Why Global Health Engagement Must Remain a Priority for the Department of the Defense and the U.S. Government

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“Given the extreme volatility of the world today and the pace of change, I believe that makes the need for change and the ability to anticipate change all the more important.”

- General Dunford, Chairman of the Joint Chiefs of Staff
“We will advance the security of the United States, its citizens, and U.S. allies and partners by:

- Developing a global capacity to prevent, detect, and rapidly respond to biological threats like Ebola through the Global Health Security Agenda.

- Leading efforts to reduce extreme poverty, food insecurity, and preventable deaths with initiatives such as Feed the Future and the President’s Emergency Plan for AIDS Relief.”
Why is Global Health Engagement Important to DoD?

A powerful national security instrument that supports USG efforts around the world

STABILITY
GHE contributes to social well-being, rule of law, governance, economics, and security

COOPERATION
GHE enhances collaboration with foreign ministries and civil structures

CAPACITY
GHE is leveraged to develop partner capabilities to increase self-reliance
From FY01-FY13, approximately $1.18 billion was budgeted for 7,836 OHASIS\textsuperscript{1} engagements, of which $332 million (28\%) was allocated to 2,818 GHEs in 140 Countries

Security Cooperation: Magnitude of GHEs by Combatant Command

<table>
<thead>
<tr>
<th>Combatant Command</th>
<th>Total Number of Engagements</th>
<th>Percent of GHEs</th>
<th>Total Funding (millions USD)</th>
<th>Percent of Funding Going to GHEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRICOM</td>
<td>1,584</td>
<td>37.37%</td>
<td>162.1</td>
<td>40.06%</td>
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<tr>
<td>CENTCOM</td>
<td>842</td>
<td>41.45%</td>
<td>309.3</td>
<td>25.41%</td>
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<td>EUCOM</td>
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<td>38.15%</td>
<td>94.2</td>
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<tr>
<td>PACOM</td>
<td>1,595</td>
<td>31.79%</td>
<td>316.3</td>
<td>26.15%</td>
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<tr>
<td>SOUTHCOM</td>
<td>2,840</td>
<td>35.04%</td>
<td>289.0</td>
<td>28.58%</td>
</tr>
<tr>
<td><strong>ALL COCOMS</strong></td>
<td><strong>7,836</strong></td>
<td><strong>35.72%</strong></td>
<td><strong>1,180.0</strong></td>
<td><strong>28.14%</strong></td>
</tr>
</tbody>
</table>

1. Overseas Humanitarian Assistance Shared Information System
Spectrum of DoD Global Health Engagement

Force Health Protection
- Public Health
- Preventive Medicine
- Medical Research & Development

Humanitarian and Civic Assistance
- Medical Support to Stability Ops
- Humanitarian Assistance (HA)
- Disaster Relief (DR)

Humanitarian Assistance & Disaster Response
- Ebola Response
- Disaster Preparedness Program
- Civ-Mil Emergency Planning

Nuclear, Chemical, & Biological Defense Programs
- Cooperative Biological Engagement Program
- Research & Development on Select Agents: Detection, Countermeasures, Vaccines
- Cooperative Threat Reduction

Building Partner Capacity/Interoperability
- Building Partner Civilian Med Capacity
- Defense HIV-AIDS Prevention Program
- Biosurveillance
- Global Health Security Agenda

Operational/Contingency Plans
- Theater Security Cooperation
- Building Coalition & Partner Military Medical Interoperability
- Building Partner Mil Med Capacity

International Military Education & Training
- Subject Matter Expert Exchanges

International Military Education & Training
- International Military Education & Training
- Subject Matter Expert Exchanges
Coordination, Cooperation, Integration

Interagency

Industry and Academia

International

Department of Defense
DoD Charge to the Committee: Continue to Leverage GHE to Meet National Security Objectives

Investigate untapped opportunities where DoD GHE can improve global stability and support national security strategy:

- Sustainable capacity building
- Cooperation
- Research and development
- Strategies for improving effectiveness of established GHE activities (effective funding authorities, foreign language competencies, improved cultural understanding, assure sustainability, etc.)

Global Health Security Agenda (GHSA)

- Vehicle for enhancing national and international coordination and collaboration
- How can we continue to refine implementation of our GHSA activities to ensure they support Department goals?
DoD Charge to the Committee: Reduce Global Mortality by Expanding Trauma Care Partnerships

• The USG can advance multiple national security interests by building trauma care capacity in Africa and Asia, including improved likelihood of favorable outcomes for wounded US combatants in future conflicts.

• WHO estimates that 5 million people die of injuries worldwide per year; 90% traffic crash fatalities occur in low and middle income countries.

• DoD assets like Defense Institute of Medical Operations work with PNs (disaster/trauma resiliency; trauma surgical techniques; aeromedical evac), but can we increase these kinds of engagements?
Takeaways

- DoD considers Global Health Engagement an important and growing National Security tool in its toolbox.

- Global Health Engagement Activities are integral to force health protection efforts, and simultaneously serve as a tool for theater security cooperation, supporting:
  - development of partner capacities and resilience
  - regional stability
  - global health security

- Militaries are often a critical component of Partner Nation health and disaster response capabilities, so Militaries and the populations they serve are an important cohort to consider for any global health initiative for disease prevention, detection, response or elimination.

- Efforts to enhance communications, coordination and collaboration with our partners will continue to be a major focus.
BACKUP
We will advance an international order that promotes **peace, security, and opportunity** through stronger cooperation to meet global challenges by…

- Strengthening and growing our global alliances and partnerships, forging diverse coalitions, and **leading at the United Nations and other multilateral organizations.**

- Rebalancing to Asia and the Pacific through increased diplomacy, **stronger alliances and partnerships,** expanded trade and investment, and a diverse security posture.

- Building upon the success of the U.S.-Africa Leaders’ Summit by **investing in Africa’s** economic, agricultural, **health,** governance, and security **capacity.**”
• GHE is integral to our force health protection efforts while directly supporting security cooperation with our partner nations

• A number of DoD assets and investments support the force health protection mission
  • Vaccine and medical countermeasure research (Malaria, Dengue, HIV, Ebola, Zika, MERS-CoV)
  • Global biosurveillance network including overseas labs working collaboratively with host nations to identify and mitigate public health threats around the world
  • Regional partnerships like the Joint West Africa Research Group, helping to build mutual biosurveillance, clinical and research capacities
US Military HIV Research Program led first HIV vaccine to show efficacy

- RV144 was international collaboration involving NIH, Thai government, and private industry
- 16,000 Thai volunteers
- Showed a preventive vaccine IS possible

Developing & improving detection capabilities

Advancing three Ebola vaccine candidates

- MHRP sites in Africa leveraged for Ebola vaccine research
- Conducted first Ebola vaccine study in Africa
- Ongoing trials in Uganda and Nigeria
- US trial of VSV-EBOV candidate at Walter Reed Army Institute of Research (WRAIR)

Key capabilities for responding to next infectious diseases crisis
Biosurveillance activities conducted through Armed Force Health Surveillance Branch’s Global Emerging Infections Surveillance and Response (GEIS) System

- Antimicrobial Resistance
- Surveillance and Outbreak Response
- Enteric Infections
- Febrile & Vector-borne Infections
- Sexually Transmitted Infections
- Respiratory Infections
- Respiratory Embassy Sites
- Enteric Embassy Sites

DoD Laboratories
Building partner nation health capacity and interoperability results in more capable partners:

• That can better contribute to national and regional health security
• That are less likely to need assistance from the U.S.
• And are better able to work with DoD in providing health service support during conflicts or disasters

• Importance of global partners noted in Joint Health Concept for Health Services
• Participation in humanitarian assistance and relief efforts during disasters helps reduce disruptions to regional stability
  – Have responded to crises like tsunamis in Indonesia and Japan, earthquakes in Pakistan, Peru, Costa Rica, Haiti, and Nepal, and typhoons in Philippines

• Annual humanitarian civic assistance, medical outreach and disaster response training missions promote interoperability and resilience/self-reliance

• The Congressional appropriation “Overseas Humanitarian, Disaster and Civic Aid” (OHDACA) allows DoD to:
  – Build Schools and Clinics
  – Distribute Excess DoD property
  – Provide Transportation of Privately Donated Goods
• **Mission:** Drive capability to prevent, protect against, and respond to nuclear, chemical, and biological threats.

• Requirements determined by the Services, but parts of the OASD/NCB mission space aligns with the goals of the GHSA and the WHO’s International Health Regulations (IHR):
  - WHO IHR 2005: Prepare for and respond to “…public health emergencies of international concern, irrespective of origin or source, whether they involve the natural, accidental, or **deliberate release of biological, chemical, or radionuclear materials.**”
Threat Reduction and Arms Control provides oversight of the following:

- Implementation and expansion efforts of the DoD Cooperative Threat Reduction (CTR) Program, as well as other WMD Threat Reduction Programs implemented by the Defense Threat Reduction Agency (DTRA) aimed at building partner capacity
- Compliance with nuclear, biological, and chemical treaties
- Chemical Demilitarization Programs

DTRA’s Biological Threat Reduction Programs maintain robust global engagements with the following objectives:

- Consolidate and secure especially dangerous pathogens
- Enhance partner states’ capacity to detect, diagnose, and report bioterror attacks and potential pandemics in compliance with international health reporting requirements;
  - CBEP provided diagnostic laboratory support in response to the Ebola virus outbreak in Guinea, Sierra Leone, and Liberia and initiated training in Liberia to enhance the host nation’s ability to detect and report pathogens and diseases of security concern using biosafety and biosecurity best practices and standards
- Facilitate biological research partnerships;

DTRA’s WMD Threat Reduction Programs support President Obama’s effort to secure all vulnerable nuclear material, the National Strategy for Countering Biological Threats, and United Nations Security Council Resolution 1540, as well as other international agreements focused on reducing the threats of WMD terrorism and proliferation.
Nuclear, Chemical, and Biological Defense

Chemical and Biological Defense Program

• **Mission:** Enable Warfighter to deny the effects of current and emerging chemical and biological (CB) threats through a layered, integrated defense:
  – **Internal:** Diagnostics, Pre-treatments, Vaccines, Therapeutics.
  – **External:** Environmental detection, individual protection, collective protection, decon.

• Medical technologies developed to protect U.S. Service members and civilians from traditional threat agents also contribute to global health.
  – The current and continued success countering CB threats depends on a “whole of society approach” via interagency, industry, academia, and international coordination.
  – **PHEMCE** agencies (including DoD) invested in development of multiple *Ebola medical countermeasures* (MCM) that were deployed during the 2014 Ebola Outbreak.
  – **DoD, DHS, CDC,** and other interagency partners collaborate via multiple working groups and MOUs to improve capacity for *disease surveillance*.

• Technological innovation significantly contributes to Force health protection & global health.
  – Important to encourage programs that incentivize industry participation in developing MCMs for threat agents or other diseases where there is limited market potential and financial incentive.