Highlights of GAO-11-632, a report to congressional requesters

Why GAO Did This Study

The 2009 H1N1 influenza pandemic was the first human pandemic in over four decades, and the Centers for Disease Control and Prevention (CDC) estimate that there were as many as 89 million U.S. cases. Over \$6 billion was available for the response, led by the Departments of Health and Human Services (HHS) and Homeland Security (DHS), with coordination provided by the Homeland Security Council (HSC) through its National Security Staff (NSS). In particular, HHS's CDC worked with states and localities to communicate with the public and to distribute H1N1 vaccine and supplies.

GAO was asked (1) how HHS used the funding, (2) the key issues raised by the federal response, and (3) the actions taken to identify and incorporate lessons learned. GAO reviewed documents and interviewed officials from five states about their interaction with the federal government. GAO also reviewed documents and interviewed officials from HHS, DHS, the Department of Labor's Occupational Safety and Health Administration (OSHA), NSS, and others, such as associations.

What GAO Recommends

GAO recommends that the HSC direct the NSS, in concert with HHS and DHS, to incorporate lessons from the H1N1 pandemic into future planning and share these lessons with key stakeholders. NSS agreed to take the recommendations under advisement. HHS, DHS, and OSHA provided comments and generally agreed with our findings.

View GAO-11-632 or key components. For more information, contact Bernice Steinhardt at (202) 512-6543 or steinhardtb@gao.gov or Marcia Crosse at (202) 512-7114 or crossem@gao.gov.

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INFLUENZA PANDEMIC

Lessons from the H1N1 Pandemic Should Be Incorporated into Future Planning

What GAO Found

As of December 2010, HHS had spent about two-thirds of the \$6.15 billion that it had available for the H1N1 pandemic response. HHS spent the majority of the funds on developing and purchasing H1N1 vaccine and providing grants to all the states and selected local jurisdictions. State and local health officials reported that the grant funding was critical to their response efforts but also noted challenges presented by the grants' administrative requirements. HHS's spending plans for the remaining \$1.98 billion include longer-term pandemic preparation efforts, such as activities to reduce the length of time required to produce a vaccine.

Several key issues were raised by the federal government's response to the $\rm H1N1$ pandemic.

- Prior pandemic planning efforts and federal funding paid off, although specific aspects of prior planning were not relied on because of the nature of the H1N1 pandemic. For example, interagency meetings and exercises built relationships that were valuable during the response. Prior funding built capacity in several areas, including vaccine production.
- The credibility of all levels of government was diminished when the amount of vaccine available to the public in October 2009 did not meet expectations set by federal officials. However, state and local jurisdictions valued the flexibility that they had in deciding their distribution methods. Additionally, while the use of a central distributor for the vaccines was generally cited as an effective practice, the 100-dose minimum order was viewed to be problematic.
- Public surveys generally found CDC's communication efforts to be successful in reaching a range of audiences; however, these messages fell short in meeting the needs of some non-English-speaking populations.
- Deployment of the Strategic National Stockpile—a supply of medicines and medical supplies to be used for a national emergency—met the established goal. However, CDC and state officials identified gaps in planning, including disparities between the materials expected and those delivered, as well as the need for long-term storage plans for stockpile materials.

The NSS asked federal agencies—including HHS and DHS—to complete after-action reports based on their involvement in the pandemic response. The NSS has not determined if these reports—and the associated lessons learned—will be shared with key stakeholders. Nevertheless, a DHS official commented that sharing lessons from the reports with key stakeholders would foster a spirit of government transparency and might help build stakeholder trust.