY10 is expected to support expanding domestic manufacturing capacity for existing licensed anthrax vaccine production and product testing. (In Progress)
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		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		Target Met. (Target Met)
2006		Target Met. (Target Met)

**Measure 2.4.4B: Radiation (Outcome)**

<b>FY</b>	<b>Target</b>	<b>Result</b>
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 (9 contracts). BARDA expects to award multiple contracts in FY10 for advanced development of therapeutics to treat neutropenia, cutaneous skin afflictions, and pulmonary illnesses associated with acute radiation exposure. (In Progress)

FY	Target	Result
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		Broad agency announcements were issued in FY 2008 in partnership with NIAID in the following areas: anthrax vaccine enhancement; advanced development of pan-filovirus vaccines; and the development of broad spectrum antibiotics and antivirals. Awards were made under vaccine enhancement and broad spectrum antivirals in September of 2008. Additionally, BARDA is supporting several existing NIAID contracts that are consistent with the PHEMCE Implementation Plan and Draft BARDA Strategic Plan. Steps taken to combat the threat of radiation included the award of seven (7) ARD contracts for Acute Radiation Syndrome (ARS); one contract to support GLP radionuclide facility support services; and eight (8) grants for both Radiation induced cutaneous and lung injury. Additionally, funding on three (3) contracts for Oral DTPA was continued in FY 2008. An RFI for biodosimetry and procurement RFP for Neutropenia were also issued. Funding was continued on several items related to BSA. In FY 2008, ASPR continued to fund Inhalational Gentamicin, the US Army Medical Research Institute of Infectious Diseases (USAMRIID) screening program, and the development of smallpox antiviral. Additionally, a new contract was awarded for smallpox antiviral for the development of an alternate formulation for morbidly ill and post-exposure prophylaxis (PEP) indication. (Target Met)
2007		N/A. (Target Not In Place)
2006		N/A. (Target Not In Place)

**Measure 2.4.4C: BSA (Outcome)**

FY	Target	Result
2011	Award multiple programs for development of broad spectrum antivirals. Advance BS antimicrobial programs to the next TRL (will vary by contract). Progress inhalational gentamicin to TRL 6.	N/A

<b>FY</b>	<b>Target</b>	<b>Result</b>
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 expects to award multiple new contracts and support an existing contract (gentamicin) in FY10 for advanced development of several promising broad spectrum antibiotics for treatment of anthrax, plague, tularemia, and botulism. (In Progress)
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		Broad agency announcements were issued in FY 2008 in partnership with NIAID in the following areas: anthrax vaccine enhancement; advanced development of pan-filovirus vaccines; and the development of broad spectrum antibiotics and antivirals. Awards were made under vaccine enhancement and broad spectrum antivirals in September of 2008. Additionally, BARDA is supporting several existing NIAID contracts that are consistent with the PHEMCE Implementation Plan and Draft BARDA Strategic Plan. Steps taken to combat the threat of radiation included the award of seven (7) ARD contracts for Acute Radiation Syndrome (ARS); one contract to support GLP radionuclide facility support services; and eight (8) grants for both Radiation induced cutaneous and lung injury. Additionally, funding on three (3) contracts for Oral DTPA was continued in FY 2008. An RFI for biodosimetry and procurement RFP for Neutropenia were also issued. Funding was continued on several items related to BSA. In FY 2008, ASPR continued to fund Inhalational Gentamicin, the US Army Medical Research Institute of Infectious Diseases (USAMRIID) screening program, and the development of smallpox antiviral. Additionally, a new contract was awarded for smallpox antiviral for the development of an alternate formulation for morbidly ill and post-exposure prophylaxis (PEP) indication. (Target Met)
2007		N/A
2006		N/A

**Measure 2.4.4D: Innovation (Outcome)**

<b>FY</b>	<b>Target</b>	<b>Result</b>
2011	Continue to support contracts awarded in FY10. No new starts.	N/A

FY	Target	Result
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 expects to award multiple 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. Second round of BAA for innovation will be issued in FY10. (In Progress)
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
2007		N/A
2006		N/A

#### Measure 2.4.4E: Smallpox (Outcome)

FY	Target	Result
2011	No new starts.	N/A
2010	Continue funding ARD program and ensure no overlap with scope of work for potential SRF award(s).	N/A
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)
2008		BARDA awarded 1 new contract for the enhancement of a smallpox antiviral product (new formulation and new indication).

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

FY	Target	Result
2011	No new starts.	N/A
2010	No new activity.	N/A
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)



<b>FY</b>	<b>Target</b>	<b>Result</b>
2008		N/A
2007		N/A
2006		N/A

**Measure 2.4.4G: Botulism (Outcome)**

<b>FY</b>	<b>Target</b>	<b>Result</b>
2011	No new starts.	N/A
2010	No new activity.	BARDA expects to award multiple new contracts and support an existing contract (gentamicin) in FY10 for advanced development of several promising broad spectrum antibiotics for treatment of anthrax, plague, tularemia, and botulism and diagnostics to detect botulism. (In Progress)
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
2007		N/A
2006		N/A

**Measure 2.4.4H: Chemical (Outcome)**

<b>FY</b>	<b>Target</b>	<b>Result</b>
2011	No new starts.	N/A
2010	No new activity	BARDA expects to issue an RFP in FY10 to support functional design plans for facilities to develop and manufacture biological products (In Progress)
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		Continued to fund Midazolam project. Signed MOU with Chemical Biological Medical Systems (CBMS) for joint development of MCMs. (Target Met)
2007		N/A
2006		N/A

**Measure 2.4.4I: Bioproduction Facility (Outcome)**

<b>FY</b>	<b>Target</b>	<b>Result</b>
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FY	Target	Result
2011	Program will not be initiated.	N/A
2010	Release RFP for concept design for multipurpose use manufacturing facility	N/A

Measure	Data Source	Data Validation
2.4.4 2.4.4A 2.4.4B 2.4.4C 2.4.4D 2.4.4E 2.4.4F 2.4.4G 2.4.4H 2.4.4I	HHS Public Health Emergency Medical Countermeasure Enterprise (PHEMCE) Strategy and PHEMCE Implementation Plan for CBRN Threats published in March and April 2007, respectively ( <a href="http://www.hhs.gov/aspr/ophemc/enterprise/strategy/strategy.html">http://www.hhs.gov/aspr/ophemc/enterprise/strategy/strategy.html</a> )	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 management

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

FY	Target	Result
2011	Continue deliveries of MVA and Raxibacumab to the SNS. Complete deliveries of h-BAT and AIG to the SNS under contractual requirements. Initiate phase III clinical studies and pivotal animal studies to support licensure of MVA. Initiate deliveries of smallpox antivirals after contractors have fulfilled the data set necessary for the potential use of the product during a declared emergency. Award procurement contracts for ARS associated neutropenia. Award contracts for procurement of anthrax antitoxins.	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.	BARDA expects to award new contract(s) for development and acquisition of smallpox antiviral drugs. Additional funding will be directed to anthrax and botulinum antitoxins. (In Progress)

<b>FY</b>	<b>Target</b>	<b>Result</b>
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 20 M 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)
2006		Targets met for AVA, pediatric KI and DTPA. Target not met for rPA anthrax vaccine due to development delays. (Target Not Met)

<b>Measure</b>	<b>Data Source</b>	<b>Data Validation</b>
2.4.5	<a href="http://www.hhs.gov/aspr/ophemc/bioshield/procurement_activities/PBSPrcrtPrjct/index.html">http://www.hhs.gov/aspr/ophemc/bioshield/procurement_activities/PBSPrcrtPrjct/index.html</a> ; Program files maintained by the Project Officer and Contract Officer assigned to each BioShield acquisition program.	Contracts awarded and draft Request for Proposal for industry comment are negotiated and issued, respectively, in accordance with Federal Acquisition Regulations (FAR) and the HHS Acquisition Regulations (HHSAR).

*Performance Report:*

In FY 2009, BARDA published a BAA for CBRN medical countermeasures to support the advanced research and development of products for priority threats. Special instructions were issued for anthrax vaccines and anthrax antitoxins with numerous awards anticipated. Additional special instructions are

being prepared for publication to address other threats to increase the number of products under advanced research and development.

**PROGRAM: MEDICINE, SCIENCE, AND PUBLIC HEALTH**

**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)

FY	Target	Result
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.	N/A
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.	N/A

FY	Target	Result
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 w/ GHSI ctrys & WHO to enhance cap. to prepare for/resp to health threats. ASPR org'd WS led to GHSI ctrys agreeing on specific areas of Emergency MCM collabt'n. Dev. 10 supporting annexes to all-hazards HHS International Emergency Resp Framework; assisted DOS, USAID, & DOD harmonize interagency plans on intl resp. Led HHS in whole-of-gov. effort to establish civilian cap. to prevent/prepare for post-conflict sit's, & help stabilize/reconstruct societies in transition from conflict. Detailed health and humanitarian assistance advisor to the US Army War College Peacekeeping and Stability Operations Instit. w/ focus on dev. doctrine & training on health & medical aspects of DOD stability, security, transition & reconstruction. Sig. improved US Border State cross-border epi infectious disease surveillance cap. to rapidly detect bio-terrorism & infectious disease threats. Assisted MX renovate a BSL-3 laboratory with cap. to diagnose biological threat agents. (Target Met)
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 int'l preparednes exercises, increased health alert communications between border states and provinces. GHSAG: Hosted Ministerial, Senior Officials, Technical Experts meetings 12/07. In 2008, hosted 5 GHSAG workshops/ conferences and participated in 11 GHSAG-related workshops, meetings, conferences. SPP: Completed high priority deliverables to include signing of a mutual assistance MOU, improving connectivity between EOC's and health alert reporting systems, and implementing the public health components of the North American Plan for Avian and Pandemic Influenza. IHR: Provided TA to 41 countries in support of the universal implementation of the IHR. Work with BARDA and OPEO has led to collaborations with int'l partners to address MCM development, stockpiling, and deployment and increased testing of emergency preparedness plans and protocols. (Target Met)

<b>FY</b>	<b>Target</b>	<b>Result</b>
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 International Health Regulations (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)**

<b>FY</b>	<b>Target</b>	<b>Result</b>
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.	N/A
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 October 2009, and November 2009. Recommendations were submitted to the Secretary following approval of the Board, in October and November 2009 (In Progress)
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

FY	Target	Result
2006		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, <a href="http://www.hhs.gov/aspr/omsph/nbsb/">http://www.hhs.gov/aspr/omsph/nbsb/</a>	Recommendations and findings of the National Biodefense Science Board will be posted on the Board's website, <a href="http://www.hhs.gov/aspr/omsph/nbsb/">http://www.hhs.gov/aspr/omsph/nbsb/</a>

*Performance Report:*

ASPR is engaged in international preparedness and response partnerships, including with the Global Health Security Initiative (GHSI), the North American Leaders' Summit (NALS) (formerly the Security and Prosperity Partnership of North America (SPP)), and the WHO. ASPR coordinated the GHSI 2007 Ministerial Meeting and now leads a GHSI initiative to support the development of a sustainable global infrastructure for medical countermeasures for CBRN events and pandemic influenza. In this regard, ASPR has organized two successful workshops in 2008 and 2009 attended by international stakeholders.

As part of the NALS, ASPR's accomplishments include developing protocols with Canada and Mexico to improve connectivity between each country's Emergency Operations Centers. In FY 2009 ASPR detailed a public health liaison to Canada for a two-year period. ASPR has conducted a pilot program sending a short-term liaison to Mexico to help determine the ideal location for a long-term assignment and is working with the Mexican counterparts on the development of the full-term program.

In addition to these partnership activities, ASPR develops and exercises international response plans. In FY 2009 ASPR developed 10 supporting annexes to the Framework and assisted Department of State, US Agency for International Development, and Department of Defense (DOD) to harmonize interagency plans related to international response. In FY 2009 ASPR began leading a Department-wide effort to develop and exercise the plan for how it will assist with international efforts to contain a pandemic outbreak.

ASPR led HHS engagement in the whole-of-government effort to establish a civilian capacity to prevent or prepare for post-conflict situations and help stabilize and reconstruct societies in transition from conflict or civil strife, so they can reach a sustainable path toward peace, democracy, social-well being and a market economy.

Biodefense and biosecurity are national priorities. To address these priorities, ASPR has markedly expanded, intensified, and accelerated its support for critical national security biodefense and biosecurity activities. ASPR led activities related to the Tran-Federal Task Force on Optimizing Biosafety Oversight. The Task Force performed an intensive analysis of the current framework of biosafety and biocontainment oversight of high and maximum containment research on hazardous biological agents and



toxins, and delivered a report outlining strategies to address concerns voiced by Congress and the general public.

ASPR chaired the working group (WG) on Strengthening the Biosecurity of the United States, which was established by Executive Order 13486 dated January 9, 2009. The WG reviewed existing policies and practices in place at Federal and non-Federal facilities that conduct research on; manage clinical or environmental laboratory operations involving; or handle, store or transport biological select agents and toxins (BSAT) and made recommendations for new legislation, regulations, guidance, or practices for security and personnel assurance and options for establishing oversight mechanisms. The WG's findings and recommendations are described in its draft report, which was completed and submitted to the White House by July 9, 2009 as required by EO 13486. ASPR also supports the efforts the Working Group on Optimizing Biological Select Agent and Toxin (BSAT) Security. The group is led by the National Security Council/National Security Staff and the Office of Science and Technology Policy.

ASPR led the Interagency Working Group on Synthetic Nucleic Acid Screening to develop guidance for the gene synthesis industry to minimize the risk that unauthorized individuals will gain unique access to biological agents of concern through the use of nucleic acid synthesis technology.

Established by the Pandemic and All-Hazards Preparedness Act of 2006, the National Biodefense Science Board (NBSB) is charged with providing expert advice and guidance to the Secretary of Health and Human Services on scientific, technical, and other matters of interest regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. From FY 2008 through FY 2009, the Board convened six public meetings in-person and six public meetings by teleconference. The Board considered and made recommendations regarding the Charter of the Federal Education and Training Interagency Group—critical to the establishment of a Joint Federal Program for Disaster Medicine and Public health; for strengthening the National Disaster Medical System and medical surge capacity; and for improving the Department's response to the mental health impacts of disasters. . The Board made recommendations on the home stockpiling of antibiotics and the collection of data on the implementation of home stockpiling. The Board also provided recommendations on H1N1 countermeasures, support of the H1N1 vaccination program, and actions to prevent and mitigate adverse behavioral health outcomes during the H1N1 public health emergency.

**PROGRAM: POLICY, STRATEGIC PLANNING AND COMMUNICATIONS**

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

**Measure 2.4.8:** Improve strategic communications effectiveness. (Outcome)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2011	Continue to implement the ASPR strategic communications plan. Maintain and improve ASPR’s central infrastructure for public web communications and interagency collaboration.	N/A
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.	N/A
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. Coordinated 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)
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)
2006		N/A

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

<b>FY</b>	<b>Target</b>	<b>Result</b>
2011	Publish the first NHSS Biennial Implementation Plan by December 2010.	N/A
2010	Continue to build on current outreach and awareness strategy via web, video, and presentations at major meetings of stakeholders.	N/A
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)
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 ASPR's 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
2006		N/A

<b>Measure</b>	<b>Data Source</b>	<b>Data Validation</b>
2.4.8	ASPR communications plan	Produced over 12 webcasts on preparedness and response activities including "know what the Do about 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.
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.

*Performance Report:*

The ASPR policy, programmatic and coordinating functions continue to increase as a result of new authorities and increased program requirements. As the Department's lead for emergency preparedness and response activities, there are additional expectations and requirements for the office to enhance its strategic planning, policy assurance, and strategic communication efforts, both within and outside HHS: development of the ASPR-wide policy agenda; the enhancement of efforts to promote community preparedness and prevention; and, the building of public health partnerships with federal departments and agencies. Throughout the activities of the office, ASPR ensures transparency in policy and program

development efforts, supporting state and local government preparedness efforts and continuing collaboration with academic institutions and private sector entities.

Planning and development of emergency crisis risk communications products is necessary as part of the response to a pandemic influenza outbreak. Public health communications strategies and messages have been identified, used and shared during both major disasters, such as Hurricanes Gustav and Ike, and training sessions, such as the series of pandemic influenza outbreak response tabletop exercises and the 2009-H1N1 influenza. 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.

The 2009-H1N1 influenza outbreak has driven the need to ensure clear communication of guidance and information to Federal, State, local, public and private partners about the event and mitigation strategies. Additionally, the development efforts around vaccine development and procurement, community mitigation policies, surveillance, laboratory capacity and borders for the 2009-H1N1 influenza outbreak have highlighted the need for ASPR to sustain and improve its Department-wide policy development and coordinating function.

The 2009-H1N1 outbreak has also highlighted the need for more robust information technology infrastructures that could be used during a public health and medical emergencies and responses. These infrastructures will bring consultative capacity into austere and compromised environments and enhance the capture of patient information, tracking, and therapeutic intervention throughout the arc of an event.

**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)

<b>FY</b>	<b>Target</b>	<b>Result</b>
2011	8 total cities	N/A
2010	4 cities	N/A

<b>Measure</b>	<b>Data Source</b>	<b>Data Validation</b>
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

## ASPR LINKAGES TO HHS STRATEGIC PLAN

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

	<b>ASPR Goal 1:</b> Enhance State and local Preparedness.	<b>ASPR Goal 2:</b> Improve DHHS response assets to support municipalities and states.	<b>ASPR Goal 3:</b> 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.	<b>ASPR Goal 4:</b> Mitigate the adverse public health effects of a terrorist attack
<b>HHS Strategic Goals</b>				
<b>1 Health Care</b> Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.				
1.1 Broaden health insurance and long-term care coverage.				
1.2 Increase health care service availability and accessibility.				
1.3 Improve health care quality, safety and cost/value.				
1.4 Recruit, develop, and retain a competent health care workforce.				
<b>2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness</b> Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.				
2.1 Prevent the spread of infectious diseases.				
2.2 Protect the public against injuries and environmental threats.				
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.				
2.4 Prepare for and respond to natural and man-made disasters.	X	X	X	X

	<b>ASPR Goal 1:</b> Enhance State and local Preparedness.	<b>ASPR Goal 2:</b> Improve DHHS response assets to support municipalities and states.	<b>ASPR Goal 3:</b> 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.	<b>ASPR Goal 4:</b> Mitigate the adverse public health effects of a terrorist attack
<b>HHS Strategic Goals</b>				
<b>3 Human Services</b> Promote the economic and social well-being of individuals, families, and communities.				
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.				
3.2 Protect the safety and foster the well being of children and youth.				
3.3 Encourage the development of strong, healthier and supportive communities.				
3.4 Address the needs, strengths and abilities of vulnerable populations.				
<b>4 Scientific Research and Development</b> Advance scientific and biomedical research and development related to health and human services.				
4.1 Strengthen the pool of qualified health and behavioral science researchers.				
4.2 Increase basic scientific knowledge to improve human health and human development.				
4.3 Conduct and oversee applied research to improve health and well-being.				
4.4 Communicate and transfer research results into clinical, public health and human service practice.				

## ADDITIONAL ITEMS

### FULL COST TABLE

(dollars in thousands)

HHS Strategic Goals and Objectives	FY 2009	FY 2010	FY 2011
<b>1 Health Care</b> Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care. (Total)	\$0	\$0	\$0
1.1 Broaden health insurance and long-term care coverage.	\$0	\$0	\$0
1.2 Increase health care service availability and accessibility.	\$0	\$0	\$0
1.3 Improve health care quality, safety and cost/value.	\$0	\$0	\$0
1.4 Recruit, develop, and retain a competent health care workforce.	\$0	\$0	\$0
<b>2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness</b> Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats. (Total)	\$0	\$0	\$0
2.1 Prevent the spread of infectious diseases.	\$0	\$0	\$0
2.2 Protect the public against injuries and environmental threats.	\$0	\$0	\$0
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.	\$0	\$0	\$0
2.4 Prepare for and respond to natural and man-made disasters.	\$797,191	\$891,595	\$1,053,734
<b>3 Human Services</b> Promote the economic and social well-being of individuals, families, and communities. (Total)	\$0	\$0	\$0
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.	\$0	\$0	\$0
3.2 Protect the safety and foster the well being of children and youth.	\$0	\$0	\$0
3.3 Encourage the development of strong, healthier and supportive communities.	\$0	\$0	\$0
3.4 Address the needs, strengths and abilities of vulnerable populations.	\$0	\$0	\$0
<b>4 Scientific Research and Development</b> Advance scientific and biomedical research and development related to health and human services. (Total)	\$0	\$0	\$0
4.1 Strengthen the pool of qualified health and behavioral science researchers.	\$0	\$0	\$0
4.2 Increase basic scientific knowledge to improve human health and human development.	\$0	\$0	\$0
4.3 Conduct and oversee applied research to improve health and well-being.	\$0	\$0	\$0
4.4 Communicate and transfer research results into clinical, public health and human service practice.	\$0	\$0	\$0
<b>Agency Total</b>	\$0	\$0	\$0



## DISCONTINUED PERFORMANCE MEASURES

### PROGRAM: TRAINING AND CURRICULUM DEVELOPMENT

**Agency Long-Term Objective:** Enhance State and Local Preparedness

**Measure:** 225,000 health professionals trained (Outcome)

FY	Target	Result
2007	225000	329741 (Target Exceeded)
2006	91000	442623 (Target Exceeded)

### Agency Long-Term Objective, Measure

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