OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE
FY 2010 ONLINE PERFORMANCE APPENDIX

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

Summary of Performance Targets and Results Table

Fiscal Year	Total Targets	Targets with Results Reported	Percent of Targets with Results Reported	Total Targets Met	Percent of Targets Met
2007	8	7	88%	5	71%
2008	10	9	90%	8	89%
2009	9	7	78%	0	0
2010	9	NA	NA	NA	NA

Performance Detail (by Activity)

Program: Preparedness and Emergency Operations

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

Measure	FY	Target	Result
2.4.1: Improve ESF #8 preparedness planning and response capability. *(Outcome)*	*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.	N/A
	2009	Continue regionalization efforts for local coordination with Federal emergency care coordinators. Development of modular, mobile deployment capabilities. Regionalization of response team administrative and operations functions. Distribute and exercise region playbooks and overall response coordination. Incorporate NDMS team commanders in ESF #8 response planning activities. Interagency roles/responsibilities incorporated. Scope to include public health and medical equities. SOC SA enhanced via Fusion Cell & DTRA partnership. Finalize the implementation of regional readiness enhancements include the regionalization of OPEO/NDMS caches & warehouse consolidation. Exercise ability to deploy HHS command staff, medical stations, and initial care is supported by numerous table top and operational exercises.	Regional response capabilities expanding. Regional coordinators continued integrated planning efforts to identify capability gaps for hurricane responses. The IRCT participated in multiple deployments. IRCT advanced training provided at ESF 8 Summit. First draft of the Field Operations Guide completed. 14 playbooks completed. 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 (REMM) that is now available in a PDA version and Chemical Event Medical Management (CHEMM) is under development. (In Progress)

Measure	FY	Target	Result
	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)
	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
	2005		N/A

Measure		

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 Narrative:

ASPR led HHS's integrated preparedness planning, response and regional logistics support to greater than 42 events that required 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 the 2008 response to Hurricanes Gustav and Ike ASPR deployed nearly 2,000 personnel to Louisiana, Texas, Florida, Mississippi, and Georgia and coordinated responses with ESF #8 support agencies such as Department of Defense (DOD), and other National Response Framework partners. The medical and public health assets included:

- 14 Federal Medical Shelters comprised of 250 beds each staffed by Federal and State personnel to provide basic care.
- Over 85 Disaster Medical Assistance Teams from NDMS to coordinate patient evacuations, provide acute care, support emergency room decompression and augment Federal Medical Stations.
- 1 Disaster Mortuary Assistance Team and 1 Disaster Portable Morgue Unit to provide mortuary services for disinterred remains.
- 7 Rapid Deployment Force teams from the United States Public Health Service (USPHS) to provide mental health and public health staff augmentation.
- Over 10,000 patient encounters during these events
- Over 750 tons of medical materiel was moved and utilized

ASPR has successfully responded to tropical storms, food safety concerns, such as salmonella and E. coli outbreaks, national special security events, threats and exercises throughout the past year. These responses have provided ASPR and HHS the opportunity to strengthen their situational awareness, analysis and decision support capabilities, and mature their response management. ASPR is building its ability to manage information by outlining the existing information management processes between its internal and external stakeholders and by improving the definition of the Department's core capabilities to ensure essential elements of information are collected. ASPR is building a regional response capability by consolidating

warehousing and equipment/supply caches within the regions and engaging ASPR's 35 Regional Emergency Coordinators in conducting integrated planning with state/local entities to include detailed analyses of potential gaps in state/local capabilities that may require Federal support during disaster response. Many Departmental and national plans have been exercised and "lessons learned" applied which allows HHS to make necessary revisions in order to expand the capabilities to respond. The COOP Program successfully participated in National Level Exercise 2-08 "Eagle Horizon" by fully activating one of the alternate facilities, exercising the HHS Orders of Succession, and training senior HHS leadership in their roles and responsibilities when acting from the alternate facility during disasters. ASPR also participated in and evaluated several tabletop, functional, and full scale exercises such as TOPOFF 4, hurricane scenarios, and the Democratic and Republican National Conventions.

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

In its role of coordinating efforts to address mental health and needs of "at-risk individuals," ASPR has undertaken several significant initiatives. In 2007, ASPR conducted a thorough assessment of the Department's emergency behavioral/mental health capabilities, including personnel, technical assistance, materials, and grants. In 2008, the findings of this assessment were analyzed and compiled into a report containing a summary of current capabilities, along with gaps and recommended action steps. 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 look to begin implementation of the action items. To address needs of "at-risk individuals," ASPR surveyed all the HHS Operating and Staff Divisions to identify current efforts aimed at special needs, at-risk, and vulnerable populations. In FY 2009, efforts focused on integrating attention to at-risk/special needs into HHS preparedness and response activities, as mandated by PAHPA. ASPR has also established a new program to improve federal coordination of in-hospital emergency medical care activities and to promote programs and resources that improve the delivery of daily emergency medical and mental health care. This is a multi-level collaboration that will result in a coalition comprised of subject-matter experts from various organizations who will provide strategic and operational policy guidance and facilitate agencies involvement.

Program: Hospital Preparedness Program

Long Term Objective: Enhance State and Local Preparedness

Measure	FY	Target	Result
2.4.2: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through:			
A: % of States demonstrating ability to report hospital bed data *(Outcome)*	*2010*	90%	Initial data available Dec, 2011
	2009	80%	Initial data available Dec, 2010
	2008	60%	Initial data available Dec, 2009
	2007	50%	74% (Target Exceeded)
B: % of States demonstrating use of Interoperable Communications Systems *(Outcome)*	*2010*	98%	Initial data available Dec, 2011
	2009	95%	Initial data available Dec, 2010
	2008	60%	Initial data available Dec, 2009
	2007	50%	91% (Target Exceeded)
C: % of States demonstrating development of Fatality Management Plans *(Outcome)*	*2010*	85%	Initial data available Dec, 2011
	2009	70%	Initial data available Dec, 2010
	2008	60%	Initial data available Dec, 2009
	2007	50%	62% (Target Exceeded)
D: % of States demonstrating development of Hospital Evacuation Plans *(Outcome)*	*2010*	90%	Initial data available Dec, 2011
	2009	85%	Initial data available Dec, 2010
	2008	60%	Initial data available Dec, 2009
	2007	50%	80% (Target Exceeded)
E: % of States demonstrating development of fully operational and compliant ESAR-VHP programs *(Outcome)*	*2010*	95%	Sep 30, 2010
	2009	85%	Sep 30, 2009
	2008	70%	88% (Target Exceeded)
	2007	50%	60% (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 be made to the SSP to ensure full compliance with the NIPP. The SSP was forwarded to DHS within 180 days and the tasks associated with the SSP are being scheduled in partnership with the private and government sector partners.

Long Term Objective: Enhance State and Local Preparedness

Measure	FY	Target	Result
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)*	*2010*	34.03 per 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	Apr 30, 2009
	2006	6.72 per million dollars	14.4 per million dollars (Target Exceeded)
	2005	N/A	4.48 per million dollars (Target Not In Place)

Measure	Data Source	Data Validation
2.4.3	Data are based on the applications submitted.	Data are self-reported

Performance Narrative:

The program developed new evidenced-based measures for FY 2008 that reflect the requirements of PAHPA, and continued to refine those measures for FY 2009 to provide a more accurate picture of the direction and focus of preparedness efforts. During 2008 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 has been standardized. 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.

The FY 2009 targets for the goal include that 70 percent of States will 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. This target was confirmed in March 2009 during a test of the HAvBED system. 74% of the states were able to report their available beds without difficulty. Also, 70 percent of States will 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 submitted by the states were analyzed in record time. As reported by the states 91% were able to demonstrated interoperable communications during exercises.

PAHPA also transferred responsibility for the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) program from HRSA to ASPR. PAHPA mandated that all states must participate in ESAR-VHP. The purpose of the program is to facilitate the use of volunteers at all tiers of response (local, regional, state, interstate, and federal). The ESAR-VHP program has been working to establish a national network of state-based programs that manage the information needed to effectively use health professional volunteers in an emergency. These State-based systems form a national network that will ensure the efficient use of health professional volunteers in emergencies by providing up-to-date information regarding the volunteer's identity and credentials to hospitals and other health care facilities in need of the volunteer's services. Each state's ESAR-VHP system is built to standards that will allow quick and easy exchange of health professionals with other States, thereby maximizing the size of the population able to receive services during a time of a declared disaster or public health emergency. The ESAR-VHP program provides to the states standardized guidance for volunteer recruitment, registration, credential verification, classification according to verified professional credentials, legal and regulatory issues, and policies for the use of volunteers. The program also provides technical assistance to the States in all of these areas.

In FY 2008, the program finalized its national compliance requirements and worked toward finalizing the 3rd version of the *ESAR-VHP Technical and Policy Guidelines, Standards, and Definitions: System Development Tools* (*Guidelines*). The *Guideline*s provide the technical information that states need to develop systems capable of registering a wide range of health volunteers, verify their credentials and qualifications, and assign volunteers to one of four credential levels. Included are new and interim standards for 20 healthcare profession occupations. In FY 2008, states were provided access to national databases, including the American Board of Medical Specialties (ABMS), American Osteopathic Information Association (AOIA), Federation of State Medical Boards (FSMB), and Drug Enforcement Administration (DEA). These sources provide data critical to the process of performing credential verification of volunteer health professionals.

In FY 2009, ASPR will award grants to support and sustain state and territorial ESAR-VHP programs. The grants will focus on meeting the ASPR ESAR-VHP compliance requirements and support efforts to integrate state ESAR-VHP programs and local Medical Reserve Corps (MRC) units. Funding will be used to continue state and territorial ESAR-VHP personnel participation in the Integrated Medical, Public Health, Preparedness and Response Training

Summit, which provides a forum for conducting training, information sharing, and relationship reinforcement among local, state, and Federal response partner organizations to build stronger and robust response capabilities. Funding will be used to evaluate the state ESAR-VHP programs to assess their progress. The FY 2009 performance target for the goal includes that 85% of States will be able to demonstrate through reporting and/or exercises the development of fully operational and compliant ESAR-VHP programs that would ensure health care workforce surge capacity in a public health emergency. Additionally, ASPR is integrating the state ESAR-VHP programs in regional and national level exercises. In FY 2009, ASPR will release the 3rd version of the ESAR-VHP Guidelines and the updated Legal and Regulatory Issues Report. In FY 2009, ASPR will launch the ESAR-VHP Web site to raise public awareness of the national ESAR-VHP program and state registries and recruit and direct potential health professional volunteers to the state ESAR-VHP web sites to register to become volunteers. Currently 49 states, including the District of Columbia have operational ESAR-VHP systems. The remaining states are in the process of implementing their ESAR-VHP systems.

Program: Advanced Research and Development

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	FY	Target	Result
2.4.4: Obtain sufficient evidence for the safety, efficacy and product characteristics of candidate medical countermeasures for priority chemical, biological, radiological and nuclear agents to accelerate their potential for procurement under Project BioShield *(Outcome)*	*2010*	Targets, which may be addressed by contract awards in FY10 from CBRN BAA MCM ARD, include anthrax, acute radiation syndrome, and biothreats including enhanced agents such as antibiotic-resistant forms of anthrax, plaque, 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 in FY09; Offerors submitted white papers for BARDA consideration; results of technical evaluation are pending; contract awards expected in 2009. (In Progress)
	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
	2007		N/A
	2006		N/A
	2005		N/A

Measure	FY	Target	Result
2.4.4A: Anthrax (vaccines, therapeutics, and medkits) *(Outcome)*	*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.	N/A
	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 in FY09; Offerors submitted white papers for BARDA consideration; results of technical evaluation are pending; contract awards expected in 2009. IAA executed to manufacture anthrax antibiotic MedKits and conduct labeling comprehension studies. (In Progress)
	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		N/A
	2006		N/A
	2005		N/A

Measure	FY	Target	Result
2.4.4B: Radiation *(Outcome)*	*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.	N/A
	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 BAAs in FY09; Offerors submitted white papers for BARDA consideration; results of technical evaluation are pending; contract awards expected in 2009. Additional funding will be added to existing contracts awarded in FY08 for advanced development of ARS MCMs. Contracts will be awarded on BAA issued in FY09 for development of biodosimetry diagnostic devices and assays for rad/nuc exposure. (In Progress)

Measure	FY	Target	Result
	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

Measure	FY	Target	Result
	2006		N/A
	2005		N/A
2.4.4C: Broad Spectrum Antimicrobials (BSA) *(Outcome)*	*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.	N/A
	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. Pre-clinical studies of inhalational gentamicin are on-going. (In Progress)

Measure	FY	Target	Result
	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

Measure	FY	Target	Result
	2006		N/A
	2005		N/A
2.4.4D: Innovation *(Outcome)*	*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 *in vitro* testing methods to determine a product's efficacy, support assay development. In addition this effort will support development of late stage diagnostics.	N/A
	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 is under final review for issuance in FY09. (In Progress)
	2008		N/A
	2007		N/A
	2006		N/A
	2005		N/A
2.4.4E: Smallpox *(Outcome)*	2010		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)	N/A

Measure	FY	Target	Result
	2008		BARDA awarded 1 new contract for the enhancement of a smallpox antiviral product (new formulation and new indication). In addition BARDA continued to fund 1 existing contract.
	2007		N/A
	2006		N/A
	2005		N/A
2.4.4F: Viral Hemorrhagic Fevers *(Outcome)*	*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 are under technical review. (In Progress)
	2008		N/A
	2007		N/A
	2006		N/A
	2005		N/A
2.4.4G: Botulism *(Outcome)*	*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 are under technical review. (In Progress)
	2008		N/A
	2007		N/A
	2006		N/A
	2005		N/A
2.4.4H: Chemical *(Outcome)*	*2010*	No new activity	N/A
	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 are under technical review. (In Progress)
	2008		Continued to fund Midazolam project. Signed MOU with Chemical Biological Medical Systems (CBMS) for joint development of MCMs. (Target Met)
	2007		N/A

Measure	FY	Target	Result
	2006		N/A
	2005		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	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.

Performance Narrative:

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

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

Broad agency announcements were issued in FY 2008 in partnership with the National Institute of Allergy and Infectious Diseases (NIAID) at NIH to solicit proposals to develop products in the following areas: anthrax vaccine enhancement, filovirus vaccines, and broad spectrum antibiotics and antivirals. Contract awards were made under vaccine enhancement and broad spectrum antivirals in September of 2008. Additionally, BARDA supported several existing NIAID contracts that were consistent with the *PHEMCE Implementation Plan*.

To ameliorate the many illnesses associated with the threat of radiation, FY 2008 funding supported the awarding of seven contracts for Acute Radiation Syndrome (ARS), one contract to support good laboratory practices (GLP) radionuclide facility support services, and eight grants

for both radiation-induced cutaneous and lung injuries. Additionally, funding on three contracts for oral DTPA (diethylene triamine pentaacetic acid) was continued in FY 2008. Requests for proposals (RFPs) for development of biodosimetry devices and neutropenia associated with ARS were issued in FY 2009.

Funding was continued on several broad spectrum antimicrobial agent projects in FY 2008. Further, BARDA continued to fund inhalational gentamicin studies, the US Army Medical Research Institute of Infectious Diseases (USAMRIID) screening program, and the development of smallpox antiviral drug product. Additionally, a new contract was awarded for the development of an alternate formulation of a smallpox antiviral drug for morbidly ill and post-exposure prophylaxis (PEP) indication.

Program: BioShield Management

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	FY	Target	Result
2.4.5: Deliver licensed, licensable and approvable top priority medical countermeasures for chemical, biological, radiological and nuclear threats. *(Outcome)*	*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	N/A
	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 in FY09 for development/acquisition of a smallpox antiviral drug; contract awards expected in 2009. Contract negotiations are on-going for rPA vaccine RFP. Deliveries of Raxibacumab and AVA on schedule for completion in FY09. 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 in FY09 plasma pools for h-BAT and AIG and warm base manufacturing operations for Raxibacumab. (In Progress)
	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)

Measure	FY	Target	Result
	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 smallpoz vaccine Modified Vaccinia Ankara (MVA) smallpox vaccine and 18.75 million doses of AVA. Deliveries of AIG and H-BAT to SNS were initiated (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)
	2005		N/A

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

Performance Narrative:

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

- Anthrax therapeutic – 10,000 treatment courses of Anthrax Immune Globulin
- Anthrax therapeutic – 20,000 treatment courses of a monoclonal antibody, Raxibacumab
- Botulism antitoxin – 200,000 treatment courses of an equine plasma-derived heptavalent botulism antitoxin.

These three acquisition contracts all involve late-stage development. They have all met FDA requirements for pre-licensure use under an emergency and are being delivered to the SNS.

In June 2007, a Project BioShield contract was awarded for 20 million doses of a novel smallpox

Modified Vaccinia Ankara (MVA) vaccine to protect 10 million immunocompromised persons. This contract uses the original Project BioShield 10% advance payment provision as well as the milestone payment authorities provided by PAHPA. In September 2007, a second contract was awarded for 18.75 million doses of AVA anthrax vaccine. This contract calls for not only the delivery of product but also an extension of the licensed indication (pre-exposure prophylaxis) to post-exposure prophylaxis.

In 2008, BARDA issued a Request for Proposals (RFP) for next generation recombinant protective antigen (rPA) anthrax vaccines with expectations of contract awards in FY 2009. In addition, BARDA issued an RFP for medical countermeasures to treat the neutropenia associated with Acute Radiation Syndrome (ARS); this RFP was cancelled in FY 2009 due to the immaturity and excessive risk associated with awarding contracts to the Offerors that submitted proposals. Subsequently, an RFP for advanced development of these ARS MCM products was issued to address this threat. A RFI for an Anthrax Antibiotic MedKit was issued in 2008, which was followed by an interagency agreement for development of a MedKit. Lastly an RFP was issued in FY 2009 for a smallpox antiviral drug; contract award(s) are expected in 2009.

Program: Medicine, Science, and Public Health (Formerly International Early Warning Surveillance)

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

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

Measure	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.	Developed 10 supporting annexes to the all-hazards HHS International Emergency Response Framework and assisted DOS, USAID, and DOD to harmonize interagency plans related to international response. Further developed and exercised HHS international pandemic influenza containment plans in coordination with internal, USG and WHO partners. Led HHS engagement in the whole-of-government effort to establish a civilian capacity to prevent or prepare for post-conflict situations, and to help stabilize and reconstruct societies in transition from conflict or civil strife. Detailed a USPHS officer to the US Army War College Peacekeeping and Stability Operations Institute to serve as their health and humanitarian assistance advisor, with focus on developing doctrine and training on the health and medical aspects of DOD stability, security, transition and reconstruction operations. (In Progress)

Measure	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 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)

Measure	FY	Target	Result
	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
	2005		N/A
2.4.7: Provide medical, scientific, and public health subject matter expertise *(Outcome)*	*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.	N/A
	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 one public teleconference in October 2008 and a public face-to-face meeting in November 2008 and April 2009. Recommendations were submitted to the Secretary following approval by the Board, in November 2008. (In Progress)

Measure	FY	Target	Result
	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
	2006		N/A
	2005		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.hhs.gov/aspr/omsph/nbsb/ .	Recommendations and findings of the National Biodefense Science Board will be posted on the Board's website, http://www.hhs.gov/aspr/omsph/nbsb/ .

Performance Narrative:

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

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

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

The FY 2008 target to provide medical, scientific, and public health subject matter expertise was met. The inaugural meeting of the NBSB occurred on December 17-18, 2007 in Washington, DC. At that time the NBSB Board voted to establish four working groups. The working groups will examine the current state of pandemic influenza research efforts; conduct an overview of the U.S. government's research portfolio of medical countermeasure and biosurveillance efforts; consider efforts to address and strengthen the medical countermeasure marketplace; and explore the development of an integrated disaster medicine framework. At the June 2008 public meeting the Board voted to establish a Personal Preparedness Working Group and welcomed the members of the Disaster Mental Health Subcommittee established in response to Homeland Security Presidential Directive -21. From FY 2008 through the first half of FY 2009, the Board convened four public meetings in-person and three 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. Recommendations from the Disaster Mental Health Subcommittee were reviewed, discussed and received final approval by the Board, and provided to the Secretary. The recommendations promote integration of mental and behavioral health into public health and medical preparedness and response activities. In addition to these activities the Board considered issues of individual preparedness including diverse viewpoints on the home stockpiling of antibiotics for use in the event of a release of anthrax.

Program: Policy, Strategic Planning and Communications

Long Term Objective: Improve HHS response assests to support municpalities and States.

Measure	FY	Target	Result
2.4.8: Improve strategic communications effectiveness. *(Outcome)*	*2010*	Implement the ASPR strategic communications plan. Maintain ASPR's central infrastructure for public web communications with ESF 8 partners.	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.	Research for the development of a communication strategy around the use of "social media" as an additional mechanism to communicate during public health emergencies. Working with GHSAG to develop messages around border protection issues for Pandemic Influenza. (In Progress)
	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)

Measure	FY	Target	Result
	2006		N/A
	2005		N/A
2.4.9: Establish and improve awareness of the ASPR strategy for preparedness and response *(Outcome)*	*2010*	Maintain 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.	Provide outreach support to expanded stakeholder groups to socialize the NHSS in the strategic development phase and in the broader rollout of Strategy and implementation plan. (In Progress)
	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
	2006		N/A
	2005		N/A

Measure	Data Source	Data Validation
2.4.8	"Terrorism and Other Public Health Emergencies - A Reference Guide for Media", public health communications strategies and messages for terrorism and other public health emergency scenarios, after action reports on risk communication exercises.	Interagency review by appropriate subject matter experts, field testing of strategies and messages during developing incidents and major exercises.

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.

Performance Narrative:

Planning and development of emergency crisis risk communications as necessary as part of the response to a pandemic influenza outbreak is well underway. Ongoing collaboration on crisis and emergency risk communications related to public health emergencies, including a pandemic influenza outbreak or terrorism, has expanded to include not only federal partners via the interagency working groups including the Department of Homeland Security (DHS) Border Communications Working Group and National Public Health Information Coalition of state and local public health communicators. The ASPR Communications Team continues to work collaboratively with our North American partners Canada and Mexico, and the entire international health community via Global Health Security Action Group.

The development and publication of the National Health Security Strategy is required by PAHPA and will be published in 2009.

ASPR Linkages to HHS Strategic Plan

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

HHS Strategic 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
1 Health Care Improve the safety, quality, affordability and accessibility of health care, including behavioral health care and long-term care.				
1.1 Broaden health insurance and long-term care coverage.				
1.2 Increase health care service availability and accessibility.				
1.3 Improve health care quality, safety and cost/value.				
1.4 Recruit, develop, and retain a competent health care workforce.				
2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats.				
2.1 Prevent the spread of infectious diseases.				
2.2 Protect the public against injuries and environmental threats.				
2.3 Promote and encourage preventive health care, including mental health, lifelong healthy behaviors and recovery.				
2.4 Prepare for and respond to natural and man-made disasters.	✓	✓	✓	✓

HHS Strategic 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
3 Human Services Promote the economic and social well-being of individuals, families, and communities.				
3.1 Promote the economic independence and social well-being of individuals and families across the lifespan.				
3.2 Protect the safety and foster the well being of children and youth.				
3.3 Encourage the development of strong, healthier and supportive communities.				
3.4 Address the needs, strengths and abilities of vulnerable populations.				
4 Scientific Research and Development Advance scientific and biomedical research and development related to health and human services.				
4.1 Strengthen the pool of qualified health and behavioral science researchers.				
4.2 Increase basic scientific knowledge to improve human health and human development.				
4.3 Conduct and oversee applied research to improve health and well-being.				
4.4 Communicate and transfer research results into clinical, public health and human service practice.				

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

HHS Strategic Goals and Objectives	FY 2008	FY 2009	FY 2010
1 Health Care 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
2 Public Health Promotion and Protection, Disease Prevention, and Emergency Preparedness Prevent and control disease, injury, illness and disability across the lifespan, and protect the public from infectious, occupational, environmental and terrorist threats. (Total)	$633	$788	$891
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.	$633	$788	$891
3 Human Services 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
4 Scientific Research and Development 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
Agency Total	$633	$788	$891

Discontinued Performance Measures

Program: Hospital Preparedness Program

Long Term Objective: Enhance State and Local Preparedness

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
: Improve surge capacity and enhance community and hospital preparedness for public health emergencies through percentage of awardees that have developed plans to address surge capacity *(Outcome)*	FY 2008: 100.0 (Target Met)	N/A	N/A	N/A

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

Program: Training and Curriculum Development

Long Term Objective: Enhance State and Local Preparedness

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
: 225,000 health professionals trained *(Outcome)*	FY 2005: 239078 (Target Exceeded)	N/A	N/A	N/A

Performance Narrative:

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