DOD Has Taken Important Actions to Prepare, but Accountability, Funding, and Communications Need to be Clearer and Focused Departmentwide

DOD had taken a number of actions since September 2004 to prepare for an influenza pandemic, and its planning efforts continue to evolve. The Implementation Plan for the National Strategy for Pandemic Influenza, released in May 2006, tasked each federal department to develop its own implementation plan that details how it will carry out its responsibilities as outlined in the national plan and how it will prepare its workforce. DOD established working groups for its pandemic influenza planning efforts, including the Pandemic Influenza Task Force, which included representatives from across the department, including the Offices of the Assistant Secretary of Defense (ASD) for Homeland Defense, ASD for Health Affairs, ASD for Special Operations and Low Intensity Conflict, and the Joint Chiefs of Staff. In addition, the Office of the ASD for Health Affairs developed guidance that provided tasks for the Office of the Secretary of Defense, military departments, installation commanders, and others to complete to prepare for a pandemic. Further, several entities within DOD drafted plans and guidance, and DOD had taken other important steps, such as establishing Web sites, stockpiling vaccines and antivirals, and initiating projects to assist other nations with their preparedness efforts.

Going forward, DOD faces four management challenges that it needs to address as it shifts its focus to the department as a whole. First, at the time of GAO’s review, neither the Secretary of Defense nor the Deputy Secretary of Defense had yet issued guidance defining lead and supporting roles and responsibilities with clear lines of authority, oversight mechanisms, and goals and performance measures for DOD’s influenza pandemic planning efforts. The lack of these accountability mechanisms over time may hamper the leadership’s ability to ensure that planning efforts across the department are progressing as intended. Second, DOD had not yet requested funding for its pandemic influenza preparedness efforts linked to departmentwide goals. Therefore, it is unclear whether DOD can address the tasks assigned to it in the national implementation plan and pursue its own preparedness efforts for its workforce departmentwide within current resources. Third, DOD had not yet fully defined or communicated departmentwide which types of personnel—military and civilian personnel, contractors, beneficiaries, and dependents—it plans to include in its distribution of vaccines and antivirals. Fourth, DOD had not yet fully developed its communications strategy or communicated information to its personnel departmentwide on what actions to take in the event of an influenza pandemic. Also, DOD had not yet developed a plan to communicate information on the safety and efficacy of vaccines and antivirals, if DOD decides to dispense them. While DOD established Web sites with some information on pandemic influenza, GAO identified some unevenness across the department in terms of the information personnel received. A comprehensive and effective communications strategy could ensure that DOD’s personnel departmentwide are aware of actions they should take in the event of an influenza pandemic.