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Letter
from the ASPR

Today, the Administration for Strategic Preparedness and Response (ASPR) is working on more high-consequence, no-fail missions than ever before. We are living in an increasingly interconnected world where diseases and other threats can travel quickly, unnoticed for days. In addition, infectious disease outbreaks are becoming more frequent and natural disasters more deadly as a result of the increasing changes to our climate. ASPR’s growing mission, while a reflection of the world in which we live, is also a testament to the strength and dedication of our team—our greatest asset. To keep up with the evolving threat landscape, ASPR must remain nimble and ever vigilant while learning from each response it leads. This document lays out ASPR’s strategic goals and objectives and reflects the approach we will take to help the country prepare for, respond to, and recover from whatever comes next—no matter what that might be.

In recognition of the increasing magnitude and scope of what we do, HHS Secretary Xavier Becerra recently elevated ASPR from an HHS Staff Division to an Operating Division (OpDiv) and renamed us the Administration for Strategic Preparedness and Response. Becoming an OpDiv gives ASPR additional administrative tools to enhance our ability to respond to current and future public health emergencies. We will use those new tools to grow our capabilities and strengthen our foundation to ensure we continue to meet every challenge effectively and efficiently.

As ASPR continues to grow and adapt to an ever-expanding threat landscape and mission space, we will not leave anyone behind. The impact of public health emergencies on at-risk individuals and underserved communities is often more severe and prolonged than the impact on other communities. As a country we are not fully prepared for, or able to respond to, and recover from emergencies until every person in each of our communities is included and accounted for in our preparedness, response, and recovery efforts.

I am proud of the work ASPR is doing to keep the country safe across a complex threat landscape. The next five years will be critical for us as an organization and for the country as we prepare for whatever public health emergencies come next. You have my commitment that together we will help build a more prepared and resilient America.

Thank you,

Dawn O’Connell
MISSION STATEMENT

ASPR’s mission is to assist the country in preparing for, responding to, and recovering from public health emergencies and disasters. ASPR accomplishes our mission in several ways, including: developing, stockpiling, and distributing response tools against multiple threats; sending clinical response teams to places in times of crisis; and ensuring our healthcare and public health partners have the knowledge and tools they need to navigate today’s challenges and confront whatever challenges lay ahead.

VISION

A nation more prepared to prevent, respond to, recover from, and reduce the adverse health effects of public health emergencies and disasters.

ASPR VALUES

The ASPR Values are its core beliefs that provide purpose and direction, informing its interactions and decision-making across the spectrum of preparedness, response, and recovery activities.

The Administration for Strategic Preparedness and Response (ASPR) leads the nation’s medical and public health preparedness for, response to, and recovery from disasters and emergencies. Events of the last few years, including the COVID-19 pandemic, reinforced the need to prepare for simultaneous and disparate disasters that may strain the U.S. government’s ability to respond. Additionally, as a result of climate change, outbreaks of novel viruses and natural disasters, such as hurricanes, flooding, droughts, and wildfires, are all expected to become more frequent and severe, affecting thousands of people every year.

The 2022 – 2026 ASPR Strategic Plan sets the direction of the organization, prioritizes agency actions, and facilitates coordination and collaboration with partners. The development and implementation of this Strategic Plan reflects ASPR’s continuing commitment to strengthen our ability to prepare, respond and recover quickly from multiple health threats. This Strategic Plan will allow us to build upon past successes while focusing on the current needs of the nation, inspiring innovation, and pursuing excellence.
STRATEGIC GOAL 1: Prepare for future public health emergencies and disasters.

ASPR must be ready to execute public health and medical missions in response to a wide variety of human-caused and naturally occurring threats and hazards. Preparedness as a process involves a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action to ensure an effective response. ASPR will continue to prepare for current and future threats by ensuring its portfolio of validated capabilities integrates with and enhances those of federal, state, local, tribal, and territorial (SLTT), and healthcare and public health partners.

ASPR is improving healthcare readiness and our medical surge capacity by leveraging and expanding upon established investments in healthcare preparedness capabilities. ASPR is also working to protect the country against potential known and unknown threats by accelerating the development and stockpiling of lifesaving medical countermeasures (MCMs) that can be readily adapted for and used against new threats. Finally, ASPR is helping communities better anticipate public health and medical needs during disasters by providing comprehensible, data-driven tools that can be used immediately to inform decision-making.
OBJECTIVE 1.1

Build resilience when responding to current and anticipated threats.

While we do not know what the next crisis will be, we do know that ASPR will respond. ASPR’s preparedness capabilities must be resilient and adaptable to a wide variety of threats.

OBJECTIVE 1.1 KEY MILESTONES

1. Identify all likely national health security threats—both human-made and naturally occurring—and ensure that ASPR has a response plan in place for each of the threats. In addition, a general set of protocols should be put in place to handle responses to unanticipated threats.

2. Develop and secure necessary public health emergency and other disaster capabilities, including the needed people, facilities, processes, resources, and assets to prepare for all relevant national health security threats identified above.

3. Accelerate the advanced development and procurement of MCMs and, in collaboration with our HHS colleagues at CDC and FDA, develop utilization strategies that best protect the nation against future or emerging threats.

4. Create protocols to expand the healthcare system’s ability to surge and adapt during a response, including during novel and simultaneous threats.

OBJECTIVE 1.2

Protect all members of our communities against an evolving threat landscape.

To protect all members of our communities, equity must be a foremost consideration in ASPR’s preparedness activities, including identifying existing systems that may be contributing to continued inequality.

OBJECTIVE 1.2 KEY MILESTONES

1. Build, support, and sustain a diverse, ready, and resilient public health emergency response workforce that can enhance the activities of the existing public health and healthcare workforce.

2. Identify the MCMs needed for each potential threat and make sure that use-case scenarios and implementation strategies will result in equality in accessibility, particularly for systemically underserved communities.

3. Ensure continuity of public health and medical services for all affected members of a community.

4. Establish and cultivate relationships with community partners who ensure community access during public health threats and disasters.
**OBJECTIVE 1.3**

**Improve information sharing and transparency with SLTT and private sector partners.**

Establishing relationships and lines of communication with SLTT and private sector partners prior to an incident is an essential element of preparedness. During an emergency, the need to communicate is immediate and having existing relationships of trust with partners as well as agreed to communication protocols will expedite response efforts.

**OBJECTIVE 1.3 KEY MILESTONES**

1. Share planning assumptions and capability constraints with SLTT partners well ahead of any emergency and increase coordination at earlier timepoints to ensure actions and MCMs have maximum positive impact to preparedness and response.

2. Provide timely, straightforward, coordinated, and actionable communications to SLTT and private sector partners both before and during an emergency.

3. Enable coordination and information sharing across the entire continuum of care to better respond during an emergency.

**OBJECTIVE 1.4**

**Continually assess and refine disaster response capabilities to better prepare for the next major public health challenge.**

During and after a disaster response, there are opportunities to collect lessons-learned to inform planning and enhance future response operations.

**OBJECTIVE 1.4 KEY MILESTONES**

1. Establish capabilities-based assessments and measurable criteria that routinely evaluate HHS’ readiness and provide a systematic approach to prioritizing resources and mitigating risk to enhance and sustain response-ready support services.

2. Develop and implement a comprehensive and integrated Mission Assurance Risk Management Framework.

3. Validate disaster response capabilities through a structured exercise program that cascades from the federal level to the SLTT jurisdictions, including a regional program to plan, develop, and execute Emergency Support Function #8 (ESF #8) exercises.

4. Conduct active improvement planning by routinely incorporating knowledge from lessons learned into plan revisions, trainings, and exercises.

5. Coordinate lessons-learned reviews to obtain and incorporate input from key external stakeholders, including public and private sector partners as well as other federal agencies.
STRATEGIC GOAL 2:
Manage the federal response to and recovery from public health emergencies and other disasters.

ASPR leads the public health and medical response to, and health and social services recovery from, public health emergencies and disasters, such as hurricanes, wildfires, and other extreme weather events; pandemics such as COVID-19 and other infectious disease threats; and deliberate attacks such as the intentional release of chemical, biological, radiological, or nuclear agents. The response to such a diverse set of threats requires nimble and robust response capabilities.

ASPR works with internal and external stakeholders to equip the healthcare system for response and recovery, provide surge and behavioral health support, and deliver public health supplies needed for patient care during disasters, especially for as persons with disabilities, older adults, children, underserved communities, and institutional settings. ASPR also supports the distribution of critical MCMs and other public health supplies to mitigate threats.
OBJECTIVE 2.1

Leverage a diverse portfolio of response capabilities, including personnel, facilities, MCMs and systems.

ASPR’s response capabilities include distributing MCMs and other critical public health supplies; providing healthcare organizations with equipment to support patient surge; and supporting the healthcare system’s readiness and response capabilities through funding, technical assistance, and sharing of promising practices.

OBJECTIVE 2.1 KEY MILESTONES

1. Mobilize ASPR resources to equitably distribute MCMs, personnel teams, and other public health supplies to protect the nation during active responses.
2. Stay in close communication with SLTT partners to ensure the resources ASPR deploys meet the needs on the ground.
3. Identify if and how the Defense Production Act and similar policy levers can be used to quickly increase domestic production of medical supplies and support systems during times of need.
4. Use lessons-learned from past incidents to inform federal decision-making and improve response operations.

OBJECTIVE 2.2

Account for and coordinate the needs of impacted populations to ensure equitable response and recovery operations.

Underserved communities and at-risk individuals are disproportionately affected during public health emergencies and disasters. ASPR can better meet the needs of the whole population by building equity into its response operations.

OBJECTIVE 2.2 KEY MILESTONES

1. Engage in ongoing communication with federal partners and communities to identify sources of inequity and potential remedies.
2. Ensure risk communication is effective, consistent, and appropriately tailored for specific audiences to restore trust in science, the healthcare system, and public health workers, as well as to enable public health mitigation efforts.
3. Coordinate government response capabilities to ensure communities receive the comprehensive services and support needed for each incident.
4. Ensure impacted, underserved communities, groups, and at-risk individuals are provided with culturally competent and relevant health care in response and recovery efforts.
OBJECTIVE 2.3

**Improve communication to enhance operational responsiveness during public health emergencies and other disasters.**

ASPR uses a multitude of communication mechanisms to coordinate response operations with federal partners, and to understand and meet SLTT and healthcare response needs during disasters.

**OBJECTIVE 2.3 KEY MILESTONES**

1. Execute a cohesive regional approach that is directed by ASPR headquarters and customized to each region by aligning programmatic communication through the Regional Administrator as a conduit between ASPR’s programs, state and local authorities, and healthcare organizations.

2. Enhance coordination with intra-agency and interagency response partners to provide leadership in the mobilization and seamless engagement of federal public health and medical capabilities in response missions.

3. Enhance communication with public and private sector partners to provide real-time situational awareness and forecasting of public health, medical, and supply chain disruptions, and seamless engagement in responding to those needs.

4. Evaluate the efficiency of resource and incident management systems in maintaining the common operating picture during a disaster and develop a plan for enhancing and refining those systems to create a more complete common operating picture.

5. Improve data collection, systems, and web-based access and visualization to enhance public health and stakeholder information sharing and situational awareness.
STRATEGIC GOAL 3:
Improve and leverage partnerships with healthcare and public health stakeholders.

An effective public health emergency and disaster response is dependent on strong partnerships. Many stakeholders work together and share a collective responsibility for public health and medical preparedness and response, including: SLTT governments and public and private partners, non-governmental organizations, academia, professional associations, communities, volunteers, families, individuals, and global partners. ASPR works with these partners to develop integrated emergency preparedness and response guidance, strategies and plans; coordinate public health and medical response activities and resource needs; increase situational awareness to inform decision-making; and develop and deploy innovative MCMs.
OBJECTIVE 3.1

Strengthen SLTT partner resilience to adapt to and recover from known and unknown incidents.

Resilient systems at the SLTT and regional levels are essential for anticipating and planning an effective public health emergency or disaster response. ASPR can take steps to ensure its partners have the resources, tools, and information they need to build and maintain resilience before, during, and after disasters.

OBJECTIVE 3.1 KEY MILESTONES

1. Strengthen coordination with SLTTs, regional partners, and the private sector to build public health and healthcare infrastructure capacity and resilience, and to identify critical gaps that should be addressed in public health and medical support.

2. Bolster existing public-private partnerships that empower and equip healthcare entities to prepare for and respond to public health emergencies.

3. Identify and mobilize associations, organizations, and private sector and SLTT partners that have capabilities to inform and support ASPR programs and priorities.

4. Provide clear guidance on coordinated MCM distribution to ensure stakeholder expectations and needs are met.

5. Provide SLTT, public health, and healthcare partners with guidance and resources to strengthen workforce resilience and retention.

OBJECTIVE 3.2

Establish sustainable public-private partnership models to spur promising MCM innovation that will provide solutions to existing and emerging problems while building trust in the communities we serve.

Cultivating enduring partnerships with industry is critical to sustain the capabilities needed to guarantee continued access to the vaccines, therapeutics, diagnostics, and other medical products that are vital to our nation’s health security. ASPR has an opportunity to build on the lessons learned from the COVID-19 response to identify opportunities to build a robust public health industrial base.

OBJECTIVE 3.2 KEY MILESTONES

1. Identify innovative partnerships and promising practices from COVID-19 that can be adapted for future disasters and public health emergencies.

2. Identify additional incentive mechanisms to engage MCM developers and stimulate private sector investment and innovation across the range of the MCM technology base.

3. Improve transparency and accountability in ASPR preparedness and response planning through active promotion of federal registry notices or solicitation of input from the public via social media and other communications channels.

4. Improve partnerships with industry and end-users in the medical and public health community so that MCMs provide the best possible utilization.
**OBJECTIVE 3.3**

Emphasize equity in partnership development to ensure at-risk populations and underserved communities are included in disaster preparedness and response.

ASPR has a responsibility to ensure that the needs of at-risk individuals and underserved populations are met during public health emergencies and disasters. This requires ASPR to leverage existing or establish new partnerships with stakeholders who prioritize health equity in public health emergency preparedness, response, and recovery.

**OBJECTIVE 3.3 KEY MILESTONES**

1. Expand partnership opportunities through flexible contract mechanisms and cooperative agreements.
2. Identify best practices from interagency, SLTT, and healthcare sector partners to inform resource prioritization and decision-making.
3. Identify opportunities to partner with small businesses and/or those owned by underserved populations to target gaps in service provision.
4. Collaborate with SLTT and healthcare organization partners serving underserved communities to ensure chronic and primary care services are not disrupted during incidents.

**OBJECTIVE 3.4**

Improve information sharing and communication with partners to strengthen capacity for effective emergency preparedness, response, and recovery.

ASPR’s partners need a common operating picture to coordinate effectively during responses. This necessitates real-time, streamlined, bidirectional information sharing with our partners and trusted messengers who can work with ASPR program offices to speed up response time and provide needed resources.

**OBJECTIVE 3.4 KEY MILESTONES**

1. Position ASPR as a trusted leader and messenger of public health and medical preparedness and response communications, including risk management information for the Healthcare and Public Health Sector.
2. Leverage ASPR’s regional offices to connect with and communicate to partners, including Congress and SLTT governments, public health, and healthcare organizations.
3. Conduct exercises with regional and SLTT partners to identify communication gaps and improve coordination during response.
STRATEGIC GOAL 4: Ensure workforce readiness through development of innovative workplace practices.

ASPR's success is due to the dedication of the public servants who work for it. ASPR must implement and enhance workforce development practices to keep a strong workforce ready to respond to a changing threat environment. ASPR will nurture a work environment that promotes an open, transparent, and diverse culture to empower the ASPR workforce in support of its mission and vision.
OBJECTIVE 4.1

Recruit, hire, develop, deploy, and retain a highly competent, diverse, and resilient staff to support ASPR’s mission.

ASPR accomplishes its mission through the skills and dedication of its workforce. We must continue to invest in ASPR’s workforce to ensure it can meet any future challenges.

OBJECTIVE 4.1 KEY MILESTONES

1. Recruit highly capable and diverse staff across an array of relevant disciplines and skill areas.
2. Create and implement an ASPR-wide training program to ensure responders are adequately trained, operationally proficient, and prepared to support the nation’s needs in a crisis.
3. Retain staff through efforts to improve employee resilience, create opportunities for cross pollination and knowledge sharing, and provide career development opportunities.
4. Develop a system to rotate ASPR leadership positions to build experience and skills, as well as to mitigate burnout.
5. Increase hiring and contracting personnel to streamline appropriated disaster funding and use expanded authorities to right-size and/or expand capabilities as needed.
6. Conduct workforce assessments to identify critical skills and competencies required to support and serve ASPR’s mission.

OBJECTIVE 4.2

Maintain the resilience, safety, and security of ASPR personnel, facilities, and assets, including technology, data, and information, to ensure the long-term viability of ASPR capabilities.

ASPR staff are called to act during no-notice events while faced with a variety of unknowns. Personal and organizational preparation and resilience will enable the ASPR workforce to continue to face current and future challenges. In addition, ASPR will ensure that our other non-personnel assets are regularly maintained, upgraded, and meet the requirements necessary to keep our teams protected and safe in any situation.

OBJECTIVE 4.2 KEY MILESTONES

1. Regularly review, test, and upgrade equipment and systems that our teams rely on.
2. Institute data standardization practices and data management best practices to harmonize data across systems, improve analytics, and enhance productivity.
3. Apply continuous improvement and quality control to internal ASPR communications, including for deployed and deployable teams.
4. Establish workforce resilience policies and provide employee wellness tools to ensure a productive and healthy work environment.
OBJECTIVE 4.3

Improve information sharing and communication to enhance employee engagement and experience.

Effective information flow in formal and informal communication is critical for an organization and can have many positive effects, such as enhanced employee engagement, collective learning, problem solving and decision-making.

OBJECTIVE 4.3 KEY MILESTONES

1. Promote a culture of information sharing, collaboration, and transparency.
2. Ensure that ASPR personnel are connected to the most current information, including classified information as appropriate, on responses and emerging threats.
3. Identify and implement best practices to manage and engage a hybrid workforce.
4. Cross-train ASPR personnel on all parts of the organization to improve coordination.
5. Develop a “resource helpdesk” for staff to request information or assistance on a specific subject, program, or initiative.

OBJECTIVE 4.4

Establish innovative business management processes that support the workforce by connecting priorities to capabilities while continuing to achieve the ASPR mission.

ASPR will utilize effective business management tools to continue to drive mission delivery and quickly mobilize a coordinated response to national emergencies and disasters.

OBJECTIVE 4.4 KEY MILESTONES

1. Identify points of contact to track and ensure completion of mandated deliverables (e.g., congressional mandates, Administration priorities) during active disaster and public health emergency responses.
2. Conduct continuous review and improvement cycles for both Continuity of Operations and Operational Plans to ensure that the latest safety and security lessons, information, and intelligence are incorporated.
3. Apply risk management practices to the procurement, maintenance, utilization, and deployment of ASPR assets and capabilities.
4. Protect ASPR assets and infrastructure through timely lifecycle management that includes planning, acquisition/procurement, and maintenance (including upgrades, repairs, and disposals).
5. Conduct thorough due diligence assessments and compliance reviews for ASPR investments and incorporate contracting language adjustments as appropriate.
National health security threats exist within a complex, global, and everchanging environment. The strength of our nation’s public health and medical infrastructure, as well as the capabilities necessary to quickly mobilize a coordinated national response to current and future threats are essential to save lives and protect the nation. As such, the work that ASPR does is more important than ever. Today, ASPR is responsible for numerous high-consequence, no-fail missions that can occur anywhere across the nation at any time.

ASPR continues to step up and meet the moment, no matter how challenging or complex. As ASPR completes its transition into an Operating Division and the nation emerges from the acute phase of the COVID-19 pandemic, we will look for opportunities to strengthen ASPR’s preparedness, response, partnership, and workforce development capabilities as we look toward the future. This five-year strategic plan will help to guide the organization as it continues to grow. While we do not know what the next public health emergency or disaster will be, we do know that ASPR’s response to it is assured.

Endnotes

1 ASPR follows the HHS definition, included here for clarity: “In the context of HHS, this Strategic Plan adopts the definition of underserved communities listed in Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities through the federal Government to refer to ‘populations sharing a particular characteristic, as well as geographic communities, who have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life’; this definition includes individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Individuals may belong to more than one underserved community and face intersecting barriers. This definition applies to the terms underserved communities and underserved populations throughout this Strategic Plan.” From the 2022 – 2026 HHS Strategic plan which can be found here: https://www.hhs.gov/about/strategic-plan/2022-2026/goal-1/index.html

2 At-risk individuals are people with access and functional needs (temporary or permanent) that may interfere with their ability to access or receive medical care before, during, or after a disaster or PHE. Examples of at-risk populations may include but are not limited to children, pregnant women, older adults, people with disabilities, people from diverse cultures, people with limited English proficiency, people with limited access to transportation, people with limited access to financial resources, people experiencing homelessness, people who have chronic health conditions, and people who have pharmacological dependency. https://aspr.hhs.gov/at-risk/Pages/default.aspx