INFLUENZA PANDEMIC

DOD Combatant Commands’ Preparedness Efforts Could Benefit from More Clearly Defined Roles, Resources, and Risk Mitigation

What GAO Found

COCOMs have taken numerous management and operational actions to prepare for an influenza pandemic, and the COCOMs’ efforts are evolving. Each of DOD’s nine COCOMs has established or intends to establish a working group to prepare for an influenza pandemic. Additionally, eight of the nine COCOMs have developed or are developing a pandemic influenza plan. Half of the COCOMs have conducted exercises to test their pandemic influenza plans and several are taking steps to address lessons learned. Five of the nine COCOMs have started to use various media, training programs, and outreach events to inform their personnel about pandemic influenza. Each of the geographic COCOMs has worked or plans to work with nations in its area of responsibility to raise awareness about and assess capabilities for responding to avian and pandemic influenza.

Although COCOMs have taken numerous actions, GAO identified three management challenges that may prevent the COCOMs from being fully prepared to effectively protect personnel and perform missions during an influenza pandemic, two of which are related to issues GAO previously recommended that DOD address. First, the roles, responsibilities, and authorities of key organizations relative to others involved in DOD’s planning efforts remained unclear in part due to the continued lack of sufficiently detailed guidance from the Secretary of Defense or his designee. As a result, the unity and cohesiveness of DOD’s efforts could be impaired and the potential remains for confusion and gaps or duplication in actions taken by the COCOMs relative to the military services and other DOD organizations, such as in completing actions assigned to DOD in the Implementation Plan for the National Strategy for Pandemic Influenza. Second, GAO identified a disconnect between the COCOMs’ planning and preparedness activities and resources, including funding and personnel, to complete these activities, in part, because DOD’s guidance does not identify the resources required to complete these activities. The continued lack of a link between planning and preparedness activities and resources may limit the COCOMs’ ability to effectively prepare for and respond to an influenza pandemic, including COCOMs’ ability to exercise pandemic influenza plans in the future. Third, GAO identified factors that are beyond the COCOMs’ control—such as limited detailed guidance from other federal agencies on support expected from DOD, lack of control over DOD’s stockpile of antivirals, limited information on decisions that other nations may make during an influenza pandemic, reliance on civilian medical providers for medical care, and reliance on military services for medical materiel—that they have not yet fully planned how to mitigate. While GAO recognizes the challenge of pandemic influenza planning, not yet developing options to mitigate the effects of factors that are beyond their control may place at risk the COCOM commanders’ ability to protect their personnel and perform missions during an influenza pandemic. For example, if a nation decides to close its borders at the start of a pandemic, COCOMs and installations may not be able to obtain needed supplies, such as antivirals.

What GAO Recommends

GAO recommends that DOD take steps to clarify the COCOMs’ roles and responsibilities for pandemic influenza-related efforts, identify the sources and types of resources needed for the COCOMs to accomplish these efforts, and develop options to mitigate the effects of factors that are outside of their control. DOD concurred with each of these recommendations.


To view the full product, including the scope and methodology, click on the link above. For more information, contact Davi M. D’Agostino at (202) 512-5431 or dagostinod@gao.gov.