National COVID-19 Preparedness Plan

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THE WHITE HOUSE
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Executive Summary

President Biden came into office facing the worst public health crisis in more than a century. COVID-19 was wreaking havoc on our country – closing our businesses, keeping our kids out of school, and forcing us into isolation and lockdown as our first line of defense. Americans lacked the tools we needed to protect ourselves and our families.

Our country needed an emergency response that was worthy of the crisis we faced. A response that would leave no stone unturned, that would leverage the full force of the federal government, the innovation of the private sector, and the determination of the American people. On President Biden's first full day in office, he released the first-ever comprehensive National Strategy for the COVID-19 Response. This strategy focused on building a response to this virus that would give people the tools they needed to protect themselves, reopen our schools, and get our economy moving again.



The U.S. government has spent the last year executing on that strategy. To get this country moving in the right direction, we worked hand-in-hand with doctors, nurses, businesses, unions, community organizations, governors, mayors, and citizens across every state, Tribe, and territory.

As a result, today, 215 million people are fully vaccinated and two-thirds of eligible adults have gotten their booster shot. We have multiple treatment options, including life-saving pills, and continue to fill the nation's medicine cabinet. Testing capacity has dramatically increased and we have plenty of free, high-quality masks available to the American people. Schools are open and the economy is experiencing the fastest economic growth in four decades.

America must maintain the tools – vaccines, boosters, treatments, tests, and masks – to protect against COVID-19 and dramatically decrease the risk of the most severe outcomes. We must be prepared to respond to a new variant quickly and keep our schools and businesses open.

Today, the U.S. government is releasing an update to our National Strategy – the National COVID-19 Preparedness Plan – which will help move America forward safely. This plan lays out the roadmap to help us fight COVID-19 in the future as we move America from crisis to a time when COVID-19 does not disrupt our daily lives and is something we prevent, protect against, and treat. We look to a future when Americans no longer fear lockdowns, shutdowns, and our kids not going to school. It's a future when the country relies on the powerful layers of protection we have built and invests in the next generation of tools to stay ahead of this virus.

The National COVID-19 Preparedness Plan is clear-eyed that new variants might arise. And with the support of Congress, it outlines a plan to ensure that vaccines, tests, and treatments can be updated and deployed quickly to protect against a new variant.

Make no mistake, President Biden will not accept just "living with COVID" any more than we accept "living with" cancer, Alzheimer's, or AIDS. We will continue our work to stop the spread of the virus, blunt its impact on those who get infected, and deploy new treatments to dramatically reduce the occurrence of severe COVID-19 disease and deaths.

We are not going to just "live with COVID." Because of our work, we are no longer going to let COVID-19 dictate how we live.

To fully execute on this plan requires Congress doing its part to invest in tools that work. Additional funding will be necessary to provide critical treatments like pills and monoclonal antibodies; to make further investments to shore up America's testing supply; to provide resources that guard against and prepare for new variants; and to continue to fight this virus abroad. Without these investments, many of the activities described below cannot be initiated or sustained.

America has made strong progress in our fight against the COVID-19 pandemic. Congress providing the resources needed to execute this plan will be critical to getting America back to our normal routines while protecting people from COVID-19, preparing for new variants, and preventing economic and educational shutdowns. Because of our work over the last two years, we can begin to move forward safely.

The President's National COVID-19 Preparedness Plan focuses on four key goals:

1. Protect against and treat COVID-19
2. Prepare for new variants
3. Prevent economic and educational shutdowns
4. Continue to lead the effort to vaccinate the world and save lives

1: Protect against and treat COVID-19

The United States has experienced five waves of the pandemic since 2020, including three in the past year that were driven by new variants. America experienced a wave of COVID-19 cases driven by the Alpha variant in early Spring 2021 – a time when the U.S. vaccination program was administering a record number of vaccines every day. The Delta variant, which was more than twice as contagious as the original coronavirus strain, then swept across the country starting in Summer 2021, beginning in the South and spreading to the Midwest and Rocky Mountain regions.

Omicron represented another step in the virus's evolution, and has been one of the most contagious viruses in history, causing record numbers of infections around the world over the past three months. However, because of both lower severity of the Omicron variant and a stronger level of population immunity from vaccinations, Omicron has caused relatively fewer cases of severe COVID-19. Compared to prior waves of COVID-19 in the United States, the Omicron wave has had a lower proportion of cases resulting in hospitalization or death.



America has weathered the current Omicron wave with minimal disruption – schools and businesses largely remained open. As the country emerges from the Omicron wave, our path forward relies on maintaining and continually enhancing the numerous tools we now have to protect ourselves and our loved ones – from vaccines, to tests, to treatments, to masks, and more.

In January 2021, Americans had very few tools to protect against COVID-19, and the tools we did have were in limited supply. Over the last year, together, with states, localities, and public and private partners, the Administration has mobilized an unprecedented, whole-of-society effort to give Americans the tools they need to protect themselves.

The Administration has put vaccines at the center of our COVID-19 response because vaccines are the best tool we have to prevent hospitalization and death. We stood up the largest free vaccination program in our country's history – mobilizing 90,000 vaccination locations, standing up dozens of federally-run mass vaccination sites with the ability to administer more than a combined 125,000 shots a day, and deploying over 9,000 federal personnel to support vaccinations nationwide – including over 5,000 active duty troops.

As a result, today, the vast majority of Americans have the protection of a vaccine – with 215 million Americans fully vaccinated, and an estimated two-thirds of eligible adults having received their booster shot. Vaccinated and boosted people are 41 times less like to die of COVID-19 than unvaccinated individuals. And America's unprecedented vaccination campaign has saved lives: a December 2021 estimate suggested that vaccines saved over 1 million American lives and successfully prevented over 10 million hospitalizations.

The Administration has also expedited the development, manufacturing, and procurement of COVID-19 treatments, building a diverse medicine cabinet filled with more treatments now than at any point in the pandemic. Today about 4 million treatment courses are available to Americans, with 1 million *additional* courses of the Pfizer antiviral available in March, and another 2.5 million *additional* courses of the Pfizer antiviral available in April. In total, we have secured 20 million courses of Pfizer's life-saving antiviral pills, which have been shown to reduce the risk of hospitalization or death by 89%.

The nation's testing supply has increased dramatically. We now have free testing sites at 21,500 locations around the country. In January 2021, there were no rapid, at-home tests on the market available to Americans; during January 2022, there were more than 480 million at-home tests available to Americans on top of all other testing options. And we stood up COVIDtests.gov so Americans could order tests that shipped directly to their homes — for free. Private insurance and Medicaid now cover rapid at-home tests for free, and Medicare will fully cover these at-home tests starting this spring.

And the U.S. government has successfully put equity at the heart of a nationwide public health response. Hispanic, Black, and Asian adults are now vaccinated at the same rates as White adults. This is the result of an all-of-society effort that got America to where it is today: employers who offered paid time off for their employees; child care providers who offered drop-in services for caregivers to get vaccinated; public transit authorities and ride-sharing companies that provided free rides to vaccination sites; churches, civic organizations, barbershops, and beauty salons, who opened their doors to be trusted spaces for vaccinations; and the families who made vaccination a family affair.

The path forward in the fight against COVID-19 is clear: we must maintain and continually enhance the tools we have to protect against and treat COVID-19. The Administration looks forward to working with Congress to ensure that we have the resources to do just that.

Because we have these tools, we can begin to get back to our more normal routines safely and the use of public health mitigation measures like masking can be less frequent. The Centers for Disease Control and Prevention (CDC) has updated its framework for recommendations on preventive measures like masking, so masks are recommended when and where they matter the most and Americans will be wearing masks less often.

Make no mistake, as America moves forward we will leave no one behind. Equity will remain at the very center of our path forward in the fight against COVID-19. And we will be there to support Americans with the long-term impacts of COVID-19, including people experiencing Long COVID or mental and behavioral health challenges; as well as families suffering from the tragedy of losing someone they loved.

The Administration will work with Congress to secure the necessary funding to:

- **Launch an effort to vaccinate America's youngest children as soon as the U.S. Food and Drug Administration (FDA) authorizes and the CDC recommends a vaccine for that age group.** If the FDA authorizes and the CDC recommends a vaccine for children under five years of age, the United States is prepared to immediately distribute vaccines through a network of thousands of pediatricians' offices, children's hospitals, health centers, and local sites, so that vaccines are made available conveniently to families across the country.

- **Ensure that Americans – of all ages – can get the protection of an effective vaccine.** The Administration will continue to ensure that all Americans have ready access to free and safe vaccines, because vaccines are the most effective defense against COVID-19. The U.S. Department of Health and Human Services (HHS) will also continue to monitor the efficacy and durability of currently authorized vaccines against current and future variants and make recommendations to optimize protection.

- **Increase American manufacturing capacity to reliably produce an additional 1 billion vaccine doses per year – three times the U.S. population – and accelerate research and development of a single COVID vaccine that protects against SARS-CoV-2 and all its variants, as well as previous SARS-origin viruses.** To ensure that people stay protected, the U.S. government will continue to use advance purchasing agreements when appropriate and work closely with vaccine manufacturers to produce shots quickly and safely. Fully supporting this effort to scale up domestic vaccine manufacturing will require additional resources from Congress. Additionally, we will maintain a network of tens of thousands of sites to deliver shots to the American people at any time this effort is needed.

- **Continue vaccination outreach and education efforts and combat misinformation and disinformation.** HHS will continue its work to equip Americans with the tools to identify misinformation and to invest in longer-term efforts to build resilience against health misinformation.

- **Ensure there are enough treatments for Americans who need them.** The U.S. government will procure additional treatments; continue to use an expedited, streamlined process to review treatments for authorization by the FDA; and accelerate research and development into next generation treatments. These efforts will require additional funding and authorities from Congress.

- **Launch a nationwide *Test to Treat Initiative* so Americans can rapidly access treatment, including by visiting a "one-stop" location to get a free test and free treatment pills.** The Administration will put forth new educational efforts for the public and providers so that Americans can rapidly access treatments. The Administration will establish "One-Stop Test to Treat" locations at pharmacy-based clinics, community health centers, Long-Term Care Facilities, and the U.S. Department of Veterans Affairs (VA) facilities across the country. "One-stop" sites will be operational by March.

- **Update the framework for recommendations on preventive measures like masking to reflect the current state of the disease.** Masks have been a critical tool to protect ourselves, but they have a time and a place. With a broad range of *other* protective tools in place, the CDC has announced an updated framework for guidance on preventive measures like masking – moving away from simply basing broad recommendations on case counts and test positivity, and instead encouraging prevention measures like masking when they are most needed to minimize severe disease and to keep our hospitals from becoming overwhelmed in times when COVID-19 is surging. By monitoring community risk, masks can be worn when the risk of severe disease in the community is high and taken off when the risk is low. Overall, it means Americans will be wearing masks less because so many people are protected from severe disease.

- **Launch a one-stop-shop website that allows Americans to easily find public health guidance based on the COVID-19 risk in their local area and access tools to protect themselves.** The Administration will launch a website where Americans can find the level of COVID-19 risk in their community and specific guidance based on that risk. The site will also point people to the tools we now have to fight COVID-19, such as locating a vaccination site in their neighborhood or finding a free high-quality mask at a local grocery store or pharmacy.

- **Sustain and increase American manufacturing of COVID-19 tests, so we can continue to have a robust supply of tests.** The Administration will continue to use the expedited authorization process to help test manufacturers get tests to market quickly; maintain America's network of thousands of free testing sites; use the Defense Production Act (DPA) and other authorities, where warranted, to increase manufacturing capacity; and invest in innovation to make tests less expensive. These continued investments in testing will require additional funding from Congress.

- **Prioritize protections for immunocompromised people and take new actions to protect individuals with disabilities and older adults.** The Administration will continue to provide strong support for the immunocompromised, including providing prioritized access to treatments and preventive interventions – pending additional funding from Congress – as well as ensuring access to boosters. The Administration will also increase equitable access to testing and COVID-19 mitigation resources for people with disabilities and older adults, and engage industry to accelerate research and development of accessible self-tests. Securing sufficient preventive treatments for people who are immunocompromised will require additional funding from Congress.

- **Help Americans with the long-term impacts of COVID-19.** In recognition of the wide-reaching long-term impacts of COVID-19 on our society, the President will direct the U.S. government to accelerate efforts to detect, prevent, and treat Long COVID; coordinate efforts to provide support to families who have experienced the COVID-related loss of a loved one; and attend to the mental health and well-being of our communities. The Administration will also propose to make new investments in health care workers to support their mental health and well-being.

- **Ensure equitable access to COVID-19 health care and public health resources.** The Administration will continue to prioritize providing equitable access to COVID-19 health care and public health resources – including personal protective equipment (PPE), tests, treatments, masks, and vaccines; and address COVID-related health inequities among communities defined by race, ethnicity, geography, disability, sexual orientation, gender identity, and other factors. The U.S. government will support dedicated resources for local community-based organizations, community health centers, and rural health clinics.

2. Prepare for new variants

As we work to keep ourselves protected against COVID-19, America must remain prepared for any new variant that may come our way. To do so, the Administration has developed a comprehensive plan for how we monitor this virus to stay ahead of it, adapt our tools swiftly to combat a new variant, and deploy emergency resources to help communities.

Before January 2021, the federal government had insufficient data and sequencing capabilities and was ill-equipped to respond to new variants. Electronic case reporting was in place for only a handful of states in 2020 and the country could sequence only 3,000 viral isolates per week. America had no plan for responding to a new variant or standing up comprehensive efforts to respond to a surge in COVID-19 cases.

The Administration has enhanced our collection, production, and analysis of data, and expanded electronic case reporting to all 50 states, Washington D.C., Puerto Rico, and thousands of health care facilities. The CDC now tracks a range of key COVID-19 response metrics including cases, tests, vaccinations, and hospital admissions in real-time. Additionally, the CDC launched – and is continually enhancing – the National Wastewater Surveillance System (NWSS) to track the presence of SARS-COV-2 in wastewater samples collected across the country. And America has established a world-class sequencing operation, sequencing up to 90,000 isolates a week. The CDC's sequencing efforts can now reliably detect variants that account for as little as 0.1% of all COVID-19 cases circulating in the United States. And when new variants are identified, the federal government has a network of researchers – federal, academic, and commercial – who are able to study the sequence and assess mutations rapidly, allowing the government to respond quickly to concerning variants.

The Administration has also successfully built a robust emergency response infrastructure. Our surge response – led by the Federal Emergency Management Agency (FEMA) and HHS – developed capabilities to stand up over 100 federal mass vaccination sites and federal surge testing sites; distribute millions of critical supplies; and deploy thousands of federal clinical and non-clinical personnel to support states, Tribes, and territories. Since July 2021, the federal government has deployed over 4,000 military and non-military personnel including doctors, nurses, and paramedics; sent over 3,400 ventilators, ambulances, and other critical supplies; and shipped over 115 million pieces of PPE. And over the last year, FEMA has invested $300 million in state hospital preparedness to expand hospital capacity in 38 states.

Moving forward, the Administration will maintain our proven data, sequencing, variant response, and surge response capabilities. The CDC will continue to improve COVID-19 data collection, reporting, and analysis so America is better informed and ready to respond to new variants. And if new variants emerge, the federal government will leverage established playbooks to assess a new variant's impact on our vaccines, treatments, and tests, and rapidly deploy the tools, personnel, and resources Americans need. America will also retain a significant stockpile of tools to combat COVID-19 that remain ready for deployment.

The Administration will work with Congress to secure the necessary funding to:

- **Improve our data collection, sequencing, and wastewater surveillance capabilities to immediately identify and detect new and emerging variants; and strengthen pandemic preparedness.** The U.S. government will continue improvements to COVID-19 disease and vaccination data collection, wastewater surveillance, and virus sequencing capacity so we are better prepared to respond rapidly to emerging threats. This includes strengthening data infrastructure and interoperability so that more jurisdictions can link case surveillance and hospital data to vaccine data. The Administration is also leveraging COVID-19 response capabilities into stronger pandemic preparedness.

- **Leverage a *COVID-19 Variant Playbook* to determine the impact of a new variant on our vaccines, treatments, and tests, and shore up and update our tools, if needed.** The Administration has developed a variant playbook to assess the disease severity and transmissibility of a new variant immediately, and to expedite the rapid laboratory evaluation of the effectiveness of vaccines, tests, and treatments against any variant. The U.S. government has also developed a series of plans in coordination with manufacturers for the accelerated development, approval, manufacturing, and delivery of updated vaccines, tests, and treatments. These expedited plans and processes suggest that updated vaccines can be deployed in 100 days instead of many months or years.

- **Support new FDA processes to expedite regulatory review of variant-specific versions of vaccines and treatments, so Americans can get them quickly if needed.** FDA has developed new approaches to accelerate the authorization of a vaccine or treatment that targets any new variant while maintaining strict and longstanding practices to ensure the safety and efficacy of the products.

- **Leverage a proven *COVID-19 Surge Response Playbook*.** The Administration has developed a comprehensive emergency response COVID-19 surge playbook to stand up mass vaccination and testing sites, expedite deployments of surge medical and emergency personnel, expand hospitals and emergency facilities, and provide emergency supplies.

- **Add at-home tests, antiviral pills, and masks for the general population to America's stockpile for the first time.** America will stockpile new categories of supplies including at-home tests, antiviral pills, and masks for the general population for the first time. The Administration will also maintain a fully stocked Strategic National Stockpile (SNS) with an inventory of masks, ventilators, gloves, gowns, and hospital equipment. The U.S. government will be ready to deploy supplies to the American people to ensure adequate supply in times of surges, COVID-19 outbreaks, or new variants.

- **The U.S. government has established a permanent logistics and operational hub at HHS to ensure accelerated development, production, and delivery of COVID-19 vaccines and treatments.** The Administration has transitioned an emergency logistics and operational organization into a permanent agency structure at HHS, which has allowed the Administration to build on its progress, retain expertise and skills, and continue providing the necessary tools to the American people during this pandemic and for any future disease outbreaks.

3. Prevent economic and educational shutdowns

Our path forward relies on giving schools and businesses the tools they need to prevent economic and educational shutdowns, so that our students can remain safe in school, our workers can be safe at work, and our economy can continue to grow.

At the beginning of last year, America was experiencing widespread school and business shutdowns: only 46% of K-12 schools were open for in-person learning, and millions of businesses had closed and tens of millions of Americans had lost their jobs in 2020. Throughout the last year, the Administration worked to provide schools, child care providers, and businesses with the necessary tools and resources to safely open, while keeping our children, students, and workers safe.

The Administration provided a historic investment of $130 billion from the American Rescue Plan to reopen schools by improving school ventilation, accessing tests, and hiring more teachers, nurses, and staff. To protect workers and keep our businesses open, the Administration launched the largest vaccination campaign in history – working hand-in-hand with the business community; and requiring vaccinations where we could, including for federal workers.

Today, about 99% of K-12 schools are open for in-person learning. And since President Biden took office, there has been historic job growth. The U.S. economy created 6.6 million jobs in 2021 – the strongest job growth of any year on record – and grew 5.7% in 2021, the fastest pace of economic growth in nearly four decades. The U.S. was also the first major economy to exceed its pre-pandemic economic output.

The path forward in the fight against COVID-19 is clear: schools, workers, and workplaces have resources and guidance to prevent shutdowns.

The Administration will work with Congress to secure the necessary funding to:

- **Give schools and businesses guidance, tests, and supplies to stay open, including tools to improve ventilation and air filtration.** The U.S. government will also provide a Clean Air in Buildings Checklist that all buildings can use to improve indoor ventilation and air filtration and will encourage uptake of ventilation improvements. The Administration will also provide technical assistance that encourages schools, public buildings, and state, local, and Tribal governments to make ventilation improvements and upgrades using American Rescue Plan funds.

- **Work with Congress to provide paid sick leave to workers who need to miss work due to a case of COVID-19 or to care for a loved one who has COVID-19.** The Administration will work with Congress to reinstate tax credits to help small- and mid-size businesses provide paid sick and family leave to deal with COVID-related absences.

- **Update guidance for employers to ensure safer workplaces.** The Department of Labor's Occupational Safety and Health Administration (OSHA) will update workplace guidance to better equip employers with the tools they need to ensure safe workplaces, including guidance on how employers can continue to support increased vaccination and boosting of their employees; support workers such as people who are immunocompromised who choose to wear high-quality masks; limit workplace-based infections; and enhance ventilation.

- **Engage early care and education providers to help them remain safely open and help parents return to work with peace of mind.** Early care and education providers, including child care centers, family child care providers, pre-K and more, have been essential in our fight against COVID-19. The Administration invested $40 billion in American Rescue Plan funds to states, territories, and Tribes to help child care providers and Head Start grantees keep their doors open and provide safe care that is crucial for parents getting back to work. Building on this funding, the Administration will continue to engage the community of early care and education providers to ensure they have tools and support to stay safely open and to continue supporting our families.

- **With the vast majority of federal workers at their workplaces, substantially expand levels of services at public-facing federal offices (like local Social Security offices).** COVID-19 no longer needs to dictate how we work. Federal agencies will lead by example, increasing the hours public-facing federal offices are open for in-person appointments and in-person interactions in the month of April.

4. Continue to lead the effort to vaccinate the world and save lives

Fighting this virus abroad is key to America's effort to protect people and stay ahead of new variants. To do so, we will continue to lead in providing vaccines to the world, helping to get those vaccines into arms, and deploying emergency supplies to countries experiencing surges in COVID-19. We will also continue to advance sustainable capacity and financing for health security to fight COVID-19 variants.

The President committed that the United States would be the world's arsenal for vaccines – both because it's the right thing to do and in our collective interest. And America is delivering on that commitment. The United States stands alone in procuring 1 billion vaccines for the sole purpose of donating them. And overall, the Administration has committed to donating 1.2 billion doses to other countries – for free, with zero strings attached, which represents the largest commitment of any single country or group of countries in the world. As of today, the U.S. government has delivered over 475 million free doses to 112 countries around the world – four times the number of free doses shared with the world than any other country.

In addition, the U.S. government has delivered life-saving resources like oxygen, treatments, PPE, and other essential supplies worth more than $1 billion to countries experiencing outbreaks. U.S. government public health experts from the CDC, U.S. Agency for International Development (USAID), the U.S. Department of State (State), HHS and the President's Emergency Plan for AIDS Relief (PEPFAR) and other entities are working side-by-side with on-the-ground providers, providing technical assistance in vaccine program implementation, care provision, and outbreak investigation. We have increased the world's capacity to manufacture vaccines and have fostered an enabling environment for innovation, including by spurring African manufacturing.

Over the last year, the Biden Administration pioneered the model to donate and deliver surplus vaccines to the rest of the world. America was the first country to announce a purchase of doses solely for donation to other countries; the first country to give up our place in line for vaccines – allowing the African Union to immediately start receiving up to 110 million doses of Moderna at a reduced rate negotiated by the United States; and the first country to negotiate a deal to send vaccines directly to humanitarian settings and conflict zones to vaccinate displaced persons.

The path forward in the pandemic will require doubling down on our commitment to help vaccinate the globe and to save lives by making tests, treatments, and PPE widely available.

The Administration will work with Congress to secure the necessary funding to:

- **Leverage the vaccine donation model America pioneered to deliver the 1.2 billion doses we committed to donate to the rest of the world.** America will continue to deliver the 1.2 billion doses we committed to donate to countries in need, continuing to leverage the partnerships the U.S. government built to donate and deliver vaccines to the rest of the world.

- **Increase efforts to get shots in arms around the world.** The U.S. government will increase investment in the Initiative for Global Vaccine Access (Global VAX), an ambitious global vaccination initiative to get doses into arms by working with partner countries to more quickly implement their plans. This includes supporting efforts such as jumpstarting communications campaigns, providing and supporting vaccinators on the front lines, purchasing cold chain supplies and syringes, paying for shipping and logistics to expedite vaccine delivery to hard-to-reach areas, ensuring people at high risk of hospitalization and deaths like the elderly and immunocompromised are vaccinated, and building vaccine confidence on the ground. Expanded global shots-in-arms efforts will require additional funding from Congress.

- **Save lives by solving the oxygen crisis and making emergency supplies widely available.** The U.S. government will make oxygen and PPE available; enhance testing; provide treatments; strengthen global health systems to fight COVID-19; protect health workers from COVID-19 and essential health services from COVID-19 disruptions; improve detection, monitoring and mitigation of new COVID-19 variants; and increase regional and local manufacturing of countermeasures. These continued investments will require additional funding from Congress.

- **Continue global leadership on the COVID-19 response and build better health security for the future.** The U.S. government will continue to work to build better capacity to fight COVID-19, manage future variants, and advance health security and preparedness for future pandemics. America is committed to establishing a new health security financial intermediary fund at the World Bank in 2022, and we call on all countries and public and private organizations to commit to urgent action to assist in the global COVID-19 response.

GOAL ONE
Protect against, and treat, COVID-19



America's Progress to Date:

Vaccines:

- ✓ 215 million Americans – and over three quarters of American adults – are fully vaccinated
- ✓ Two out of three eligible adults – and over 80% of seniors – are boosted
- ✓ Over 1 million American lives saved and over 10 million hospitalizations prevented

Treatments:

- ✓ 20 million treatment courses of Pfizer's oral antiviral secured
- ✓ Worked with Pfizer to shave about seven months from original timeline of the clinical trial process so the first antiviral pills shipped in December – months ahead of schedule

Tests and Masks:

- ✓ 480 million rapid at-home tests available to Americans during January 2022, on top of all our other testing options; up from zero at the start of last year
- ✓ Over 20,000 free pharmacy and community testing sites nationwide
- ✓ Private health insurance now covers rapid at-home tests – and Medicare will soon
- ✓ Shipped 240 million masks to 30,000 grocery stores, pharmacies and community health centers so Americans can pick up free N95 masks

Equity:

- ✓ Successfully put equity at the center of a public health response for the first time in the nation's history
- ✓ Hispanic, Black, and Asian adults are now vaccinated at same rates as White adults
- ✓ About 70% of tests at federal surge testing sites administered to people of color
- ✓ Over 80% of recommendations from the Administration's COVID-19 Health Equity Task Force fulfilled, with historic investments to drive equity in future public health efforts

Moving forward, the Administration will work with Congress to secure the necessary funding to:

Vaccines:

- ✓ Launch an effort to vaccinate America's youngest children as soon as the FDA authorizes and CDC recommends a vaccine, ensuring that Americans – of all ages – can get the protection of a vaccine
- ✓ Accelerate research and development toward a single COVID vaccine that protects against SARS-CoV-2 and all its variants, as well as previous SARS-origin viruses
- ✓ Increase American manufacturing capacity to reliably produce an additional 1 billion vaccine doses per year – three times the U.S. population
- ✓ Continue to mobilize our network of tens of thousands of sites to deliver shots
- ✓ Enhance vaccinations outreach and education efforts to reach the unvaccinated, promote boosters, get our kids vaccinated; and continue to combat misinformation and disinformation

Treatments:

- ✓ Ensure there are enough treatments for Americans who need them
- ✓ Launch a nationwide *Test to Treat Initiative* so Americans can get rapidly treated, including options to visit "One-Stop" Test to Treat locations to get free tests and get free treatments
- ✓ Explore public and private insurer coverage of COVID-19 treatments this year
- ✓ Support the FDA's expedited, streamlined process to review treatments for authorization
- ✓ Accelerate research and development into next-generation therapeutics

Tests and Masks:

- ✓ Sustain and increase American manufacturing so a robust supply of tests will be consistently available
- ✓ Build a large stockpile of rapid at-home tests for the first time
- ✓ Utilize the expedited FDA approval processes to help test manufacturers come to market more quickly
- ✓ Maintain America's network of over 20,000 free testing sites to provide free, efficient tests to the American people
- ✓ Invest in innovation to make tests less expensive
- ✓ Continue to support testing, treatment, and vaccine administration for the most vulnerable through the uninsured fund
- ✓ Continue to provide insurance coverage for at-home tests – Medicare will cover these tests soon
- ✓ Update the framework for recommendations on preventive measures like masking to reflect the current state of the disease
- ✓ Launch a one-stop-shop website that allows Americans to easily find public health guidance based on the risk in their local area and access tools to protect themselves
- ✓ Continue to provide free, high-quality masks to the American public

Equity and Making Sure No American is Left Behind:

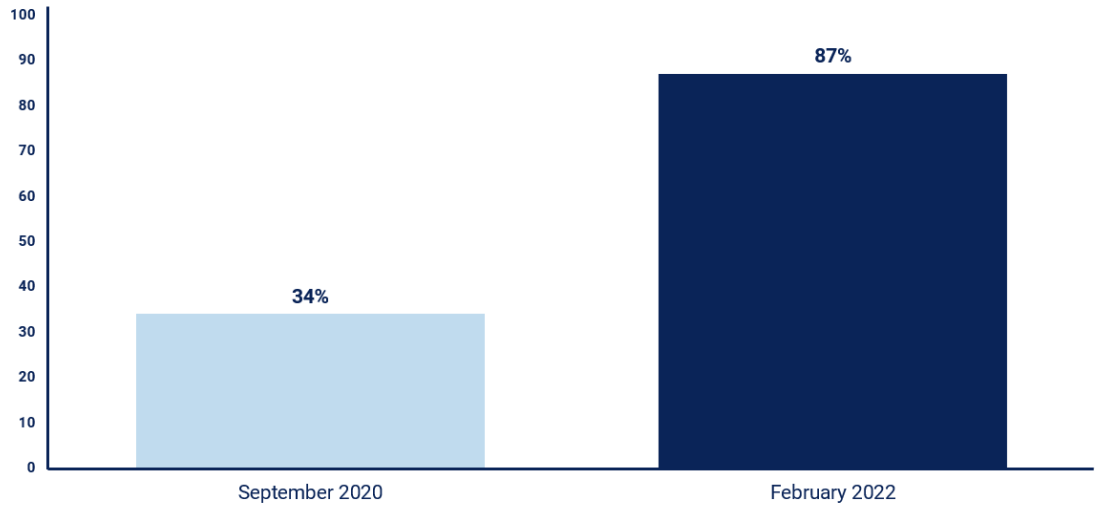
- ✓ Ensure equitable access to COVID-19 health care and public health resources
- ✓ Continue to address the needs of people with disabilities and older adults in response and recovery from the virus
- ✓ Prioritize protections for individuals who are immunocompromised so they have the support they need to live their lives safely
- ✓ Accelerate efforts to detect, prevent, and treat Long COVID
- ✓ Launch new support for people dealing with behavioral and mental health issues
- ✓ Support families dealing with COVID-related loss
- ✓ Continue to support local, community-based organizations to improve health equity
- ✓ Sustain critical efforts to build a representative health care and public health workforce
- ✓ Expand health equity data to drive pandemic decision making

Our path forward relies on maintaining and continually enhancing the numerous tools we now have to protect ourselves and our loved ones. In January 2021, fewer than 1% of Americans were fully vaccinated, and there were not enough vaccines, vaccinators, or vaccination sites around the country. Treatments were not widely available. There were not enough places to get tested and zero rapid at-home tests on the market. And where tests were available, they were often too expensive.

Over the last year, together, with states, localities, and private and public partners, the Administration has mobilized an unprecedented, whole-of-society effort to give Americans the tools they need to protect themselves against COVID-19.

From the beginning, the Administration put **vaccines** at the center of our COVID-19 response. From Day One, the President worked with vaccine manufacturers to accelerate delivery timelines, ensuring that America continues to have a safe and effective vaccine for every American. The Administration stood up the largest free vaccination operation in our country's history including dozens of mass vaccination sites; and created unprecedented tools to support people who needed help finding a vaccine. Americans could – and can continue to – find an available vaccine by going to Vaccines.gov, texting their zip code to 438829, or calling 1-800-232-0233.

Adult Vaccination Intent in September 2020, Compared to Actual Vaccination Administrations by February 2022



Sources: Kaiser Family Foundation Survey and CDC Data Tracker

From Day One, the Administration knew vaccinating America would require building public confidence. That's why the Administration stood up an unprecedented public education campaign that empowered local trusted messengers; and collaborated with states, localities, Tribes, and community-and faith-based organizations to mobilize on-the-ground, grassroots outreach efforts. This work paid off – in September of 2020 only 34% of Americans said they wanted to get vaccine; today, over 87% of adults have at least one shot. And America's unprecedented vaccination campaign has saved lives: a December 2021 estimate suggested that vaccines saved over 1 million American lives and successfully prevented over 10 million hospitalizations.

At the same time, the Administration expedited the development, manufacturing, and procurement of COVID-19 **treatments**, building a diverse medicine cabinet. In January 2022, we doubled our purchase of effective treatments in our nation's medicine cabinet. The Administration has also established a world class distribution strategy for treatments, and was able to distribute the first doses of monoclonal antibodies within 48 hours of FDA authorization. To date, about 7 million patient courses of treatments have shipped to over 34,000 locations across the country.

The U.S. healthcare system has treated more than 3.8 million high-risk COVID-19 patients, potentially preventing more than 150,000 hospitalizations since November of 2020. The average Medicare cost for a hospitalized patient is about $22,000; using this value, treatments have helped to avoid $3.3 billion dollars in hospital costs. To provide the widest, most fair and most equitable administration of antiviral treatments, we have prioritized the distribution of treatments to include community health centers; and for monoclonal antibodies, we established programs to expand distribution to Long-Term Care Facilities, home infusion programs, and dialysis centers.

Testing also remains a critical tool in preventing the spread of COVID-19. The Administration built a nationwide testing infrastructure from scratch, and free, convenient COVID-19 testing is now available to all Americans. As America saw demand for testing increase following the emergence of Omicron, the federal government stood up new federal testing sites starting with new sites in New York City in just 48 hours. As part of this effort, the Administration has worked with 27 states, Tribes, and localities to establish 65 free federal testing sites over the last two months. And we stood up COVIDtests.gov so Americans could order tests to be shipped directly to their homes — for free.

And the Administration revolutionized the at-home testing market. In January 2021, there were no at-home rapid tests available to Americans; during January 2022, there were more than 480 million available to Americans on top of all of other testing options. To build this testing supply, the Administration worked with the FDA to create a new, fast-track process that allows rapid at-home test manufacturers to receive expedited FDA authorization. We also launched an innovative National Institutes of Health (NIH)-FDA partnership to further accelerate new products coming to market. Each newly authorized test has added to the number of tests available at pharmacies and drug stores. And we have purchased $7 billion worth of tests right off of the manufacturing line, which created incentives for test manufacturers to scale up their test production quickly. The Administration has also reduced the out-of-pocket cost of testing by making laboratory and point of care testing free for asymptomatic individuals through insurance coverage. Further, private insurance and Medicaid now cover at-home rapid tests for free, and Medicare will fully cover these at-home rapid tests starting this spring.

The Administration has successfully put **equity** at the heart of a nationwide public health response. Our relentless focus on advancing equity and ensuring our COVID-19 response efforts reach the hardest-hit communities has closed the gaps in racial and ethnic vaccination rates. Hispanic, Black, and Asian adults are now vaccinated at the same rates as White adults. These numbers tell the story of an all-of-government effort that got America to where it is today. We launched programs to get vaccines to community health centers, rural health clinics, and dialysis centers, emergency rooms, nursing homes and other Long-Term Care Facilities, and hard-to-reach areas through 40,000 mobile vaccination clinics. We launched federally-run mass vaccination sites across the country located in high Social Vulnerability Index (SVI) communities that centered equity through practices like community partnerships and language translation services. We worked with federal pharmacy partners to prioritize local pharmacies in high SVI communities, provide walk-in vaccinations, call center services, and community partnerships. To address structural barriers to vaccinations, the Administration provided paid leave, free child care, and transportation to vaccination sites. And the Administration partnered with trusted messengers on the ground, including faith leaders, community-organizations, local doctors, and barber and beauty shops to build public trust and get shots into arms.

These are just some of the ways the Administration worked to ensure that gaps have all but closed in communities of color in the recent months. And our efforts have encompassed much more than just vaccinations. President Biden stood up a Health Equity Task Force that has delivered recommendations to drive equity in future public health efforts. Over 80% of recommendations from the Biden Administration's

COVID-19 Health Equity Task Force have been fulfilled, with historic investments to drive equity in future public health efforts. The Administration provided testing resources, stood up testing sites, distributed treatments, and deployed surge resources to hospitals with equity as the North Star of the COVID-19 response. Over the past year, we made tremendous progress in our effort to protect and uplift the hardest-hit and highest-risk communities. Over 40% of the orders for free tests placed on COVIDtests.gov have been placed by Americans living in high-vulnerability zip codes. And nearly all schools are open for in-person instruction, offering students more equitable access to academic resources and allowing parents to go back to work.
The path forward in the fight against COVID-19 is clear: we must maintain and continually enhance the vaccines, tests, treatments, masks, and more to protect against and treat COVID-19. When it comes to vaccines, all Americans will continue to have a vaccine available for them. For those who do get COVID-19, we now have numerous treatments at our disposal and there will be treatments available for Americans who need them. Testing will continue to be an important tool to track and slow disease spread – and should be available to all Americans.

Make no mistake, as America moves forward we will leave no one behind. Equity will remain at the very center of our fight against COVID-19, we will protect and support people who are immunocompromised, and we will be there to help Americans with the long-term impacts of COVID-19, including families suffering from the tragedy of losing someone they loved. In recognition of the wide-reaching, long-term impacts of COVID-19 on our society, the President will direct the U.S. government to accelerate efforts to detect, prevent and treat Long COVID; coordinate efforts to provide support to families who have experienced the COVID-related loss of a loved one; and attend to the mental health and well-being of our communities.

When it comes to vaccines, the Administration will work with Congress to secure the necessary funding to:

Launch an effort to vaccinate America's youngest children as soon as the FDA authorizes and the CDC recommends a vaccine, ensuring that Americans – of all ages – can get the protection of a vaccine. If the FDA authorizes and the CDC recommends a vaccine for children under five years of age, the United States is prepared to immediately distribute vaccines through a network of thousands of pediatricians' offices, children's hospitals, health centers and local sites, so that vaccines are made available to families across the country. Millions of children between the ages of five and 11 have been vaccinated, and the Administration will build on this progress to extend safe, effective vaccination to children under five.

Central to this work will be the Administration's efforts – in collaboration with states, localities, providers, and other partners – to reach parents and guardians with the information they need, from sources they trust, to make informed choices that keep their children and their families healthy.

- Ensure states, localities, Tribes, and territories are prepared and have the resources they need to vaccinate children under five. States, localities, Tribes, and territories will continue to play a leading role in ensuring that vaccinations are made available and that families have the information they need. If authorized by the FDA and recommended by the CDC, states will continue to have access to federal support for pediatric vaccinations, and can receive federal funding when they set up children's vaccination sites, procure equipment and supplies to store and administer the vaccine, provide family transportation to and from a vaccination site, communicate with the public, provide call center support, make public service announcements, and offer translation services.

- Focus on making vaccinations available at pediatric and primary care sites. If vaccines for our nation's youngest children are authorized by the FDA and recommended by the CDC, the Administration will make vaccinations available to America's youngest children at thousands of pediatric and primary care sites across the country. Pediatricians continue to be one of the most trusted sources of information about COVID-19 for parents and will play a critical role in the effort to get our youngest children vaccinated. Nationwide, medical homes are the most common, trusted location for routine childhood vaccines. For example, more than three in four children under five receive their flu vaccine in a doctor's office. Well-patient visits are also an opportunity for pediatric providers to conduct recommended screenings and provide counseling. The Administration will work hand-in-hand with states, localities, Tribes, and territories to prioritize these providers in the distribution of vaccine and ensure that they have the supply, resources, and support they need to lead the way. The Administration will also continue to make vaccine doses available directly to community health centers and rural health clinics, that together, serve more than 2 million children under five nationwide. And the Administration will continue to collaborate with trusted medical associations, including the American Academy of Pediatrics, the American Hospital Association, and the American Medical Association to ensure we are reaching providers and their patients.



- Leverage children's hospitals and health systems to vaccinate America's youngest children. If vaccines for our nation's youngest children are authorized by the FDA and recommended by the CDC, the Administration will make vaccinations available to America's youngest children at children's hospitals and health systems nationwide. Children's hospitals play an essential role in our efforts to ensure access for our nation's highest-risk kids, including those with diabetes, asthma, and those who are immunosuppressed.

- Make vaccinations for children age three and over available at local pharmacies. If vaccines for our nation's youngest children are authorized by the FDA and recommended by the CDC, the Administration will make vaccinations for children available at thousands of pharmacies nationwide through the federal pharmacy program. Pharmacies that participate in vaccinating this age group (typically only for children three and older) will offer vaccinations in a more limited set of locations – in many cases, at clinics staffed by health care providers with primary care experience. These pharmacies will offer convenient hours and advanced scheduling to best meet the needs of parents and communities.

- Build on partnerships with state and local public health departments to provide vaccinations to the hardest-to-reach families through local public health clinics. If vaccines for our nation's youngest children are authorized by the FDA and recommended by the CDC, the Administration will build on its long-standing partnership with state and local health departments across the country to ensure that we are reaching families who are the hardest-to-reach – including families who may not have regular access to a pediatrician – through local public health clinics. The Administration will support states as they stand up and operate these clinics, and will work hand-in-hand with states to maximize vaccination coverage and availability, particularly in the hardest-hit, highest-risk communities.

- Reach parents and families, build public trust, and advance equity. Central to this work will be the Administration's efforts to reach parents and families with the information they need, from sources they trust. While we know that many parents are eager to vaccinate their children, we know that others have questions. If vaccines for our nation's youngest children are authorized by the FDA and recommended by the CDC, HHS will launch a national public education campaign to ensure that parents and guardians have access to the facts and information they need to make informed choices for their families. The Administration will also work with national organizations representing health care providers and parents as well as family-friendly brands that parents know and trust. And the Administration will remain focused on equity, making sure we reach those hardest-hit and most at-risk communities.

- Engage with families through trusted programs that reach millions of children and their parents every day. If vaccines for our nation's youngest children are authorized by the FDA and recommended by the CDC, the Administration will leverage the many channels the U.S. government has to engage parents of this age group to reach children and their parents with the information they need. For example, the Administration will engage families through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, which serves over 6 million people. A longstanding partner of immunization programs, WIC settings across the country will have access to tailored resources for talking to families about the COVID-19 vaccine, and will continue providing families with referrals to vaccination providers, including those co-located with WIC settings. Through HHS's Administration for Children and Families (ACF), the Administration will also work with Head Start grantees to get critical vaccination information to the families of the approximately 1 million children they serve. And the Administration will



engage families through HHS's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, which reaches more than 140,000 parents and young children across the country each year. Working with families as partners, MIECHV home visitors will leverage established relationships, to provide information on benefits of vaccination and refer families to local vaccination sites.

Accelerate research and development toward a single COVID vaccine that protects against COVID-19 and all its variants, as well as future emerging coronavirus threats. The Administration has accelerated research and development toward a universal SARS-CoV-2 coronavirus vaccine that offers protection against all new COVID-19 variants. Together, these steps will help advance access to a vaccine that will protect us against *all* mutations of this coronavirus, and future emerging threats. Accelerating research and development toward a next-generation vaccine with broad protection against variants will require additional funding from Congress.

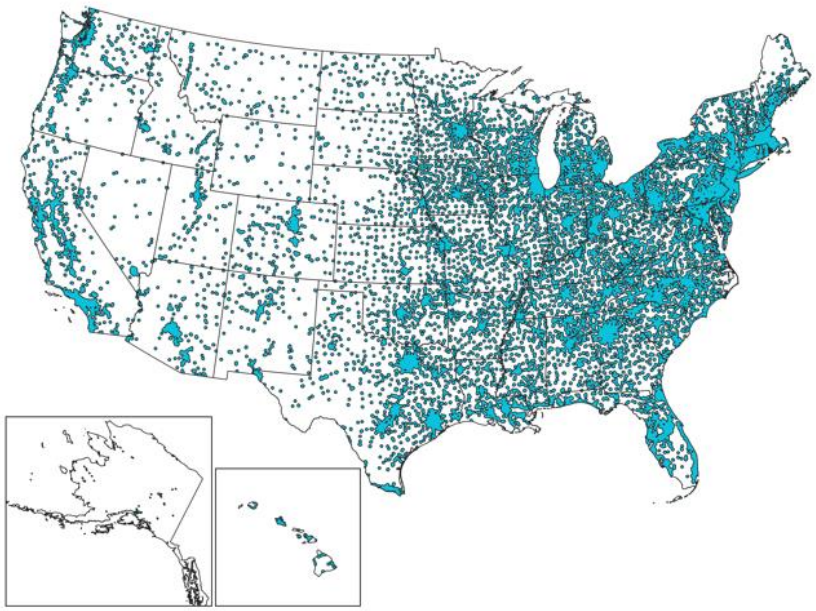
- Strengthen existing partnerships with the global scientific and medical research community. The Administration is taking a leadership role in coordinating the global scientific and medical research community on a major effort to understand the range of coronavirus disease pathogenesis; and to apply this knowledge to the development of long-lasting, broadly protective coronavirus vaccines.

- Continue investments in pan-coronavirus vaccine candidates. NIH has invested in partnerships with academic research institutions to conduct research to develop vaccines to protect against multiple types of coronaviruses and viral variants, with an eye toward looking ahead and preparing for the next threat of new coronaviruses with pandemic potential. NIH will continue to administer grants to conduct research focused on discovering, designing, and developing pan-coronavirus vaccine candidates that provide broad protective immunity to multiple coronavirus strains. Additionally, NIH is also developing new vaccine platforms and multivalent immunogens; and NIH – in close collaboration with Biomedical Advanced Research and Development Authority (BARDA) – is supporting research and facilitating advanced development of promising candidates.

Increase American manufacturing capacity to reliably produce an additional 1 billion vaccine doses per year. The Administration is taking action to increase and sustain American manufacturing of mRNA vaccines with the goal of being able to produce an additional 1 billion doses per year – three times the population of the United States – and meeting this target even in a scenario in which a modified vaccine to address a new variant is necessary. The Administration will continue efforts to sustain and expand vaccine manufacturing capacity, including supporting bulk drug substance manufacturing and fill-finish line capacity. Fully supporting this effort to scale up domestic vaccine manufacturing will require additional resources from Congress.

Continue to mobilize our network of tens of thousands of sites to deliver shots. The Administration – with states and local partners – has established 90,000 convenient locations that offer COVID-19 vaccines so that over 90% of Americans live within five miles of a vaccination site. Local pharmacies; community health centers and rural health clinics; state and local clinics at gyms, community centers, and libraries; healthcare provider offices and hospitals; and thousands of mobile and pop-up clinics are all offering shots. And the Administration has invested significant resources into locating sites in high-risk areas to reach underserved communities. Our vaccinations infrastructure – including standing up sites, facilitating ordering of vaccines, delivering shots to locations, supporting vaccination administration and providing full federal reimbursement to states, localities, Tribes, and territories – is strong, durable, and able to scale up and down as necessary.

- Utilize our over 40,000 pharmacy locations to meet communities where they are and scale capacity for more shots in arms as needed. President Biden launched the Federal Retail Pharmacy Program in February 2021 – a landmark partnership with 21 national pharmacy partners and independent pharmacy networks spanning all corners of the country. Today, the program is a vast network of over 40,000 retail and Long-Term Care pharmacy locations nationwide. Altogether, our pharmacy partners have administered more than 225 million shots – more than 40% of all shots in our nation's historic vaccination effort. Pharmacy partners have hosted tens of thousands of on-site clinics at Long-Term Care Facilities, schools, and trusted community locations; reached out to millions of their patients and customers through calls, texts, and emails; offered millions of shots through walk-ins or through convenient, expanded hours; and expanded operational capacity to meet demand as needed. Today, the network is a highly-effective, well-tested infrastructure for ordering, distributing, administering, and tracking vaccines; and a model that can be activated at scale in the future.



Source: HHS Coordination Operations and Response Element (HCORE)

- Ensure we can stand up mass vaccination sites if needed. FEMA has developed the operational model to stand up a federal mass vaccination site rapidly upon state request. Early in the Administration, FEMA, in coordination with HHS and the Department of Defense (DOD), stood up dozens of these federally-run sites across the country, with the combined ability to administer more than 125,000 shots per day. With equity driving this effort, FEMA partnered with the CDC and state and local partners to locate these vaccination sites in places that aim to reach hard-hit, high-risk communities, deploying the CDC's Social Vulnerability Index. These sites were designed not only to maximize the number of shots in arms, but to ensure access – including through weekend and extended hours, reserved registration slots for faith- and community-based organizations, and the deployment of satellite mobile vaccination sites to offer vaccinations even further into local communities. With this successful playbook now in place, FEMA could launch mass vaccination sites in the future, if needed.

- Ensure that community health centers, rural health clinics, and federal entities are prepared to order and administer vaccines. Beginning in February 2021, President Biden launched new programs to provide vaccines directly to community health centers and rural health clinics nationwide in order to ensure that the nation's hardest-hit populations were able to access

vaccinations. Today, HHS has built a nationwide infrastructure of hundreds of community health centers and rural health clinics that administer COVID-19 vaccines and specialize in providing trusted, high-quality care for hard-to-reach populations. Altogether, community health centers serve almost 30 million people across the country; with two-thirds of this population living at or below the federal poverty line and 60% representing racial and/or ethnic minorities. These centers have played a critical role in getting shots in arms, building trust among their patients and communities, and providing critical wrap-around services to ensure that the needs of families are met – including by providing free at-home tests and free high-quality masks. The federal government will also continue to get shots in arms to local communities through federal entities. The VA, for example, will continue to provide COVID-19 vaccinations to all veterans, as well as their spouses, caregivers and some beneficiaries. And the Indian Health Service will continue to offer vaccinations across its facilities. Together, the Administration has built a nationwide infrastructure for ordering, distributing, administering and tracking vaccines. This is a model that can be activated and reinstated at scale at any point during the course of the pandemic.

- Utilize a proven fleet of mobile vaccination clinics that are ready for deployment. To reach people where they are, FEMA continues to stand up mobile vaccination clinics that can be deployed in partnership with states and Tribal nations. Some of these mobile clinics are on wheels; others are pop-ups that can be set up and taken down in any building. FEMA, VA, pharmacies, and community health centers have hosted 40,000 mobile clinics in total, and have the contracts, infrastructure and networks in place – as well as communications channels open – to continue to partner with state, local, Tribal, and territorial partners to deploy mobile vaccination centers where they are needed.

- Draw on established channels to accelerate federal personnel and federal financial support for state and local community vaccination sites. Channels are in place for FEMA to deploy personnel and equipment and to provide financial assistance to states, Tribes, and territories to support their own community vaccination sites. During the last year, FEMA has deployed over 9,000 federal personnel – including over 5,000 active duty military – and has provided more than $6.5 billion in financial assistance to 58 states, Tribes, and territories to support vaccination efforts. In total, thousands of local vaccination sites have received federal support – in the form of federal personnel or federally-funded National Guard support, or funding for costs like staffing, transportation, and equipment to set up sites.

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Enhance vaccinations outreach and education efforts to reach the unvaccinated, promote boosters, and get our kids vaccinated; and continue to combat misinformation and disinformation. The Administration continues to lead an unprecedented public education and outreach campaign to reach people in every region of the country with information to help build vaccine confidence. These efforts include a focus on empowering local trusted messengers and providing educational materials – translated into 14 languages – to community- and faith-based organizations around the country, as well as doctors' offices, pharmacies, health centers, employers, and other groups. The Administration has also invested hundreds of millions of dollars in funding and support to state, local and community-based partners to support vaccine outreach, including to rural and hard-to-reach communities. Moving forward, these education and outreach efforts will allow the Administration to reach the unvaccinated, deploy information about the importance of boosters, support pediatric vaccination efforts, and provide other important COVID-19 updates as needed through trusted community members. In addition, the Administration is working to address COVID-19 misinformation through public education and outreach, mobilizing trusted messengers, and accelerating information integrity research.

- Leverage a community-based communications infrastructure to continue reaching people of all walks of life and work to build vaccine confidence. The Administration has built an extensive community-based communications infrastructure to talk to the American people about vaccines and build vaccination confidence. These efforts included deploying a vast network of trusted messengers, spearheading a robust paid media campaign, and widely disseminating educational materials to an unprecedented network of doctors' offices, pharmacies, community health centers, health associations, unions, businesses, non-profits, foundations, and community- and faith-based organizations across the country.

- Utilize a proven network of 17,000 volunteers ready for more vaccinations outreach and engagement. The Administration has developed a network of over 17,000 volunteers, including 1,000 local doctors to engage with their communities to boost vaccine confidence. This network, called the COVID-19 Community Corps, empowers trusted voices in every state, Tribe, and territory with the latest facts about COVID-19 so that they can share information with their communities. Member organizations – big and small – as well as people in communities around the country can sign up – with the goal of encouraging vaccinations; and this network can be activated at any point so volunteers can continue engaging with their communities.



- Continue efforts to monitor and combat misinformation. HHS has spearheaded initiatives to address misinformation about COVID-19 vaccines, including identifying trending inaccurate information and confronting it immediately. The Administration has worked on public education and outreach to address and stop the spread of misinformation, mobilized trusted messengers at the community level to combat misinformation, and accelerated research on combating misinformation. The Administration is continuing its work to equip Americans with the tools to identify misinformation and to invest in longer-term efforts to build resilience against health misinformation.

- Issue a Request for Information (RFI) from researchers, healthcare workers, tech platforms, and community organizations on the impact of health misinformation during the pandemic. The Surgeon General's office will issue a Request for Information on the impact of health misinformation online during the COVID-19 pandemic. The purpose of this RFI is to understand the impact of COVID-19 misinformation on health care infrastructure during the pandemic including quality of care, health decisions, costs, and worker morale and safety; the unique role that technology platforms play in the societal response to the COVID-19 pandemic and implications for future public health emergencies; and the human impact of health misinformation and how access to accurate health

information impacts lifesaving health decisions such as whether Americans get vaccinated. The Administration will use this information to address future public health crises; and public comments and submissions will be made available to the public and can be used for research purposes.

- Continue to monitor vaccine safety. The federal government has the most robust safety and reporting system in history, with vaccine safety data openly reviewed and available for the American public. Even after the vaccines are rigorously studied during clinical trials, there is a vast network of safety systems that monitor vaccines once they are in use and safety protocols for people who receive the vaccine. The Administration – through the FDA and the CDC – will continue to implement a coordinated and comprehensive approach for continual safety monitoring of COVID-19 vaccines moving forward.

When it comes to treatments, the Administration will work with Congress to secure the necessary funding to:

Ensure there are enough treatments for Americans who need them. America will secure enough treatments so Americans diagnosed with COVID-19 who are at high risk of severe disease can have access to safe and effective therapeutics. In total, the Administration will have at least 20 million patient courses of the Pfizer antiviral and the Administration has also built the infrastructure to ensure treatments are widely and quickly distributed around the country. As more treatments become available in the coming months, the U.S. government will continue to accelerate distribution, so Americans who need treatments – including people who live in underserved communities often at highest risk from the virus – can access one.

- Ensure that the Nation's medicine cabinet contains diverse treatments. In addition to 20 million courses of the Pfizer antiviral that have been secured, the Administration is also ensuring we have a diverse portfolio of additional treatments that are effective at protecting people from severe disease, so we have many options that will remain effective against future variants. These additional procurements will require additional funding from Congress, and include additional antiviral courses, monoclonal antibodies that are effective against current and future variants, and pre-exposure prophylaxis to prevent infection in people who are immunocompromised. And the mix of America's medicine cabinet will continuously be adjusted so the country is prepared to respond to potential future variants.



- Provide manufacturers with additional resources to expedite the production and delivery of treatments. The Administration is working with treatment manufacturers to accelerate the production and delivery of treatments. We are also working closely with treatment manufacturers to provide any resources, supplies, and investments needed to expedite production and increase manufacturing capacity, including use of the DPA, if warranted.

Launch a nationwide *Test to Treat Initiative* so Americans can get rapidly treated, including options to visit "One-Stop" Test to Treat locations to get free tests and get free treatments. For COVID-19 treatments to be most effective, they need to be administered within days of the start of symptoms. To minimize the time between a positive test result and receiving an effective COVID-19 treatment, the Administration is launching a national *Test to Treat Initiative* aimed at providing treatments as rapidly as possible to people at high risk from COVID-19. This effort is important for both monoclonal antibodies and oral antivirals, as Merck and Pfizer oral antivirals need to be initiated within five days of symptom onset. The *Test to Treat Initiative* includes educating the public about the availability of new treatments and the importance of starting them soon after the onset of symptoms; providing information to health care providers about these new treatments, including who is eligible for them, their contraindications, who can prescribe them, and where they can be obtained; enabling rapid access to testing through a range of options; setting up programs in community health centers where people can get both tested and treated; distributing antiviral therapy directly to Long-Term Care Facilities; and establishing programs for people who don't have existing providers so they can get tested and treated for free at "One-Stop" Test to Treat Locations at pharmacy-based clinics across the country. All of this will continue to be done in partnership with states and territories, with the goal of promoting equitable distribution.

- Launch an education and outreach campaign so Americans know that there are effective treatments available for people at high risk of severe disease progression. HHS will launch a public education campaign to ensure Americans know that effective treatments are available for people at high risk of severe disease progression and that these treatments are most effective within days of symptom onset. These efforts will include updating test and treat language on multiple governmental websites, creating shareable infographics with clear test and treat messages, and promoting test and treat messages on social media.

- Work with health care providers to inform them about new treatments so they can move quickly from a patient diagnosis to prescribing a treatment. It is critical that health care providers be informed about these new treatments –

including their benefits, as well as their contraindications and side effects – so they are in a position to quickly move from a patient's COVID-19 diagnosis to recommending and prescribing one of these new treatments, if appropriate. As part of the *Test to Treat Initiative,* the Administration is actively engaging the clinical community through professional medical associations to broaden awareness and understanding of these treatments and to make sure that doctors are counseling their patients about the best options and proactively linking people to treatment options in their communities. The Administration has also created a Therapeutics Locator tool for providers, which is an easy to use website that shows where treatments are located, with the recognition that in the months ahead the number of places that will be able to dispense treatments to people will increase dramatically.

- Establish "One-Stop" Test to Treat locations at pharmacy-based clinics around the country. The authorized oral antivirals must be taken within five days of symptom onset, so the Administration aims to make it as easy as possible to move from a positive test to a prescription and pills. The *Test to Treat Initiative* is working with pharmacy-based clinics around the country to provide "One-Stop" Test to Treat locations to get tested and treated with an antiviral treatment in a single stop, ensuring people who test positive can rapidly be seen by a provider and dispensed antiviral therapy, all in one visit. These clinics will be able to order antivirals directly, and then receive oral antivirals from the federal government. There will be hundreds of "One-Stop" Test to Treat locations – including pharmacy-based clinics – across the country in March.

- Provide "One-Stop" testing and treatment in community health centers. For people who receive care in community health centers, the *Test to Treat Initiative* will be providing combined testing and treatment. The Administration is already shipping medications to 200 sites around the country, with the number of sites to expand in March. These sites will be able to directly order and receive oral antivirals based on this dedicated channel. This effort will be a crucial part of ensuring access and equity for these important new treatments.

- Provide "One-Stop" solution in Long-Term Care Facilities. Most people living in Long-Term Care Facilities are living with increased risk of severe COVID-19 if they test positive. The *Test to Treat Initiative* will pre-position oral antivirals in Long-Term Care Facilities to expedite access to medications. Hundreds of facilities will be able to directly order antivirals and receive direct distributions starting in March, with a plan to expand over time.



- Expand access to testing to ensure people can get a treatment as quickly possible after the onset of COVID-19 symptoms. A key component of the effective use of antiviral treatments is getting a diagnostic test as quickly as possible after COVID-19 symptom onset, so continuing to have the broadest possible access to testing will be critical. Fortunately, there are more options for COVID-19 testing now than ever before, and the *Test to Treat Initiative* will be grounded in those options. About 60 million households have already received at-home tests through COVIDtests.gov; and at-home tests are also widely available in pharmacies around the country. The Administration also continues to make testing free at more than 20,000 pharmacies and community sites around the country. For people who do not have a current provider and who cannot access a "One-Stop" testing and treatment program, a provider visit with a telehealth program after a positive test would allow a telehealth provider to prescribe these oral antivirals.

Explore public and private insurer coverage of COVID-19 treatments this year. The Administration has worked during the pandemic to ensure that COVID-19 treatments are free and accessible to all Americans. The Administration has both supported promising treatment candidates to accelerate their development and scale up manufacturing prior to authorization by the FDA, and – at an unprecedented scale and speed – secured and distributed that supply for the American people once these treatments have been authorized for emergency use. Under the Administration's current model for distributing effective treatments against COVID-19, treatments are free to the public and distributed directly to states and territories and to community health centers across the country to ensure equitable access in our hardest-hit communities. The Administration also reimburses providers for the cost of administering COVID-19 treatments to the uninsured. To ensure that these treatments remain accessible and to reduce the ongoing costs to the federal government, the Administration will work with insurers and Congress to explore public and private insurer coverage of COVID-19 treatments this year.

Support the FDA's expedited, streamlined process to review treatments for authorization. The Administration has worked with the FDA to support a streamlined process to ensure that new treatments are rapidly accelerating to market, so the United States maintains a diverse portfolio of treatment options to maximize the likelihood of having treatments that are effective against future variants. The federal government has also developed a model to cut red tape and source key supplies for manufacturers, which has accelerated the treatment clinical trial process and reduced the manufacturing timeline. For example, the Administration worked in

close coordination with Pfizer to cut seven months off of the development, clinical trial, manufacturing, and delivery timeline for its Paxlovid antiviral treatment by providing key supplies and expediting government processes. As a direct result, the first Pfizer Paxlovid pills were shipped in December – months ahead of schedule.

- Accelerate the clinical development of treatments. To accelerate clinical development, the Administration has built the infrastructure to support the expedited development of treatment candidates that are most likely to have a broad public health impact. The Administration has established a therapeutics research team – which works in coordination with multiple agencies and manufacturers – to assess potential drug compounds to accelerate product development. To date, these collaborations resulted in Emergency Use Authorizations for monoclonal antibody treatments and antiviral pills, and the structures are in place to continue to rapidly bring treatments to market.

- Leverage an existing public-private partnership to prioritize, streamline, and speed the development of treatments in the research community. NIH has established a public-private partnership to prioritize, streamline, and speed development of treatments. The NIH partnership is using several tools to accelerate the development of treatments, including developing a collaborative, streamlined forum to identify preclinical treatments; accelerating clinical testing of the most promising treatments; improving clinical trial capacity and effectiveness; and coordinating the interpretation and results with the research community. NIH has also streamlined processes to make the best use of biomedical research resources and testing of preclinical compounds.

Accelerate research and development into next-generation therapeutics. The Administration has accelerated investments in the research and development of new COVID-19 treatments including oral antivirals, monoclonal antibodies, and other biologics that are effective against a range of-variants. We will perform the basic research leading to targeted antiviral drug development aimed at vulnerable phases of the SARS-CoV-2 replication cycle. We are also testing medications in combination, using treatments that work by different mechanisms; and these combination treatments may work more effectively, minimize chance of resistance, and result in lower or fewer side effects. While current antivirals are highly effective at protecting people from severe disease, next-generation antivirals could require dosing only once per day over a short treatment course, could be created through more scalable manufacturing, and could have easier routes of administration. Most significantly, next-generation therapeutics may also provide broader protection against new



variants. Continued investments in next-generation therapeutics will require additional funding from Congress.

When it comes to tests, the Administration will work with Congress to secure the necessary funding to:

Sustain and increase American manufacturing so a robust supply of tests will be consistently available. The Administration has dramatically increased testing capacity and will continue to take action to sustain that manufacturing increase so a robust supply of tests will be available to Americans well into the future. In addition to using the DPA and other authorities to increase manufacturing capacity, we have executed $7 billion in procurements, which created incentives for test manufacturers to open manufacturing lines, increase staffing, and pull their manufacturing timelines forward. And as the market for point-of-care and at-home rapid tests is dependent upon consistent demand even as cases fall, we have already doubled down on procurements to sustain the industrial base for the longer term and committed to purchasing 1 billion at-home tests. Continued investments in testing will require additional funding from Congress.

- Continue multi-billion-dollar test procurements and sustain the industrial base in the longer term. The Administration will continue to procure at-home rapid tests as needed, creating incentives for test manufacturers to accelerate rapid test production to sustain the testing industrial base for the longer term. In response to earlier procurements, manufacturers increased production, opened manufacturing lines, increased staffing, and pulled their manufacturing timelines forward. The market for point-of-care and at-home rapid tests is highly volatile and heavily swayed by swings in market demand, so investment in sustaining the at-home test domestic market is necessary to preserve American manufacturing capacity over the longer run. The Administration will continue to support investments in test supplies (including medical grade resins, reagents, and pipette tips), manufacturing capacity, and the procurement of tests. This month the Administration released a formal Request for Information from the testing industry aimed at sustaining and expanding domestic manufacturing and testing capacity built over this past year; and seeking proposed solutions to manage market volatility, address supply chain challenges, scale up manufacturing and bring new technologies and manufacturing processes online.



- Sustain commercial and public health laboratory capacity. Approximately 1.5 to 2 million molecular lab-based tests are performed each day in the United States, and the capacity for high-complexity nucleic acid amplification tests is at risk of declining when testing demand wanes. Should surges arise in the future, labs may be unable to meet demand without prolonged turnaround times related to staffing shortfalls or other challenges in inventory. That's why the Administration will continue to act to support investments in laboratory capacity and will work with laboratory companies to develop solutions to staffing shortages. The Administration is also continuing to invest in swabs, reagents, and other materials to support laboratory testing capacity.

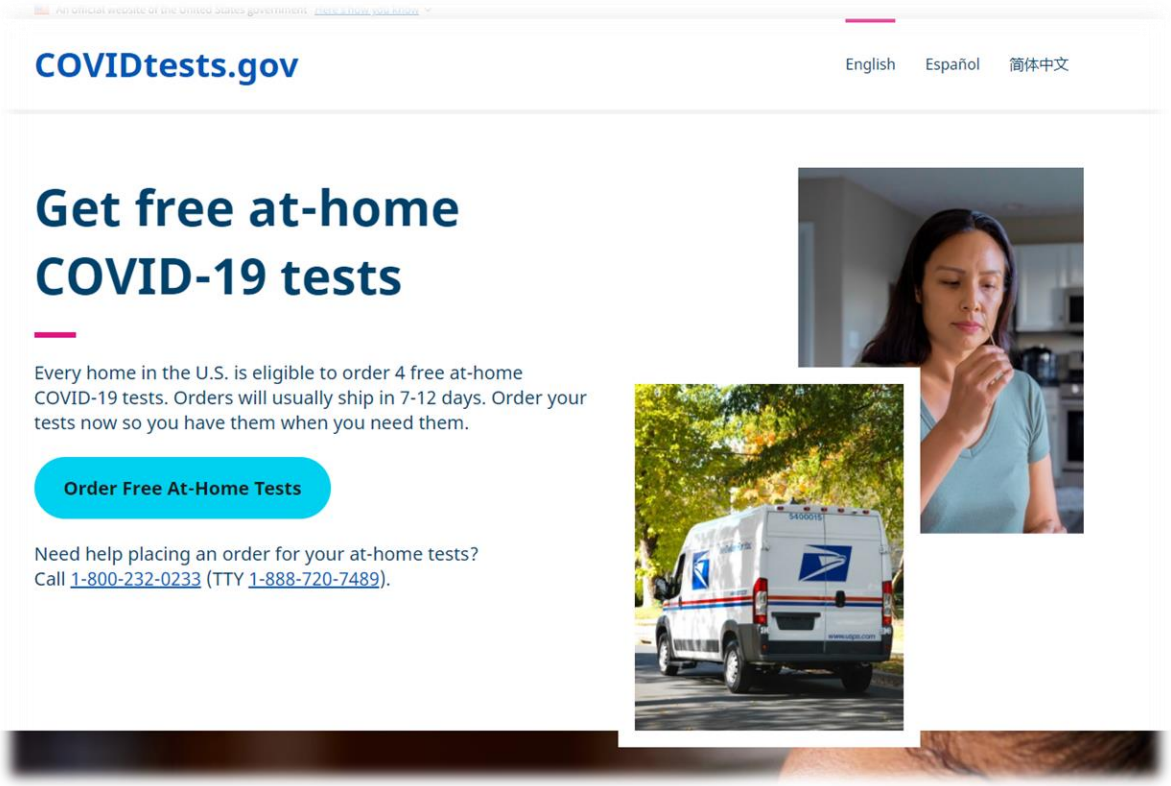
- Utilize the DPA and other authorities to accelerate production. The President has pledged to continue using the DPA and other authorities to make sure the U.S. is ramping up production until America has built a stockpile of tests and sustained an industrial base for the longer-term. For example, through the President's aggressive actions this summer, including use of the DPA, the Administration ramped up the monthly supply of at-home rapid tests more than tenfold between August and January. The Administration will continue to use the Defense Production Act to accelerate production where it can have valuable impact.

Build a large stockpile of rapid-at home tests for the first time. New procurements will allow the U.S. government to stockpile over-the-counter rapid tests in preparation for surges, COVID-19 outbreaks, or new variants. The federal government will determine the appropriate size and content of testing reserves moving forward and procure tests to sustain a testing manufacturing base in the United States with the flexibility to rapidly scale up manufacturing capacity if needed. Additionally, the U.S. government has hundreds of millions of N95 masks, billions of gloves, tens of millions of gowns, and over 100,000 ventilators in the Strategic National Stockpile — all ready to ship out at a moment's notice if and when they are needed.

Use the expedited FDA authorization processes to help test manufacturers come to market more quickly. The Administration has developed an expedited FDA authorization process that will help testing manufacturers come to market on accelerated timelines and ensure America has a diverse portfolio of tests that are likely to remain effective against future variants. The Administration has stood up a permanent streamlined pathway – embedded within FDA processes – that allows at-home antigen test manufacturers to receive expedited FDA authorization. Six of the manufacturers that received FDA authorization have already benefited from these faster authorization processes. Additionally, the Administration launched and

invested in an innovative NIH program called the Independent Test Assessment Program (ITAP) that works to accelerate new manufacturer's proposals to the FDA for Emergency Use Authorization (EUA); and successful test candidates in the program have led to the expedited release of tests months ahead of schedule. Sustaining this partnership to expedite new tests to market will require additional funding from Congress.

Maintain America's network of over 20,000 free testing sites to provide free, efficient tests to the American people. The Administration has established over 20,000 free testing locations at pharmacies and state and local sites around the country. When it comes to free testing at pharmacies, the Administration has expanded the network of pharmacies offering free COVID-19 testing with more expected in the months ahead. And for state and local-run community sites offering free testing with FEMA or HHS funding support, FEMA and HHS have developed channels of communications with jurisdictions that are looking for federal support to set up local and community-based testing resources. In addition, HHS and FEMA have developed a playbook, a process, and the infrastructure to stand up surge testing sites quickly and efficiently upon state request. Moving forward, the Administration will be able to draw on this pathway to stand up federal surge testing sites if needed.



- The U.S. government has built the capability to ship at-home tests to individual households. The Administration has successfully launched a website – COVIDtests.gov – where Americans can order at-home tests delivered directly to their homes — for free. To date, about 65 million households – or more than half the households in America – have received over 260 million tests. HHS, the U.S. Postal Service (USPS), and DOD formed a highly effective partnership and have collectively built a federal infrastructure to deliver rapid-tests directly to homes for families who want them.

- Continue to expand the number of free testing locations across the country through the Community Access to Testing (ICATT) program. The Administration has expanded the network of pharmacies offering free COVID-19 testing to 11,500 with more expected in the months ahead. This program supports no-cost testing for communities across the country, with a focus on communities that are otherwise underserved in testing access or are at greater risk of experiencing COVID-19 disease and poor health. The ICATT program and its network of pharmacies across the country will continue to offer free testing to the American people. Expansion and continuation of the free pharmacy testing program will require additional funding from Congress.

- Ensure that new surge federal testing sites can be stood up quickly, if needed. The Administration has built the infrastructure – through FEMA and HHS – to quickly stand up free surge testing sites, at the state's request. Sites come with personnel and have the ability to administer hundreds of tests a day. As of this writing, the Administration has stood up 65 free testing sites in 26 states; and 70% of the tests at federal surge sites have been administered to people of color.

- Ensure that distribution channels are in place for the rapid delivery of tests to community health centers. The Administration has set up channels for the quick distribution of at-home tests to Americans through community-sites, including community health centers and rural clinics. The Administration has committed to the delivery of 50 million tests through the program, with a focus on getting these tests to the homes of our hardest-hit communities and most vulnerable populations.



- Continue no-cost school testing and testing in congregate settings. The Administration continues to support no-cost school-based testing for child care centers, K-12 schools, historically Black colleges and universities, under-resourced communities and congregate settings, such as homeless shelters, domestic violence and abuse shelters and non-Federal correctional facilities. As Omicron surged, the Administration also provided access to an additional 10 million COVID-19 tests per month to K-12 schools for school testing, building on the original March 2021 $10 billion commitment from the American Rescue Plan to support school testing programs around the country.

Invest in innovation to make tests less expensive. The Administration is moving forward on initiatives that promote innovations in testing technologies while significantly expanding test manufacturing and distribution. In addition to making tests less expensive, the initiatives will also improve test performance and improve access to tests, both in the United States and abroad. Extending and expanding these initiatives to promote innovations in testing will require additional funding from Congress.

- Continue innovation through investments in existing technologies. The Administration has accelerated the NIH Rapid Acceleration of Diagnostics RADx technology program that continues to work with government scientists, academic research organizations, and the private sector. This wide-ranging public-private partnership is advancing innovations in existing technologies to make tests lower in cost, easier to use, and more accurate with expanded capabilities for detecting new and multiple pathogens.

- Expand aggressive development of low-cost at-home tests. The RADx program continues to create integrated cost-reducing strategies for developing, manufacturing, and distributing rapid antigen tests. These investments will reduce costs through efficiencies in the cost of antibodies, packaging and distribution costs, and automation. These innovations are expected to lead to widely-available, lower cost at-home tests.

- Accelerate new testing technologies through the development pipeline. The RADx program continues to help move advanced diagnostic technologies swiftly through the development pipeline toward FDA authorization, commercialization, and broad availability. These new platforms offer patient- and user-friendly designs that significantly improve test accessibility, performance, and versatility in affordable over-the-counter home and point-of-care settings.

Continue to support testing, treatment, and vaccine administration for the most vulnerable through the COVID-19 uninsured fund. The Administration will work with Congress to replenish the uninsured program, which supports vaccine administration, testing, and treatment for the uninsured. With funding currently projected to be exhausted as soon as this spring, additional funding will allow HHS to continue to provide claims reimbursement to health care providers generally at Medicare rates for testing uninsured individuals for COVID-19, treating uninsured individuals with a COVID-19 diagnosis, and administering the COVID-19 vaccine to uninsured and underinsured individuals.

Continue to provide insurance coverage for at-home rapid tests – Medicare will cover these tests soon. In January 2022, the Administration required that private insurance cover up to eight at-home rapid tests per person for free per month. Medicaid already provides coverage of at-home rapid tests and Medicare will be providing coverage of these tests by early spring. The Administration's implementation of this policy includes strong financial incentives for insurers to create options to get tests covered directly at the point of sale without having to submit for reimbursement; and point-of-sale options already exist now for insurers covering an estimated 50 million people, with the expectation that more insurers will soon follow.

When it comes to masks, the Administration will work with Congress to secure the necessary funding to:

Update the framework for recommendations on preventive measures like masking to reflect the current state of the disease. Masks have been a critical tool to protect ourselves, but they have a time and a place. With a broad range of *other* protective tools in place, the CDC has announced an updated framework for guidance on preventive measures like masking – moving away from simply basing broad recommendations on case counts and test positivity, and instead encouraging prevention measures like masking when they are most needed to minimize severe disease and to keep our hospitals from becoming overwhelmed in times when COVID-19 is surging. By monitoring community risk, masks can be worn when the risk of severe disease in the community is high and taken off when the risk is low. Overall, it means Americans will be wearing masks less because so many people are protected from severe disease.

- CDC has announced that the agency will recommend that children wear masks in schools when it's recommended for the community. With vaccines available for all K-12 school aged children, masking will be recommended in schools when the community burden of COVID-19 in the surrounding area is at its highest level. Masks have been an important tool that have allowed America to reopen our schools. No one wants our kids to be in masks forever if it's not absolutely necessary.

- Equip schools with guidance and support to keep vulnerable students safe and learning in-person. Children learn best in-person, and are better able to engage with rigorous instruction and access services and supports tailored to their needs when they are learning alongside their peers. The President has been clear since Day One that we need students back to school for full-time, in-person learning, and thanks to the unprecedented resources provided through the ARP, schools have what they need to safely remain open, keep students and staff safe, and address the impact of the pandemic on student learning and mental health. Some students may need additional protections to ensure they can remain safe in the classroom – including students who are immunocompromised, with complex medical conditions, or with other disabilities that may put them at higher risk of severe outcomes from COVID-19. For nearly two years, educators across the country have provided services and supports to children with disabilities in ways never anticipated prior to the COVID-19 pandemic, and the Administration is committed to ensuring that children with disabilities continue to receive the services and supports they need so they can reach their highest potential. Toward that end, the Department of Education will work with school administrators and educators on strategies they can use to continue providing safe, in-person instruction for all students in their classes. The Department will engage the CDC to ensure that ED's guidance is fully aligned with the latest public health guidance and that schools have clear recommendations and strategies to help protect the safety of and access to rigorous learning that all children deserve. The Department of Education will also provide resources for parents who would like additional support in understanding how to navigate their child's in-person learning experience through local regional parent training and information centers. Parents may find their local center here and reach out for direct assistance and referrals to other organizations, as well as to gain skills to effectively participate in the education and development of their children. States and school districts should use the unprecedented resources provided through the American Rescue Plan to implement these recommendations and

ensure access to a high-quality education for all students, including students with disabilities.

Launch a one-stop-shop website that allows Americans to easily find public health guidance based on the COVID-19 risk in their local area and easily access tools to protect themselves. The Administration will launch a website where Americans can find the level of COVID-19 risk in their community and specific guidance based on that risk. The site will also point people to the tools we now have to fight COVID-19, such as locating a vaccination site in their neighborhood or finding a free high-quality mask at a local grocery store, pharmacy, or community health center.

Continue to provide free, American-made high-quality masks to the American public. In January 2022, President Biden announced an unprecedented effort to make available hundreds of millions of high-quality masks to the American public for free. Today, these masks are available for the public to pick up for free at thousands of local pharmacies, grocery stores, and health centers in their communities. The Administration will continue to distribute additional high-quality masks for adults and children.

When it comes to equity and leaving no American behind, the Administration will work with Congress to secure the necessary funding to:

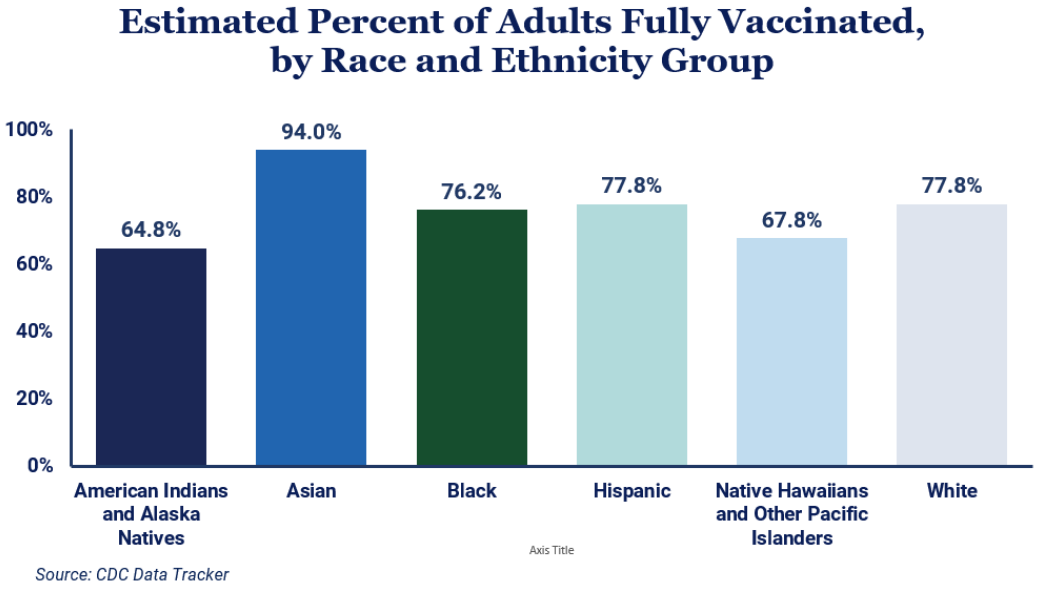
Ensure equitable access to COVID-19 health care and public health resources. During the pandemic, communities across the country have faced a persistent need for resources, tools, and support; and this need is greatest in the hardest-hit and highest-risk communities, where social disadvantage, structural inequality, and systemic racism often coalesce to create substantial barriers to access to COVID-19 health care and public health resources. To help ensure an equitable response to the pandemic, the President signed an executive order on January 21, 2021 creating the COVID-19 Health Equity Task Force to address COVID-19 related health and social inequities. To provide equitable access, the Biden Administration has – and will continue to – prioritize providing resources and supports to ensure community health, including personal protective equipment, tests, therapeutics, vaccines, public health services, and access to necessary health care. The Administration is sending free, high quality masks to community health centers and pharmacies, and making free at-home tests available at request to all individuals in this country. Programs have been designed to ensure prioritization of hard-hit, high-risk communities for access to

tests and life-saving treatments like monoclonal antibodies and oral antivirals. The Administration has also centered the design of the national vaccine distribution operation on the needs of key populations too often left behind, with distribution to community vaccination centers, mobile vaccination clinics, and dialysis treatment centers; and the selection of locations of vaccination sites for the Federal Retail Pharmacy Program, mass vaccination sites, and Health Center Vaccine Program in high SVI areas. The Administration will continue to center communities of color and other underserved populations in the design of all COVID-19 initiatives; address COVID-related health inequities among communities defined by race, ethnicity, geography, disability, sexual orientation, gender identity, and other factors; and partner with Tribal nations, Indigenous communities and rural communities to design equitable initiatives.

- Continue work to reduce barriers to testing, treatment, vaccinations, and boosters. The Administration will continue to prioritize ensuring access to COVID-response health care and public health resources like testing, treatments, masks, PPE, vaccines, and boosters for communities of color hardest hit by the pandemic and other underserved populations, including people who are uninsured or underinsured. For example, the Administration will continue to work with states and partners to build confidence and bring vaccinations to the hardest-to-reach communities through community partnerships, mobile sites, and partnerships with trusted providers. The work to reduce barriers to access will continue, as the tools in place to protect people against COVID-19 are free, even without insurance coverage. Community health centers will remain at the center of our efforts to reach communities with the supports and services they need, including masks, tests, vaccinations, and treatments. Additionally, the structural barriers that prevent people from accessing these resources (e.g., cost, transportation) will continue to be addressed and overcome through partnerships across the public and private sectors.

- Leverage existing infrastructure to ensure equity continues to be at the center of the COVID-19 response. The Administration has created an infrastructure where equity is at the forefront of the pandemic response – from expanded data reporting from states, the allocation of resources like vaccines, tests and treatments, and the use of the social disadvantage indices in the placement of surge sites or resource distribution locations, and the leveraging of networks that serve underserved communities like community health centers, dialysis centers, and rural health clinics. These innovations have been built into the

design of Administration policies, programs and operations to respond to the pandemic; and equity will remain the North Star of the pandemic response.



Continue to address the needs of individuals with disabilities and older adults in response to and recovery from the virus. The Administration recognizes that the COVID-19 pandemic has resulted in new members of the disability community and has had tremendous impacts on disabled individuals. Over the past year, the Administration has collaborated and consulted with the disability community and taken several key actions to address the unique needs of individuals with disabilities. Among other actions, the U.S. government released key civil rights guidance to protect disabled individuals during the COVID-19 pandemic or any public health emergency; prioritized Long COVID services, supports, and research in the context of disability; established a call line dedicated to ensuring individuals with disabilities can equitably utilize the Administration's at-home test distribution; ensured disabled individuals and other high-risk individuals have access to at-home testing; and invested American Rescue Plan resources to build COVID-19 vaccine confidence and access among people with disabilities. Moving forward, the Administration will take several key steps to further our work to ensure that disabled individuals, regardless of where they live or the level of community risk, have equitable access to COVID-19 testing, masks, and other critical mitigation strategies. The Administration remains committed to implementing these policies and developing additional policies in close collaboration with the disability community – keeping equity and accessibility at the center of our COVID-19 response and beyond.

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- Expand the HHS Administration for Community Living's Disability Information and Access Line to support people with disabilities who face difficulty using or cannot use a self-test. The Disability Information and Access Line (DIAL), available at 1-888-677-1199, is launching a new initiative to support disabled individuals who need assistance using at-home tests distributed by the Administration or support in finding alternatives to at-home testing. For individuals who can use an at-home test, DIAL operators are available to assist with ordering free tests; understanding instructions for test administration and test results; or providing alternative instructions for those unable to access, read, or understand the manufacturer's version. For those who cannot use an at-home test, DIAL operators can assist individuals with ordering tests to collect a specimen that can be mailed back for results. For individuals who cannot use either an at-home test or an alternative "swab and send" test, DIAL operators can assist callers with locating their state or local health department and/or aging and disability resources for additional assistance with other testing options that may be available in their community, including identifying potential in-home testing options or assistance with transportation or companion support to visit a community-based testing site.

- Launch new COVID-19 testing guidance in American Sign Language and reviewing all existing COVID-19 guidance to confirm accessibility for all disabled individuals. CDC recently released "How to Interpret Positive Self-Test Results" guidance in American Sign Language (ASL), a first step towards ensuring that deaf or hard of hearing individuals can access key information about how to protect themselves and their communities. CDC is also collaborating with the CDC Foundation, Georgia Tech's Center for Inclusive Design and Innovation, and their partners across HHS to pursue key improvements for all COVID-19 guidance available on CDC's website that cannot be accessed elsewhere: information in Braille, ASL translation, simplified text, and other alternative formats.

- Execute a new effort to develop at-home COVID-19 tests that are accessible to all. NIH's RADx program recently launched a new effort to seek both short- and long-term solutions to improve at-home test accessibility. RADx will consult and work with national organizations that represent communities in need of accessible tests, and test manufacturers to inform the modification or development of more accessible at-home tests, including device design, packaging, and modes of instruction, and challenges. Though at-home COVID-19 tests were only invented last year, the Administration's investment in this technology has rapidly scaled up manufacturing to the millions per day. This effort strives to ensure that all individuals have an option for at-home testing that can be used and interpreted

without assistance, and will set the course towards accessible testing in the weeks and months to come.

- Incentivize all at-home test manufacturers to prioritize accessibility of at-home tests. The Administration recently published a formal Request for Information to ensure the preservation and expansion of current domestic manufacturing capacities for at-home rapid tests and point-of-care tests. The RFI specifically asks manufacturers to prioritize the accessibility of at-home tests for people who are blind or visually-impaired; individuals with physical, cognitive, or other disabilities; and individuals who need non-English language or literacy support. The Administration will use the information gathered in March 2022 to inform near-term investments – towards ensuring that accessible at-home tests are available for federal purchase.

- Request accessible instructions from manufacturers who have received an FDA EUA. Earlier this month, the FDA reached out to all test developers that have received an Emergency Use Authorization to request that they provide instructions that are accessible and compliant with the Americans with Disabilities Act, including alternative text for all images as well as html versions. FDA will use all authority available to receive these accessible instructions as quickly as possible, while working with RADx to identify other wraparound services that can be provided immediately to make existing at-home tests more accessible.

- Distribute masks to disabled individuals through community-based organizations and jurisdictions. As the President announced in January 2022, the Administration is making 400 million N95 masks from the Strategic National Stockpile available to all individuals in the United States for free. HHS is sending tens of millions of free, high-quality masks to community health centers and rural health clinics – organizations that play a critical role in serving communities across the country, including individuals with disabilities. As health center distribution continues to ramp up, HHS will support health centers and aging and disability networks as they collaborate on efforts to distribute these masks to individuals with disabilities who cannot leave their homes.

- Call on states to directly distribute high-quality masks through community-based organizations serving individuals with disabilities. Over the past year, the Administration has also sent millions of high-quality masks to states and territories across the country. We encourage all jurisdictions to work in partnership with community-based organizations to expand access for the hardest-hit and highest-risk individuals — including people with disabilities who may be unable to leave their homes.

Prioritize protections for individuals who are immunocompromised so they have the support they need to live their lives safely. The Administration will continue to provide support to individuals who are immunocompromised so they have the support they need to live their lives safely. This will include providing individuals who are immunocompromised with an accurate understanding of the real-time risks of COVID-19 exposure based on the area in which they live, communicating comprehensive public health guidance for individuals who are immunocompromised so they engage in appropriate safety protocols, ensuring there is clear guidance and access to booster shots to provide increased protection to individuals who are immunocompromised, expanding access to free tests so that visitors of individuals who are immunocompromised can get tested, and providing prioritized access to treatments and pre-exposure prophylaxis for individuals who are immunocompromised. In addition, the Administration will engage physicians and healthcare providers that serve patients who are immunocompromised to ensure they understand the latest treatment and prophylaxis options available. Further procurement of pre-exposure prophylactic treatments in the coming months will require additional funding from Congress.

- Ensure individuals who are immunocompromised have easy access to additional shots as well as clear guidance on when immunity may be waning. The CDC has recommended that individuals who are immunocompromised get an additional shot; and the CDC will conduct outreach with all providers, pharmacies, and vaccination locations to ensure there is clear guidance on this recommendation. The CDC will also prioritize communication with individuals who are moderately or severely immunocompromised, ensuring that they understand how and when vaccine protection may be waning over time. If an additional shot is needed, the Administration will conduct outreach so people who are immunocompromised understand how to stay protected against COVID-19 and ensure that they can receive additional shots at a convenient location.



- Prioritize individuals who are immunocompromised for access to treatments. To do all the federal government can to ensure that immunocompromised people can mount an adequate immune response to COVID-19, the federal government will prioritize access to antiviral treatments and pre-exposure prophylaxis drugs like Evusheld for individuals with moderate to severely compromised immune systems. Securing sufficient supply of these treatments will require additional funding from Congress.

- Provide and ensure that there is clear guidance around the timing of preexposure prophylaxis for individuals who are immunocompromised. HHS will work through its research, public health, and health care delivery experts to develop guidance for when individuals who are immunocompromised could benefit from receiving therapeutics for pre-exposure prophylaxis of COVID-19 to help protect their health and safety.

- Make free testing widely accessible and convenient so that visitors of individuals who are immunocompromised can get tested. The federal government will support broad access to free testing for Americans across the country so that individuals who are immunocompromised can ask their visitors to test when needed in order to reduce the risk of exposure to the virus. Ensuring continued access to free testing and sustaining testing capacity will require additional funding from Congress.

- Ensure that individuals who are immunocompromised have a clear understanding of risk and public health guidance. The Administration will provide strong support to individuals who are immunocompromised – in close coordination with CDC – so they have the tools and the support they need to live their lives safely, including an accurate understanding of the real-time risks of COVID-19 exposure based on health status and the area in which a person lives. Tools like the one-stop-shop website will provide tailored risk assessments to individuals who are immunocompromised so they have easy access to information on the risks of exposure in the area and on tailored mitigation strategies to avoid exposure to the virus.

Accelerate efforts to detect, prevent, and treat Long COVID. Millions of Americans across the country are experiencing post-COVID conditions — a wide range of physical and mental health symptoms that persist for weeks to months following infection. The Administration has accelerated efforts across the NIH, CDC, and the VA including the landmark $1.15 billion RECOVER Initiative out of NIH — to advance our understanding of these conditions and catalyze scientific breakthroughs. The

Administration continues to support efforts to create incentives for and advance high-quality care. And the Administration has mobilized agencies to support individuals experiencing these conditions by providing information about where individuals can access resources and accommodations and clarifying people's rights for key health and educational services and supports.

- Pioneer a national research agenda to advance efforts to detect, prevent and treat Long COVID. To accelerate scientific progress, the President will direct the federal interagency to develop a *National Research Action Plan on Long COVID*. For the first time, agencies — HHS, VA, DoD and other key partners — will put forward a comprehensive plan to advance research efforts and data sharing across the federal government and in collaboration with academic and industry partners.

- Launch Centers of Excellence in communities across country to provide high-quality care to individuals experiencing Long COVID. HHS, through the Agency for Healthcare Research and Quality, will propose and seek resources from Congress to launch a comprehensive initiative to fund institutions across the country that provide high-quality, high-value care for individuals experiencing Long COVID. These centers will bring together leading researchers and care providers across health systems, health centers, and Long-Term Care Facilities to study and promote evidence-based care for children, older adults and high-risk populations.

Launch new support for people dealing with mental and behavioral health issues. The COVID-19 pandemic has led to an increase in behavioral health conditions as too many people have felt the effects of social isolation, sickness, economic insecurity, increased caregiver burdens, and grief. The Administration has increased investments in mental health and substance use prevention, treatment, and recovery support for Americans dealing with COVID-19 and COVID-related loss, including expanding access to community-based behavioral health services. Moving forward, the President will direct the federal government to further advance these mental and behavioral health efforts, in order to better identify the impact the COVID-19 pandemic has had on mental health, substance abuse, and well-being, and to take steps to address these impacts.



- Launch an expanded program to prevent burnout and support mental health and well-being in the healthcare workforce. The Health Resources and Services Administration (HRSA) will propose and seek resources from Congress to launch an expanded grant program to support health systems, provider groups, health centers, first responders, and other healthcare organizations that support the healthcare workforce. With this funding, healthcare organizations would undertake initiatives to improve mental health by launching new workforce training programs, relieving workplace stressors, conducting mental health programming, and providing access to high-quality mental health support. This will build on ongoing efforts by the National Institute for Occupational Safety and Health (NIOSH) to address the mental health of health workers by raising awareness, eliminating barriers to accessing care, identifying workplace and community supports, reducing stigma and strengthening data and resources. Together, these resources will ensure that we are supporting our healthcare workers on the frontline on this pandemic.

- Continue to make investments in mental health and substance use prevention, harm reduction, treatment, and recovery services. The Administration has made continued investments in mental health and substance use services, with a focus on the difficult conditions of the pandemic, and delivering resources to states and local communities to provide services like screening, outpatient treatment, crisis support, and prevention. Additionally, the Administration continues to provide flexibility for states to use Medicaid funding to provide community-based mobile crisis intervention services for people experiencing a mental health crisis.

- Continue to focus on youth mental health challenges during the pandemic. Our children and youth have been particularly affected by the mental health challenges posed by the pandemic. That is why the Administration provided relief funds for schools to help them re-open safely and address the needs of students, and promoted the use of these funds to hire school psychologists and counselors and to address the mental health needs of students. The Administration also invested in a grant program for state education agencies to advance wellness and resiliency for youth in school-based settings; increased funding for the Pediatric Mental Health Care Access program, which promotes integration of behavioral health into pediatric primary care settings; and invested in efforts to support youth suicide prevention programs and the National Child Traumatic Stress Network, which raises the standard of care and improves access to services for traumatized children, their families, and their communities.



Support families dealing with COVID-related loss. The Administration will continue providing financial assistance for COVID-related funeral expenses and further develop a bereavement response to support children and families who have lost loved-ones to COVID-19. The President will direct agencies to comprehensively review their programs, funding, and other supports they can make available to families experiencing loss due to the COVID-19 related death of a family member, further developing a response to support the pressing needs of children and families – both for operational needs like financial resources to cover funeral costs, and mental health and healing needs like trauma and grief informed services – in consultation with states, tribal, and local government resources and other community efforts.

Continue to support local, community-based organizations to improve health equity. The Administration has provided hundreds of millions of dollars in funding directly to community-based organizations to increase COVID-19 vaccinations in underserved communities. This funding helped community-based organizations hire and mobilize community outreach workers, community health workers, social support specialists, and others. Due to the success of the program, the Administration provided an additional $140 million dedicated to community-based organizations in November to hire local community outreach workers that educate individuals, provide resources and address barriers to getting vaccinated in underserved communities. The Administration will continue to support community-based organizations and to facilitate community-led solutions in the fight against COVID-19.

- Support community-based organizations to expand vaccination and boosters to underserved groups. To date, the Biden Administration has provided dedicated resources directly to local community-based organizations to increase COVID-19 vaccination and boosters in underserved communities by assisting individuals in getting the information they need about vaccinations and boosters, making vaccine appointments, and providing transportation and other support that may be a barrier to vaccination. This funding is allowing our community-based organizations that work with communities of color and other underserved populations to build vaccination capabilities, and establish connections for the COVID-19 response, which will build coalitions for inclusion in pandemic preparedness, response, and recovery activities so that care is brought closer to the communities served and in settings that people trust.



- Prioritize inclusivity in public health campaigns. During the COVID-19 response, the Administration has built a multi-pronged COVID-19 response education, outreach, and communications campaign tailored to communities. The campaign has used science-based, non-political sources by working with state, local, Tribal, and territorial health care institutions, community organizations, and other trusted sources to promote public health prevention behaviors, such as vaccine awareness and uptake, testing, masking, and social distancing; paying particular attention to institutions and organizations that serve communities that have been hardest hit by COVID-19 exposure, illness, and death. And educational materials and community-toolkits on COVID-19 vaccines were translated in 14 languages and provided to doctors' offices, pharmacies, community health centers, and organizations across the country. The Administration will continue to ensure language access and cultural competence in outreach strategies to reach all people, including people with disabilities. Additionally, the Administration has prioritized providing accurately translated information, employing trained interpreters, and advertising that services for people with limited English proficiency or who are more comfortable with another language are available.

Sustain critical efforts to build a representative health care and public health workforce. Building a representative health care and public health workforce has been a top priority of the Administration. The American Rescue Plan invested in the public health and health care workforce to recruit, hire, and train public health workers from underrepresented backgrounds into critical public health professions; and also invested in the National Health Service Corps and Nurse Corps to bring more doctors and nurses from diverse backgrounds to underserved areas around the country. Building on that success, in November, the Administration announced hundreds of millions of dollars to expand the public health workforce by creating a new pipeline program for 13,000 community health workers from underserved communities. This program will support apprenticeship programs at over 500 health care and public health sites nationally, including emergency departments, health centers, state and local public health departments, community health centers, mobile health clinics, shelters, housing programs, faith-based organizations and other locations where high-risk populations access care and receive services. The Administration also announced $210 million to expand the public health workforce in the Indian Health Service and across indigenous communities and an investment for CDC to improve diversity in the public health workforce. As we move forward, the Administration will continue to focus on efforts to build representative health care and public health workforces.

- Continue to make investments so our public health and medical workforce better reflects the diversity of our country. The Administration has invested in – and will continue to invest in – building capacity for the public health workforce to recruit, hire and train public health workers from underrepresented backgrounds – including Black, Hispanic and Native Americans students – into critical public health professions; and has invested in the National Health Service Corps and Nurse Corps to bring more doctors and nurses from diverse backgrounds to underserved areas around the country. CDC is also investing resources to expand activities in recruitment and pipeline programs to support diversity, equity, and inclusion in the public health workforce and increase awareness and interest in public health among underrepresented groups.

- Continue to expand the public health and health care workforce in Tribal communities. The COVID-19 pandemic has highlighted and exacerbated preexisting inequities facing Tribal Nations. The Administration will continue to make investments to enhance public health capacity and build better emergency preparedness for Indian Health Service (IHS) and Tribal Nations; and will support IHS's ability to recruit and retain highly-skilled health care professionals, in IHS, Tribal, and urban Indian health programs. Additionally, the Administration has invested millions in supporting core epidemiology work for American Indian and Alaska Native populations. The Indian Health Service (IHS) will also continue to make significant investments to hire school nurses that can provide critical testing, contact tracing, case management, vaccination, and overall school health support to Bureau of Indian Education K-12 schools.

Expand health equity data to drive pandemic decision making. The Administration has made significant investments to increase health equity data collection and reporting for high-risk groups, and to make this new data publicly available. The Administration increased the completeness of race/ethnicity vaccination data from 53% in February 2021 to over 74% in February 2022, which now includes new reporting of data from several states that were not initially reporting any vaccine data by race or ethnicity. To date, health equity data has driven decision-making during the COVID-19 response, including the distribution of vaccines, treatments and surge resources. The effort to improve health equity data collection continues, and the Administration will continue to prioritize building a data ecosystem that promotes equity-driven decision making.

- Invest in equity-centered data collection. The Administration continues to expand the federal government's data infrastructure to increase collection and reporting of health data for high risk populations, while reaffirming data privacy. HHS continues work to optimize data collection from public and private entities to increase the availability of data by race, ethnicity, geography, disability, and other demographic variables, as feasible. The Administration will continue to support and invest in an equity-centered approach to data collection, including collecting data for groups that are often left out of data collection.

- Ensure data continues to inform equity-centered pandemic response decision-making. The Administration will continue to leverage existing sources of quantitative and qualitative data, including location information, to make data-informed, timely, and accurate equity-centered decisions regarding outreach, planning activities, and resource allocation and distribution. In addition, the Administration will use the expanded equity-centered data infrastructure to identify high-risk communities and evaluate the effectiveness of the response.

- Track health outcomes for people in congregate and high-risk settings. The Administration has worked with state, local, Tribal, and territorial health departments to establish efforts to track and report the health and health status and outcomes of people in congregate settings (e.g., nursing and Long-Term Care Facilities, foster care facilities and group homes, correctional facilities, and homeless shelters) and other settings with increased risk of exposure in real time, and to develop and research evidence-based interventions.

GOAL TWO
Prepare for new variants



America's Progress to Date:

- ✓ During the last year, we went from sequencing 3,000 cases a week to 90,000 cases a week; CDC's national genomic sequencing efforts can reliably detect very low level of variants, including variants that account for as little as 0.1% of all COVID-19 cases in the U.S.
- ✓ Developed U.S. government playbooks for variant preparedness and surge response
- ✓ Since July 2021, we have deployed over 4,000 federal personnel, sent over 3,400 ventilators, ambulances, and other supplies; and shipped over 115 million pieces of PPE
- ✓ FEMA has invested $300 million dollars in state hospital preparedness to expand hospital beds in 38 states

Moving forward, the Administration will work with Congress to secure the necessary funding to:

- Improve COVID-19 data tracking so we are better prepared to respond rapidly to emerging threats
- Expand domestic and global sequencing capacity so the country is able to better identify hotspots, track disease trends, and respond immediately to new variants
- Leverage a *COVID Variant Playbook* to determine the impact of a new variant on our vaccines, treatments, and tests, and shore up our tools, if needed
- Leverage new processes to expedite development and clinical testing of variant-specific versions of vaccines and treatments
- Utilize established plans to manufacture and deliver updated vaccines, treatments, and tests quickly, if needed
- Build a large national stockpile of new categories of supplies – including at-home tests, treatments, and masks for the general population – and pre-position supplies for immediate deployment
- Leverage a proven *COVID Surge Response Playbook* and maintain America's strong emergency response capabilities
- Continue to support and invest in the health care and public health workforce
- The U.S. government has established a permanent logistics and operational hub at HHS for accelerated development, production, and delivery of COVID-19 vaccines and treatments

As we work to keep ourselves protected against COVID-19, America must remain prepared for any new variant. To do so, the Administration has developed a comprehensive plan for how we monitor this virus, share what we know with the American people, adapt our tools swiftly, and deploy emergency resources to help communities.

Before January 2021, the federal government had insufficient data and sequencing capabilities and was ill-equipped to respond to new variants. Electronic case reporting was in place for only a handful of states in 2020 and the country could sequence only 3,000 tests per week. America had no plan for responding to a new variant or standing up comprehensive efforts to respond to a surge in COVID-19 cases.

During the last year, the Administration has enhanced federal agencies' collection, production, sharing, and analysis of data. The Administration has successfully expanded electronic case reporting to all 50 states, Washington, D.C., Puerto Rico, and thousands of health care facilities in 2022. The CDC now tracks a range of key COVID-19 response metrics including cases, testing, vaccinations, emergency department visits, and hospital admissions in real-time; and this information is readily available to inform policymakers at the federal, state, and local level. A public dashboard tracking key COVID-19 metrics is also available at the county level, so that Americans can gauge the level of community burden and vaccination in their own communities.

America has established a world-class surveillance operation, bolstering our ability to detect surges and emergence of new variants. The country went from sequencing 3,000 cases a week to 90,000 cases a week. CDC's national genomic sequencing efforts can reliably detect very low levels of variants, even variants that account for as little as 0.1% (with 95% confidence) of all COVID-19 cases, circulating in the United States.

And when new variants are identified, the federal government has a network of researchers who can rapidly study the sequence and assess mutations, allowing the government to respond to concerning strains. CDC has also built a comprehensive network where local jurisdictions work in partnership with the federal government to promptly report on newly emerging variants across the country. America has also invested in global surveillance and built and strengthened international communication channels – including with United Nations organizations such as the WHO and networks of governments and scientists around the world – to understand and respond to COVID variants.

And when Omicron was identified in November, the Administration was able to quickly assess the effectiveness of our vaccines, tests, and treatments and issue guidance to clinicians and the general public. The Administration stood up networks of government, and academic and company scientists to quickly conduct these assessments and provide real time information to policymakers and regulators.

And during the last year, the Administration successfully built an emergency response infrastructure that the federal government can activate for future surges. Our surge response – led by FEMA and HHS – developed capabilities to stand up federal mass vaccination sites and federal testing sites; distribute critical supplies; and deploy thousands of federal clinical and non-clinical personnel to support states, Tribes, and territories to address critical needs on the ground, including addressing hospital personnel shortages, providing treatments, and administering vaccines. Since July 2021, the federal government has deployed over 4,000 military and non-military personnel to 46 states and territories; sent over 3,400 ventilators, ambulances, and other critical supplies; and shipped over 115 million pieces of PPE.

Moving forward the Administration will maintain our proven data, sequencing, variant response, and surge response capabilities. The CDC will continue to improve COVID-19 data collection, reporting, and analysis so America is better informed and ready to respond to new variants. And if a new variant emerges, the federal government will leverage established playbooks to assess its impact on our vaccines, tests, treatments and deploy the tools, personnel and resources Americans need.

The Administration will work with Congress to secure the necessary funding to:

Improve COVID-19 data tracking so we are better prepared to rapidly respond to emerging threats. The Administration will continue efforts to enhance federal agencies' collection, production, sharing, analysis of, and collaboration with respect to data to increase our federal government's long-term pandemic preparedness capabilities, with a focus on rapid-response capabilities when new variants emerge. Ensuring the CDC can continue critical monitoring and data analysis functions will require additional funding from Congress.

- Make improvements to state-level and local-level data systems and infrastructure. The Administration will continue to prioritize modernizing our state and local public health data systems to move from siloed and outdated public health data systems to connected, resilient, adaptable, and sustainable 'response-ready' systems. CDC will support the development of modern, secure, interoperable, real-time systems needed to respond to COVID-19. These foundational efforts are crucial to timely and effective disease control, whether for current COVID-19 strains, emerging variants, or other public health threats.

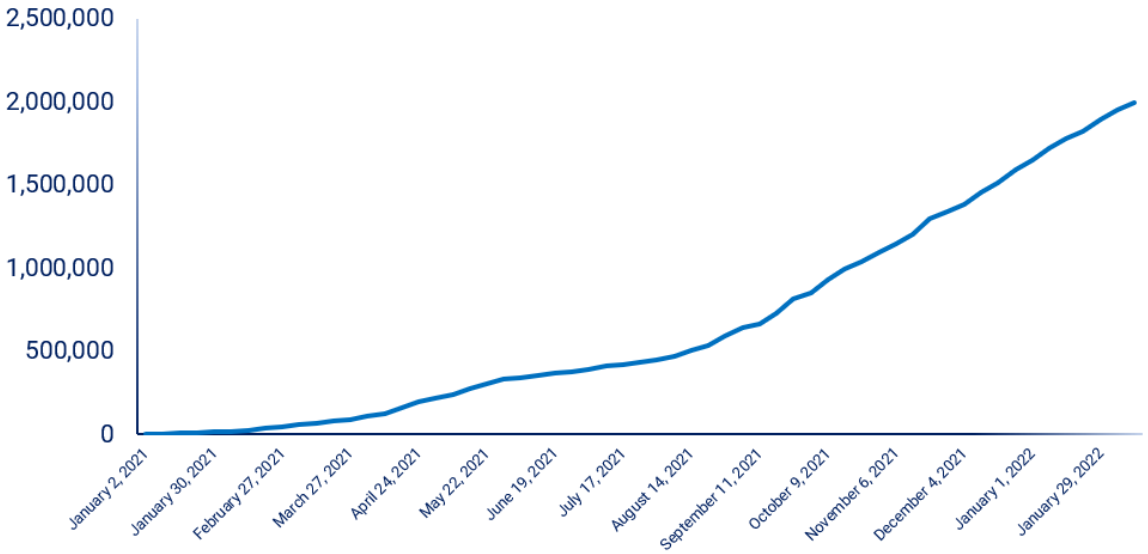
- Continue to standardize data systems and to build early-warning networks. The Administration will continue to work to standardize data systems across states, Tribes, territories and localities – which could facilitate sharing, aggregating, and analyzing data across states to act as early-warning networks. This includes further expansion of national systems tracking leading indicators of disease spread, including wastewater monitoring by the National Wastewater Surveillance System and syndromic surveillance in emergency departments through the National Syndromic Surveillance Program (NSSP). The federal government will develop updated recommendations and standards that consistently reflect the current disease threats in the United States.

- Continue to work to modernize the public health data infrastructure workforce. The Administration will continue work with the Office of the National Coordinator for Health Information Technology to invest tens of millions of dollars to train public health professionals to help modernize the public health data infrastructure, including investments in the development of the existing public health workforce and expanded recruitment of public health professionals who reflect the diverse communities in which they serve.

- CDC will continue to expand scientific and programmatic capabilities to respond to new variants. The CDC will continue to improve existing scientific and programmatic efforts to better understand the threat posed by COVID-19 and nimbly respond to new variants. Specifically, through new efforts such as the Center for Forecasting and Outbreak Analytics, CDC will partner with public and private health systems to conduct rapid studies that assess the impact of COVID-19 variants, such as Delta and Omicron, on clinical severity and vaccine effectiveness.

Expand domestic and global sequencing capacity so the country is able to better identify hotspots, track disease trends, and respond immediately to new variants; and strengthen pandemic preparedness. The CDC has and will continue to track disease trends to respond immediately to new variants, including continuing improvements to national wastewater surveillance for early insights into community transmission; continue to strengthen processes and the infrastructure for the immediate identification and characterization of variants; continue to expand genomic sequencing to better monitor for COVID-19 hotspots and variants of concern; and maintain a network of local jurisdictions capable of promptly reporting emerging cases nationwide. The Administration has also supported improvements to global surveillance of variants and built and strengthened international communication channels – including with UN organizations and networks of governments and scientists around the world – to understand and respond to COVID-19 variants as they emerge in real time. Ensuring the CDC can continue critical sequencing functions will require additional funding from Congress.

Cumulative Published SARS-CoV-2 Sequences in the United States



Source: CDC Covid Data Tracker

- Work with states to expand state-level sequencing. The Administration will continue to expand genomic sequencing to monitor for COVID-19 hotspots and respond with rapid epidemiological field investigations, to variants of concern and to emerging infectious disease threats. Additionally, to address the inconsistent coverage of genomic sequencing capabilities at the state level, which can create a skewed picture of prevalence in the early stages of variant

emergence, the Administration will continue to work with states to expand state-level sequencing capabilities. The Administration has built a robust sequencing infrastructure to support early identification and characterization of novel variants, and will continue to invest in sequencing and laboratory testing to monitor variants that may impact transmissibility; disease severity; and the effectiveness of vaccines, therapeutics, diagnostics, and mitigation strategies.

- Ensure America continues to have the tools to quickly identify variants and understand their spread. Early identification and classification of variants is essential to drive immediate action to respond to variants. The Administration is working to accelerate collection and reporting of domestic data to expedite the assessment and classification of variants. The Administration will also continue to work to expand our disease forecasting capabilities.



Source: CDC Data Tracker

- Expand national wastewater surveillance for better insight into community transmission. CDC has launched the National Wastewater Surveillance System to coordinate and build the nation's capacity to track the presence of SARS-CoV-2, the virus that causes COVID-19, in wastewater samples collected across the country. CDC's NWSS works with health departments to track SARS-CoV-2 levels in wastewater so communities can act quickly to prevent the spread of COVID-19. The Administration will continue to expand the NWSS; and work

with state, county, and city jurisdictions so the federal government can transform independent local efforts into a robust, sustainable national system, and help expand local public health infrastructure. Wastewater surveillance can provide an early warning of COVID-19's spread and decline in communities, and the Administration will continue to prioritize this important initiative.

- Strengthen partnerships to prepare for the effective global surveillance of variants. Early detection and sequencing of variants around the world can help accelerate the effective domestic and global response. The Administration will continue to strengthen core global public health infrastructure for surveillance and laboratory capacity to detect emerging variants, drawing from CDC partnerships with local jurisdictions that have facilitated prompt reporting of newly emergent cases. The federal government will improve the collection and characterization of pathogens, expand and enhance laboratory capabilities to detect and monitor respiratory and other pathogens, target sequencing and other surveillance efforts in high-risk transmission zones, and strengthen multinational data systems to detect, characterize, and communicate rare events. These efforts will be coordinated through the SARS-COV-2 Interagency Group (SIG) which includes experts from BARDA, CDC, DOD, FDA, HHS, NIH and the Department of Agriculture (USDA), who collaborate to continuously monitor and assess emerging variants in the United States and around the world.

- Enhance communication channels with the WHO and global networks that monitor variants and their risk potential. The United States has established – and will continue to strengthen – strong channels of communication to WHO Technical Advisory Group on SARS-CoV-2 Virus Evolution (TAG-VE) to assist with enhanced responsiveness to variants of concern, variants of interest, and variants under monitoring. This collaboration will assist with early detection and enhanced early warning of new variants and their risk potential. In addition to better communication with the WHO and better communication among member states; the United States continues to work to invest in a global pandemic surveillance infrastructure by strengthening local capacity and coordination with international networks on research and development and product approval.



- Translate the U.S. government's COVID-19 capabilities into stronger pandemic preparedness. Leveraging the enhanced capabilities built during the COVID-19 response, the Administration will build future pandemic preparedness capabilities to detect, prevent, and respond to new emerging threats. As laid out in the *American Pandemic Preparedness: Transforming Our Capabilities* plan, the Administration is working with our scientific and public health agencies to enhance our nation's biodefense and pandemic readiness. The U.S. government will continue to strengthen capabilities including improved data tracking systems; expansion of the public health workforce; redoubled investments in research, advanced development, and accelerated manufacturing of countermeasures; enhancement of America's Strategic National Stockpile; and strengthened international public health partnerships. The Administration has also assembled scientific expertise across the U.S. government in a Pandemic Innovation Task Force, which is identifying critical actions for innovation. These actions will not only ensure we have better tools to respond to future pandemics, but also that equity is prioritized so that technological advances benefit all Americans.

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Leverage a *COVID-19 Variant Playbook* to determine the impact of a new variant on our vaccines, treatments, and tests, and shore up our tools, if needed. The Administration has developed a variant playbook to expedite rapid laboratory evaluation of the effectiveness of vaccines, tests, and treatments against new variants. Networks of researchers are ready and can be activated immediately to evaluate the effect on testing, treatments, and vaccines – and to accelerate that work we have established channels of communication with providers of viral genetic sequence and analysis so the providers are able to prioritize delivery to labs immediately upon the U.S. government's request. Channels of communication have also been established around the world with labs to expedite the secure delivery of live virus to assess the impact of new variants on tests, treatments, and vaccines. Once evidence is available on vaccine, tests, and treatment effectiveness, the Administration has developed a coordinated infrastructure – across NIH, FDA and CDC – to quickly and effectively issue guidance informing clinicians and the general public, ensuring transparent distribution of critical public health data. Support of these efforts when new variants emerge will require additional funding from Congress.

- Strengthen existing collaborations with providers of genetic sequence and analysis and our network of labs so the government can immediately test the effectiveness of our vaccines, treatments, and tests. The federal government – coordinating with CDC, NIH, BARDA, and FDA – has developed effective collaborations with a network of academic labs and developers, to drive rapid assessment of vaccine, treatment, and test performance against variants. To enable rapid assessments, the U.S. government has developed effective collaborations with providers of genetic sequence and analysis to prioritize labs most critical to evaluating the impact of new variants on tests, treatments, and vaccines. These channels of communication ensure that when a new variant emerges we are immediately able to evaluate the effectiveness of our vaccines, treatments, and tests. In addition, the Administration – in coordination with CDC, NIH and FDA – has expanded our network of labs to shave days off of test, vaccine, and treatment evaluations.

- Execute proven plans, if needed, that enable the rapid laboratory evaluations of vaccine effectiveness, treatment effectiveness, and test effectiveness. The Administration has established close collaborations with current vaccine manufacturers and made significant investments in research and development to ensure immediate evaluations of vaccine effectiveness against new variants. HHS will also monitor – on an ongoing basis – the efficacy and durability of authorized vaccines against current and future variants and make recommendations to optimize protection. Additionally, the Administration has

made investments in advanced research and development to build faster capabilities to determine if particular treatments are ineffective against certain strains. And finally, the Administration is continuing to invest in validation of test performance against variants and is continuing to invest in the RADx program that monitors and evaluates SARS-CoV-2 variants for their impact on diagnostic test performance.

Leverage new processes to expedite development and clinical testing of variant-specific versions of vaccines and treatments, so America can get these tools in place quickly, if needed. The U.S. government is ready to proactively respond to variants that may arise in the future. FDA will work closely with manufacturers to maximize the protective effect of vaccines to avoid or minimize future waves of COVID-19. This would include utilizing new frameworks from FDA to expedite development and regulatory review of variant-specific versions of vaccines and treatments, so that America can get them in place, if needed. These new frameworks allow for even more efficient development of variant-specific vaccines and new monoclonal antibody treatments in the case of emerging variants that challenge the existing arsenal of vaccines and therapeutics. Leveraging what is already known about the prototype vaccines allows for a parallel development process to move the variant-specific vaccines along as efficiently as possible. This approach relies on significantly smaller clinical trials and enables manufacturing scale up while clinical trials are being conducted. FDA will also continue to work to further expedite the authorization of COVID-19 therapeutics such as was done in the recently authorized monoclonal antibody from Eli Lilly & Co.

Utilize established plans to approve, manufacture, and deliver updated vaccines, treatments, and tests quickly if needed. The Administration has developed plans that can be activated in coordination with vaccine, test, and treatment manufacturers for the accelerated development, manufacturing, procurement, and delivery of updated products, if needed, so these critical tools can be available quickly. As a result, updated vaccines can be ready in 100 days, instead of many months or years. The expedited timeline is approximately twice as fast as the manufacturing of an annual update to flu vaccine. The Administration has been in conversations with manufacturers to accelerate manufacturing updated vaccines, tests, and treatments at industrial scale if needed – offering significant federal government support for manufacturing, equipment, staff hiring and training, raw-material sourcing, tech transfer, bulk product processing, and the acquisition of supplies – while pursuing regulatory review simultaneously. Procurement of additional vaccines – if additional boosters, variant-specific doses, or multivalent vaccines are needed – will require additional funding from Congress.

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- Ensure that operational and logistics plans are in place to move new vaccines, tests, and treatments from the factory to the frontlines immediately. The Administration has developed operational and logistics plans and distribution strategies to deliver an updated vaccine, test, or treatment to the American people, if needed. Each of these plans expedites contracting and acquisition and leverages major distributors and existing distribution networks. Additionally, the Administration – as standard practice – has regularly initiated reviews and exercises to rehearse emergency distribution plans, commencing vaccine and treatment distribution within 24 hours of an FDA Emergency Use Authorization. Preparations have been made for the communication, education, and support needed for states, localities, Tribes, territories, and health care providers -- along with materials for the general public – if an updated vaccine, treatment or test is needed.

Build a large national stockpile of new categories of supplies – including at-home tests, treatments, and masks for the general population – and pre-position supplies for deployment. In 2020, our National Stockpile was depleted. Over the course of 2021, ASPR utilized approximately $12 billion from COVID-19 supplemental appropriations to restore or exceed pre-pandemic levels on key supplies: N95 respirators, procedure face masks, face shields, gowns and ventilators. ASPR has initiated procurements to stockpile new categories of supplies, including rapid at-home tests to ensure adequate supply in times of surges, COVID-19 outbreaks, or new variants. The federal government will create testing reserves of the size and content necessary to meet demand for future surges and have plans in place to rapidly scale up manufacturing capacity if needed. The Administration is also in the process of restocking N95s following the distribution of N95s to the American people as well as sourcing new high-quality masks for children – a first for the SNS.

- Build a strong national stockpile and add new categories of supplies. Thanks to the President's leadership, the U.S. government has hundreds of millions of N95 masks, billions of gloves, tens of millions of gowns, and over 100,000 ventilators in the Strategic National Stockpile—all ready to ship out at a moment's notice if and when they are needed. The Administration has ensured – and will continue to ensure – that the Strategic National Stockpile is fully stocked and that supplies, medicines and devices are ready to be deployed. The Administration has also made plans and initiated procurements to build a strong stockpile of new categories of supplies, including rapid at-home tests, pills, and masks for the general population to ensure adequate supply in times of surges, COVID-19 outbreaks, or new variants.



- Continue to provide free, high-quality masks to the American public and add masks for the general public, including kids, in the Strategic National Stockpile. In January, President Biden announced an unprecedented effort to make available hundreds of millions of high-quality masks to the American public for free. Within days, the Strategic National Stockpile had shipped millions of masks to be available across thousands of trusted, convenient locations nationwide. Today, these high-quality masks are available for the public to pick up for free at tens of thousands of local pharmacies, grocery stores, and health centers in their communities. The Administration will procure additional high-quality masks – for adults and children –for any future surge. The Administration will also continue to make these masks available to health centers over the coming months to ensure that we are reaching the hardest-hit, highest-risk communities with the protection that they need. And the Administration is also stockpiling high-quality masks for the general population, including children.



- Pre-position all supplies so they are ready for immediate deployments. The Administration has pre-positioned stockpiled supplies in strategic locations so we can send them to states that need them immediately. Since July 2021, the U.S. government has sent over 3,400 ventilators, ambulances, and other critical supplies; and shipped over 115 million pieces of PPE.

Leverage a proven *COVID Surge Response Playbook* and maintain America's strong emergency response capabilities. The Administration has developed a comprehensive emergency response COVID-19 surge playbook to stand up mass vaccination sites and surge testing sites, deploy federal medical and emergency personnel, distribute emergency supplies, and expand hospitals and emergency facilities.

- Leverage existing DOD and FEMA partnership to deploy active duty military medical personnel to COVID-burdened hospitals, if needed. The President, working closely with the Secretary of Defense – has established a system in which the President can immediately call upon active duty military medical personnel to deploy to over-burdened hospitals as part of the COVID-19 response. FEMA and DoD have developed a system by which states can request and receive deployments of federal personnel to support strained hospitals. During Omicron, Secretary of Defense Austin immediately readied an additional 1,000 service members — military doctors, nurses, medics, and other medical personnel — to deploy to hospitals during January and February. Systems are now in place to ensure that these military deployments to support states and hospitals are available moving forward as needed.

- Ensure non-military federal medical personnel are available to support states upon request. In addition to the active duty military COVID response teams — the U.S. government has created a permanent structure to deploy clinical personnel and paramedics to states in need. The Administration has strengthened our national volunteer emergency medical response corps to support communities that ask the federal government for assistance. To help local municipalities strengthen their health preparedness and response, the Administration has also strengthened the Medical Reserve Corps (MRC), a network of medical and public health volunteers organized locally to improve the health of their communities. Investments in this network have supported – and will continue to support – the roughly 300,000 MRC medical and public health professionals who have already volunteered more than 2 million hours toward local COVID-19 response. Additionally, HHS will continue to lead a

national effort to mobilize volunteers, including retired doctors and nurses, to assist in areas with rising COVID-19 cases.

- Leverage existing plans in all 50 states to add hospital capacity, if needed. The Administration has worked with the FEMA to activate additional staffing and capacity for the National Response Coordination Center (NRCC) and FEMA regions, and to mobilize planning teams to work with every state and territory to assess hospital needs ahead of surges, and to start expanding hospital bed capacity. FEMA has already provided states hundreds of millions of dollars to expand hospital capacity, and states and territories now have plans in place for immediate hospital expansion – through retrofits and expansions – to build additional hospital beds if needed.

- Deploy an established fleet of hundreds of ambulances and Emergency Medical Teams ready to transport patients to open beds, if needed. To get ahead of surges, FEMA has built an arsenal of hundreds of ambulances and emergency medical teams ready for deployment to states, so that if one hospital fills up, they can transport patients to open beds in other facilities.

- Ensure vaccinators are ready for deployment across the country. Departments and agencies from across the U.S. government have contributed their own health care and support personnel to help surge the national vaccinator workforce. During the last year, the Administration has deployed over 9,000 personnel to support COVID-19 vaccinations, including from the National Disaster Medical System and U.S. Public Health Service Commissioned Corps within the HHS, Department of Homeland Security, VA, DOD, USDA, and the U.S. Forest Service. Federal vaccinators and health care professionals remain available if needed and include physicians, physician assistants, nurses, pharmacists and pharmacy technicians, veterinarians, and EMTs. The federal government has hundreds of additional interagency vaccinators ready to deploy as further needs are identified.

- Ensure we can stand up mass vaccination and testing sites if needed. FEMA has developed the operational model to stand up a federal mass vaccination site rapidly upon state request. With this successful playbook now in place, FEMA could launch mass vaccination sites, in the future, if needed. Similarly, HHS and FEMA have developed a playbook, a process, and the infrastructure to stand up surge testing sites quickly and efficiently upon state request.

- Rapidly respond to reported disease outbreaks, by surging targeted virus sequencing when needed and deploying expert public health professionals to support state and local health officials. The Administration will mobilize timely outbreak investigations by deploying investigators and other experts from CDC and other federal agencies, to verify new outbreaks, provide technical assistance with epidemiological investigations, and support early outbreak control efforts. For new variants, this includes the initial assessment of key variant characteristics including its contagiousness, severity of illness, and its impact on tests, treatments, and vaccines.

Continue to support and invest in the health care and public health workforce. The Administration will continue to expand the public health and health care workforce to maintain strong public health and health care systems and increase clinical care capacity for COVID-19. The American Rescue Plan invested $7.6 billion in the recruiting, hiring, and training of public health workers, including public health workers from under-represented backgrounds; provided mental and behavioral health resources to our frontline medical workers to support them in the critical work they do; and invested in the expansion of nurses in schools, and we will continue to work with the academic and public health communities to advance this investment. We have also strengthened our national volunteer emergency medical response corps to support communities in need, and grown our network of medical and public health volunteers so they are prepared to respond to a new variant or surge.

- Launch an expanded program to prevent burnout and support mental health and well-being in the healthcare workforce. HRSA will propose and seek resources from Congress to launch an expanded grant program to support health systems, provider groups, health centers, first responders, and other healthcare organizations that support the healthcare workforce. With this funding, healthcare organizations would undertake initiatives to improve mental health by launching new workforce training programs, relieving workplace stressors, conducting mental health programming, and providing access to high-quality mental health support. This will build on ongoing efforts by NIOSH to address the mental health of health workers by raising awareness, eliminating barriers to accessing care, identifying workplace and community supports, reducing stigma and strengthening data and resources. Together, these resources will ensure that we are supporting our healthcare workers on the frontlines of this pandemic.



- Continue to support expansions of state and local public health staffing. State and local public health departments have provided critical services during the pandemic, including setting up testing sites, leading local vaccination efforts, and delivering personal protective equipment, therapeutics, and care to those in need. These state and local public health heroes have helped lead the fight against COVID-19, despite the fact that these departments are often understaffed and lacking resources. The Administration has invested billions in the public health workforce to recruit, hire and train state and local public health workers, including public health workers from underrepresented backgrounds. The Administration will continue to support new hiring for state and local public health departments to quickly add staff – including epidemiologists and data scientists – to support critical COVID-19 response efforts, including vaccination outreach and administration efforts, testing, outbreak investigations and other vital public health functions.

- Finalize protections for health care workers. The Administration will finalize worker protections at health care workplaces and vigorously enforce other existing rules, including the rule requiring workers at health care facilities participating in Medicare or Medicaid to be fully vaccinated to ensure patient health and safety. The rule covers approximately 76,000 health care facilities and more than 10 million health care workers, and will continue to enhance patient safety in health care settings.

- Continue to recruit and train new public health leaders to respond to local outbreaks. The American Rescue Plan invested $7.6 billion in the recruiting, hiring and training of public health workers, including public health workers from unrepresented backgrounds. The Administration has supported and invested in the CDC's workforce programs, including the Epidemic Intelligence Service (EIS), Field Epidemiology Training Program (FETP) and Laboratory Leadership Service (LLS). EIS is a national, deployable, cutting-edge public health workforce of disease detectives that respond to local outbreaks. Over the past seven decades, EIS officers have served as boots-on-the-ground epidemiologists during some of the most severe outbreaks and public health emergencies, including the Ebola outbreak, H1N1, the Flint water crisis, Zika, and the COVID-19 pandemic. Similarly, CDC's FETP program works globally, and has helped train more than 18,000 disease detectives in over 80 countries around the world. LLS fellows merge laboratory science with public health, allowing fellows to provide daily mission-critical technical expertise and service to federal, state, and local public health laboratories and support public health investigations. CDC has increased support for programs including EIS,



LLS, the Undergraduate Public Health Scholars Program, and the Dr. James A. Ferguson Emerging Infectious Diseases RISE Fellowship, which offers students from underrepresented background the opportunity to study infectious diseases and health disparities.

The U.S. government has established a permanent logistics and operational hub at HHS to ensure accelerated development, production, and delivery of COVID-19 vaccines and treatments. On January 1, 2022, the Administration launched a dedicated logistics and operational hub at HHS – the HHS Coordination Operations and Response Element (H-CORE) – responsible for the rapid development, production, and delivery of COVID-19 vaccines and therapeutics. H-CORE builds on the previous successful partnership between the DOD and HHS. Since the beginning of the pandemic, H-CORE and the former DOD/HHS team has helped deliver over 675 million doses of vaccine and approximately 4 million treatment courses to protect the American people. H-CORE is providing critical support for the Administration's commitment to deliver 500 million free at-home tests to American households through COVIDTests.gov and assisting with efforts to procure and distribute an additional 500 million tests. It is also supporting the delivery of hundreds of millions of N95 masks from HHS's Strategic National Stockpile to pharmacies and health clinics nationwide – providing a high-quality mask for free to any American who wants one.

- A highly skilled, well-resourced, and nimble team is in place to anticipate and respond to current and future vaccine and therapeutic needs. The H-CORE team is made up of logisticians, contracting officers, supply chain experts, data analytics experts and public health officials with liaisons from multiple industries and government agencies, that coordinate and track the movements of vaccines and therapeutics from the manufacturer, to distribution centers, and finally to more than 90,000 vaccine administration sites. The team has a strong track record of delivering the right product to the right locations at the right time.

- Flexibility to expand the scope of work to meet emergent COVID-19 priorities. While H-CORE's focus is on the quick, safe, and efficient development, production and delivery of COVID-19 vaccines and therapeutics, it can also be leveraged to support emerging priorities. H-CORE is playing a key role in the delivery of 500 million at-home tests to American households in partnership with the U.S. Postal Service, and assisting with efforts to procure, stockpile and distribute as needed an additional 500 million tests. It's also providing

technical support to the Strategic National Stockpile team that has already shipped more than 200 million N95 masks to locations nationwide.

GOAL THREE
Prevent economic and educational shutdowns



America's Progress to Date:

- ✓ Today about 99% of schools are open
- ✓ $130 billion was sent to schools through the American Rescue Plan for new ventilation systems, vaccination, more teachers, PPE, testing, and more
- ✓ Nearly 40% of Fortune 100 companies have put in place vaccination requirements to protect our workers
- ✓ Since President Biden took office, there has been historic job growth – more than 6.6 million jobs created – and the unemployment rate has fallen to its lowest level since before the pandemic

We will work with Congress to secure the necessary funding to:

- Provide paid sick leave to workers who need to miss work due to a case of COVID-19 or to care for a loved one who has COVID-19
- Give schools, universities, businesses, and other facilities the tools they need to improve their ventilation, and develop a recognition program to demonstrate the results
- Ensure schools have access to funding, tests, guidance, and supplies they need to stay open
- Update guidance for employers to ensure safer workplaces
- Engage early care and education providers to help them remain safely open and help parents return to work with peace of mind
- With the vast majority of federal workers at their workplaces, substantially expand levels of services at public-facing federal offices (like local Social Security offices)

Our path forward relies on giving schools and businesses the tools they need to prevent economic and educational shutdowns, so our students can stay in school, our workers can be safe at work, and our economy can continue to grow. In December 2020, America was experiencing widespread school and business shutdowns: only 46% of K-12 schools were open for in-person learning, millions of businesses had closed, and tens of millions of Americans had lost their jobs in 2020.

Throughout the last year, the Administration has worked to provide the funding, tools, and resources necessary to keep schools and businesses open, while protecting students and workers. The Administration provided $130 billion from the American Rescue Plan to enable schools to reopen and stay safely open – through new ventilation systems, more teachers, vaccinations, PPE, testing, and more. These historic investments helped schools open and stay open safely, even in the face of the highly transmissible Omicron variant. Today, 99% of K-through-12 schools are open for full-time in-person learning.

To protect workers, the Administration launched the largest vaccination campaign in history – working hand-in-hand with the business community. The President called on every employer in America to offer full pay to their employees for any time off needed to get vaccinated, and for any time it took to recover from the after-effects of vaccination. He announced a paid leave tax credit to offset the costs for small- and mid- sized businesses to provide full pay for any time their employees needed to get the COVID-19 vaccine or recover from vaccination.

The Administration also required vaccinations where it could, including for servicemembers and federal workers – the largest and most diverse workforce in the country. Today, over 98% of federal workers have complied with these requirements. The President also encouraged the private sector to require vaccinations and nearly 40% of Fortune 100 companies have a vaccination requirement in place. Additionally, more than 1,000 institutions of higher education established vaccination requirements for their students and/or staff. And the Administration also implemented an emergency rule requiring workers at health care facilities participating in Medicare or Medicaid to be fully vaccinated. This covers approximately 76,000 health care facilities and more than 10 million health care workers.



And as America gets back to work, the President has focused on jumpstarting the economy and rebuilding it from the bottom up and the middle out. Since President Biden took office, there has been historic job growth — 6.6 million jobs created, and the unemployment rate has fallen to its lowest level since before the pandemic. The average number of new unemployment insurance claims has fallen by 70% since President Biden took office, and more than 70% of Americans say that now is a good time to find a quality job, up from less than 30% this time last year. The U.S. was also the first major economy to exceed its pre-pandemic economic output.

When it comes to protecting our workers, students and all Americans – the path forward in the fight against COVID-19 is clear. Vaccinations, masks, treatments, and tests are widely available; worker protections are now in place; and schools have the resources they need to make sure they can remain safely open. The country has made investments in a strong set of tools and is continuing to build a public health response that provides all Americans with multiple layers of protection. The path forward in the fight against COVID-19 is clear: schools, workers, and workplaces need the resources and guidance necessary to prevent shutdowns.

The Administration will work with Congress to secure the necessary funding to:

Provide paid sick leave to workers who need to miss work due to a case of COVID-19 or to care for a loved one who has COVID-19. The Administration will work with Congress to reinstate tax credits to help small- and mid-sized businesses provide paid sick and family leave to deal with COVID-related absences. Earlier in the pandemic, Congress enacted a paid sick and family leave policy on a bipartisan basis to help workers out sick with COVID-19 or taking care of family members with COVID-19 and to reimburse small and mid-sized businesses for the cost – and this policy was continued in the American Rescue Plan. Empirical research has shown that this policy helped reduce the spread of COVID-19 earlier in the pandemic. Reinstating the policy will also provide critical support for employees of small- and mid-sized businesses who would otherwise have to take unpaid leave while sick or caring for a sick child or family member due to COVID-19.

- Provide refundable tax credits to small- and mid-sized business to provide workers paid time off for sick leave and family leave related to COVID-19. The Administration will work with Congress to reinstate refundable tax credits for small and mid-size employers that reimburse them, dollar-for-dollar, for the cost of providing paid sick and family leave wages to their employees for leave

related to COVID-19. If the program is reinstated, businesses with fewer than 500 employees can receive reimbursement to provide employees with paid sick and family and medical leave for reasons related to COVID-19, either for the employee's own health needs or to care for family members. Specifically, these businesses can claim up to $17,110 for 14 weeks of paid leave for each affected employee to take time off if they have COVID-19 symptoms and are going to the doctor; are getting tested for COVID-19; are under quarantine or isolation order by the government or a doctor (or are caring for someone who is); or have to care for a child whose school or child care provider closed, due to COVID-19. Paid leave has been shown to be a critical tool for stopping the spread of COVID-19, including one study showing that the paid leave provisions put in place prevented approximately 400 COVID-19 cases per day and prevented one COVID-19 case per day per 1,300 workers.

- Conduct outreach to make sure businesses and Americans are aware of paid sick and family leave for leave related to COVID-19. When enacted, the Administration will make sure that Americans and small- and mid- sized businesses are aware of this tax credit and that Americans take this paid sick and family leave when they are eligible. Consistent paid leave will be a critical component of ensuring that Americans can reenter or stay in the workforce as we continue to fight the virus and recover from the economic effects of COVID-19.

Give schools, universities, businesses, and other facilities the tools they need to improve their ventilation, and develop a recognition program to demonstrate the results. Improvements to ventilation systems can maximize health outcomes. When indoors, effective ventilation strategies can help reduce viral particle concentration as well as other indoor air contaminants, which is why the Administration will continue to provide support in improved ventilation, so Americans can remain safely indoors as they proceed with their lives. To encourage good ventilation and improve indoor air quality, the U.S. government will launch a Clean Air in Buildings Challenge, a call for all building managers/engineers, business owners, or organization leaders to take on key strategies to improve ventilation in buildings and implement cost-effective ventilation and air filtration improvements in buildings across the country. To further increase uptake of ventilation improvements, the government will also launch a new initiative to recognize steps taken by organizations and buildings to improve ventilation in alignment with industry-recognized standards. In addition to promoting ventilation system upgrades and improvements in schools and public buildings, the Administration will also provide guidance and technical resources to help building managers implement ventilation solutions, and encourage state, local, and tribal



governments and school districts to undertake improvements in ventilation and air filtration as a critical component of reducing disease spread through use of American Rescue Plan funding.

- Provide clear guidance and recommendations all buildings can use to improve ventilation, and call on building managers, building engineers, businesses, and organizations to take part in the Clean Air in Buildings Challenge. While ventilation systems and equipment vary widely across building types, they play an important role in keeping building occupants safe. Strong ventilation practices can reduce the number of virus particles and contaminants in the air, and thereby reduce the risk of virus or disease transmission. To promote ventilation improvements, the EPA will issue a *Clean Air in Buildings Checklist*, a set of recommendations that any building can undertake to improve indoor air quality through effective ventilation and filtration practices. The Checklist will link to federal government resources from the CDC, EPA, DOE, and other agencies with detail on how to implement these steps, and make suggestions on where it will be helpful for building managers to connect with HVAC and other ventilation experts to make more extensive improvements, upgrades, or replacements to ventilation systems, fixtures, and equipment. The Checklist will include steps such as increasing outdoor air coming into buildings (e.g., through safely opening windows, doors, dampers, and other air openings; enabling cross ventilation; and installing window/box fans); improving air filtration (e.g., through proper installation and maintenance of MERV-13 air filters; operating HVAC systems with increased introduction of outdoor air; investing in HVAC infrastructure and improvements); supplementing air handling with portable air cleaners (e.g., through assessment of current ventilation and filtration levels; and deploying portable air cleaning devices with HEPA filters). The U.S. government will also call on building managers/engineers, business owners, or organization leaders to take on key strategies outlined in the checklist to improve ventilation and implement cost-effective ventilation and air filtration improvements in buildings across the country as part of the Clean Air in Buildings Challenge.

- Support State, local, and Tribal governments as well as school districts to make ventilation improvements and upgrades using American Rescue Plan funds. The American Rescue Plan provided $350 billion for state and local governments, as well as $130 billion for schools, which is available to support making ventilation improvements and upgrades. Through the Clean Air in Buildings Challenge, the Administration will encourage state, local, and Tribal government partners to advance effective ventilation practices in all of the

buildings they operate. The Administration will also work closely with public sector partners like schools to provide guidance and technical assistance to make these improvements and connect them to agency resources on indoor air quality.

- Build public awareness around ventilation and filtration improvements to reduce disease spread in buildings. To complement the efforts of building managers and engineers making ventilation improvements, the Administration will build public awareness and communicate with the public on how ventilation is a key factor in keeping Americans safe while inside buildings. The Administration will explain what good ventilation and air filtration look like as an important component of helping to reduce disease spread, and how buildings of any kind can pursue improvements to their ventilation and air filtration strategies.

- Highlight actions taken by buildings to achieve clean, healthy air quality through a recognition program. While the Administration invites all buildings to take actions from the Clean Air in Buildings Checklist, the Administration will also foster ways to recognize steps taken by buildings to improve indoor air quality and protect their communities. The CDC, EPA, DOE, and other federal agencies already provide significant support to advance strong ventilation in buildings – including through funding, technical assistance, and other resources. Building on the expertise of federal government experts, the Administration will also engage industry, scientific, academic, and labor leaders to identify ways to recognize the efforts of buildings and leaders across sectors and around the country to achieve high standards in ventilation and indoor air quality, as well as improvements in ventilation systems from their current levels. The Administration will use this opportunity to encourage further uptake of ventilation improvements and step up efforts to recognize accomplishments in the indoor air quality space. Similar to how programs like LEED, Fitwel, and WELL recognize buildings for their environmental and health impacts, this new effort between the federal government and external experts will develop ways to recognize steps taken by building owners for the health and safety of their communities and their achievements in improving air filtration and ventilation systems to protect and promote public health.

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Ensure schools have access to funding, tests, guidance, and supplies they need to stay open. Since Day One, the Administration has worked with schools to implement strategies to keep students and staff safe, and doors open – including work on hiring additional staff to support school safety and student needs, implementing screening and diagnostic testing programs, and supporting school-located vaccination clinics to get kids vaccinated and staff boosted. The Administration will continue to work with schools so they have access to the resources they need to stay safely open and keep in-person learning strong. Thanks to the President's American Rescue Plan, the Administration has provided states and schools $130 billion in funding to implement science-based measures that work to keep kids safe and schools open – like vaccinations, testing, improved ventilation, and use of PPE – and to meet an unprecedented level of student need following two years of interrupted learning by addressing student academics, mental health, and social/emotional development. The Administration has also developed the infrastructure to support our schools on an ongoing basis and will continue to make additional COVID-19 tests available to schools every month this school year.

- Continue to provide schools with the support and guidance they need to keep students safe and schools open. The Administration made the largest-ever one-time investment in schools in the history of our nation through the passage of the American Rescue Plan, including $122 billion in funds for schools and states, in addition to another $8 billion to address the needs of special student populations. The American Rescue Plan was deliberately crafted to adapt to the variability of local needs and circumstances, giving states and districts significant flexibility in how they spend their money to prevent, prepare for, and respond to the pandemic. As intended, the American Rescue Plan was crafted to allow school districts not just to address the health and safety needs of students during the COVID-19 pandemic, it was also designed to address urgent learning and mental health needs of students. American Rescue Plan funding is being used in schools right now to hire and retain staff, provide PPE, implement evidence-based interventions to address students' academic and mental health needs, improve ventilation, implement screening and testing programs and keep up with rigorous health and safety protocols. The Administration is working with states to ensure funds are spent quickly and efficiently in ways that keep schools open and students safe.



- Ensure school districts have the testing resources they need to test students and staff and keep transmission low. The Administration has also provided unprecedented funding to make sure schools can launch and maintain COVID-19 testing programs that meet the needs of their communities. The Epidemiology and Laboratory Capacity grant has provided funding for states to establish screening testing programs for students and school staff; and the American Rescue Plan included additional funding for Operation Expanded Testing that provides free lab-based (PCR) testing to schools, child care and other congregate settings. In addition, the Administration is now sending schools across the country 5 million free point of care rapid tests per month, as well as making available 5 million additional free PCR lab tests for schools per month. This assistance will continue through the rest of the current school year and we will work with the CDC to assess ongoing need for testing subject to public health guidance in the time beyond. The CDC and Department of Education have been closely coordinating to assist schools in launching school testing programs, with tailored assistance to school leaders in designing and implementing programs like test-to-stay that best align with individual schools' needs and that can be supported through American Rescue Plan investments.

- Continue to make investments so schools can hire additional school nurses. The Administration has invested $500 million in funding for the hiring of school nurses, who can offer medical expertise to support parents and children during the pandemic and provide information on vaccines as more students have become eligible for vaccinations. The $122 billion investment in the Elementary and Secondary School Emergency Relief Fund can also be used for school nurses. As demonstrated throughout the COVID-19 pandemic, nurses are invaluable assets to our school communities, advancing the health and safety needs of students and families in the pandemic and far beyond. The Administration will continue working with local and state health departments and other partners to advance the number of schools with nurses on staff to address their students' needs.

Update guidance for employers to ensure safer workplaces. The Department of Labor's Occupational Safety and Health Administration will update workplace guidance to better equip employers with the tools they need to ensure safe workplaces, including guidance on how employers can continue to support increased vaccination and boosting of their employees, support at-risk workers like the immunocompromised who choose to wear high-quality masks, limit workplace-based infections, and enhance ventilation.

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Engage early care and education providers to help them remain safely open and help parents return to work with peace of mind. Early care and education providers, including child care centers, family child care providers, pre-K and more, have been essential in our fight against COVID-19. The Administration invested $40 billion in American Rescue Plan funds to states, territories, and Tribes to help child care providers and Head Start grantees keep their doors open and provide safe care that is crucial for parents getting back to work. Building on this funding, the Administration will continue to engage the community of early care and education providers so they have tools and support to stay safely open and to continue supporting our families.

With the vast majority of federal workers at their workplaces, substantially expand levels of services at public-facing federal offices (like local Social Security offices). The Administration will announce that employers can safely increase in-person work and that COVID-19 no longer needs to dictate where Americans work. Federal agencies will lead by example, increasing the hours public-facing federal offices are open, in-person appointments, and in-person interactions in April, building on the innovations and online tools developed during the pandemic to deliver high-quality services. For example, in early April, local Social Security offices will add more in-person appointments and will again offer in-person walk up services for those who need them.

GOAL FOUR
Continue to lead the effort to vaccinate the world and save lives



America's Progress to Date:

- ✓ Committed to donate 1.2 billion doses for free, with no strings attached – the largest commitment of any country, with over 475 million doses shipped to 112 countries
- ✓ Built the playbook to vaccinate the rest of the world when it comes to shipping and donating vaccines to other countries.
- ✓ First country to give up our place in line for vaccines, allowing the African Union to immediately start receiving up to 110 million doses of Moderna at a reduced rate negotiated by the United States
- ✓ America's Quad partnership with India, Japan, and Australia is on track to help produce at least 1 billion vaccine doses in India to boost the global supply
- ✓ U.S. investments strengthened manufacturing in South Africa, which will produce more than 500 million doses of J&J in Africa, for Africa

Moving forward, the Administration will work with Congress to secure the necessary funding to:

- Leverage the vaccine donation model America pioneered to continue to deliver 1.2 billion doses of vaccine we committed to donate
- Accelerate efforts to get shots in arms around the world
- Continue to support the development of regional vaccine manufacturing capacity to ensure more countries have a home-grown supply of safe and effective vaccines
- Donate supplies, humanitarian assistance, and additional vaccines that will help save lives around the world and protect against new variants
- Continue to save lives now by focusing on reducing hospitalizations and deaths, working to solve the oxygen crisis, and improving supply chains for tests, treatments, and PPE.
- Continue global leadership on the COVID-19 response and build better health security for the future

Fighting this virus abroad is key to America's effort to protect people and stay ahead of new variants. To do so, we will continue to provide vaccines to the world and work to help get those vaccines swiftly into arms, lead global emergency response efforts, and deploy emergency supplies to countries experiencing surges in COVID-19.

The President committed that the United States would be the world's arsenal for vaccines – both because it is the right thing to do, and because it is in our interest to minimize future variants; and we are delivering on that commitment. The United States has committed to donating 1.2 billion doses to other countries – for free, with zero strings attached. That's the largest commitment of any single country or group of countries in the world; and as of today, we have delivered over 475 million doses to 112 countries. And we have done so in collaboration with the COVID-19 Vaccines Global Access (COVAX) initiative, the Caribbean Community (CARICOM), the African Union (AU), the Pan American Health Organization, and other World Health Organization regional bodies.

In addition, America has delivered life-saving resources like oxygen, PPE, and other essential supplies to countries experiencing outbreaks. U.S. government public health experts from CDC, USAID, State, HHS, and PEPFAR and other entities are working side-by-side with on-the-ground providers, providing technical assistance in vaccine program implementation, care provision, and disease surveillance. We have increased the world's capacity to manufacture vaccines and have fostered an enabling environment for innovation, including by spurring African manufacturing.

Over the last year, the Administration pioneered the model to donate and deliver vaccines to the rest of the world. America was the first country to announce a purchase of doses solely for donation to other countries and executed the largest-ever purchase of doses of vaccines by a single country for donation. America was the first country to give up our place in line for vaccines – allowing the African Union to immediately start receiving up to 110 million doses of Moderna at a reduced rate negotiated by the United States; and the first country to negotiate a deal with J&J and COVAX to send vaccines directly to humanitarian settings and conflict zones to vaccinate displaced persons.

America built an all-of-government infrastructure to donate vaccines to other countries, and developed the model for surplus global vaccine donations that is now used by the rest of the world. The United States is also the only country in the world that has worked with countries to deliver predictable, consistent shipments every two weeks of fresh doses of mRNA vaccine with a long shelf-life with the intention of building and developing countries' domestic vaccinations programs through stable

and predictable supply. And building on that foundation, the Administration is working with countries and our UN and NGO partners to get shots in arms; accelerating vaccine access and delivery assistance around the world.

And America has increased the world's capacity to manufacture safe and effective vaccines for the COVID-19 response as well as future pandemics, spurring African and South Asian manufacturing; ramping up domestic vaccine manufacturing for global use; and building out a sustainable supply chain, including the critical raw materials needed to make and administer vaccines. We will continue our work to invest in companies that have experience manufacturing mRNA vaccines to help them expand capacity domestically by an additional 1 billion doses per year for doses that can be used around the world.

And we aren't stopping there. The United States is the world's largest financial contributor to the COVAX facility, the global mechanism to secure and deliver COVID-19 vaccines. In addition, to help countries manage ongoing COVID-19 transmission and to respond to immediate emergencies and outbreaks around the world, the U.S. has delivered life-saving supplies – including oxygen, PPE, and other essential supplies – worth more than $1 billion to provide urgent relief to partners experiencing surges of COVID-19.

The path forward in the pandemic will require doubling down on our commitment to help vaccinate the globe, as well as save lives around the world by making tests, treatments, and PPE widely available when our partners need support.

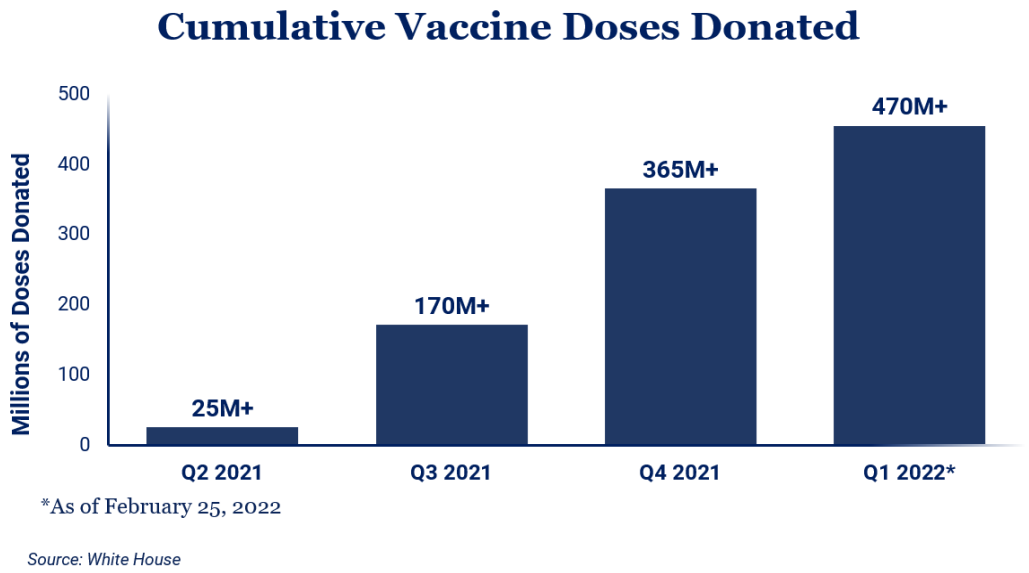
The Administration will work with Congress to secure the necessary funding to:

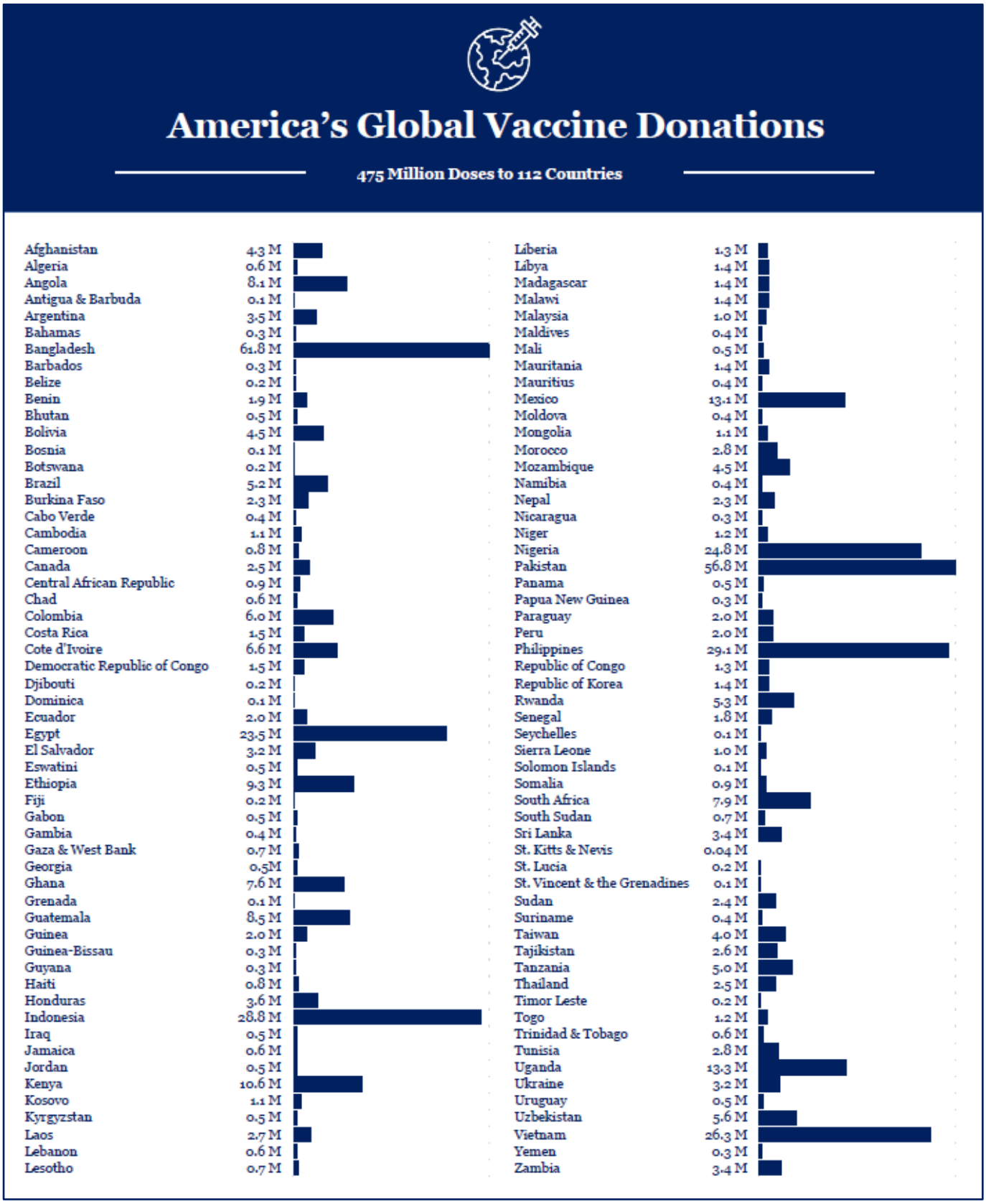
Leverage the vaccine donation model America pioneered to continue to deliver 1.2 billion doses of vaccine we committed to donate. America will continue to deliver the 1.2 billion doses of vaccine we committed to countries in need. The Administration has created an all-of-government infrastructure to ensure the expedited donation and delivery of vaccines to other countries and solidified channels of communication with international partners to accelerate the delivery of doses around the world. The integrated team engages and collaborates with other countries in setting a schedule of predictable, consistent shipments every few weeks of fresh mRNA doses. Through this schedule, the program offers countries a reliable supply of high-quality vaccines around which to build their vaccination plans. To date, we have delivered 475 million

donated doses, and we will continue to deliver on America's commitment of 1.2 billion doses to the rest of the world.

- Continue unprecedented, demand-driven vaccine donation program of 1 billion Pfizer doses to the poorest countries in the world. The United States has made the largest-ever purchase and donation of vaccines by a single country in history, which reflects a commitment by the American people to help protect people around the world from COVID-19. To distribute the doses, the Administration has developed a program with USAID and the COVAX facility that allows all low and lower-middle-income countries to draw down as many Pfizer doses as needed for 2022, and then set their own delivery schedule of consistent shipments of Pfizer doses. And all doses in the Pfizer program are fresh doses of mRNA vaccine with long shelf-life. This is the first global demand-driven COVID-19 vaccine donation program, and the security of a long-term supply has helped countries build and develop their domestic vaccinations and boosters' programs and get shots in arms.

- Leverage the effective pipeline that has been established for bilateral donations of vaccines to other countries. In addition to America's contract with Pfizer for 1 billion doses to donate to the rest of the world, the United States has donated doses from our domestic supply. The Administration has developed an all-of-government vaccine operation in coordination with HHS, State, USAID, CDC, and DOD to coordinate the delivery and shipment of donated J&J, Moderna, AstraZeneca, and Pfizer vaccines from the domestic surplus to other countries around the world.




America's Global Vaccine Donations
475 Million Doses to 112 Countries
Afghanistan 4.3 M
Algeria 0.6 M
Angola 8.1 M
Antigua & Barbuda 0.1 M
Argentina 3.5 M
Bahamas 0.3 M
Bangladesh 61.8 M
Barbados 0.3 M
Belize 0.2 M
Benin 1.9 M
Bhutan 0.5 M
Bolivia 4.5 M
Bosnia 0.1 M
Botswana 0.2 M
Brazil 5.2 M
Burkina Faso 2.3 M
Cabo Verde 0.4 M
Cambodia 1.1 M
Cameroon 0.8 M
Canada 2.5 M
Central African Republic 0.9 M
Chad 0.6 M
Colombia 6.0 M
Costa Rica 1.5 M
Cote d'Ivoire 6.6 M
Democratic Republic of Congo 1.5 M
Djibouti 0.2 M
Dominica 0.1 M
Ecuador 2.0 M
Egypt 23.5 M
El Salvador 3.2 M
Eswatini 0.5 M
Ethiopia 9.3 M
Fiji 0.2 M
Gabon 0.5 M
Gambia 0.4 M
Gaza & West Bank 0.7 M
Georgia 0.5M
Ghana 7.6 M
Grenada 0.1 M
Guatemala 8.5 M
Guinea 2.0 M
Guinea-Bissau 0.3 M
Guyana 0.3 M
Haiti 0.8 M
Honduras 3.6 M
Indonesia 28.8 M
Iraq 0.5 M
Jamaica 0.6 M
Jordan 0.5 M
Kenya 10.6 M
Kosovo 1.1 M
Kyrgyzstan 0.5 M
Laos 2.7 M
Lebanon 0.6 M
Lesotho 0.7 M
Liberia 1.3 M
Libya 1.4 M
Madagascar 1.4 M
Malawi 1.4 M
Malaysia 1.0 M
Maldives 0.4 M
Mali 0.5 M
Mauritania 1.4 M
Mauritius 0.4 M
Mexico 13.1 M
Moldova 0.4 M
Mongolia 1.1 M
Morocco 2.8 M
Mozambique 4.5 M
Namibia 0.4 M
Nepal 2.3 M
Nicaragua 0.3 M
Niger 1.2 M
Nigeria 24.8 M
Pakistan 56.8 M
Panama 0.5 M
Papua New Guinea 0.3 M
Paraguay 2.0 M
Peru 2.0 M
Philippines 29.1 M
Republic of Congo 1.3 M
Republic of Korea 1.4 M
Rwanda 5.3 M
Senegal 1.8 M
Seychelles 0.1 M
Sierra Leone 1.0 M
Solomon Islands 0.1 M
Somalia 0.9 M
South Africa 7.9 M
South Sudan 0.7 M
Sri Lanka 3.4 M
St. Kitts & Nevis 0.04 M
St. Lucia 0.2 M
St. Vincent & the Grenadines 0.1 M
Sudan 2.4 M
Suriname 0.4 M
Taiwan 4.0 M
Tajikistan 2.6 M
Tanzania 5.0 M
Thailand 2.5 M
Timor Leste 0.2 M
Togo 1.2 M
Trinidad & Tobago 0.6 M
Tunisia 2.8 M
Uganda 13.3 M
Ukraine 3.2 M
Uruguay 0.5 M
Uzbekistan 5.6 M
Vietnam 26.3 M
Yemen 0.3 M
Zambia 3.4 M

- Utilize the historic deal brokered by the United States to vaccinate people in conflict zones and other humanitarian settings. The U.S. government helped broker a historic deal with J&J and COVAX to facilitate the first ever delivery of J&J COVID-19 vaccine to people in conflict zones and other humanitarian settings. The U.S. government pioneered a novel legal approach with J&J and COVAX for the COVAX "humanitarian buffer." As the first pilot, the U.S. government has made doses available to COVAX that will be administered to people living in these dire circumstances. The U.S. government established this permanent pathway that allows humanitarian organizations to receive vaccine, and the Administration will continue to make doses available to the humanitarian buffer as needed. In addition, the U.S. also facilitated a trailblazing deal to make available 300,000 doses of J&J available to humanitarian, UN peacekeeping, and other frontline workers around the world. These workers are often in areas hit hard by crisis, whether due to conflict, natural disaster or other causes.

Accelerate efforts to get shots in arms around the world. The Administration – in collaboration with countries and partners around the world – has developed an ambitious global vaccination initiative to get doses into arms with support tailored to specific country-led plans. The Administration's Global VAX initiative, led by USAID and CDC, leverages the strengths and capabilities of our teams on the ground, including the President's Malaria Initiative and PEPFAR. Lines of effort range from jumpstarting communications campaigns, to providing and investing in vaccinators on the front lines, to the purchasing of cold chain supplies and syringes, to paying for shipping and logistics to expedite vaccine delivery to hard-to-reach areas, to building vaccine confidence on the ground in other countries. Global immunization experts from the CDC, USAID, and the Department of State through PEPFAR will provide technical assistance in areas including safety monitoring and reporting, bolstering of data systems and vaccine microplanning. In addition to donating a record number of vaccines to other countries – the United States is already providing $1.7 billion to support the delivery of vaccine, and the Administration has stood up multiple efforts to increase global COVID-19 vaccine readiness and technical assistance. Continuing the Global VAX initiative will require additional funding from Congress.

- Invest in getting shots in arms. As more vaccine supply flows to low- and lower-middle income countries, USAID, CDC, and PEPFAR have launched a historic initiative to help countries efficiently and effectively receive, distribute, and administer vaccine doses. The United States has committed – and will continue to commit – significant financial support to help get shots into arms around the world.



- Help countries with cold chain, supply, logistics, and delivery of vaccines. As part of the global vaccination initiative, the Administration supports the operational and logistics of getting shots in arms by making targeted investments around the world to bolster the cold chain, supply and logistics to support vaccine delivery and to get shots in arms in low and lower-middle income countries. These activities also include investing in cold chain and supply logistics to safely store and deliver vaccines.

- Support national vaccination campaigns and building infrastructure to get to hard-to-reach population. As part of the global vaccination initiative, the Administration continues to support national vaccination campaigns; launch mobile vaccination sites for hard-to-reach and rural populations; assist countries in vaccine policy-making, database management, and sequencing capacity, and planning for strategic health care worker and resource deployment; and support the development of health information systems to better evaluate vaccine distribution equity and monitor vaccine safety.



- Provide tailored toolkits to other countries outlining best practices from America's vaccination campaign. The Administration has catalogued key lessons from America's vaccine rollout, packaging them into tailored toolkits that can be used for international partners. For example, FEMA drafted the Community Vaccination Centers Playbook, which includes blueprints for vaccination sites of various sizes. Similarly, the Administration has catalogued lessons on effective vaccine confidence campaigns and outreach to vulnerable communities. The learnings are being shared with the Administration's global immunization teams, as they work to improve coverage abroad.

- Call on other countries to step up investments in shots in arms. The U.S. government will continue its leadership role in the global vaccination effort. Just as we successfully challenged nations to step up and donate their surplus vaccines, the U.S. government will continue to call on all countries to step up actions and commitments toward getting shots in arms in countries with low vaccination rates, including through the Department of State's COVID-19 Global Action Plan for Enhanced Engagement.

Continue the development of regional vaccine manufacturing capacity to ensure more countries have a home-grown supply of safe and effective vaccines. The Administration will continue working with partner nations and manufacturers to increase capacity to produce safe and highly effective vaccines in other countries. Our Quad partnership with India, Japan, and Australia is on track to help produce at least 1 billion vaccine doses in India to boost the global supply by the end of 2022. And the Administration will continue to provide financing and help strengthen manufacturing in South Africa, which will produce more than 500 million doses of J&J in Africa, for Africa.

- Continue to scale regional manufacturing through the Quad partnership. Through the Quad partnership with India, Australia, and Japan, the Administration is supporting a collaborative effort that is on track to produce at least 1 billion vaccine doses by the end of 2022. The Quad partnership continues work to expand manufacturing in India aiming to produce at least 1 billion doses of COVID-19 vaccines.

- Continue investments to bolster South Africa and Senegal's vaccine manufacturing capacity. The Administration is committed to expanding access to vaccines around the world by boosting manufacturing capacity in multiple regions, in large and small countries, and with different technologies. The Administration has provided financing to a South African company that will

enhance manufacturing capacity and allow the company to produce more than 500 million J&J doses – in Africa, for Africa. And the DFC is continuing to invest in a vaccine manufacturer in Senegal to build a manufacturing hub for COVID-19 and other vaccines. In addition to expanding access to COVID-19 vaccines, the new manufacturing hub will bolster long-term health infrastructure on the continent and build resiliency to address future health challenges.

- Support in-country vaccine manufacturing. The Administration has made targeted investments to support countries poised to produce vaccines to help them build regulatory capacity, transfer "know-how" to train emerging manufacturers, and provide strategic planning and other assistance. These continued investments will enable countries to boost vaccine manufacturing locally, which not only diversifies international production, but also has the potential to drive new investments in local economies and create jobs.

Donate supplies, humanitarian assistance, and additional vaccines that will help save lives around the world and protect against new variants. The Administration will continue to provide additional vaccines – on top of the 1.2 billion doses already committed – to vaccinate the world. In addition, the Administration will procure supplies and invest in additional response activities to save lives (e.g., oxygen, tests, sequencing supplies, ancillaries, and personal protective equipment); and will continue to provide lifesaving humanitarian assistance to mitigate the impacts of COVID-19 on vulnerable populations globally to support the provision of food, healthcare, clean water, and protection services to support vulnerable populations. Continued deployments of emergency supplies and humanitarian assistance will require additional funding from Congress.

- Send additional support to countries in need. The United States has invested significant resources to reduce COVID-19 deaths and mitigate transmission through bulk oxygen support, expanded testing, and strengthening healthcare systems and more; and the Administration will continue these investments. Additionally, USAID's Rapid Response Surge Support also continues to deliver life-saving resources – like expanding access to oxygen treatments – to COVID-19 hotspots or areas experiencing surges in cases.

- Invest in global vaccine readiness, including funding for shipments and delivery. The Administration has committed additional funds to support global vaccine readiness and delivery, including through support to UNICEF. The Administration has also provided assistance to GAVI, The Vaccine Alliance in the form of political risk insurance to facilitate shipment of vaccines to nine countries across three continents.

Continue to save lives now by focusing on reducing hospitalizations and deaths, working to solve the oxygen crisis, and improving supply chains for tests, treatments, and PPE. The Administration is working to ensure that countries have access to the supplies they need to respond to COVID-19, building stocks before surges and providing emergency assistance as needed. Specifically, the Administration is working to solve the oxygen crisis on a global and local level; and to improve supply chains for tests, treatments, and PPE to ensure that these key tools are widely available by expanding domestic and international manufacturing bases for these supplies.

Continue global leadership on the COVID-19 response and build better health security for the future. The U.S. government will continue to lead the global response to COVID-19, through urgent vaccine access, treatment improvements, and support to country responses. The Administration will also work to establish a sustainable health security financing mechanism and call on all countries and public and private organizations to commit to urgent action to assist in the global COVID-19 response.