



2012 Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) Implementation Plan

FACT SHEET

The Department of Health and Human Services (HHS) established the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) as the coordinating body for the federal agencies in charge of protecting the civilian population from the potential adverse health impacts of chemical, biological, radiological, and nuclear (CBRN) agents and emerging infectious diseases through the use of medical countermeasures (MCM) — medicines, devices, or other medical interventions that can lessen the harmful effects of these threats.

ACHIEVING STRATEGIC GOALS AND OBJECTIVES

The *2012 HHS PHEMCE Strategy* identified strategic goals and objectives to increase MCM preparedness for national health security threats. The *2012 HHS PHEMCE Implementation Plan (IP)*¹ details the end-to-end efforts HHS, in collaboration with interagency partners, is taking to achieve the following strategic goals and objectives.

- Identify, create, develop, manufacture and procure critical MCMs.
- Establish and communicate regulatory pathways to facilitate MCM development and use.
- Develop logistical and operational plans for optimized use of medical countermeasures at all levels of response.
- Address medical countermeasure gaps for all sectors of the American civilian population.

Together the *2012 HHS PHEMCE Strategy* and *Implementation Plan* provide the blueprints the PHEMCE will follow in the near-, mid-, and long-terms to make the best use of available resources to enhance national health security.

PRIORITIZATION OF PROGRAMS AND INITIATIVES

The IP further details the PHEMCE-wide approach to prioritization of MCM investments outlined in the Strategy. All PHEMCE investments are prioritized against the following criteria: (1) addressing the most significant threats, (2) fostering approaches with the potential to provide protection against multiple important threats, and (3) maintaining the capability to effectively use the assets developed. Additionally, moderating criteria include: (4) addressing the needs of all segments of the U.S. civilian population, including at-risk populations, (5) balancing rapid acquisition of current materials against significant gains in capabilities that may be possible through alternative long-term efforts,, and (6) balancing considerations of the lifecycle costs of MCMs.

THREAT-BASED AND CAPABILITIES-BASED APPROACHES

The PHEMCE focus on threat-specific needs will continue to be a high priority over the next five years. Additionally, the PHEMCE has started to direct its investments, where possible, from approaches that address single threats toward capabilities that offer a greater likelihood of broad-spectrum or multi-functional approaches that address more than one threat. The IP details both the threat-based programs and initiatives and the more capabilities-based approaches that will be pursued over the next five years.

TRACKING AND MONITORING PROGRESS

The IP calls out key milestones of progress over the next five years. ASPR will lead tracking, monitoring, and evaluation of the execution of these priorities. Both the Strategy and the IP will be reviewed and updated every five years or more frequently if needed.

¹ Available at
<http://www.phe.gov/Preparedness/mcm/phemce/Pages/default.aspx>