

To: Paul Cote, Massachusetts Commissioner of Public Health
From: Matt Murray (Mailbox 975. Word count: 746)
Date: 5/1/06
Re: Framework for Allocating State Avian Flu Preparedness Funding (May to November, 2006)

The Massachusetts state government should balance two important goals by following four guidelines when allocating avian flu pandemic preparedness funding:

Goals

Primary: Maximize healthy life years saved during an outbreak.

Secondary: Minimize wasted resources if an outbreak does not occur.

Guidelines for Resource Allocation

First: Prioritize spending on “critical mass” points in the crisis response chain.

Second: Prioritize spending in areas that will simultaneously prepare Massachusetts for an avian flu pandemic and improve public health in the Commonwealth regardless of whether an outbreak occurs.

Throughout: Avoid duplication of federal and international efforts.

Throughout: Incorporate healthcare experts and cultural and non-English-speaking community leaders in priority setting for funding and planning.

Goals

***Primary:* Maximize healthy life years saved during an outbreak.**

***Secondary:* Minimize wasted resources if an outbreak does not occur.**

If a pandemic flu outbreak occurs in Massachusetts, the state should be prepared to save as many healthy years of life for as many people as possible. Since there is a significant chance that an outbreak will not happen, however, the state should attempt to avoid using resources in ways that will have no positive impact if no outbreak occurs.

Guidelines for Resource Allocation

***First:* Prioritize spending on “critical mass” points in the crisis response chain.**

Rather than spreading limited funding to all potentially worthy recipients, the state government should identify points where a critical mass of resources or capabilities will be necessary once an outbreak occurs to prevent the overall response from collapsing. If funding is not directed to these points, money spent in other areas will be unproductive. Likely critical mass points include:

- Identification of alternative care locations. The continued functioning of overcapacity healthcare facilities during a crisis will be infeasible if alternative care locations are not identified beforehand.
- Provision of critical preparatory education to EMT's and other healthcare providers. Decisions made by first responders will affect initial spread of the disease. The public will ask their doctors for information immediately after an outbreak begins. Both groups must be appropriately prepared.
- Provision of a minimum supply of personal protective equipment (PPE) to first responders. Losses to the healthcare workforce during the crisis must be minimized to prevent the system from buckling under the surge in demand for care.
- Provision of prophylactic antivirals (and vaccine if available) to first responders. While the federal government should develop and stockpile vaccines and medications, state funding should ensure quick administration to first responders is possible.

Second: Prioritize spending in areas that will simultaneously prepare Massachusetts for an avian flu pandemic and improve public health in the Commonwealth regardless of whether an outbreak occurs.

High uncertainty regarding the timing, virulence, and source of a future pandemic flu outbreak makes targeting funding exclusively on preparing for such an outbreak a lost opportunity. After allocating funding to the critical mass points in the avian flu response chain, the state should prioritize funding options that will substantially protect public health both with and without an outbreak. Funding for general emergency preparedness training, basic equipment like gloves, gowns, and masks, increased healthcare staffing, and increased resources for clinics that serve disadvantaged populations fall into this category.

Throughout: Avoid duplication of federal and international efforts.

Beyond the critical mass of antivirals necessary for first responders, the state government should avoid dedicating its limited resources to developing or stockpiling a vaccine or antivirals. These efforts are already underway and likely to be most efficiently accomplished at the federal level. The state should also avoid duplicating research and planning currently undertaken internationally by the WHO. To rely on these international and federal efforts, however, the Massachusetts government must develop a system that will ensure effective communication between federal and state authorities during a crisis.

Throughout: Incorporate healthcare experts and cultural and non-English-speaking community leaders in priority setting for funding and planning.

Non-governmental leaders will play an immediate, critical public communication role once an outbreak occurs. They also have the practical knowledge that will help the state best identify critical mass points in the crisis response chain. The state should identify key experts and leaders, include them in the identification of critical mass points, and bring them to meetings where funding allocations will be decided. The cost of their participation will be more than balanced by the role they will play in communicating with the public during an outbreak and by the trust that will be built between public health officials and local community leaders by their participation whether or not an outbreak occurs.