



## 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

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## 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 IHR Programs and Policies, SPPR, ASPR
  - Melissa Moore, Associate Director for Policy (Acting), Center for Global Health, CDC



# Goal Structure & Strategies

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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 US Government 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 US 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.

Sub-goals: By September 2019, HHS will:

Strategies to achieve sub-goal

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 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 US 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 GHSA Partner/Phase I countries

Bangladesh	Burkina Faso
Cameroon	Cote d' Ivoire
Guinea	Ethiopia
India	Indonesia
Kenya	Liberia
Mali	Pakistan
Senegal	Sierra Leone
Tanzania	Uganda
Vietnam	

# Summary of Progress –End FY18

HHS will contribute to increasing the surveillance, workforce capacity, emergency management, and laboratory capacity of 17 partner countries.

In May 2018, U.S. Government teams (including HHS employees) reported on each country's progress for each capacity area, using indicators from the World Health Organization Joint External Evaluation 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 FY17.

Capacity	Target	Number of Countries (n=17) with Capacity Level Increase over Baseline in Mid FY18
National Laboratory System	Detect and diagnose infectious diseases by building a strong laboratory network	10
Real-time Surveillance	Detect and assess outbreaks in real time using high-quality data from a robust surveillance network	12
Workforce Development	Prevent, detect, and respond to infectious disease outbreaks using a trained public health workforce	12
Emergency Operations Center (EOC)	Reduce the impact of public health threats by developing an EOC that is connected to a global network of EOCs	14

# Key Milestones: International Response Capacity

- 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 planning—with other U.S.G. agencies and the partner countries—the priority capacity building activities for FY19.

Milestone Summary					
Key Milestone*	Milestone Due Date	Milestone Status	Change from last quarter	Owner  [optional column]	Comments  [Provide discussion of Progress, changes from last update, Anticipated Barriers or other Issues Related to Milestone Completion]
Develop FY18 annual work plans	Q1, FY18	Complete		CDC	
Implement FY18 work plan activities	Q1-Q4, FY18	In progress		CDC	Activities successfully implemented for FY18.
Submit FY18 mid-year progress reports	Q3, FY18	Complete		CDC	
Submit FY18 end-of-year progress reports	Q1, FY19			CDC	Country teams will submit Nov 1, 2018
Develop FY19 annual work plans	Q1, FY19			CDC	Country Teams will submit Nov 1, 2018
Publish FY18 annual report	Q2, FY19			CDC, OGA	
Implement FY19 work plan activities	Q1-Q4, FY19			CDC	Ongoing.
Submit FY19 mid-year progress reports	Q3, FY19			CDC	
Submit FY19 end-of-year progress reports	Q1, FY20			CDC	
Publish FY19 annual report	Q2, FY20			CDC, OGA	

\*Most milestones will be completed in collaboration with other U.S.G. agencies. All milestones apply to all 17 partner countries.

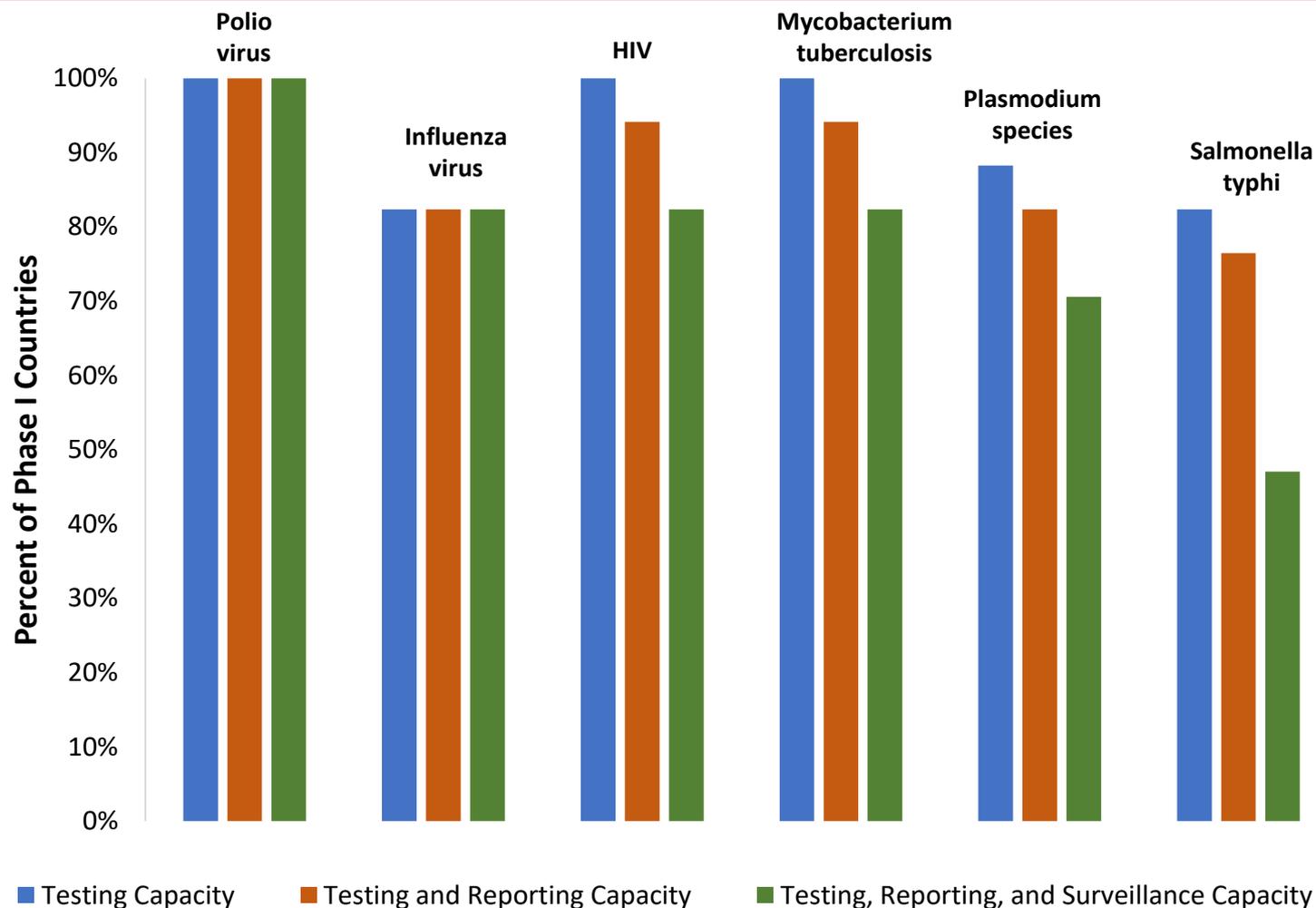
# Key Indicator: Number of Partner Countries that Increased Capacity in Four Priority Capacity Areas\*

*HHS has updated this data following the May 2018 submission of Q1-Q2 reporting day from GHS Country Teams. The following slides provide additional information on progress supported by CDC through mid-year FY18 in each of the areas in the table. Data in the following slides are for the 17 priority partner countries.*

	Number of Countries (n=17) with Capacity Level Increase over Country-specific Baseline				
Capacity	End FY17	Mid FY18	End FY18**	Mid FY19	End FY19
National Laboratory System	9	10	10		
Real-time Surveillance	10	12	12		
Workforce Development	9	12	12		
Emergency Operations Center (EOC)	11	14	14		

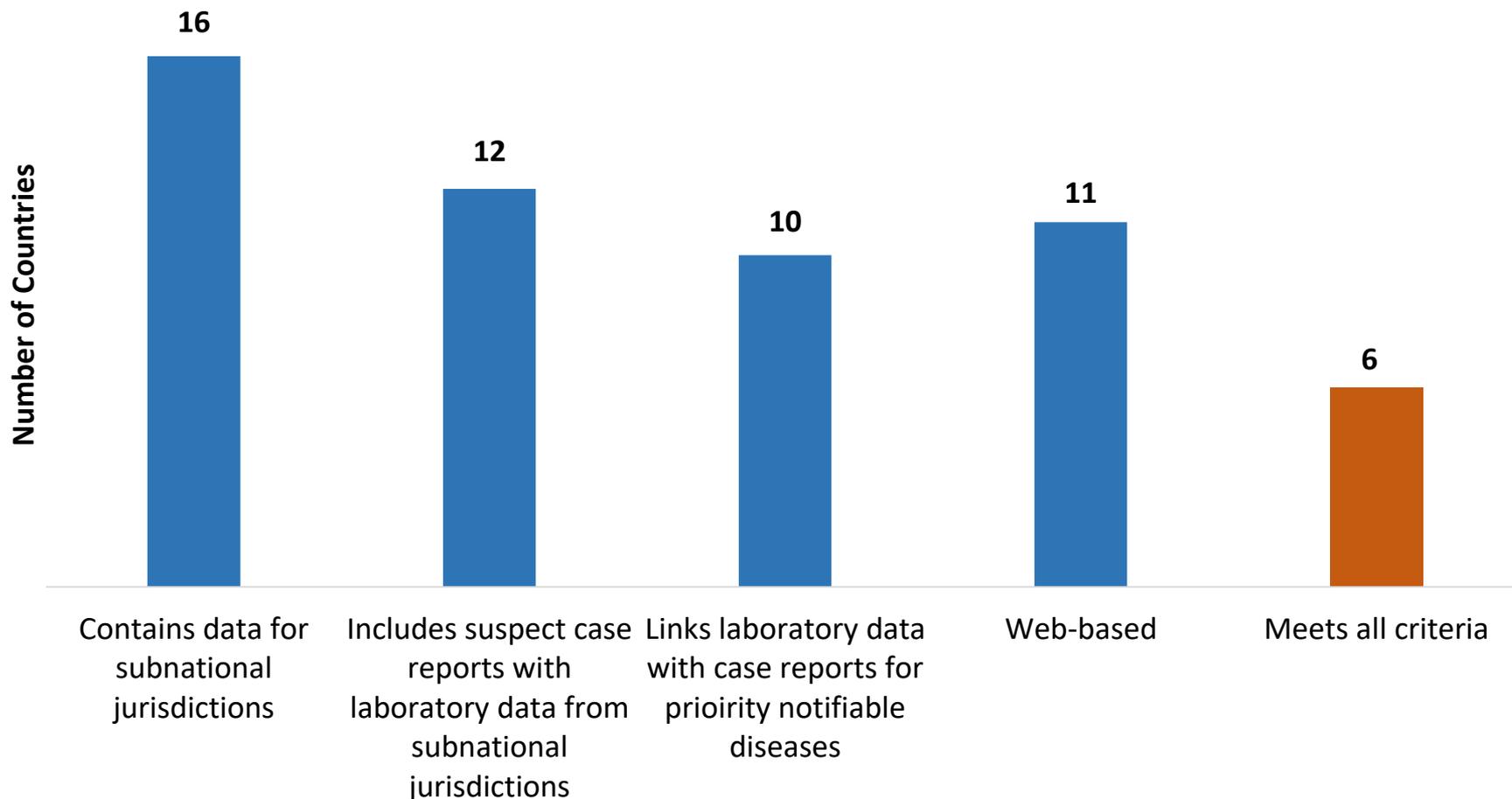
\*Capacity level increase = increase in at least one of the indicators within technical area in the specified time period  
 \*\* Note that End FY18 data are same as Mid FY18 because data are only reported twice a year.

# FY18 Key Indicator Data Detail – Laboratory: Testing, Reporting, and Surveillance Capacity for Priority Pathogens Using Six WHO Core Tests



- **100%** (17/17) of countries have testing, reporting and surveillance capacity for 1 priority pathogen (polio virus)
- **47%** (8/17) of countries have testing, reporting and surveillance capacity for salmonella typhi

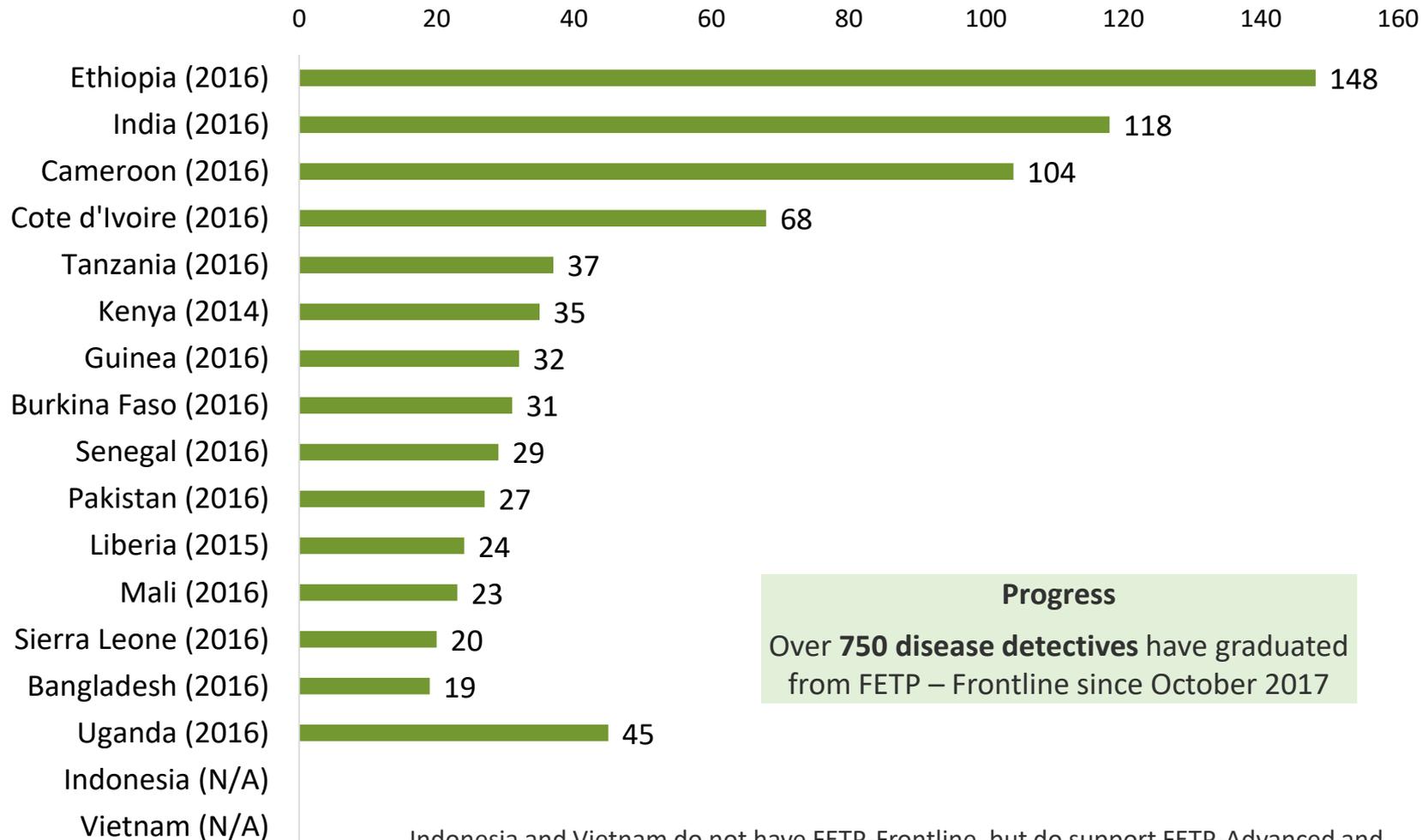
# FY18 Key Indicator Data Detail – Surveillance: GHSA Countries using a National Database that Meets GHSA Surveillance Indicator Criteria\*



Pakistan was the only country that reported not having a national database with data for subnational jurisdictions, noting that “Health was devolved from Federal to Provincial Governments so currently there is no national database for real time disease surveillance except for polio surveillance.” Six countries that meet all GHSA Surveillance Indicator criteria: Cote d’Ivoire, Kenya, Mali, Senegal, Uganda, and Vietnam.

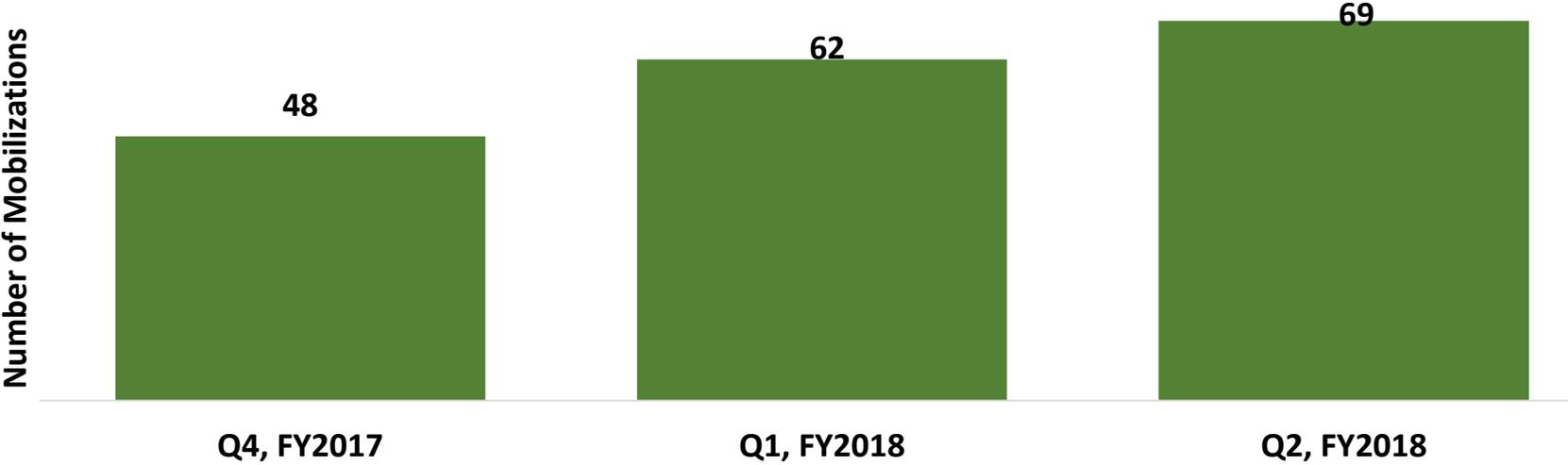
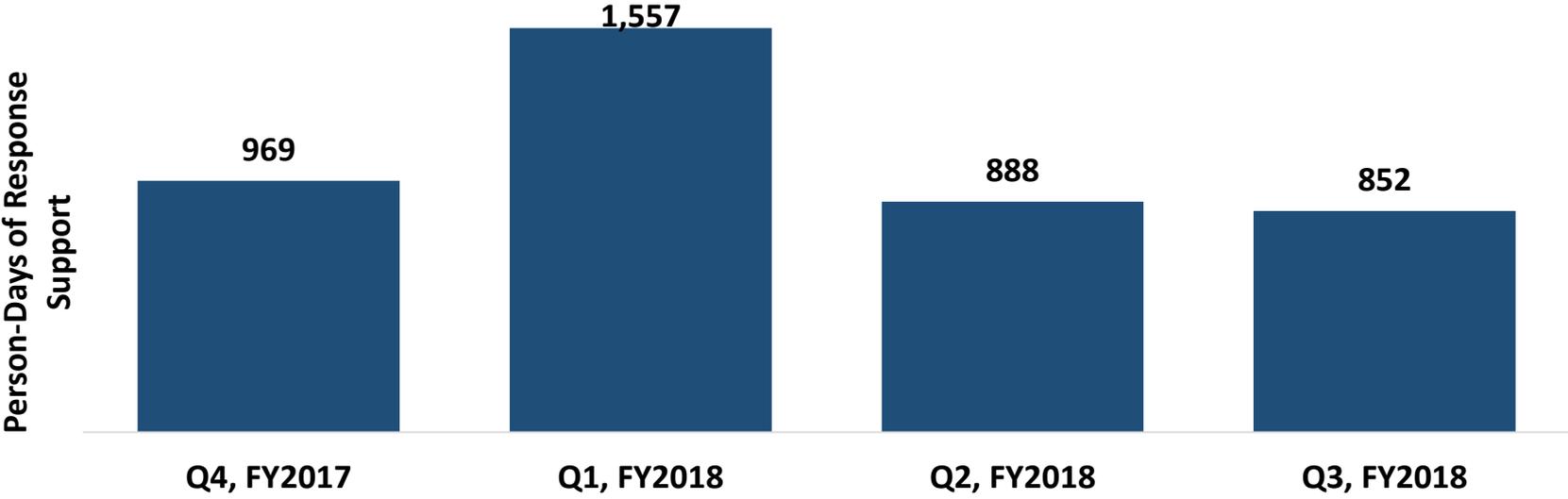
\* No change in data from Q3 to Q4. Data are reported twice a year.

# FY18 Key Indicator Data Detail – Workforce Development: Field Epidemiology Training Program (FETP) – Frontline: Number of New Graduates in FY18



Indonesia and Vietnam do not have FETP-Frontline, but do support FETP-Advanced and other workforce capacity building efforts.

# Key Indicator: Number of mobilizations and person-days of response support of the CDC Global Rapid Response Team



\* No change in data from Q3 to Q4. Data are reported twice a year.

# FY18 Key Indicator Data Detail – Emergency Management: Emergency Operations Centers and Management Training

- **94% (16/17) of Phase I countries** have established or strengthened their national EOCs to manage and monitor health events in real time
- **53 Public Health Emergency Management Fellows** trained from 15 Phase I countries to better lead and manage outbreak and other public health emergency responses



*EOC in Liberia*



*CDC trainees in Public Health Emergency Management (PHEM) in Cameroon, Sept 2017*

# Data Accuracy and Reliability

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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 Joint External Evaluation (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.

# Additional Information

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## Contributing Programs

### Organizations:

- CDC – Serves as the technical lead for U.S. Government Global Health Security Agenda (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., GHSI, NAPAPI) 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 Global Health Security Agenda Implementation – As described in the Executive Order and associated Policy-level Implementation Guidance, U.S. Government partners contribute to capacity building activities across Global Health Security Agenda action packages in the 17 priority countries. Partners include, but are not limited to, USAID, DoD, DoS, USDA, and DOJ (FBI).