**The Office of Policy and Planning (OPP)**

ASPR’s Office of Policy and Planning (OP) protects the health of all Americans through integrated policy approaches, plans and courses of action to strengthen the nation’s public health and healthcare preparedness, response and recovery that are evidence based, intellectually rigorous, ethical, and enhance the resilience of the American people. It leads strategic planning and evaluation, preparedness and response policy development and analysis, and leads coordination and collaboration with domestic and international partners to reduce adverse health effects of public health emergencies and disasters

**Detailed Narrative overview**

The Office of Policy and Planning (OPP) advises HHS and ASPR leadership through policy options and strategic planning initiatives to support domestic and international public health emergency preparedness and response activities. To achieve its mission, OPP:

1. Leads an integrated approach to policy development and analysis within ASPR;
2. Analyzes proposed policies, presidential directives, and regulations, and develops short- and long-term policy objectives for ASPR;
3. Serves as ASPR’s focal point for the National Security Council (NSC) policy coordination activities and represents the ASPR, as appropriate, in interagency policy coordination meetings and related activities;
4. Studies public health preparedness and response issues, identifies gaps in policy, and initiates policy planning and formulation to fill identified gaps;
5. Leads the implementation of the [Pandemic and All Hazards Preparedness Act (PAHPA)](http://www.phe.gov/Preparedness/legal/pahpa/Pages/default.aspx) and is responsible for developing the quadrennial [National Health Security Strategy (NHSS)](http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx) and the NHSS Biennial Implementation Plan for public health emergency preparedness and response;
6. Develops strategic partnerships with stakeholders and leads the development of ASPR knowledge and information management programs and activities;
7. Manages the development of the ASPR Strategic Plan;
8. Develops and maintains liaison relationships with HHS strategic planning personnel and [Emergency Support Function 8 (ESF 8)](http://www.phe.gov/preparedness/support/esf8/Pages/default.aspx#8) partner organizations; and
9. Manages ASPR’s strategic planning efforts and ensures the consistency between national, Departmental and organizational goals and objectives.

**OPP Capabilities**

* Subject Matter Expertise - The Division for At-Risk, Behavioral Health & Community Resilience (ABC) provides subject matter expertise, education, and coordination to internal and external partners to ensure that the functional needs of at-risk individuals and behavioral health issues are integrated in the public health and medical emergency preparedness, response, and recovery activities of the nation to facilitate and promote community resilience and national health security.
* Community resilience tools and education - Resilient communities include healthy individuals, families, and communities with access to health care, both physical and psychological, and with the knowledge and resources to know what to do to care for themselves and others in both routine and emergency situations. <http://www.phe.gov/Preparedness/planning/abc/Pages/registries.aspx>
* Medical Countermeasures (MCM) policy initiatives, planning and analysis activities – The Division of Medical Countermeasure and Strategy and Requirements lead efforts to provide medical countermeasure strategy, requirements, policy planning, and analyses to respond to the medical needs of the U.S. civilian population during and after large-scale public health emergencies. The American people continue to face a host of national health security threats. Under the leadership of the Assistant Secretary for Preparedness and Response (the ASPR), the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) is the coordinating body for the federal agencies in charge of protecting the civilian population from the potential adverse health impacts through the use of medical countermeasures, which are medicines, devices, or other medical interventions that can lessen the effects of these threats (provide link to phe.gov). The Division of Medical Countermeasure Strategy & Requirements (MCSR) manages the end-to-end coordination of federal programs and policies in support of the PHEMCE. In this role, MCSR organizes and staffs the Enterprise Senior Council (ESC), Enterprise Executive Committee (EEC), PHEMCE Integrated Program Teams (IPTs), and the Requirements Working Groups. MCSR also leads development of the civilian medical countermeasure requirements to facilitate alignment of early research, advanced research and development, acquisition and stockpiling, and downstream response integration.
* Guidance on Public Health Emergencies of International Concern (PHEIC) processes and requirements - With increased movement of populations across borders and ever-expanding trade between countries, diseases once confined to a region now can rapidly spread across borders causing health, social, and economic disruption world-wide. Consequently, the health security of each nation is dependent on that of other members of the international community. The Division of International Health Security (DIHS) engages with international partners to create an all-hazards approach to improve our collective capabilities to deal with public health emergencies including those that arise from chemical, biological, radiological and nuclear (CBRN) threats, outbreaks of emerging infectious diseases, and natural disasters. Accordingly, DIHS leads international programs, initiatives and policies to strengthen domestic and international public health and medical emergency preparedness and response.

In the event that you have any ASPR policy related issues during a response, please contact Lorian Smith, 202.260.0141, [lorian.smith@hhs.gov](mailto:lorian.smith@hhs.gov).