

WHO STRATEGIC PARTNERSHIP FOR INTERNATIONAL HEALTH REGULATIONS (2005)
AND HEALTH SECURITY (SPH)

MANAGING FUTURE GLOBAL PUBLIC HEALTH RISKS BY STRENGTHENING COLLABORATION BETWEEN CIVILIAN AND MILITARY HEALTH SERVICES

JAKARTA: 24-26 OCTOBER 2017

MEETING REPORT





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Front cover image credit: State Secretariat Indonesia. His Excellency Joko Widodo, President of the Republic of Indonesia, officially opens the conference on 24 October, 2017, at the Presidential Palace.

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EXECUTIVE SUMMARY

The WHO Strategic Partnership for International Health Regulations (2005) and Health Security (SPH) and the Government of the Republic of Indonesia, as the current chair of the International Committee of Military Medicine (ICMM), convened the meeting. More than 160 participants from over 50 states concluded:

- There is value in collaboration between public health and the military in health emergencies. Strengthening collaboration would help in pooling resources, as well as in facilitating the use of specialist capabilities. This should be viewed in the wider context of intersectoral and multisectoral approaches to strengthening health systems. Government ministries (including transport, environment and agriculture), community leaders, civil society organizations, NGOs and other partners all possess capabilities, some unique to each sector, which could be leveraged to promote health security.
- Armed forces consist of distinct elements and the security sector is broader than the armed services. Therefore, understanding and finding ways of collaborating with the different parts of the security sector is key.
- Disease outbreaks – notably the Ebola outbreak in West Africa in 2014 – have often acted as a catalyst for greater coordination, but collaboration should also be considered in areas other than infectious disease control, and beyond simply responding to emergencies.
- Collaboration should be embedded in planning, with the MoD and MoH involved in establishing National Action Plans for Health Security in advance of any emergency and involved in joint exercises to test plans and improve procedures. Preparedness should also include raising the awareness among policymakers and other sectors of the importance of collaboration and coordination.
- There are a variety of forms of cooperation – from case-by-case to formal structures and processes underpinned by national legislation; from single comprehensive whole government plans to coordination between sectors (each of which might have its own SOP); and from those which focus on response to those which include preparedness. There is a need to identify best practices, while recognizing that national practices will vary according to circumstance.
- There are a variety of forms of leadership, from top level political involvement to examples where either the MoH or MoD take the lead, to joint command structures. Again, there is a need to identify best practices while taking context into account.
- Militaries should not be considered as a last resort, but instead as integral to emergency planning. Plans should include the mobilization of military assets at an early stage to help contain any outbreak (or in any other health crisis) rather than later when an outbreak might be approaching epidemic proportions.
- International partnerships can be important in developing national preparedness plans. Partnerships might be with the UN system, including WHO, with other national governments, or with independent research and advisory bodies.
- Particular challenges are posed by conflict (including the need to ensure the security of health providers) and the mass movement of people (especially when borders are porous).
- There are challenges to be overcome, including competition for scarce government resources that might be a barrier to cooperation.
- WHO has an important role to play in convening and coordinating, in advising on the development of national plans, and in monitoring and moderating.

The meeting articulated a shared vision based on 6 elements:

- 1) Health and security are indivisible in today's interconnected world
- 2) Collaboration beats competition
- 3) Building trust before emergencies strike is vital
- 4) Defining roles and responsibilities through National Action Plans for Health Security strengthens preparedness
- 5) Use it or lose it (joint preparedness exercises keep health security collaborations strong)
- 6) Forging strategic partnerships is critical

The meeting participants recommended that countries should develop a national framework for collaboration between civilian and military health and security sectors and that the WHO should support this.

LIST OF ABBREVIATIONS

EOC	Emergency operations centre
GHSA	Global Health Security Agenda
HSFAT	Health Security Financing Assessment Tool (World Bank)
ICMM	International Committee of Military Medicine
IHR	International Health Regulations
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
MoD	Ministry of Defence
MoH	Ministry of Health
MoU	Memorandum of Understanding
NAPHS	National Action Plan(s) for Health Security
NGO	Non-governmental Organisation
SOP	Standard Operating Procedure
SPH	Strategic Partnership for International Health Regulations (2005) and Health Security
WHO	World Health Organization

WHO STRATEGIC PARTNERSHIP FOR INTERNATIONAL HEALTH REGULATIONS (2005)
AND HEALTH SECURITY (SPH)

INTRODUCTION

The Managing Future Global Public Health Risks by Strengthening Collaboration Between Civilian and Military Health Services meeting took place from 24 to 26 October 2017 in Jakarta, Republic of Indonesia. The meeting was hosted by the Government of Republic of Indonesia, as chair of the International Committee of Military Medicine (ICMM). The World Health Organization (WHO) provided support in line with resolution WHA 65.21, which identified WHO's critical convening role to facilitate strategic cooperation and partnership between and within Member States, regional and international partners, donors and networks.

The meeting aimed to:

- Identify a shared vision for global health security based on close collaboration between the public health sectors and relevant non-health sectors such as agriculture, transport, education and security including military health services.
- Support Member States in the development of their National Action Plans for Health Security (NAPHS) and to accelerate the implementation of the International Health Regulations (IHR, 2005).

- Formulate and agree on a call to action, recommendations, and next steps to guide the strengthening of collaboration between public health and military health services, and other relevant sectors.

More than 160 participants attended, including senior technical experts and decision makers. Major stakeholders included representatives of Member States, representatives of donor partners, technical partners including UN agencies, national technical agencies, non-governmental organizations (NGOs) and regional organizations.

In addition to plenary discussions, the meeting also included two tabletop exercises, during which

participants were prompted to think critically about the nature of their own national collaboration between civilian and military health services in the context of hypothetical health emergencies.



State Secretariat Indonesia. On 24 October, 2017, at the Presidential Palace.

DAY 1

OPENING CEREMONY AND EXCURSIONS



The Gatot Soebroto Army Hospital, in Jakarta, is the main hospital of the Indonesian Army and also serves the public. As part of the opening day's excursions, participants were taken on a tour of the hospital's facilities for cell therapy, infection isolation, telemedicine, and epidemiological investigation.

DAY 1

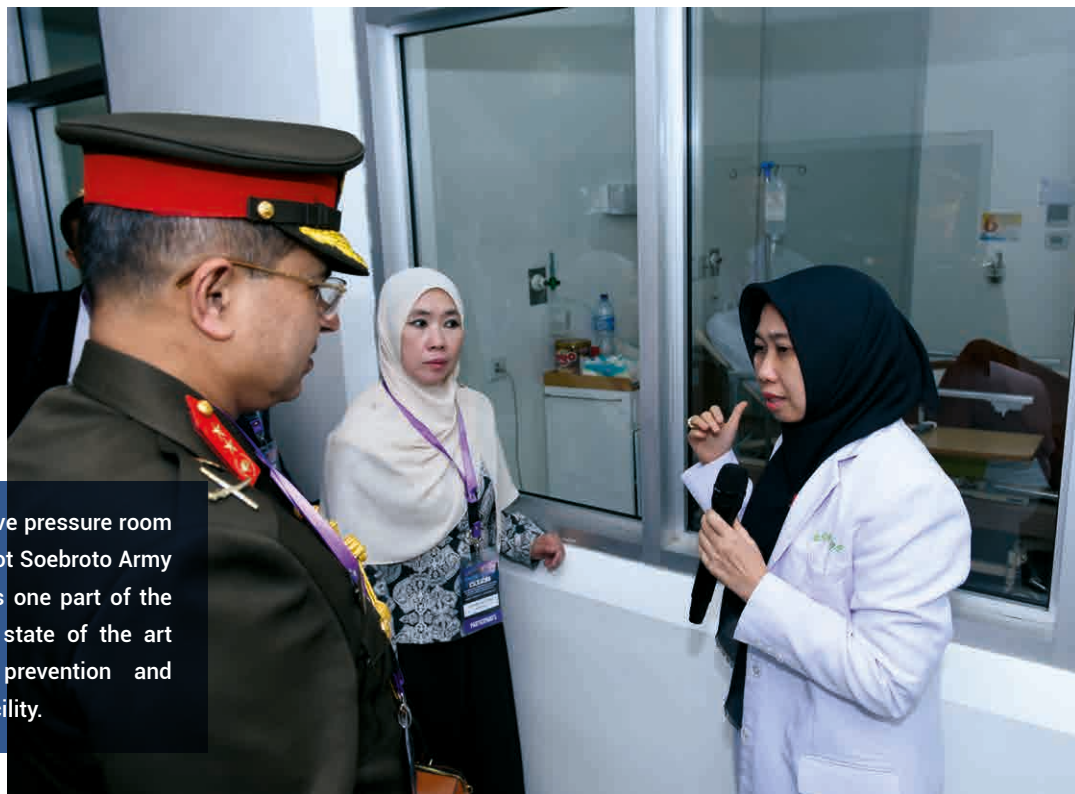
OPENING CEREMONY AND EXCURSIONS

The official opening ceremony took place at the Istana Merdeka—a presidential palace of the Republic of Indonesia. Following brief opening remarks by the head of the presidential Indonesian army central hospital and chairman of the organizing committee, the commander-in-chief of the Armed Forces of the Republic of Indonesia, and the WHO director of Country Health Emergency Preparedness and International Health Regulations, the meeting was officially opened by President of the Republic of Indonesia, His Excellency Joko Widodo.

Following the opening ceremony, participants were given a guided tour of health emergency facilities at the presidential Indonesian army central hospital (Gatot Soebroto Army Hospital) and were then hosted by the Indonesian navy aboard the multipurpose hospital ship KRI Dr Soeharso (990).



The Indonesian navy hospital ship KRI Dr Soeharso (990) is equipped with a helicopter, five operation rooms, six polyclinics, and a dental surgery, and epidemiological investigation.



The positive pressure room at the Gatot Soebroto Army Hospital is one part of the hospital's state of the art infection prevention and control facility.

DAY 2

PREPARING FOR GLOBAL OUTBREAKS/EVENTS

Session Summary

The day opened with a session that established the context for the meeting, beginning with presentations and followed by a panel discussion on country perspectives. Dr Guenaël Rodier, director of the Country Health Emergency Preparedness and International Health Regulations Department at WHO, emphasized the importance of involving military services in country NAPHS discussions on preparedness from the start, rather than waiting for a crisis before collaborating. Dr Stella Chungong, chief of the IHR Core Capacity Assessment, Monitoring and Evaluation Unit at WHO, described the lessons learned from the 2014 Ebola outbreak in West Africa, and the need to pool efforts to build all-hazards preparedness. Mr Ludy Suryantoro, who has led the development of WHO's Strategic Partnership Portal, called on stakeholders to brainstorm on how to best work together in partnership. The portal facilitates strategic partnerships and promotes alignment and harmonization through sharing and exchange of information.

The panel discussion was an opportunity for country representatives to discuss civil-military cooperation on health security in their own national context. Country representatives described best practices in cooperation between their civilian and military health sectors, a collaborative relationship that in some countries is underpinned by national legislation. Representatives of several countries said the 2014 Ebola outbreak catalyzed cooperation between their civilian and military health sectors. Countries also described challenges to collaboration between sectors, such as intragovernmental competition for scarce resources and the need to reform the often competitive relationship among ministries. Country representatives said there are particular challenges in areas of proximity to armed conflict and where there is mass movement of people, especially when borders are porous.

Session Outcomes

The presentations and the panel discussion highlighted the opportunities and challenges in operationalizing collaboration between the military and civilian health sectors. Essential key steps were identified – including the importance of involving the military in the early stages of health security planning, the value of joint preparedness exercises and the benefits of a unified national plan setting out a whole-of-government coordination structure. The session emphasized the need to create frameworks that maximize collaboration between sectors and overcome intra-governmental competition.

Session Minutes

Dr Guenaël Rodier, director of the Country Health Emergency Preparedness and International Health Regulations Department at WHO Headquarters, opened the session by acknowledging the rich mix of participants and the need to hear from different viewpoints. "Military medicine is not just about field medicine and humanitarian crises. It plays a key role in infectious disease control", he said, noting that military medicine has played a major part in the development of vaccines.

Dr Rodier observed that country health preparedness is intersectoral by its nature, with a strong interface between human health and animal health. Transport, tourism, travel and trade are vectors of infectious disease and also vulnerable to its effects. The security sector includes law enforcement and the military, both of which have key roles, not just in terms of security and logistics, but also laboratory capacity and vaccination infrastructure.

Traditionally, countries have waited to mobilize military services until an outbreak has spread. The military should be involved in outbreak response at an earlier stage. In particular, military health services should be included in discussions around NAPHS from the start.

DAY 2

PREPARING FOR GLOBAL OUTBREAKS/EVENTS

“Medicine is a common language, providing an easy interface between military and civilian health services,” said Dr Rodier, and he expressed his hope that “by the end of the meeting we will have clear directions on how best to collaborate between military and civilian health services. The point is to make sure that the resources of military health services are not forgotten when it comes to developing National Action Plans for Health Security”.

Dr Stella Chungong, chief of the IHR Core Capacity Assessment, Monitoring and Evaluation Unit at WHO headquarters, reminded participants that new WHO Director-General Dr Tedros Adhanom Ghebreyesus spoke of the role of WHO as being to “keep the world safe, improve health and serve the vulnerable.” To realise these aims, WHO has been on a long journey, learning from the lessons of the Ebola outbreak in 2014. “It was clear that we needed to pool efforts to build all-hazard preparedness capacities,” said Dr Chungong, and it was “also clear that strategies were needed to accelerate the implementation of IHR so that countries had the capacity to stop the spread of infectious diseases.”

In Cape Town in 2015, more than 200 participants reached agreement that countries need to lead a process adapted to country needs, and that WHO should convene, provide coordination and monitor the implementation of health security activities. For their part, partners would align technical support and funding to the priorities set out in the countries’ NAPHS.

The 2017 meeting in Seoul on sustainable financing and mobilization of domestic resources

for health security and IHR implementation concluded that stakeholders should make use of WHO’s Strategic Partnership Portal, and that multisectoral stakeholders including ministries of finance, planning, education and others should be involved early on in the formulation of NAPHS.

WHO has continued to move forward, launching the IHR Monitoring and Evaluation Framework (MEF), coordinating the Joint External Evaluation (JEE) process, facilitating simulation exercises, and carrying out joint after-action reviews to analyse past responses to outbreaks and incorporate relevant lessons into NAPHS.

To date WHO has carried out 59 JEEs, with 26 more in the pipeline; 43 simulation exercises with 16 in the pipeline; 8 after-action reviews with 11 in the pipeline; and has facilitated the completion of nine NAPHS, with 20 more in the pipeline.

Mr Ludy Suryantoro, who has led the development of WHO’s Strategic Partnership Portal, said the key issue is to brainstorm about how best to work together – not just government ministries, but also community leaders, NGOs and other partners. The Strategic Partnership Portal is designed to facilitate alignment and harmonization between stakeholders nationally and globally. The portal has almost 1000 subscribers and more than 300 daily views, most of which come from government agencies. He concluded with a call for suggestions from meeting participants about how best to include all relevant stakeholders in the NAPHS process.

DAY 2

PREPARING FOR GLOBAL OUTBREAKS/EVENTS



Dr Julio Manuel Carvalho, a veterinarian in the Portuguese Army Biodefense Laboratory, gives his perspective on civil–military cooperation on health emergency preparedness in Portugal during a panel discussion

PANEL DISCUSSION: PREPARING FOR AND MANAGING GLOBAL OUTBREAKS/EVENTS

PANELISTS: Portugal, Finland, Ghana, Bangladesh, Tunisia

MODERATORS: Capt. Nicole Curtis (Australia); Mr Acep Sontari (Indonesia)

The panel discussion was an opportunity for participants to discuss civil–military cooperation on health security in their own national context. Sixteen Member States (including panelists and interventions from the floor) representing a broad range of challenges in the context of health emergency preparedness, and with a diversity of approaches to collaboration between civilian and military health services, shared their experiences.

Several countries reported that they have a tradition of cooperation between military and civilian health authorities that they are working to build upon. Those countries include:

- Indonesia, which has recently increased its focus on intersectoral cooperation for health security with the establishment of a national working group. This year the country carried out a full-scale joint military and civilian exercise simulating a zoonotic disease outbreak.
- Australia, where cooperation between military and public health authorities is underpinned by legislation (Quarantine Act and National Health Security Act). Formal information-sharing agreements are in place between the departments of health and defense. Australia's health emergency coordination framework provides for a whole-of-government approach – in the event of a health emergency there are arrangements in place to stand up an interdepartmental committee, usually chaired by the department of health.
- Portugal, where outbreaks of dengue fever in 2013 (on Madeira Island), Legionnaires disease in 2014, and measles in 2017 have reinforced the central importance of a multisectoral approach to effective health emergency preparedness. The Portuguese army has a long tradition of cooperation with civilian health services. The army convenes multisectoral

DAY 2

PREPARING FOR GLOBAL OUTBREAKS/EVENTS

working groups and holds annual joint tabletop and field exercises, often with international observers. There is a desire to work towards a national, whole-of-government plan on health security. Currently, relationships between ministries are usually informal. Like many participants, Portugal highlighted the need to reform the often competitive relationship amongst government ministries in order to promote more open collaboration on health security.

- Finland, which has a long tradition of intersectoral cooperation underpinned by national legislation that compels ministries to provide aid to other sectors. Though there are no military hospitals in Finland, some highly specialized health functions are provided by military personnel. Cross-sectoral cooperation cuts down on duplication and overlap. Finland has played a central role in establishing international partnerships, co-founding the JEE alliance and chairing the Global Health Security Agenda (GHSA) in 2015.
- Ethiopia has a well-established and structured collaboration between the ministry of defense and ministry of health, with a command structure in which both ministries report directly to the vice president. The country has a strategic plan for disaster prevention response, and rehabilitation.

Representatives of several countries reported that the 2014 Ebola outbreak in West Africa catalyzed collaboration between the military and civilian health sectors. Those countries include:

- Ghana, where the armed forces play a leading role in IHR implementation. During the Ebola crisis in West Africa the armed forces came to the fore and led inter-ministerial collaboration. To maintain this momentum Ghana became one of the first countries to request JEE evaluation. Ghana is now on the verge of validating a costed NAPHS through simulations. Challenges include porous borders and local law enforcement and immigration authorities have been key players in the new national plan.
- Morocco, which sits at the crossroads between Europe and Africa and has challenges related to the movement of people. Like Ghana,

immigration authorities are seen as key to health security preparedness.

- Senegal, which opened a public health Emergency Operations Centre (EOC) during the Ebola crisis and more recently launched a One Health platform led by the prime minister. The EOC coordinates a multisectoral approach to prevention and response with the support of international partners and the participation of public health, animal health, environmental health and military health authorities. The country is currently finalizing a NAPHS.

Representatives of other countries reported that proximity to conflict zones and humanitarian crises in neighbouring states are among the factors prompting cooperation between military and civilian sectors. Those countries include:

- Jordan, which faces a number of challenges as a result of its geographic position at the centre of an international conflict zone. Of a population of just 10 million people, 4 million people in Jordan are refugees. This has led to a drive to enhance cooperation between civilian and military health authorities.
- Cameroon, which experiences a number of challenges related to its close proximity to conflict zones, and security challenges linked to terrorism in remote areas. This has led to increased cooperation between military and health sectors. However, competition for scarce resources can be a barrier to closer cooperation between sectors.
- Bangladesh, which experiences recurring acute and protracted public health emergencies related to epidemics, pandemics, and spillover from humanitarian crises in neighbouring states. Military health services help augment civil health resources, particularly when called on to help reach remote populations. At present the military is most involved in rapid response, rather than preparedness. During the Rohingya crisis for example, aid is procured and supplied by civil authorities, and distributed by the military.

Other countries whose representatives reported they are working to strengthen collaboration between the military and civilian health sectors include:

DAY 2

PREPARING FOR GLOBAL OUTBREAKS/EVENTS

- Tunisia, which has leveraged international partnerships with GIZ and the Robert Koch Institute in Germany to help inform a new national health emergency action plan. The plan is in its final phase prior to validation by the ministry of health through simulation exercises. The plan includes the ministries of health, transport, agriculture, and security. Next steps are to develop training curricula in early warning and response to develop standard operating procedures (SOPs) for response planning and to continue to participate in international networks on health emergency preparedness supported by WHO.
- Gambia, where the joint operational command has been reformed to combine health expertise with representatives from the army, police, and immigration. This has enabled the ministry of health to train military personnel through a front line epidemiology programme. Linking public health with security has become a national priority, and a committee has been set up to promote the One Health approach based on recommendations from the country's recent JEE evaluation.
- Uganda, which has concluded its JEE and is now in the process of costing a NAPHS. This has been given added impetus as a result of Uganda's risk profile in terms of the emergence of zoonoses (such as Ebola) and continued operations against terrorist groups.
- Pakistan, which completed the JEE process in 2016, leading to a NAPHS that has resulted in a refinement of the country's objectives regarding IHR implementation. The country's IHR task force includes representation from the armed forces. The ministry of health is now costing the NAPHS and is in the process of obtaining clearance to make an official request for funding.
- Sudan, where the ministry of health convenes a number of technical committees on areas such as zoonoses, biological threats, etc. that include focal points from other ministers outside of health.

DAY 2

PREPARING FOR GLOBAL OUTBREAKS/EVENTS

Table-top exercise: natural outbreak

Session Summary

This session was a discussion-based exercise in which participants were asked to respond in real time (using electronic voting) to a series of questions based on three video clips of reports from a fictitious outbreak. The objective was to identify the current nature of collaboration between public health and military health services in country emergency preparedness and identify priority actions to improve national capacities.

Almost 60 percent of the participants reported their country has a comprehensive emergency preparedness and response team in place, and nearly 75 percent have a centralized coordination to lead response to emergencies.

Fewer than 25% reported their country has official agreements in place (e.g. MoU) to manage collaboration between the military and health systems. Another quarter of participants responded that, while there is no official agreement in place, there is a high-level strategic document that includes collaboration between the sectors.

Most countries, according to the participants, have a strong mandate for the military to provide logistical support and supplies. However, about half the participants said the support is not enshrined in law to be automatically activated in a time of national emergency. Instead the support is provided only when called upon by civil authorities. In more than 10 percent of the countries, the military has a limited mandate and will only be called upon in exceptional circumstances. Participants were also asked to choose the most important priority action to strengthen civilian and military health services at the national level from the perspective of their country, and also from their own individual viewpoint.

The largest number of participants (27%) reported, from the perspective of their country, that the most important priority action to strengthen civilian and military health services is to identify national stakeholders and develop and implement a national framework (MoU) between public health and military health

services. Nearly twice as many participants rated this as the highest priority action from a country perspective than selected any of the other nine possible answers provided them to choose from.

From an individual viewpoint, the largest number (19%) of participants said the most important priority action is establishing or updating notification mechanisms between public health, agriculture, veterinary medicine and military services during suspected or confirmed public health events. Seventeen percent responded the most important action is implementing a national framework for collaboration. Another 17% reported that the highest priority is facilitating a national multi-sectorial health security working group to formalize cooperation between health and security networks.

Session Outcomes

The exercise highlighted the importance of implementing a national framework (e.g. MoU) between public health and military health services, with the largest number of participants choosing it as the highest priority action from their country's perspective. Fewer than a quarter of the participants in the exercise reported that their countries have official agreements in place to manage collaboration between the military and health systems. The exercise also identified the value of facilitating a national multi-sectorial health security working group to formalize cooperation between health and security networks, and the need establish or update notification mechanisms between public health, agriculture, veterinary medicine and military services during suspected or confirmed public health events.

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PREPARING FOR GLOBAL OUTBREAKS/EVENTS

The exercise also emphasized the importance of developing guidance, policy and agreements that describe the national objectives for health security, including the connectivity of military and veterinarian sectors.

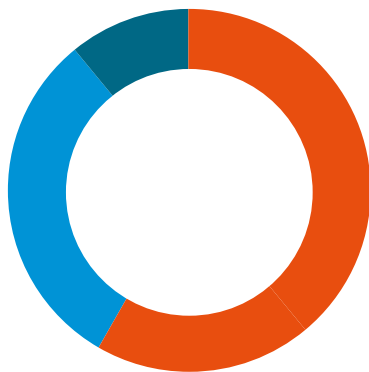
Session Minutes

FACILITATORS: Dr Katharine Hartington (United Kingdom of Great Britain and Northern Ireland) and Dr Aliene Marty (United States of America)

The session was a discussion-based exercise in which participants were asked to respond in real time (using electronic voting) to a series of questions based on three video clips of reports from a fictitious outbreak. The objective was

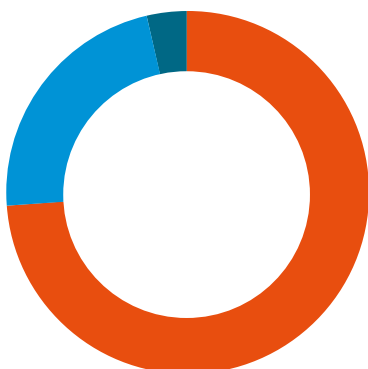
to identify the current nature of collaboration between public health and military health services in country emergency preparedness and identify priority actions to improve national capacities.

Q1 – Preparedness is critical for an emergency response to be effective. Which of the following statements best reflects the current situation in your country:



- My country has one comprehensive emergency preparedness and response plan in place, as well as specific response/contingency plans per the country priority risks.
- My country has not one comprehensive emergency preparedness and response plan but each sector has specific response/contingency plans per the country priority risks.
- My country has no formal emergency response/contingency plans but these are under development by each sector.
- My country has no formal emergency response/contingency plans but there have been other preparedness activities implemented such as emergency SOPs etc. (please explain).

Q2 – Large-scale events (including floods) will have an impact on whole-of-society and cause regular disruption to basic services. These events require a coordinated response across multiple sectors and agencies. How is the overall coordination arranged in such an event in your country:



- One centrally led (national) coordination structure (eg. NDMO) would be activated and responsible for the overall coordination, in which each sector would be represented
- Each sector would have their own coordination structure responsible for their area of work, which will report to one command structure. (eg. prime minister's office).
- Each sector would have their own coordination structure responsible for their area of work, without reporting to one command structure (eg. prime minister's office).
- There is no formal coordination structure in place but this is under development

Q3 – In the initial response phase, who are likely to be the first responders to provide support and assistance in your country?



- Civil Society groups and national NGOs will step in (eg. National Red Cross/ Red Crescent)
- Military will support, mainly with logistics and critical supplies
- International organisation will be stepping in
- A combination of above

Q4 – In this event strong coordination at the field level among the different sectors/agencies is crucial. In this situation, how would the coordination be arranged at the field level in your country?



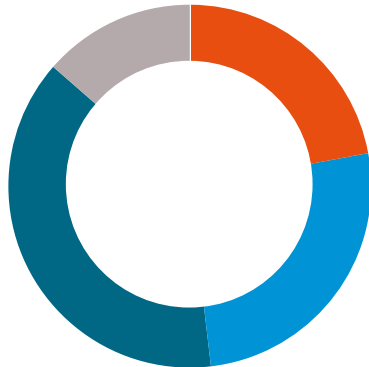
- A multi-sectorial team will be deployed on the ground to ensure a coordinated response
- There will be a field coordination centre deployed by the armed forces who would ensure a coordinated response
- Each sector would have their field teams report to one central coordination structure (eg. NDMO)
- Each sector would have their field teams report to their own agency/structure

Q5 – Access to some areas and logistical support remains challenging, while health officials are concerned for the outbreak of diseases. In this situation what role does the military play in your country?



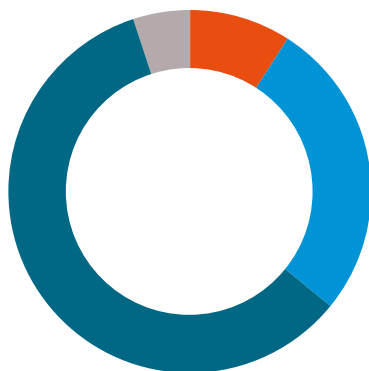
- The military has a strong mandate to provide logistical support and supplies enshrined in law that is automatically activated upon the declaration of a national emergency
- The military has a strong mandate to provide logistical support and supplies but only when called upon by the civil authorities
- The military has a limited mandate to provide logistical support and supplies in emergencies and will only be called upon in exceptional circumstances
- The military has no mandate to provide logistical support and supplies in emergencies

Q6 – With increasing number of people becoming ill the situation indicates a health emergency is occurring on top of the flooding. How is collaboration between the health and military sector arranged in your country?



- We have official agreements in place (eg. MoU, ConOps) to manage collaboration between health and military sectors
- There is no official agreement in place, but there is a high level strategic document that includes collaboration between health and military sector
- There is no official agreement in place, but there is a good working relation between health and military sector in such events
- Collaboration between the health and military sector is done on a case by case and ad-hoc basis

Q7 – In relation to providing emergency support and medical equipment, including the field hospital, what sector/agency would be best equipped to provide this support in your country?



- The MoH would have the capacity and capability to provide the support and equipment needed
- The Military would have the capacity and capability to provide the support and equipment needed
- Both the MoH and military would have the capacity and capability to provide the support and equipment needed and would work together to deliver the support
- External stakeholders (eg. Civil organizations, WHO Emergency Medical Team etc) would be needed to provide the support and equipment. The military has no mandate to provide logistical support and supplies in emergencies

Q8 – Large scale events often require the engagement of the international community to support national authorities. This must be well coordinated across multiple sectors and international agencies. How is the international coordination being managed in your country?



- Mixed model of UN integrated civil-military mission headed by a Special Representative of the Secretary General and an appointed Resident Coordinator / Humanitarian Coordinator supported by an OCHA office, and IASC response models implemented, including IASC clusters (health, food security, nutrition, etc).
- No integrated UN civil-military mission but a Humanitarian Coordinator appointed by the UN Secretary General and supported by an OCHA office with IASC response models implemented, including IASC clusters (health, food security, nutrition, etc).
- None of above, but only a UN Resident Coordinator with residential UN Agencies and NGOs doing largely Disaster Risk Reduction and Development programmes.
- A mixed model of any of the above and/or a Country Refugees Response with a Refugee coordinator appointed by UNHCR.

Q9 & 10 – Choose the most important priority action from below list in order to strengthen civilian and military health services at the national level from the perspective of your country (Q9) and your own individual viewpoint (Q10).

- 1. Establish or update notification mechanisms between public health, agriculture, veterinary medicine, and military services, during suspected or confirmed deliberate health events.
- 2. Identify national stakeholders and develop and implement a national framework (MoU) between public health and military health services.
- 3. Facilitate a national multi-sectoral health security working group to formalize the cooperation between health and military network.
- 4. Develop and undertake tailored training to raise awareness between key stakeholders on the Strategic Partnership Portal and other resources.
- 5. Ensure that proper equipment, materials, training and supplies are available to investigate, respond to and mitigate animal and human attacks.
- 6. Map current legislation and regulations that address response to biological attacks across the "One Health" spectrum.
- 7. Identify risk controls measures which may have detrimental effects to livestock and livelihood.
- 8. Map current activities and capacities (equipment, materials, training & supplies) between public health and military health services and identify linkages to national security activities.
- 9. Undertake awareness raising on the value of health security activities on reducing population vulnerability to public health risk, natural or deliberate.
- 10. Develop guidance, policy and agreements that describe the national objectives for health security, including the connectivity of military and veterinarian sectors.

FIGURE 1: Most important action chosen from country perspective

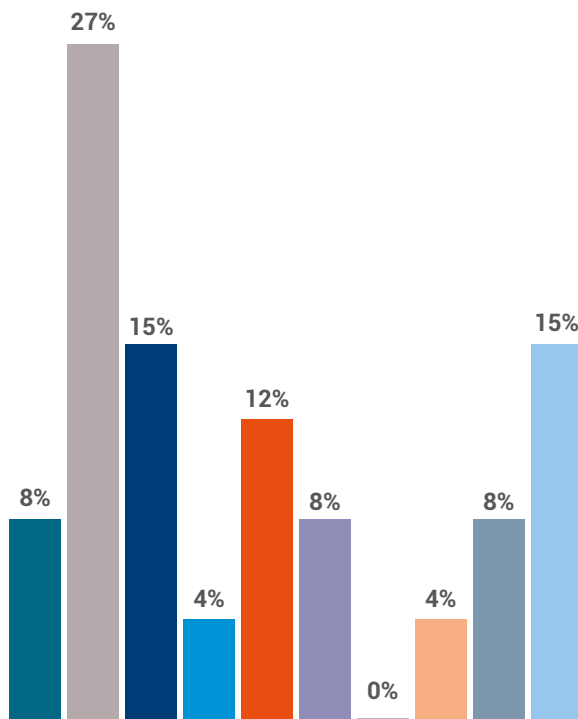
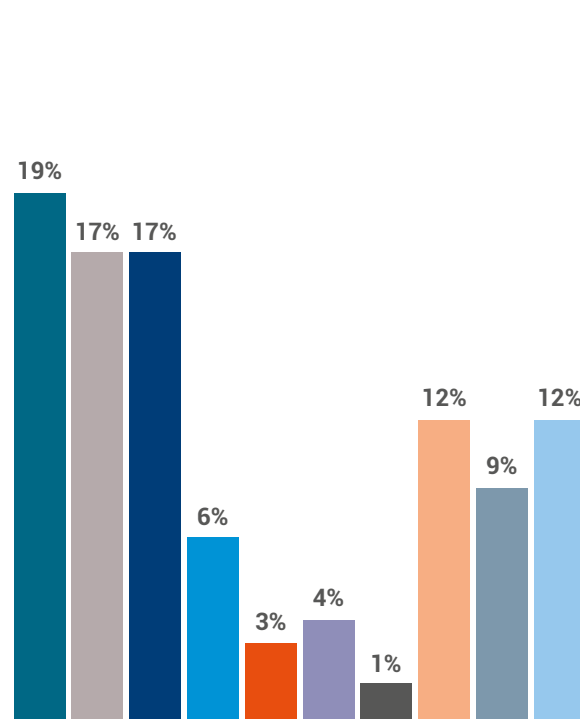


FIGURE 2: Most important action chosen from individual view



DAY 3

PREPARING FOR GLOBAL OUTBREAKS/EVENTS

Table-top exercise: natural outbreak

Session Summary

This session was another discussion-based exercise in which participants were asked to respond in real time (using electronic voting) to a series of questions. The difference from the exercise conducted on Day 2 is that this exercise focused on deliberate events, rather than natural events. The questions were based on three video clips of reports from a fictitious deliberately instigated outbreak and act of bioterrorism. Some questions focused on collaboration between the animal health and human health sectors.

Just over a third of participants reported their country has a formal agreement between the animal and human health sectors for disease control, while other countries have a working/coordination mechanism in place or collaborate on a case by case basis.

About a quarter of the participants reported their country has a formal agreement between the animal and human health sectors for sharing information. A similar percentage reported their country has a formal agreement to automatically share information between the animal and civilian health sectors and the security sector in the hypothetical scenario of a sample stolen from a laboratory.

The exercise also showed countries have divergent procedures for how a sample stolen from a laboratory would be investigated. Forty percent of participants reported that law enforcement would take the lead in their country and 45% said there would be a joint security/health investigation team.

Fewer than half the participants reported their country has a specialist unit that responds directly to bioterrorism threats. About 12% indicated there are no plans in their country for bioterrorism threats.

Participants were also asked, as in the tabletop exercise from the previous day, to choose from

a list of the most important priority actions to strengthen civilian and military health services at the national level from the perspective of their country, and also from their own individual viewpoint. The most favored choices were the same as on Day 2, with the largest number of participants responding that, from a country perspective, the development and implementation of a national framework between the public health and military sectors is the most important priority action and, from an individual viewpoint, the highest priority is establishing or updating notification mechanisms between public health, agriculture, veterinary medicine and military services during health events.

Session Outcomes

The tabletop exercise identified a lack of formal agreements in place between the animal and human health sectors, highlighting the need for a One Health approach that emphasizes cooperation across human health, animal health and security sectors to effectively detect, prevent and response to public health risks. The results of the exercise, including the widespread lack of a specialist unit in countries to respond to bioterrorism threats, also suggests that countries should consider reviewing existing policies and Standard Operating Procedures to ensure optimal prevention and response to public health emergencies.

The exercise also highlighted the importance of a national framework for collaboration between the public health and military health services, and of facilitation of a national multi-sectorial health security working group to formalize cooperation. Other key recommended areas include the establishment or updating of notification mechanisms between sectors, and the development of guidance, policy and agreements on national objectives for health security, including the connectivity of military and veterinarian sectors.

DAY 3

PREPARING FOR GLOBAL OUTBREAKS/EVENTS



Participants consider their response to a number of questions based on the fictitious bioterrorism scenario

Session Minutes

■ FACILITATORS: Dr Rebecca Hoile (Australia) and Dr Mike Hopmeier (United States of America).

This session was a discussion-based exercise in which participants were asked to respond in real time (using electronic voting) to a series of questions based on three video clips of reports from a fictitious deliberately instigated outbreak and act of bioterrorism.

The objective was to identify the current nature of collaboration between public health and military health services in country emergency preparedness and identify priority actions to improve national capacities. The questions, and the results of the electronic votes to each are shown below.

Q1 – Animal diseases can impact public health. How is information shared between the animal health and human health sector in your country?



- There is a formal agreement between animal human health sector
- There is no formal agreement, but there is a working/ coordination mechanism in place adopting a One Health approach
- There is no formal agreement in place but the animal-health sector collaborate on a case by case situation
- There is nothing in place and supplies in emergencies

Q2 – Does your country have an agreement/ strategy for disease control across the animal and human health sectors?



- There is a formal agreement between animal-human health sector
- There is no formal agreement, but there is a working/ coordination mechanism in place adopting a one health approach
- There is no formal agreement in place but the animal-health sector collaborate on a case by case situation
- There is nothing in place

Q3 – As a sample is being stolen from a laboratory, police will start and lead a criminal investigation. How would information be shared between the policy/security and health sector in your country in such a situation?



- There is an official agreement in place between animal/ public health sector and security sector and information will be shared immediately
- There is no formal information sharing agreement between animal/public health and security sector but information is shared on case by case
- As this is a criminal offence animal/public health sector would share information with security/investigation team upon request
- There is no sharing of information at all

Q4 – During the investigation process, who would be leading the investigation?



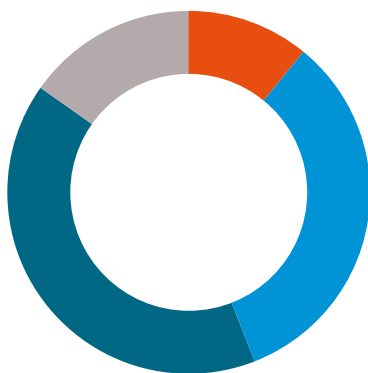
- As it involves a criminal offence that is led by a investigation team, the police/security authorities will take the lead and are responsible for communicating all messages to the public
- As it involves public health risks, health authorities will take the lead
- There would be a joint investigation team set-up between security and health sector to coordinate
- Every sector/agency would have their own investigation strategy

Q5 – A basic laboratory was discovered. Who would lead and have the capacity to safely investigate the laboratory in your country?



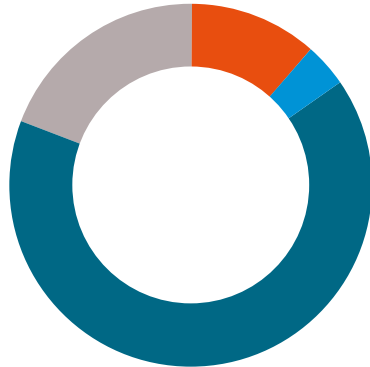
- A specialised health team from the animal/public health sector
- A specialised team from the police
- The national army would be called to deploy there CBRN team
- A joint team would be set-up between the health and security sectors

Q6 – In the event of a bioterrorism incident what best describes the site response in your country?



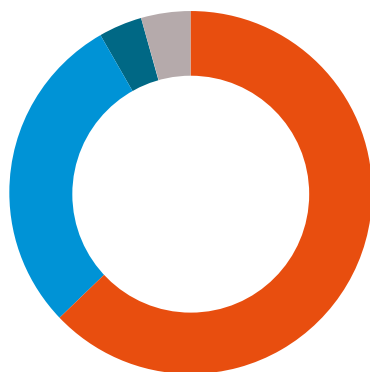
- The military has a specialist unit that responds directly to bioterrorism threats
- The police or other civil body has a specialist unit that responds directly to bioterrorism threats
- There is no specialist unit however the responding agency will contact the Ministry of Health who provides support
- There are no plans for bioterrorism threats

Q7 – Communicating with the public is essential. How would you ensure that information needs are balanced between the security and health messages, including social media, in your country?



- As it involves a criminal event that is led by a investigation team, the police/security authorities will take the lead and are responsible for communicating all messages to the public
- As it involves public health risks, health authorities will take the lead and are responsible for communicating all messages to the public
- There would be a joint communication team set-up between security and health sector to coordinate all messaging and communication
- Every sector/agency would have their own communication strategy independent of each other

Q8 – In the event of a confirmed deliberate infectious disease outbreak what planning options are available in your country?



- Disaster response/contingency plans are in place that take into account a National Public Health Emergency. These plans include options for both military and civil support.
- Disaster response/contingency plans and Public Health planning is undertaken separately by two or more separate entities (eg. NDMO, Military and/or the MoH).
- There are only disaster response/contingency plans and the declaration of a National Public Health Emergency is usually delegated to a third party (such as health institution, WHO, NGO etc.)
- None of these as Standing Operating Procedures (SOP's) cover the key planning options in case of a confirmed infectious disease

Q9 & 10 – Choose the most important priority action from below list in order to strengthen civilian and military health services at the national level.

- 1. Establish or update notification mechanisms between public health, agriculture, veterinary medicine, and military services, during suspected or confirmed deliberate health events.
- 2. Identify national stakeholders and develop and implement a national framework (MoU) between public health and military health services.
- 3. Facilitate a national multi-sectoral health security working group to formalize the cooperation between health and military network.
- 4. Develop and undertake tailored training to raise awareness between key stakeholders on the Strategic Partnership Portal and other resources.
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FIGURE 1: Most important action chosen from country perspective

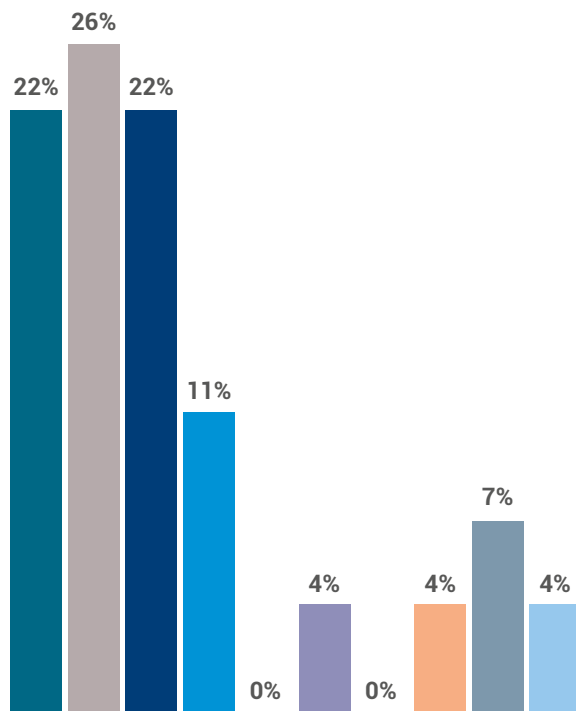
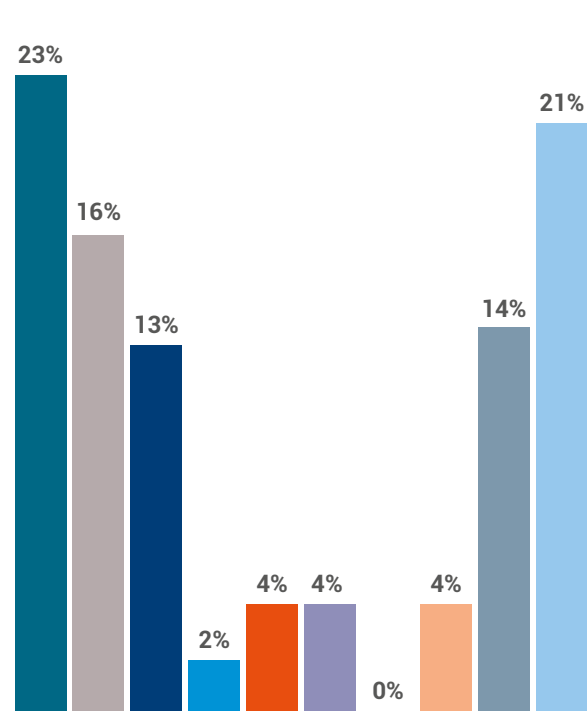


FIGURE 2: Most important action chosen from individual view



DAY 3

PREPARING FOR GLOBAL OUTBREAKS/EVENTS

Reflections and best practices

Session Summary

This session provided an opportunity for country representatives to discuss lessons learned for moving forward in operationalizing the collaboration between the civilian and military health sectors. Participants from Portugal and Cameroon emphasized the need for advocacy and increased awareness of the importance of IHR and health security, particularly among policymakers. Participants from other countries spoke of the importance of strategic partnerships and of outlining the roles of the civilian and military health sectors, with Malawi commenting that a national action plan will “help us identify which role each of us is supposed to play to address public health threats.”

A representative from the United Kingdom observed “everyone agrees that cooperation is the way forward,” and underlined the need for the civil, military, and animal health sectors to be involved in the earliest parts of planning for emergencies, at all levels, from national policy to operations. A participant from the United States remarked that the only way to prepare is through planning and exercises and emphasized the importance of communication. Australia emphasized the need for constant work to keep collaborative relationships open and to understand what capabilities each sector has.

Session Outcomes

The session helped crystallize the key lessons from meeting, including the need for a national framework for collaboration, strategic partnerships, joint preparedness exercises and the definition of roles and responsibilities through national action plans.

Session Minutes

- Ethiopia praised the tabletop exercises as a good method of motivating participants to engage with the issues. The Ethiopian representative observed that there may be a need to broaden participation in future meetings to include representatives from civil society organizations that provide health

services in some contexts. “It’s better to include the full collection of players,” the representative observed.

- Indonesia observed that finding ways to collaborate between different parts of the military was also key, and that the country’s upcoming JEE will be a good opportunity to delve deeper into the subject. “We can learn more through the JEE and the planning process.”
- Finland highlighted the importance of partnerships and the need to bring together all different actors. The JEE alliance, led by Finland, is open to all countries that want to work together. In relation to this, WHO’s Strategic Partnership Portal is a good tool to bring together all the information needed to get a comprehensive picture of what is going on around the world.
- In Afghanistan, four decades of war have destroyed health infrastructure. The country now has the worst indicators in the world in terms of child and maternal mortality. Despite complex challenges the government and people are very committed to improving health. Afghan and Pakistan are the only two countries still with circulating polio virus. To date many strategies have been tried to reach war-torn areas. Workers have lost their lives, sacrificed themselves and continue to work despite the dangers. The country would like to conduct a JEE and asks to be considered for a JEE and for help to devise NAPHS.
- Ghana noted the importance of looking at each sector’s unique capacities and leveraging them to strengthen health systems and security. For example, the military is adept at translating high-level policy into SOPs, simulations, and drills. It may be possible to create a national programme to design and implement simulations. Ghana affirmed its commitment to creating a security service platform to connect to health services.
- Portugal explained that at present, collaboration between public health and the military during outbreaks generally occurs on a case-to-case basis. The public health sector does simulation exercises but does not invite

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PREPARING FOR GLOBAL OUTBREAKS/EVENTS

military participants, while the military invites public health participation. Greater cooperation is needed from the public health side. Another lesson is the need to increase the awareness of policymakers. The MoD and MoH need to build a national plan together, but that requires greater awareness of policy makers regarding the importance of IHR. Portugal concluded with a plea: "WHO, we need you to help us to get policymakers."

- Jordan emphasized the challenges currently faced by the military health services and the ministry of health, but also noted the commitment to work towards a roadmap that sets out how to work efficiently under IHR.
- Cameroon's main takeaway from the meeting was the need to advocate and improve awareness throughout the various sectors involved in health security. The country is currently considering a national action plan, which must be finalized before going on to mobilize resources.
- Malawi noted that the West Africa Ebola outbreak made the country's health sector work together with the military sector, looking at security issues and initiating training that included the police. In 2015 Malawi was affected by the country's worst floods in history, and the military played an important role in assisting the people affected. However, there is no plan that stipulates which roles should be carried out by whom across a range of possible circumstances. A national action plan will "help us identify which role each of us is supposed to play to address public health threats. At the same time, when we come up with this national action plan it will give us a platform to continue working together and monitor each other so we are always on our toes and the collaboration can be sustained."
- The UK observed that "everyone agrees that cooperation is the way forward," and underlined the need for the civil, military, and animal health sectors to be involved in the earliest parts of planning for emergencies, at all levels, from national policy to operations. This planning has to take into account threats on the horizon, rather than always basing plans on previous events.
- Australia emphasized the need for constant work to keep collaborative relationships open and understand what capabilities each sector has. Assumptions about capability can often be incorrect. The meeting "reinforced the importance that all government agencies are there to further the interests of the public, not to be in competition with each other". The country has a JEE planned in November, during which some of these issues of competition and collaboration will be discussed.
- The USA remarked that the only way to prepare is through planning and exercises and emphasized the importance of communication. Recent responses to hurricanes showed how important it is for the military and civilian health services to work together. The participant from the US state of Hawaii drew parallels between the archipelago and many of the other countries represented at the meeting in terms of sizes and resources. The participant noted the need to look at collaboration "less like a light switch", where collaboration can be suddenly turned on in the event of a serious emergency. "If you do it that way your military doesn't know how to interact with the civilian community. We're working towards something more like a dimmer switch. The connection is always there, but sometimes we need to turn up the intensity."

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PREPARING FOR GLOBAL OUTBREAKS/EVENTS

Close and call to action

It is clear that there is no one-size fits all approach to strengthening collaboration between military and civilian health services, but it is possible to agree on a shared vision to guide these efforts. A call to action will help Member States to develop tailored priority actions to strengthen collaboration between sectors to prevent, detect, and respond to future public health emergencies of national and international concern. These actions will feed into National Action Plans for Health Security to accelerate the implementation of the IHR (2005).

The Jakarta call to action

Civilian and military personnel from over 50 nations came together, united by the shared aim of improving the world and protect the health and wellbeing of all by strengthening health security. Together, they agreed on the following shared vision, with related recommendations for next steps for strengthening collaboration between military and civilian health sectors at the national, regional, and global levels.

Shared vision

1) HEALTH AND SECURITY ARE INDIVISIBLE IN TODAY'S INTERCONNECTED WORLD

Just as global health security depends on all nations playing their part, so national health security depends on the contributions of all relevant national stakeholders. Effective collaboration between civilian and military health services (and other security services such as immigration and law enforcement) is essential for an effective, comprehensive approach to health emergency preparedness.

2) COLLABORATION BEATS COMPETITION

Within governments and across the spectrum of health security stakeholders, competition for resources can lead to duplication of efforts, overlap of roles, and provide a disincentive

to cooperate. Collaboration not only ensures a more effective response, it ensures a more efficient use of resources.

3) DON'T WAIT FOR A CRISIS TO COLLABORATE – BUILD TRUST BEFORE EMERGENCIES STRIKE

Crises often provide an opportunity to forge new partnerships between civilian and military health services, as well as among other relevant stakeholders. The Jakarta meeting highlighted how the Joint External Evaluation process has served as a more powerful, structured, and sustainable catalyst for collaboration amongst governmental and non-governmental stakeholders in health security.

4) DEFINE ROLES AND RESPONSIBILITIES THROUGH NATIONAL ACTION PLANS FOR HEALTH SECURITY

Of the various models of national health emergency preparedness available, a unified national plan setting out a whole-of-government coordination structure represents a gold standard. This model has been adopted by 74% of the Member States in attendance in Jakarta

5) USE IT OR LOSE IT

Joint preparedness exercises keep health security collaborations fighting strong. Strong collaborations are a function of more than memoranda of understanding. They require regular refinement and renewal through joint functional simulation exercises to build and maintain institutional capacity to mount an effective joint response.

6) FORGE STRATEGIC PARTNERSHIPS

Strategic subregional, regional, and global international partnerships between national civilian and military health services, One Health stakeholders, international organizations, donors, NGOs and the private sector will play a crucial role in delivering global health security. WHO's Strategic Partnership Platform is designed specifically to foster these relationships.

Recommendations and next steps: countries

1) A national framework for collaboration between civilian and military health and security sectors is necessary for effective health security governance. Countries should develop a national framework for collaboration based on the common goal of global health security, and in line with the principles set forth in the International Health Regulations (IHR 2005). Countries should also consider reviewing existing policies and Standard Operating Procedures between the public health and military/security sectors to enable optimal collaboration before, during, and after public health emergencies.

2) National stakeholders should be capacitated to effectively manage public health risks and events that may constitute a public health emergency of national and international concern in accordance with the IHR 2005. Capacity building measures should include areas such as disease surveillance and reporting, preparedness, biosafety and biosecurity, and response between the two sectors.

3) Cooperation across human health, animal health, and environmental health and security sectors is needed to ensure countries are able to effectively detect, prevent and respond to public health risks at the interface between humans, animals and ecosystems. Countries should take a holistic approach in developing their NAPHS and in strengthening of strategic partnerships.

Recommendations and next steps for WHO and partners

1) Support countries in the development and implementation of a collaborative framework between public health and military/security sectors

2) Facilitate experience sharing between countries, and document and share models of collaboration.

3) The meeting was officially closed by the Minister of Health of the Republic of Indonesia, Professor Nila Djuwita Moeloek.

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