Response Readiness in the Time of COVID-19

The PHEP Program’s Role and Impact

Centers for Disease Control and Prevention
Office of Readiness and Response

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How do PHEP program recipients plan, organize, and prepare for public health emergencies?
The Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal and Territorial Public Health serve as a vital framework for jurisdictional public health agencies to operationalize and evaluate emergency responses and exercises. The 15 capability standards describe the components necessary to advance jurisdictional public health preparedness and response capacity.

How did PHEP Contribute to the Nation’s COVID-19 Response?
The COVID-19 pandemic created a unique opportunity for CDC to assess public health’s readiness to respond to a national emergency. CDC’s PHEP COVID-19 evaluation reviewed select activities conducted between July 2021 and June 2022 to assess how they contributed to the national COVID-19 pandemic response.

Introduction

CDC’s Public Health Emergency Preparedness (PHEP) program is a critical source of funding, guidance, and technical assistance for jurisdictional public health agencies to strengthen their public health preparedness capabilities and improve their response readiness. The PHEP program helps communities nationwide prepare for, respond to, and recover from public health threats and save lives when a public health emergency occurs.
What does this performance report tell me?
This report highlights PHEP recipients’ reported performance based on national capability standards applied during the COVID-19 pandemic, as well as performance of vaccine roll-out activities and partner collaboration. The following figure summarizes PHEP recipients’ performance assessment by capability domains.

**National COVID-19 Response Performance:**
By Preparedness Domain

<table>
<thead>
<tr>
<th>Domain of Preparedness</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surge Management</td>
<td>Performed with major challenges</td>
</tr>
<tr>
<td>Incident Management</td>
<td>Performed with some challenges</td>
</tr>
<tr>
<td>Countermeasures &amp; Mitigation</td>
<td>Performed with no major challenges</td>
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<tr>
<td>Community Resilience</td>
<td>Performed with no major challenges</td>
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<tr>
<td>Biosurveillance</td>
<td>Performed with no major challenges</td>
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<tr>
<td>Information Management</td>
<td>Performed with no major challenges</td>
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**PHEP COVID-19 Response Highlights**

**Capability Standards**

On average, recipients performed adequately across all six domains (some with major challenges, some without).

More than half of the response activities were identified as strengths. A response activity was identified as a strength when 85% of recipients reported performing the activity at least adequately.

On average, jurisdictions performed at least adequately across 13 of the 15 national preparedness standards.

**Vaccine Activities**

All PHEP recipients had some support role in the initial vaccine management and administration activities.

Overall, 73% of PHEP recipients had some lead role in the initial vaccine management and administration activities.

Activities included prioritizing populations during limited supply; managing vaccine supply, shipment, transportation, and overseeing storage and cold-chain management.

**Partnerships**

All recipients met the PHEP annual exercise requirement by actively engaging with at least one partner during the response that supported access and functional needs (AFN) populations.

All jurisdictions also reported active engagement with emergency management agencies and health care coalition partners during the response meeting the PHEP five-year functional exercise requirement to actively engage with these partners.
PHEP recipients demonstrated several strengths in their COVID-19 response, allowing them to successfully establish and implement strategies for medical countermeasure distribution and dispensing and vaccine management and distribution.

**Information Management**
PHEP recipients attributed success to strong working relationships with government, community, and private partners. Partners engaged in the development and sharing of information through centralized reporting systems, joint information centers, and tailored messaging to audiences.

**Medical Countermeasure Dispensing**
PHEP recipients bolstered vaccination administrators by rotating staff from other agencies; reallocating staff resources to support areas of need at local and tribal health departments; and using the National Guard to lead mass vaccination events and coordinate delivery, shipment, and administration of vaccines with traditional and nontraditional partners.

**Cold Chain Management**
PHEP recipients adapted preparedness plans to include cold chain management training for local health departments and health care coalitions. Jurisdictions also leveraged subject matter experts to provide input on vaccine storage, handling, and administration.

**Biosurveillance**
PHEP recipients supported initial statewide testing for suspected exposures, developing robust contact tracing systems and procuring equipment for enhanced laboratory testing.
Areas for Improvement

On average, jurisdictions performed at least adequately across 13 of the 15 national preparedness standards and conducted response activities without any major challenges. However, two capabilities were identified as being performed, on average, less than adequately:

**Responder Safety and Health:** The long duration of the COVID-19 pandemic response created issues with staff recruitment, retention, and rotations. Specifically, recipients noted a lack of mental and behavioral health support and resources for frontline responders.

**Medical Surge:** Recipients had challenges sustaining emergency operations coordination due to personnel and resource shortages.

While PHEP recipients reported, on average, adequately performing response activities, several factors including the uncertainty and duration of the pandemic had a devastating impact on the public health workforce.

To combat future public health emergencies, PHEP recipients must improve readiness, response, and recovery capacity by efficiently meeting public health surge management needs. PHEP recipients will also need to enhance public health’s workforce capacity through increased recruitment and retention of personnel and enhanced mental and behavioral support for staff.

Advancing Response Readiness

To address these and other lessons learned from COVID-19 pandemic, CDC has developed a new Public Health Response Readiness Framework that will guide the PHEP program over the next five years. Designed to meet the challenges of future public health threats and advance public health response, the framework intends to direct the focus and resources of PHEP recipients toward the most critical components of response readiness. Grounded in the 15 preparedness capabilities, the framework focuses on 10 essential response priorities to help recipients determine what specific response actions are needed to ensure response readiness in the future. This next generation of the PHEP program will better equip both CDC and PHEP jurisdictions to protect and enhance the health and response readiness of communities nationwide.

**Public Health Response Readiness Framework**

2024-2028 PHEP Program Priorities - Defines Excellence in Response Operations

1. **Develop threat-specific approach**
   - to augment all-hazards planning, address evolving threats, and support medical countermeasure logistics

2. **Enhance partnerships**
   - (federal and nongovernmental organizations) to effectively support community preparedness efforts

3. **Expand local support**
   - to improve jurisdictional readiness to effectively manage public health emergencies

4. **Improve administrative and budget preparedness systems**
   - to ensure timely access to resources for supporting jurisdictional responses

5. **Build workforce capacity**
   - to meet jurisdictional surge management needs and support staff recruitment, retention, resilience, and mental health

6. **Modernize data collection and systems**
   - to improve situational awareness and information sharing with healthcare systems and other partners

7. **Strengthen risk communications activities**
   - to improve proficiency in disseminating critical public health information and warnings and address misinformation

8. **Incorporate health equity practices**
   - to enhance preparedness and response support for communities experiencing differences in health status due to structural barriers

9. **Advance capacity and capability of public health laboratories**
   - to characterize emerging public health threats through testing and surveillance

10. **Prioritize community recovery efforts**
    - to support health department reconstitution and incorporate lessons learned from public health emergency responses