

## Why GAO Did This Study

An infectious disease threat is unique because of the transmissibility of diseases and the mobility of human populations, among other reasons. Infectious disease threats in recent years—such as Zika and Ebola outbreaks—have heightened the United States’ attention to future potential threats, and raised questions about the nation’s preparedness and response capabilities.

A congressional report included a provision for GAO to report on the U.S. public health system’s current capacity to respond to infectious disease threats. This report describes (1) funding HHS has made available to awardees—states and other jurisdictions—through its key preparedness and capacity-building programs—ELC, HPP, and PHEP; and (2) these programs’ performance measurement data on the awardees’ infectious disease preparedness capacity.

To do this work, GAO analyzed HHS’s data on awards provided to awardees through the three key programs using annual and supplemental appropriations, and interviewed HHS officials and non-federal stakeholders about such funding. GAO identified non-federal stakeholders representing medical and public health associations, research centers, and others through a review of relevant literature, as well as prior GAO work. GAO also reviewed the most recently available data on awardee performance on 20 measures directly related to infectious disease preparedness collectively used by the three programs. GAO categorized these 20 measures into four preparedness capacity areas.

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## INFECTIOUS DISEASE THREATS

### Funding and Performance of Key Preparedness and Capacity-Building Programs

## What GAO Found

The Department of Health and Human Services (HHS) has three key preparedness and capacity-building programs—Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), the Hospital Preparedness Program (HPP), and Public Health Emergency Preparedness (PHEP). These three programs awarded about \$21.2 billion to states and other jurisdictions from 2002 through 2017 to carry out public health preparedness and response efforts, including those related to infectious diseases, natural disasters, or terrorist events. Of this amount, \$18.4 billion were awards funded from annual appropriations. The remaining was funded from supplemental appropriations to respond to specific infectious disease threats, including Zika, Ebola, and H1N1 pandemic influenza. HHS officials and non-federal stakeholders told GAO that supplemental appropriations were important for supporting necessary surges in capacity, but the timing of additional awards can limit response.

#### HHS’s Three Key Preparedness and Capacity-Building Programs: ELC, HPP, and PHEP

Program	Purpose of awards provided to states and other jurisdictions
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Supports epidemiologists, surveillance systems, and laboratory facilities to build state and local capacity to combat domestic infectious disease threats.
Hospital Preparedness Program (HPP)	Improves medical surge capacity by enhancing community and health system preparedness for various public health threats, including infectious disease threats.
Public Health Emergency Preparedness (PHEP)	Strengthens state and local public health departments’ ability to prepare for a variety of public health threats, including infectious disease threats.

Source: GAO summary of the Department of Health and Human Services’ (HHS) program information. | GAO-18-362

HHS’s three key preparedness and capacity-building programs measure performance in four areas that directly relate to infectious disease preparedness capacity—electronic lab reporting, epidemiology capacity, laboratory capacity, and responder protection. The majority of awardees (states and other jurisdictions) met targets for all nine measures in the responder protection area, which measures activities related to safety and coordination for responders. However, awardee performance in the other three areas was mixed.

- Electronic lab reporting. One of two measures was met in this area. This area relates to the sending of laboratory reports to public health agencies via electronic means (as opposed to traditional, paper reports).
- Epidemiology capacity. One of three measures was met in this area. This area relates to awardees’ ability to identify and respond to infectious disease outbreaks.
- Laboratory capacity. Five of six measures were met in this area. This area relates to both laboratory testing of certain pathogens, and communication between laboratories and other public entities.

HHS reviewed a copy of this report and provided technical comments, which GAO incorporated as appropriate.