Office of the Assistant Secretary for Preparedness and Response

Vision

The Assistant Secretary for Preparedness and Response (ASPR) leads the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. The nation has seen an increasing number of natural disasters and public health emergencies, including ones involving emerging infectious diseases. What all disasters have in common and what sets them apart from other emergencies are their precipitous nature and overwhelming effects on a community’s response system. For individual communities and the nation as a whole to truly be prepared to respond to disasters—and to be resilient in their wake—children’s needs must be integrated into all levels of preparedness, planning, and recovery. The majority of Americans believe children should be given a higher priority in disaster planning and response, according to national polling. Yet, federal funding for public health preparedness and biodefense continues to fail to integrate and prioritize children so that their unique considerations and vulnerabilities are addressed.

Recommended Administrative Actions

Provide leadership. The next president must be prepared to respond to infectious disease outbreaks and public health emergencies from day one. That will require strong leadership by an entity in the White House to oversee strategies to better prepare the health care and public health sectors, coordinate the responses of all federal agencies during a disaster or emergency, and identify and implement lessons learned for future emergency responses. If a community is inadequately prepared to meet the needs of children during a disaster, the nation is not truly prepared.

Ensure that hospitals are prepared for public health emergencies. The Hospital Preparedness Program (HPP) supports the emergency preparedness of regional health care systems to protect public health and enable a rapid recovery. The next administration should undertake a top-to-bottom review and reform of the HPP as well as the at Centers for Disease Control and Prevention’s public health counterpart, the Public Health Emergency Program. Such a review will ensure that both programs are improving state and local community preparedness to meet the needs of children. The next administration should also ensure the full integration of the needs of children in performance measures for both federal programs. Where grantees show poorer performance, technical assistance and targeted support should be provided. The HPP program must ensure that the pediatric medical home and community medical providers are a component of all health care coalitions, as well.

Close the gaps in medical countermeasures for children. Despite recent progress, major gaps still remain related to medical countermeasures (MCMs) to treat the effects of a man-made disaster or infectious disease outbreak on children, because many vaccines and pharmaceuticals approved for use by adults as MCMs lack pediatric formulations, dosing information, or safety information. As a result, the nation’s stockpiles of MCMs are ill-prepared to address the needs of children compared with those of adults in the event of a disaster. Federal agencies, collaborating with industry, academia, and other Biomedical Advanced Research and Development Authority (BARDA) partners, should research, develop, and procure pediatric MCMs for all public health emergency, disaster, and terrorism scenarios and report on progress made. The federal government should proactively identify anticipated uses of MCMs in children during a public health emergency and, where pediatric Food and Drug Administration (FDA)-approved indications do not exist, establish a plan to collect sufficient data to support the issuance of a pre-event emergency use authorization (EUA) that includes information such as safety and dosing information.

Recommended Congressional Actions

Public health and medical preparedness for children. Congress should reauthorize the HPP and add capabilities and performance measures that improve state and local health care preparedness for children. Congress should also reauthorize the National Advisory Committee on Children and Disasters, an advisory committee to the Department of Health and Human Services (HHS) comprised of federal and non-federal subject matter experts to provide advice and counsel on improving our nation’s preparedness for children.

Funding Priorities

Public health system and HPP. Robust new investments are needed to ensure strong public health systems. If the medical and public health systems are not ready day-to-day to respond to the emergency needs of children, they will not be ready in a time of crisis. HPP has suffered from major reductions in funding. The capacity lost in the medical and public health systems must be restored and strengthened.
Public health emergency funding. Total reliance on congressional approval of additional funding to enable federal agencies to mount a robust, timely response to public health emergencies is a failed strategy. There is a need for emergency “bridge” funding that does not force federal agencies to reallocate or divert money from other important health functions in order to fund responses to public health emergencies.

About this Document

This document is an excerpt from Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future (http://aap.org/blueprint), which was produced by the American Academy of Pediatrics in September 2016 and has also been endorsed by the following organizations: the Academic Pediatric Association, the American Pediatric Society, America’s Promise Alliance, the Association of Medical School Pediatric Department Chairs, Family Voices, the National Association of Pediatric Nurse Practitioners, the Pediatric Policy Council, the Society for Adolescent Health and Medicine, the Society for Pediatric Research and ZERO TO THREE.