



ANNEX 5

**Scope of Work and Framework
United States-Mexico Border Health Commission
Collaboration with
The Department of Health and Human Services
For an
Early Warning Infectious Disease Surveillance
At The United States-Mexico Border**

Unanimously approved by the
United States-Mexico Border Health Commission Members on 8
September 2003

Scope of Work and Framework
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The Department of Health and Human Services
For an
EARLY WARNING INFECTIOUS DISEASE SURVEILLANCE
AT THE UNITED STATES -MEXICO BORDER

GOAL

This Program is intended to enhance the infectious disease surveillance capabilities along the United States-Mexico Border by creating public health preparedness systems in the six Mexican Border States that are interoperable with one another and with those of the four United States Border States. This Program focuses on early detection, identification, and reporting of infectious disease outbreaks associated with potential bioterrorism agents or other major threats to public health. The primary goal is to collaborate with the six border states and the Secretariat of Health of Mexico (SHM) to develop the critical capacities listed in Attachment 1. Because pathogens know no boundaries and international travelers can spread a contagious disease quickly to other nations, early warning surveillance and prompt sharing of findings of concern among the ten States along the border and beyond is a public health and national security imperative.

BACKGROUND

The Department of Health and Human Services (DHHS), through the Centers for Disease Control and Prevention (CDC), has been supporting a variety of activities to strengthen public health preparedness for and response to bioterrorism, outbreaks of infectious diseases and other public health emergencies. Now in the second year of this major initiative, DHHS has provided funding to all 50 states (and 12 other eligible jurisdictions) to upgrade public health infrastructure and capabilities, ranging from readiness assessment, surveillance, epidemiology and laboratory capacity to information technology, risk communication, and education and training.

The four U.S. states along the U.S.-Mexico border -- Arizona, California, New Mexico and Texas -- have been engaged in a variety of activities aimed at improving their capability and capacity to detect and report infectious diseases, to conduct epidemiological investigations into disease outbreaks, to use laboratories to identify and characterize biological agents, and to develop rapid and accurate communications systems for sharing health advisories, diagnostic findings and laboratory results among federal, state and local public health agencies.

The United States-Mexico Border Commission work plan is addressing cross-border Risk Assessment and Public Health Emergency Preparedness, activities that have not to date been aggressively pursued by other Federal or State entity. An implementation plan is underway to facilitate two levels of strategic planning.

The first one is sub-regional planning sessions coordinated along the five sub regions as defined by the U.S.-Mexico Border Governor's Conference. They are as follows: a)

California-Baja California; b) Arizona-Sonora; c) New Mexico-Texas-Chihuahua; d) Texas-Coahuila and e) Texas-Nuevo Leon-Tamaulipas. The second is strategic planning between representatives of each of the border regions from both countries as well as appropriate United States and Mexico Federal representatives. United States border states have been working on developing collaborative working relationships with neighboring Mexico states so that, in the event of a bioterrorist incident or a naturally occurring infectious disease outbreak, a united response can be mounted on both sides of the border. DHHS has provided funds to the four border states to foster, promote and support such partnering activities.

Involvement of the U.S. state health officers and state bioterrorism coordinators of the four U.S. States along the U.S.-Mexico border in the proposed scope of work is fundamental to ensure that strategic planning is being coordinated with states border plans and with the six Mexico border states and Secretariat of Health of Mexico. Planning efforts need to be linked to current planning guidance that the U.S. border states are working under.

The Secretariat of Health of Mexico has prepared a National Bioterrorism Risk Health Protection Plan with participation of the Health Security Federal Group. This Plan intends to establish and unify criteria and mechanisms for detection and response in a timely and adequate fashion to prevent population health harm caused by intentional release of biological or chemical agents.

These procedures include alert systems, epidemiological surveillance; sample management and diagnostic confirmation; strategic stockpiles of materials, medication, and vaccines; emergency public health response; intra and intersectorial coordination; and public information policy, at Federal, State and local levels. Mexico's Health Emergency Plan in the border region intends to reinforce and enhance alert and communication systems; laboratory capacity and personnel training; epidemiological surveillance systems; as well as an efficient binational emergency response, based on international cooperation principles.

SCOPE OF WORK

With funding and technical assistance provided by the Department of Health and Human Services (DHHS), the Secretariat of Health of Mexico will make recommendations on the distribution of funds and the United States –Mexico Border Health Commission (USMBHC) will award and administer grants designed to enhance early warning infectious disease capabilities in the six Mexico border states and associated capabilities within the Secretariat of Health of Mexico. The USMBHC, which comprises the federal secretaries of health, the chief health officers of the ten border states, and prominent community health professionals from both nations, is positioned uniquely to help the United States and Mexico bring together the ten border states to solve shared public health security problems.

The Secretariat of Health of Mexico will provide to the US-Mexico Border Health Commission and the six Mexican border states the framework and the guidance developed by the Mexican Government regarding health emergency preparedness. The tasks described below address program governance, needs assessment, implementation of enhanced capabilities, and program evaluation.

GOVERNANCE STRUCTURE FOR THE PROGRAM

This section defines the respective roles and responsibilities of the USMBHC, the Secretariat of Health of Mexico, the DHHS, the Advisory Committee and, the Technical Committee.

1. United States-Mexico Border Health Commission (USMBHC). The USMBHC is responsible for administration of the DHHS funds provided under this Scope of Work as determined jointly by DHHS, USMBHC and Secretariat of Health of Mexico. The USMBHC, through its Executive Directors for the United States and Mexico Sections will direct the allocation of funds to the six Mexican border states and the Secretariat of Health of Mexico and to oversee the funded activities. With the concurrence of the DHHS, the USMBHC may appoint a program coordinator to coordinate this program (for the duration of the initiative) with United States border states and terrorism coordinators using an appropriate portion of the funds provided under this Scope of Work to defray its costs. The USMBHC will obtain Secretariat of Health of Mexico concurrence as might be required under Federal mandate for the allocation of funds to the Mexico border states.

The USUSMBHC will allocate funds to the Mexican Border States and the Secretariat of Health of Mexico in two or more successive increments and in accord with a formula developed by the USMBHC in consultation with the Secretariat of Health of Mexico and approved by the DHHS. This formula will take into account (a) that all six Border States have increasing needs with respect to infectious disease surveillance, (b) that the States with areas of high population density and high-volume daily movement of persons across the United States-Mexico border face the most severe consequences from bioterrorism or other outbreaks of infectious disease; and (c) that the capability enhancements in the six States could be strengthened by complementary capability enhancements within the Secretariat of Health of Mexico.

To effect the first funding increment, the USMBHC will make available to each Mexican State and the Secretariat of Health up to ten percent (10%) of its formula-determined amount in accordance with guidance to be developed. Accompanying these grants will be a guidance document developed by the USMBHC in consultation with the DHHS, upon initial formulation by the Secretariat of Health. This guidance document will provide technical assistance to the grantees regarding the guidance and analysis of needs assessments, the prioritization of the needs so identified, and the preparation of implementation plans addressing the highest priority needs.

The USMBHC will retain the remaining ninety percent (90%) or more of the formula-determined funds for each of the seven Mexican entities until it has received and reviewed each grantee's implementation proposal, developed in accordance with forthcoming guidance. The USMBHC then will augment the grants in accord with the reviewers' findings and recommendations. At this point, the USMBHC in consultation with the DHHS, may elect to award all previously reserved funds or continue to reserve some funds pending further implementation planning by the pertinent grantee(s).

2. Secretariat of Health of Mexico. The Secretariat of Health of Mexico is responsible for coordinating activities in the six Mexico border states associated with the USMBHC-administered grants. The Secretariat of Health of Mexico will appoint a Program Director, who shall have relevant expertise and demonstrated experience commensurate with the requirements of this task. In particular, the Secretariat of Health of Mexico is responsible for coordinating the development and submission of grant applications on behalf of the six Mexico Border States and itself in response to solicitations issued by USMBHC; assisting the six Mexico Border States in meeting the terms and conditions of their grants from the USMBHC; coordinating the preparation and submission to the USMBHC of progress reports on the grants; and otherwise working with the USMBHC toward ensuring successful efforts to enhance public health preparedness along the United States-Mexico border.

3. Advisory Committee. The USMBHC will establish an Advisory Committee. The Committee will be comprised to the extent possible a representative group from United States and Mexico, Federal, State, local, Commission and tribal representatives having working knowledge of public health requirements in emergency response activities in border communities. The Advisory Committee will provide a forum for the USMBHC to seek consultation and advise regarding the course of the program and to promote coordinated activities between and among border communities.

4. Technical Committee. The USMBHC will appoint a selected panel of experts to assist it in reviewing grant applications from the seven Mexican entities and assessing their progress in relationship to the goals and milestones for the Program.

5. Department of Health and Human Services (DHHS). DHHS will appoint a Project Officer representing the Office of the Assistant Secretary for Public Health Emergency Preparedness to be its focal point for communication and administrative actions regarding this agreement. In addition, the DHHS Project Officer will arrange for the participation of liaisons representing the Centers for Disease Control and Prevention (CDC) and the Office of Global Health Affairs (OGHA), respectively. The DHHS Project Officer, from time to time as appropriate and in consultation with the co-Program Coordinators and the CDC and OGHA liaisons, will enlist the participation of other DHHS staff in particular activities associated with the Program. For example, the DHHS may work with the Secretariat of Health of Mexico to provide experts to work in public health facilities within the six Mexican Border States, as approved by the Secretariat of Health. Also, DHHS will be prepared to provide technical assistance and advice regarding selection of members for the Advisory Committee and the Technical Committee; planning, conducting, and analyzing the results of needs assessments; preparing solicitations for applications associated with proposed activities; determining the need for conferences and establishing the associated agendas; and designing and overseeing Program evaluation activities. See Attachment 2 for organizational diagram.

TASKS

a. Allocation of First Increment of Grant Funds

As early as possible following the effective date of this agreement, the USMBHC will award to each of the seven Mexican entities up to ten percent (10%) of its formula-determined amount of funds. These funds will enable each of the grant recipients to conduct needs assessments with respect to the envisioned critical capacities listed in Attachment 1, prioritize the needs so identified, and prepare an implementation proposal for addressing the highest priority needs. This may include needs for epidemiologists, laboratorians, information technology specialists, laboratory equipment and reagents, and computer and telecommunications technology. The Secretariat of Health of Mexico will work with the six Border States to compile the results of any already completed needs assessments, provide technical assistance for self-assessments conducted by States, and, as appropriate, conduct assessments directly. Attachment 3 provides some examples of program activities that warrant consideration.

b. Review of Implementation Proposals and Allocation of Second Increment of Grant Funds

The USMBHC, with the assistance of the Technical Committee, will review the implementation proposals submitted by the six Mexican Border States and the Secretariat of Health of Mexico. Based on the results of these reviews, the USMBHC will augment the grants to the six States and the Secretariat of Health of Mexico to fund the approved activities in accord with the reviewers' findings and recommendations.

c. Award of Further Increments of Grant Funds

Based upon the reviews of the implementation proposals, the USMBHC may determine that some of the formula-determined funds for one or more of the seven Mexican entities should remain in reserve pending additional implementation planning and execution of the guidance document formulated by the Secretariat of Health. If so, the USMBHC, at an appropriate time, will solicit and review revised implementation proposals from the pertinent entities with a view to allocating all of the formula-determined funds as quickly as is consistent with fulfilling the goals of this Program.

d. Program Evaluation

At appropriate intervals during the life of this agreement, the USMBHC will convene the Technical Committee to assist it in assessing the progress of the grantees. External evaluation would also be considered and determined. In general, these evaluations will focus on the extent to which the grantees have met the measurable milestones defined by the USMBHC and the DHHS.

ATTACHMENT 1

Critical Capacities for Public Health Emergency Preparedness

I. SURVEILLANCE AND EPIDEMIOLOGIC CAPACITY

A. Public Health Surveillance and Detection Capacities

Critical Capacity:

To rapidly detect a terrorist event through a highly functioning mandatory reportable disease surveillance system, as evidenced by ongoing timely and complete reporting by providers and laboratories in a jurisdiction, especially of illnesses and conditions possibly resulting from bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

B. Public Health Epidemiologic Investigation and Response Capacities

Critical Capacities:

1. To rapidly and effectively investigate and respond to a potential terrorist event as evidenced by a comprehensive and exercised epidemiologic response plan that addresses, surge capacity, delivery of mass prophylaxis and immunizations, and pre-event development of specific epidemiologic investigation and response needs.

2. To rapidly and effectively investigate and respond to a potential terrorist event, as evidenced by ongoing effective state and local responses to naturally occurring individual cases of urgent public health importance, outbreaks of disease, and emergency public health interventions such as emergency chemoprophylaxis or immunization activities.

II. LABORATORY CAPACITY—BIOLOGIC AGENTS

Critical Capacities:

1. To develop and implement a jurisdiction-wide program to provide rapid and effective laboratory services in support of the response to bioterrorism.

2. Using the Laboratory Response Network as a model, ensure adequate and secure laboratory facilities, reagents, and equipment to rapidly detect and correctly identify biological agents likely to be used in a bioterrorist incident.

III. SURVEILLANCE AND EPIDEMIOLOGY -RELATED COMMUNICATION AND INFORMATION TECHNOLOGY

Critical Capacities:

1. Ensure effective communications connectivity among public health departments, healthcare organizations, law enforcement, public officials, and others.

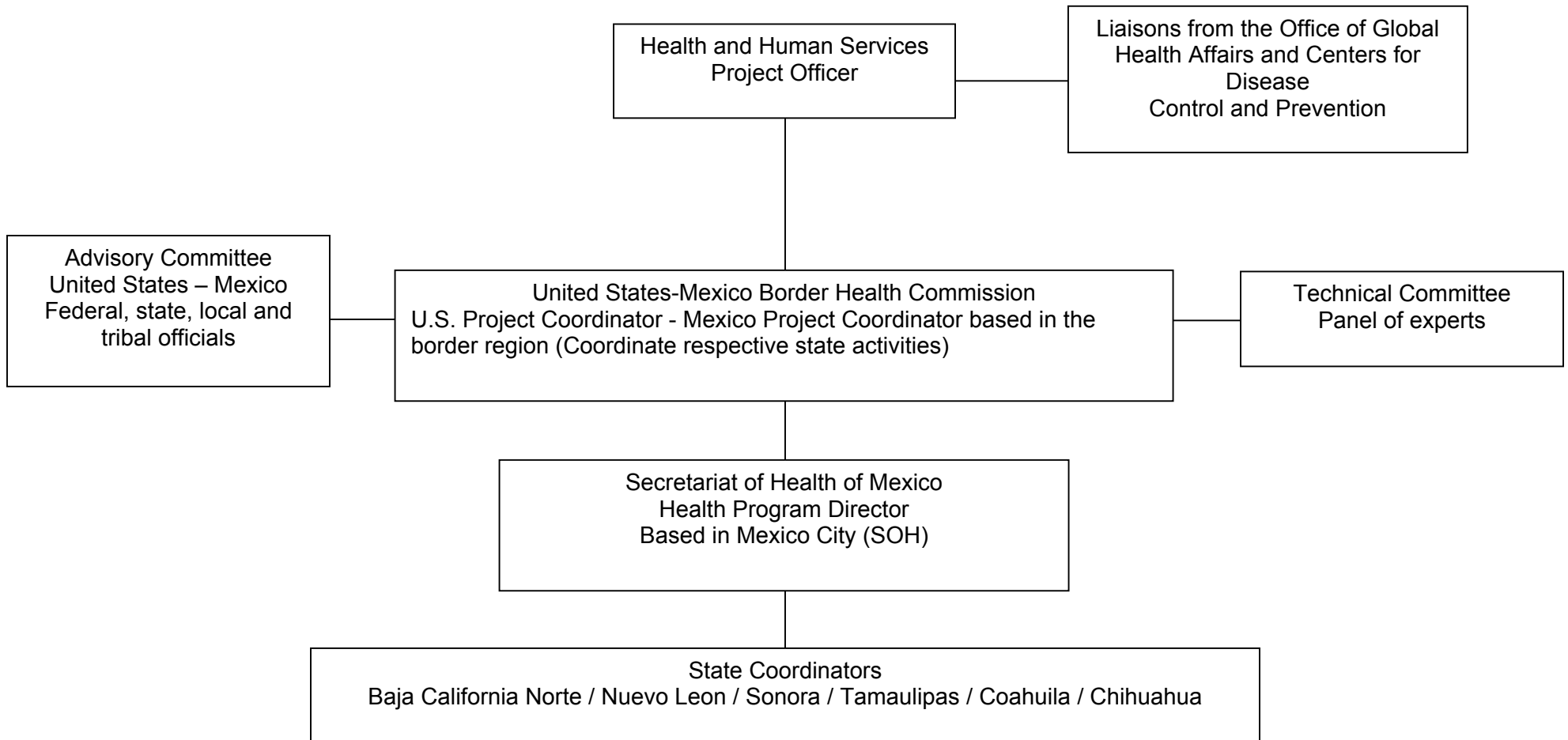
2. To ensure a method of emergency communication for participants in public health emergency response that is fully redundant with standard Telecommunications.
3. Ensure the ongoing protection of critical data and information systems and capabilities for continuity of operations.
4. Ensure secure electronic exchange of clinical, laboratory, environmental, and other public health information in standard formats between the computer systems of public health partners.

IV. SURVEILLANCE AND EPIDEMIOLOGY-RELATED EDUCATION AND TRAINING

Critical Capacity:

Provide ongoing specialized disease surveillance, epidemiologic and laboratory diagnostic training for public health, clinical, and other healthcare professionals to develop subject matter expertise within the public health system for disease detection, diagnostics, contact tracing, and outbreak analysis.

Attachment 2-Governance Structure: United States–Mexico Border Public Health Preparedness Program



ATTACHMENT 3
Examples of Program Activities

I. Infrastructure Enhancement

The USMBHC, with assistance from the Secretariat of Health of Mexico and DHHS, could enable Border States to upgrade and expand their infectious disease surveillance infrastructure through acquisition of laboratory equipment and reagents and information technology as determined in the needs assessments. For example, one first benchmark might be a requirement that all public health epidemiology and laboratory entities establish Internet connectivity. To this end, working with the Advisory Committee, the USMBHC will solicit applications from the Secretariat of Health of Mexico for grants to cover the acquisition and maintenance of needed equipment and related materiel; determine the relative merits of the applications through peer review; and make awards to the most meritorious applicants.

II. Visiting Fellows

The Secretariat of Health of Mexico could enable epidemiologists, laboratorians, and information technologists to work for extended periods (e.g., 1-2 years) as Visiting Fellows in the infectious disease surveillance organizations of each of the six Border States and possibly some or all of the United States Border States. To this end, working with the Advisory Committee, USMBHC might solicit applications from candidates throughout the ten States; determine the relative merits of the applications through peer review; match the most meritorious candidates with previously identified needs within the border States; and make awards to both the selected Fellows and their respective host states/cities to cover the costs associated with the approved Fellowship plans.

In consultation with and subject to the concurrence of the DHHS Project Officer, the USMBHC Project Officers might establish a schedule of award levels for the visiting Fellows and their respective host institutions in the Border States. These award levels shall be designed to cover the full costs associated with the approved Fellowship activities.

III. Training

In consideration of the needs identified in the assessment, the USMBHC could enable citizens of the member States to receive introductory and advanced training in epidemiology, laboratory methods, and information technology for extended periods (e.g., 1-2 years) at leading academic and public health institutions in the Western Hemisphere. To this end, working with the Advisory Committee, the USMBHC could solicit applications from candidates in the six border States; determine the relative merits of the applications through peer review; identify academic and public health entities capable and willing to offer training in the requisite subject matter areas; match the most meritorious candidates with appropriate training sites; and make awards to both the selected trainees and their respective training institution to cover the costs of the approved training plans.

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In consultation with and subject to the concurrence of the DHHS Project Officer, the Border Health Program Director could establish a schedule of award levels for the Trainees and their respective training institutions. These award levels shall be designed to cover the full costs associated with the approved training activities.

IV: Conferences/Forums

The USMBHC could sponsor conferences and forums involving representatives from the ten Border States and other authorities and experts to facilitate the progress of proposed State and local activities. Some conferences, in coordination with PAHO and DHHS, would have a pan-Hemisphere scope, while other conferences would have a United States-Mexico border orientation. Some conferences could address the full scope of issues associated with early warning infectious disease surveillance; other conferences could focus on selected themes such as epidemiology, laboratory methods, or information technology. The USMBHC might consider using teleconferencing capabilities to the extent practical to facilitate the planning and conduct of and follow up to these conferences.