Health Security

Goal Leaders: Stephen Redd, Director, Office of Public Health Preparedness and Response, CDC,
Rebecca Martin, Director, Center for Global Health, CDC
Jack Herrmann, Deputy Director of the Office of Policy and Planning, ASPR

Overview

Goal Statement

o   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

o   An infectious disease threat anywhere—particularly if it is novel or spreads rapidly through international travel—can threaten Americans' health, security, and prosperity

o   Infectious disease and other threats (e.g., radiological, chemical) might not be fully prevented from entering the U.S.—necessitating action by HHS

o   Threats (particularly those that are covert) might not immediately and obviously reveal themselves—increasing risk to Americans

o   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
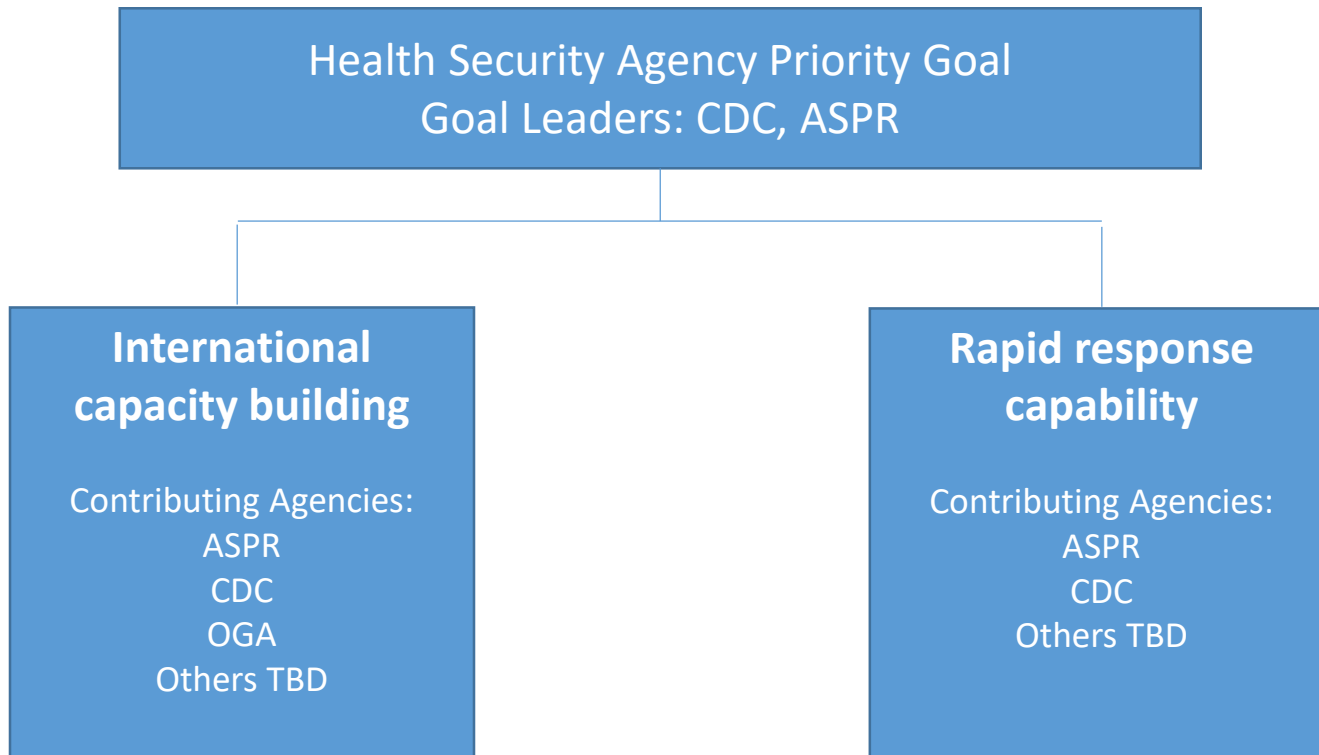
Opportunity

o   To minimize the impact of threats to Americans' health, HHS can:

   1. 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

   2. 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
- Jack Herrmann, Deputy Director of the Office of Policy and Planning, ASPR

Health Security Agency Priority Goal
Goal Leaders: CDC, ASPR

International capacity building

Contributing Agencies:
ASPR
CDC
OGA
Others TBD

Rapid response capability

Contributing Agencies:
ASPR
CDC
Others TBD

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 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

Summary of Progress FY18 Q1

HHS will contribute to increasing the surveillance, workforce capacity, emergency management, and laboratory capacity of 17 partner countries.
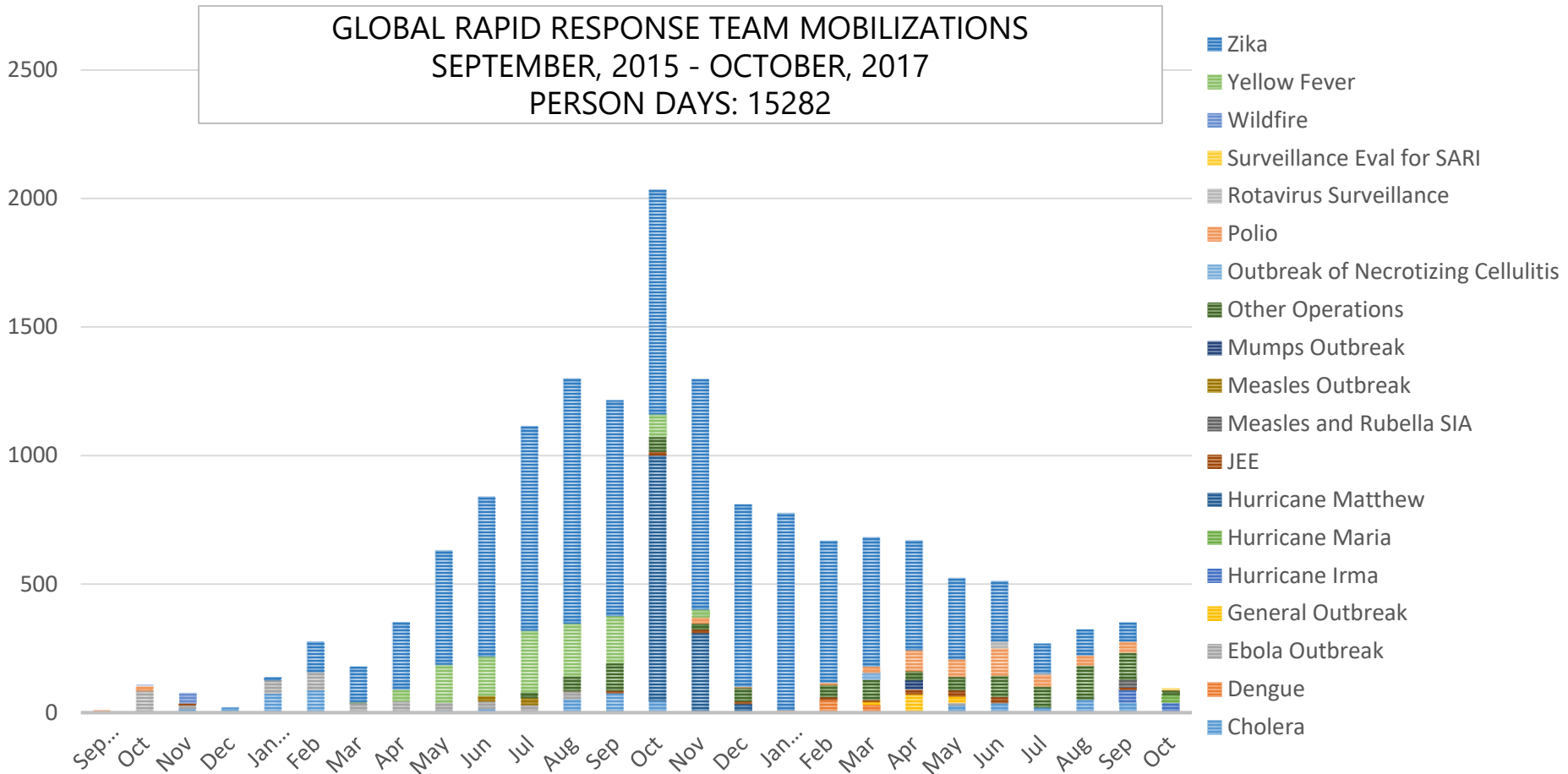
In October 2017, U.S. Government teams (including HHS employees) reported on each country's progress for each capacity area, using indicators from the World Health Organization Joint External Evaluation tool. The table below summarizes how many of the partner countries increased their capacities in the four capacities of interest from their baselines that were set in FY17. These results indicate that, entering FY2018, we are on target for achieving the main target by the end of FY19.

Capacity	Target	Number of Countries (n=17) with Capacity Level Increase over Baseline in FY17
National Laboratory System	Detect and diagnose infectious diseases by building a strong laboratory network	8
Real-time Surveillance	Detect and assess outbreaks in real time using high-quality data from a robust surveillance network	10
Workforce Development	Prevent, detect, and respond to infectious disease outbreaks using a trained public health workforce	10
Emergency Operations Center (EOC)	Reduce the impact of public health threats by developing an EOC that is connected to a global network of EOCs	11

Summary of Progress FY18 Q1

HHS will maintain the capability to rapidly provide personnel and operational resources to support investigations of and responses to health threats in and with partner countries.

Through 10/13/2017, CDC GRRT mobilized 474 times, providing 15,282 person days of response support.

GLOBAL RAPID RESPONSE TEAM MOBILIZATIONS
SEPTEMBER, 2015 - OCTOBER, 2017
PERSON DAYS: 15282

Legend:
- Zika
- Yellow Fever
- Wildfire
- Surveillance Eval for SARI
- Rotavirus Surveillance
- Polio
- Outbreak of Necrotizing Cellulitis
- Other Operations
- Mumps Outbreak
- Measles Outbreak
- Measles and Rubella SIA
- JEE
- Hurricane Matthew
- Hurricane Maria
- Hurricane Irma
- General Outbreak
- Ebola Outbreak
- Dengue
- Cholera

Key Milestones

In Fiscal Years 2018-2019, GRRT will continue to build and maintain a CDC Emergency Workforce that is trained and ready to deploy on short notice for International emergencies.

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]
Annual recruitment and training of GRRT Tier 3 (agency wide surge roster)	Q1-Q2 2018	Complete			Recruitment, onboarding, and orientation completed by Q2. Note, continuing education training is ongoing throughout the year.
Develop and disseminate GRRT response criteria and establish a mechanism to ensure that GRRT is fulfilling all appropriate and feasible requests for assistance based on these criteria.	Q1 2018	Complete			Standard Operating Procedure for handling and fulfilling requests established and Response For Assistance form includes flowchart of request appropriateness criteria.
Actively contribute to agency-wide responder readiness by tracking passport, security training, and medical clearance needs; providing support to meet these needs; and providing foreign language proficiency testing and training.	Q2 2018	Complete			This happens annually. For FY18, will be completed by the end of Q2

Key Milestones

- 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 recently planned—with other U.S.G. agencies and the partner countries—the priority capacity building activities for FY18.

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	HHS will participate in country-specific final interagency planning discussions
Implement FY18 work plan activities	Q1-Q4, FY18	On track		CDC	Implementation ongoing
Submit FY18 mid-year progress reports	Q3, FY18			CDC	GHS Country Teams will submit in May 2018
Submit FY18 end-of-year progress reports	Q1, FY19			CDC	
Publish FY18 annual report	Q2, FY19			CDC, OGA	
Develop FY19 annual work plans	Q1, FY19			CDC	
Implement FY19 work plan activities	Q1-Q4, FY19			CDC	
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 Indicators

HHS will update this data for the Q3 report, 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 the end of FY17 in each of the areas in the table. Data in the following slides are for the 17 priority partner countries.

Capacity	Number of Countries (n=17) with Capacity Level Increase over Country-specific Baseline				
	End FY17	Mid FY18	End FY18	Mid FY19	End FY19
National Laboratory System	8				
Real-time Surveillance	10				
Workforce Development	10				
Emergency Operations Center (EOC)	11				

Key Indicators

Laboratory: Testing, Reporting, and Surveillance Capacity for Six WHO Priority Pathogens
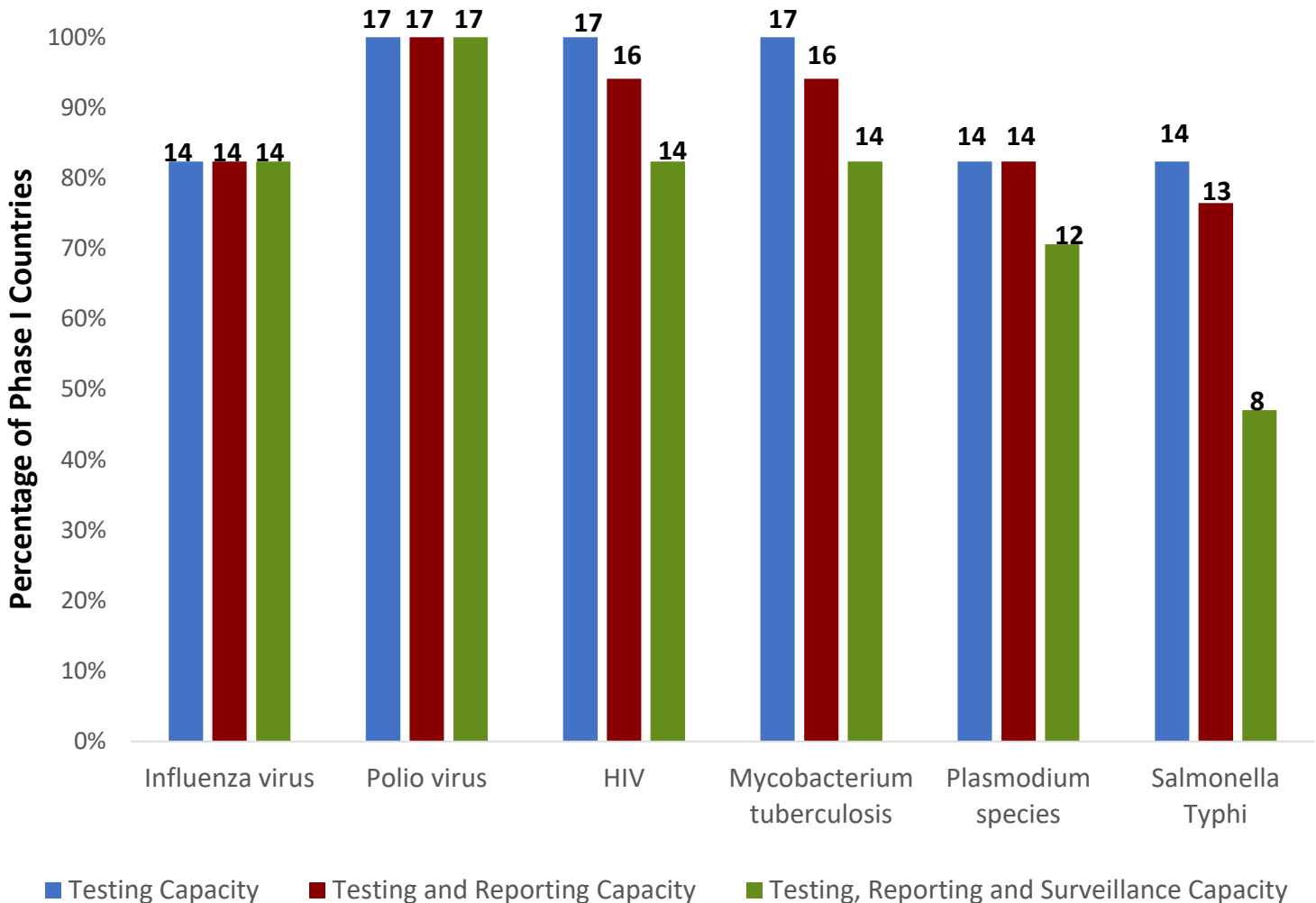
100% (17/17) of countries have testing, reporting and surveillance capacity for 1 WHO priority pathogen (polio virus)
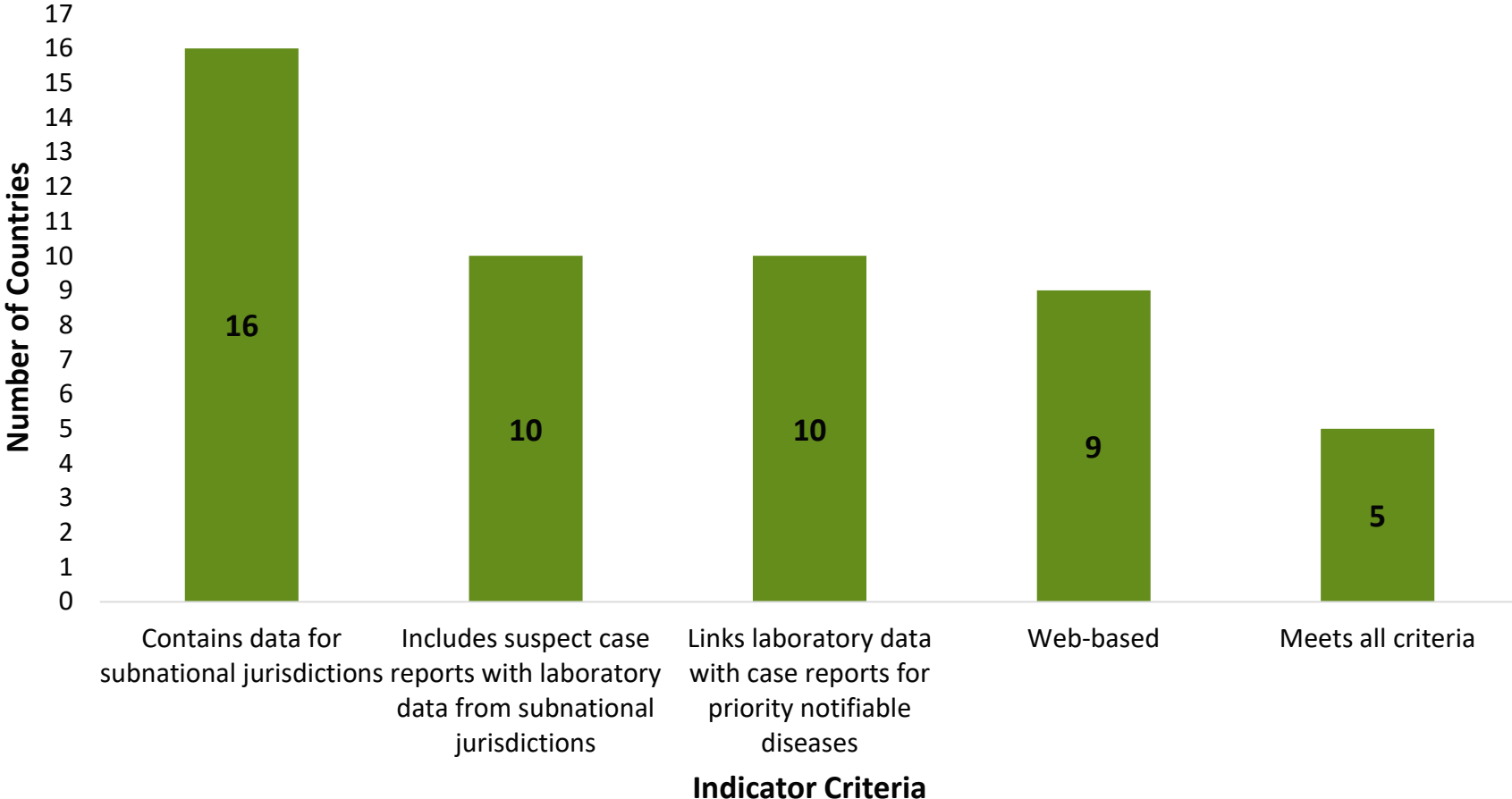
47% (8/17) of countries have testing, reporting and surveillance capacity for salmonella typhi

Legend: ■ Testing Capacity   ■ Testing and Reporting Capacity   ■ Testing, Reporting and Surveillance Capacity
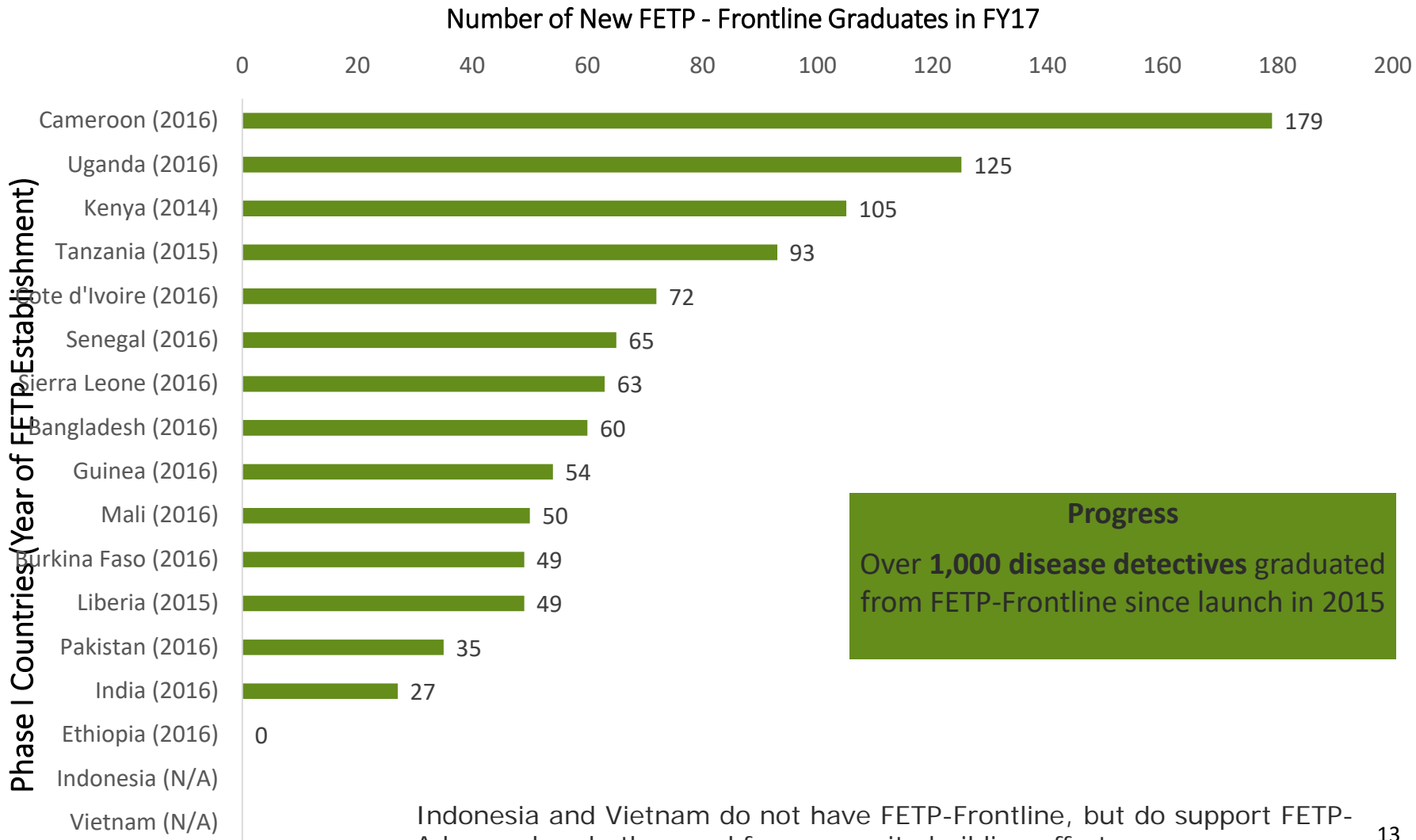
WHO Priority Pathogens

*as of March 2018

Key Indicators

Surveillance: Countries with a National Database that Meets GHSA Surveillance Indicator Criteria

Key Indicators

Workforce Development: Field Epidemiology Training Program (FETP) Frontline: Number of New Graduates in FY17

Number of New FETP - Frontline Graduates in FY17

Phase I Countries(Year of FETP Establishment)

Country	Graduates
Cameroon (2016)	179
Uganda (2016)	125
Kenya (2014)	105
Tanzania (2015)	93
Côte d'Ivoire (2016)	72
Senegal (2016)	65
Sierra Leone (2016)	63
Bangladesh (2016)	60
Guinea (2016)	54
Mali (2016)	50
Burkina Faso (2016)	49
Liberia (2015)	49
Pakistan (2016)	35
India (2016)	27
Ethiopia (2016)	0
Indonesia (N/A)	
Vietnam (N/A)	

Progress

Over **1,000 disease detectives** graduated from FETP-Frontline since launch in 2015

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

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Key Indicators

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

EOC in Liberia

- **68 Public Health Emergency Management Fellows** trained from 15 countries to better lead and manage outbreak and other public health emergency responses
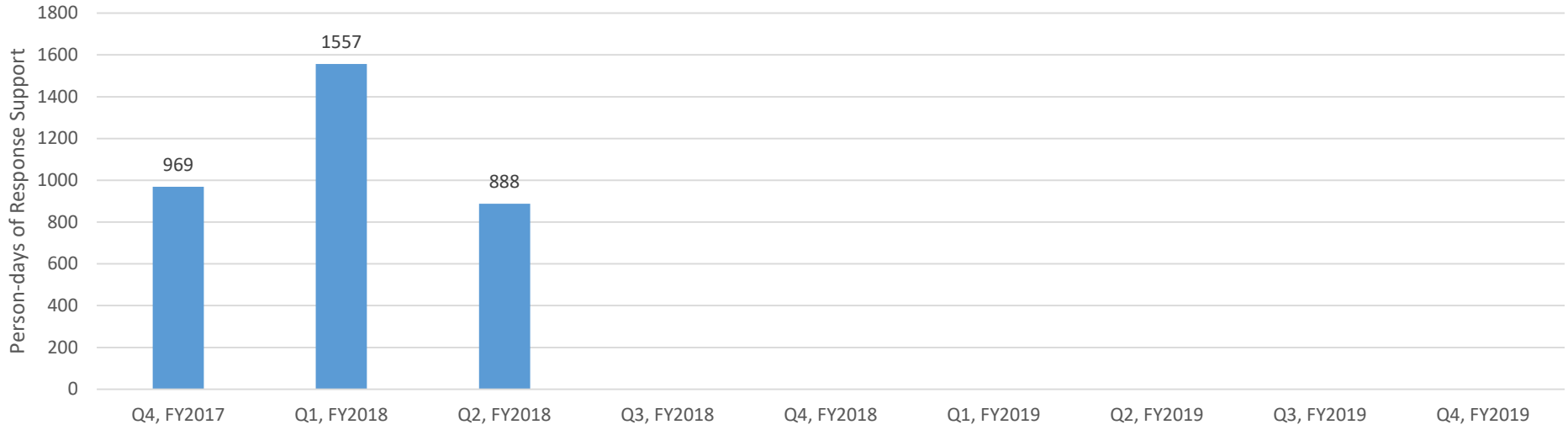

CDC trainees in Public Health Emergency Management (PHEM) in Cameroon, Sept 2017

Key Indicators

Person-days of response support and number of mobilizations of the CDC Global Rapid Response Team

Data Accuracy and Reliability

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 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

Contributing Programs

Organizations:

- o 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

- o 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

- o 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:

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

Other Federal Activities:

- o 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).