Agency Priority Goal Action Plan

Health Security

**Goal Leaders:**

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

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

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

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

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

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

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

Health Security Agency Priority Goal
Goal Leaders: CDC, ASPR

- **International capacity building**
  - Contributing Agencies: ASPR, CDC, OGA

- **Rapid response capability**
  - Contributing Agencies: ASPR, CDC
Goal Structure & Strategies

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

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

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

### Goal: Increase capacity to prevent health threats originating abroad from impacting the U.S.

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

<table>
<thead>
<tr>
<th>Bangladesh</th>
<th>Burkina Faso</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Cote d’ Ivoire</td>
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<tr>
<td>Guinea</td>
<td>Ethiopia</td>
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<td>India</td>
<td>Indonesia</td>
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<td>Kenya</td>
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<td>Mali</td>
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<td>Senegal</td>
<td>Sierra Leone</td>
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<td>Tanzania</td>
<td>Uganda</td>
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<tr>
<td>Vietnam</td>
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</tbody>
</table>
HHS will contribute to increasing the surveillance, workforce capacity, emergency management, and laboratory capacity of 17 partner countries.

In November 2018, U.S. Government teams (including HHS employees) reported on each country’s progress for each capacity area, using indicators from the WHO Joint External Evaluation (JEE) tool. The table below summarizes how many of the partner countries increased their capacities in the four capacities of interest from their baselines that were set in FY 2017.

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Target</th>
<th>Number of Countries (n=17) with Capacity Level Increase over Baseline at End of FY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Laboratory System</td>
<td>Detect and diagnose infectious diseases by building a strong laboratory network</td>
<td>12</td>
</tr>
<tr>
<td>Real-time Surveillance</td>
<td>Detect and assess outbreaks in real time using high-quality data from a robust surveillance network</td>
<td>14</td>
</tr>
<tr>
<td>Workforce Development</td>
<td>Prevent, detect, and respond to infectious disease outbreaks using a trained public health workforce</td>
<td>11</td>
</tr>
<tr>
<td>Emergency Operations Center (EOC)</td>
<td>Reduce the impact of public health threats by developing an EOC that is connected to a global network of EOCs</td>
<td>14</td>
</tr>
</tbody>
</table>
In Fiscal Years 2018-2019, HHS will work with 17 priority partner countries to build health security capacity to prevent, detect, and respond to health threats before they spread and impact the United States.

HHS is currently implementing—with other U.S.G. agencies and the partner countries—the priority capacity building activities for FY 2019.

### Key Milestones: International Response Capacity

#### Milestone Summary

<table>
<thead>
<tr>
<th>Key Milestone*</th>
<th>Milestone Due Date</th>
<th>Milestone Status</th>
<th>Owner</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop FY 2018 annual work plans</td>
<td>Q1, FY 2018</td>
<td>Complete</td>
<td>CDC</td>
<td></td>
</tr>
<tr>
<td>Implement FY 2018 work plan activities</td>
<td>Q1-Q4, FY 2018</td>
<td>Complete</td>
<td>CDC</td>
<td>Activities successfully implemented for FY18</td>
</tr>
<tr>
<td>Submit FY 2018 mid-year progress reports</td>
<td>Q3, FY 2018</td>
<td>Complete</td>
<td>CDC</td>
<td></td>
</tr>
<tr>
<td>Submit FY 2018 end-of-year progress reports</td>
<td>Q1, FY 2019</td>
<td>Complete</td>
<td>CDC</td>
<td>Country teams submitted November 2018</td>
</tr>
<tr>
<td>Develop FY 2019 annual work plans</td>
<td>Q1, FY 2019</td>
<td>Complete</td>
<td>CDC</td>
<td>Country Teams submitted November 2018</td>
</tr>
<tr>
<td>Publish FY 2018 annual report</td>
<td>Q2, FY 2019</td>
<td>In development</td>
<td>CDC, OGA</td>
<td>Publication planned for June 2019</td>
</tr>
<tr>
<td>Implement FY 2019 work plan activities</td>
<td>Q1-Q4, FY 2019</td>
<td>In progress</td>
<td>CDC</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Submit FY 2019 mid-year progress reports</td>
<td>Q3, FY 2019</td>
<td>In progress</td>
<td>CDC</td>
<td>Due May 29</td>
</tr>
<tr>
<td>Submit FY 2019 end-of-year progress reports</td>
<td>Q1, FY 2020</td>
<td>In progress</td>
<td>CDC</td>
<td></td>
</tr>
<tr>
<td>Publish FY 2019 annual report</td>
<td>Q2, FY 2020</td>
<td>In progress</td>
<td>CDC, OGA</td>
<td></td>
</tr>
</tbody>
</table>

*Most milestones will be completed in collaboration with other U.S.G. agencies. All milestones apply to all 17 partner countries.*
### Key Indicator: Number of Partner Countries that Increased Capacity in Four Priority Capacity Areas*

HHS has updated these data following the November 2018 submission of Q3-Q4 reporting data from GHS Country Teams. The following slides provide additional information on progress supported by CDC through end of year FY 2018 in each of the areas in the table. Data in the following slides are for the 17 priority partner countries.

<table>
<thead>
<tr>
<th>Capacity</th>
<th>End FY 2017</th>
<th>Mid FY 2018</th>
<th>End FY 2018</th>
<th>Mid FY 2019</th>
<th>End FY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Laboratory System</td>
<td>9</td>
<td>10</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real-time Surveillance</td>
<td>10</td>
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<td>Emergency Operations Center (EOC)</td>
<td>11</td>
<td>14</td>
<td>14</td>
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</tbody>
</table>

*Capacity level increase = increase in at least one of the indicators within technical area in the specified time period*
FY 2018 Key Indicator Data Detail – Laboratory: Testing, Reporting, and Surveillance Capacity for Priority Pathogens Using Six WHO Core Tests

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

- **47 percent** (8/17) of countries have testing, reporting and surveillance capacity for salmonella typhi

Compared to last submission Ethiopia reported an increase in testing capacity for Influenza virus, therefore the testing capacity increased from 14 to 15 countries.
FY18 Key Indicator Data Detail – Surveillance: GHSA Countries using a National Database that Meets GHSA Surveillance Indicator Criteria

- Contains data for subnational jurisdictions: 16
- Includes suspect case reports with laboratory data from subnational jurisdictions: 11 *
- Links laboratory data with case reports for all priority notifiable diseases: 8 *
- Web-based: 12 *
- Meets all criteria: 6

* Previously reported data updated with corrected information for four countries.
FY 2018 Key Indicator Data Detail – Workforce Development: Field Epidemiology Training Program (FETP) – Frontline: Number of New Graduates in FY 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Previously Reported FY18</th>
<th>New FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon (2016)</td>
<td>101</td>
<td>132</td>
</tr>
<tr>
<td>Ethiopia (2016)</td>
<td>82</td>
<td>148</td>
</tr>
<tr>
<td>India (2016)</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Uganda (2016)</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>Cote d'Ivoire (2016)</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Guinea (2016)</td>
<td>31</td>
<td>29</td>
</tr>
<tr>
<td>Burkina Faso (2016)</td>
<td>35</td>
<td>23</td>
</tr>
<tr>
<td>Kenya (2014)</td>
<td>30</td>
<td>23</td>
</tr>
<tr>
<td>Senegal (2016)</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>Sierra Leone (2016)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Tanzania (2016)</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Pakistan (2016)</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Liberia (2015)</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Mali (2016)</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Bangladesh (2016)</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Previously reported FY18 FETP-Frontline Graduates, October 2017 - March 2018

New FY18 FETP-Frontline Graduates, April - September 2018

Progress

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

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

Previously reported data for Senegal, Cameroon, India and Uganda have been updated to reflect new information received after the previous reporting period.
Key Indicator - Number of mobilizations and person-days of response support of the CDC Global Rapid Response Team

- Number of mobilizations:
  - Q4, FY2017: 48
  - Q1, FY2018: 62
  - Q2, FY2018: 69
  - Q3, FY2018: 68
  - Q4, FY2018: 57
  - Q1, FY2019: 45

- Person-Days of Response Support:
  - Q4, FY2017: 969
  - Q1, FY2018: 1557
  - Q2, FY2018: 888
  - Q3, FY2018: 852
  - Q4, FY2018: 899
  - Q1, FY2019: 1078
FY 2018 Key Indicator Data Detail – Emergency Management: Emergency Operations Centers and Management Training

- **94 percent (16/17) of Phase I countries** have established or strengthened their national EOCs to manage and monitor health events in real time.

- **60 Public Health Emergency Management Fellows** trained from all 17 Phase I countries to better lead and manage outbreak and other public health emergency responses.

• WHO-led evaluation of the United States using the JEE Tool in 2016 resulted in a comprehensive assessment of national public health and emergency response capacities.


• ASPR Policy Division coordinating alignment and synergy with the National Health Security Strategy and the National Biodefense Strategy.

• Domestic priorities include:
  - Antimicrobial resistance
  - Laboratory systems
  - Real-time surveillance
  - Zoonotic diseases
  - Biosafety/biosecurity
  - Emergency operations
  - Risk Communication
  - Chemical and radiological preparedness
HHS will contribute to increasing the surveillance, workforce capacity, emergency management, and laboratory capacities of 17 partner countries. HHS will maintain the capability to provide personnel and operational resources to support investigations of and responses to health threats in and with partner countries.

Data Source: The JEE is a WHO-led process for a transparent, external assessment of countries’ health security capacity.

- Each country that completes a JEE receives a score from 1 to 5 across indicators spanning 19 areas that include the 11 GHSA Action Packages.
- The JEE is the source for the baseline data the U.S. Government uses to measure progress, and is also used to validate previous assessments and plans.

The U.S. Government, including HHS, works with 17 priority partner countries to build capacity to prevent, detect, and respond to infectious disease threats. The impact of this work can be measured using the indicators within the JEE, the international metric for health security capacity.

Twice per year, USG country teams report on whether the U.S. work with partners has built the capacity necessary for the country to score a point higher by the JEE scoring scale. For most indicators, gaining one level of capacity represents a significant accomplishment.

The data presented capture the impact of U.S.-supported activities by detailing the number of countries that have built the capacity needed to score at least one point higher on JEE indicators related to each GHSA Action Package. Monitoring and evaluation experts in CDC’s Division of Global Health Protection verify and validate all data, in collaboration with other HHS and U.S. Government partners.

Data quality varies across all countries.

CDC GRRT collects and maintains data on all GRRT international deployments. GRRT staff regularly update, monitor, and analyze information on GRRT deployments and person-days of response time.
Contributing Programs

Organizations:

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

Policies:

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

Other Federal Activities:

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