

Opportunities for Enhanced

**DEFENSE, MILITARY,
AND SECURITY SECTOR
ENGAGEMENT IN
GLOBAL HEALTH SECURITY**

REPORT HIGHLIGHTS

This summary report highlights findings from an extensive evaluation of the ways in which the defense, military, and security sectors are represented in global health security efforts. That evaluation identified factors that may be driving under-representation, and considered opportunities for redirecting these sectors toward successful partnerships with the health sector and global health security groups. What follows are the evaluation's key findings, proposed solutions, and a roadmap for optimizing their integration.

Despite years of dedicated resources, the global community remains unable to prevent the appearance of emerging infectious diseases and to reliably mount an optimal response when prevention fails. The world is grappling with how to address these weaknesses in advance of the next outbreak with pandemic potential.

Identifying the role of Defense, Military, and Security (or “DMS” where these sectors can reasonably be considered a unit) in global health security is especially relevant at a time when outbreaks in fragile areas are increasing, and the capacity to deal with them—even in relatively secure regions—is stretched.

Key issues identified

The totality of functions required to optimize global health security surpasses the capability of any single sector to provide it. The health sector specializes in functions such as biosurveillance, healthcare surge, and case management, but is less well suited to threat identification and detection, logistics and transport, or bioweapons disposal functions. DMS offers Prevent- Detect-

Respond-Recover capabilities in these and other areas, such as intelligence, early warning, medical countermeasures, reporting, remains disposition, law enforcement, and capacity-building that supports recovery.

A number of experts interviewed as part of this analysis, while acknowledging that DMS sectors can and do perform many of these activities, cited declines in interest, funding, and engagement from some corners of DMS that could shape the future landscape. The public health sector drives the (lowercase) global health security agenda, and thus health concerns are always primary. Some noted a resistance on the part of the health sector to integrating DMS as an equal partner into global health security, and cited a reticence to considering whether efforts to counter deliberate misuse might be useful as part of global health security frameworks and functions. Others noted that the “S” in Global Health Security Agenda became small over time as the public health sector assumed leadership, while Defense and Military seemed almost too willing to recede to the background. The “deliberate” and “natural” threat communities are quite distinct in their disciplines and the mechanics of how they operate, but that distinction does not preclude the possibility of greater synergy.

The following figures provide the findings of this evaluation along with suggested solutions and a roadmap to implement them through entities, venues, or other entry points, optimizing the use of existing channels. Fully optimized DMS engagement depends on many factors, the most important of which is political will. With political will at country and intergovernmental levels, backed up by engaged and supportive leadership, full engagement is a feasible goal within the next five years.

ROADMAP

Near-term (1-2 years)	
 <p>Communication</p>	<p>The global health security mission would benefit from targeted and refined outreach to the specific stakeholders that can contribute to global health security.</p> <hr/> <p>The United Nations General Assembly should resolve that each Member State’s commitments to prevent, detect, and respond to infectious disease threats engage the Defense, Military, and Security sectors toward reinforcement of International Health Regulations capacities and implementation. This would send the message that the Assembly views these sectors’ roles as critical, helping to lay the groundwork for further efforts as outlined below.</p> <hr/> <p>Venue: United Nations General Assembly</p>
 <p>Representation</p>	<p>Part of the Global Health Security Agenda’s structure is a team of Permanent Advisors. These advisors include representatives from the U.N. Food and Agriculture Organization, World Organisation for Animal Health, and World Health Organisation. The team lacks a representative from DMS.</p> <hr/> <p>The Global Health Security Agenda Steering Group should appoint INTERPOL to the GHSA’s team of Permanent Advisors. Formalizing INTERPOL as a permanent representative advisor within the Steering Group would ensure a voice for the security sector.</p> <hr/> <p>Venue: Quarterly meeting of the Global Health Security Agenda Steering Group</p>
 <p>Representation</p>	<p>Few Joint External Evaluations put forth recommendations for the military.</p> <hr/> <p>To improve military-civilian engagement and DMS engagement at large, and to better standardize input into Joint External Evaluations, each country undertaking a JEE should appoint at least one DMS representative to its JEE team. In addition, the external mission teams should include at least one representative from DMS. Representation across all relevant sectors for these health assessments does not have to be equal, but a process for ensuring that their perspectives and capabilities are represented is likely to improve the utility of the assessments and the preparedness activity that can be built upon them.</p> <hr/> <p>Venue: Country JEE planners; World Health Organization</p>

Near-term (1-2 years)



Institutionalization

Potential DMS roles in recovery are poorly defined.

In part because the Global Health Security Agenda construct excludes “Recover” from “Prevent-Detect-Respond,” recovery is poorly defined and planned for, including the DMS sectors’ role within it. This insufficiency could be mitigated by ensuring that the implementation of COVID-19 recovery funding and programs coming online at national and global levels integrates DMS personnel, assets, and capabilities. Ultimately, this could help institutionalize the ways that DMS can play a role in other infectious diseases.

Venue: National implementation programs, development donors, and drafters of COVID-19 recovery policies and plans



Institutionalization

U.S. biodefense and global health security strategies could guide the United States toward further refining and institutionalizing the modern role of its defense, military, and security sectors in domestic and global health security.

It is the obligation of the U.S. government, per National Security Presidential Memorandum-14 (Presidential Memorandum on the Support for National Biodefense), to assess biodefense capabilities and capability gaps across federal entities. No such analysis has been made publicly available, stymieing congressional and public oversight that could help ensure efforts are correctly prioritized and funded. As the White House and U.S. interagency work to implement the National Biodefense Strategy and Global Health Security Strategy, they should explicitly and publicly reckon with priorities, programs, and budgets from the defense, military, and security sectors that could be better optimized to support domestic needs and global goods. The output from the analysis should articulate and define the DMS biodefense mission space in the context of U.S. global health security efforts and priorities.

Venue: U.S. National Security Council

Medium-term (More than 2 years)



Representation

The impacts of DMS investment in global health and global health security have not been quantified. The dearth of data makes decision-making about the optimal nature and extent of DMS involvement difficult to base on evidence.

Metrics to evaluate optimal security sector involvement in global health security should be developed. These metrics should capture Prevent, Detect, Respond, and Recover functions. Once developed, the metrics can be utilized in joint assessments that include DMS and health sectors and can lead to better decisions about optimal level of representation of DMS sectors within global health security.

Venue: Governments or private foundations funding the private sector and academia



Representation

Military incorporation into National Action Plans for Health Security, particularly in the context of specific entry points, is limited. National Action Plan for Health Security costing exercises are largely confined to resource needs under the health sector.

Military and other DMS representatives should be present during National Action Plans for Health Security costing exercises and be tasked to develop cost estimates for specific deliverables. Costing exercises are central to ensuring that countries can implement planned improvements; DMS representation would add value to the costed plans to reinforce their multisectoral nature in resource mobilization and implementation.

Venue: World Health Organization



Institutionalization

The Military sector's engagement in global health security tends to emphasize response; and prevention, detection, and recovery to a lesser extent. Early Military and other DMS sectoral engagement at national levels in planning, needs assessments, readiness exercises, and implementation could mitigate the dearth of military incorporation into National Action Plans for Health Security and other planning processes, and in turn support optimization and institutionalization of DMS into prevention, detection, and recovery functions that have to date been overlooked

National preparedness planners should consider extending DMS involvement beyond Respond and into Prevent, Detect, and Recover through improved early planning and engagement at national levels. Codification of requirements to integrate DMS into these processes can occur at national policy levels or global guidance levels.

Venue: National preparedness planners; World Health Organization; Global Health Security Agenda

SUMMARY OF RECOMMENDATIONS BY CATEGORY OF ACTOR:



International Organizations

The **United Nations General Assembly** should resolve that each Member State's commitments to prevent, detect, and respond to infectious disease threats engage Defense, Military, and Security sectors to reinforce International Health Regulations capacities and implementation.

The **Global Health Security Agenda Steering Group** should appoint INTERPOL to the GHSA's team of Permanent Advisors. Formalizing INTERPOL as a permanent representative advisor within the Steering Group would ensure a voice for the security sector.

The **World Health Organization** and the **Global Health Security Agenda leadership** should support national preparedness planners in developing guidance and/or codifying requirements to integrate DMS into national planning processes for health security.



All Nations

Each country undertaking a JEE should appoint at least one DMS representative to its JEE team. In addition, the **external mission teams** should include at least one representative from DMS.

National preparedness planners, supported by the **World Health Organization** and **Global Health Security Agenda leadership**, should consider extending DMS involvement in health security through improved early planning, and potentially through codification of guidance or requirements.

National implementation programs, development donors, and drafters of COVID-19 recovery policies and plans should ensure that the implementation of COVID-19 recovery funding and programs coming online at national and global levels integrates DMS personnel, assets, and capabilities.

Governments or private foundations, in their funding of the **private sector and academia**, should support the development of metrics to evaluate optimal security sector involvement in global health security.

Defense, Military, and Security representatives, supported by the **World Health Organization**, should be present during National Action Plans for Health Security costing exercises and be tasked to develop cost estimates for specific deliverables.



United States

As the **U.S. National Security Council and the Federal Interagency** work to implement the National Biodefense Strategy and Global Health Security Strategy, they should explicitly and publicly reckon with priorities, programs, and budgets from the defense, military, and security sectors that could be better optimized to support domestic needs and global goods.

Conclusions

The tendency to think about biothreats in terms of human health drives planning and implementation processes, despite the fact that dozens of sectors are relevant for prevention, detection, response, and recovery. A relative marginalization of defense, military, and security is a weakness that, if addressed, could provide a better balance of these sectors' participation given the expertise and capacity they might offer.

Given the ways that countries and the world at large were overwhelmed by COVID-19, there is room for reassessing the domestic and international role that DMS should play in health security efforts. Lessons from countries that were able to flatten their epidemic curves should be taken into account, including the role played by DMS in the response. Initial points of engagement within countries may focus on biodefense and risk reduction of particular pathogens, which could provide a foundation for further and broader health security engagement. A fully engaged DMS at the country level, as measured by Joint External Evaluation, National Action Plan for Health Security, and other indicators, and at the international level, as measured by participation of these sectors in key fora, could have positive impacts on other global health security metrics. The ultimate goal should be fruitful participation in global health security for all sectors.



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