Concept Notes WS1

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Collaboration between the military and humanitarian actors have always been a topic of heated debate, at least in the humanitarian community.

The World Health Organization (WHO) policy – and the policy of most humanitarian agencies – is still guided by the 2011 IASC Global Health cluster position paper on civil-military coordination during humanitarian health action, the 2008 OCHA Civil-Military Guidelines & Reference for Complex Emergencies document and the 2018 Recommended Practices for Effective Humanitarian Civil-Military Coordination of Foreign Military Assets (FMA) in Natural and Man-Made Disasters, which set the boundaries of our collaboration – or in some cases co-existence.

The insistence of the humanitarian community to strictly apply the humanitarian principles – humanity, neutrality, impartiality, independence – in complex emergencies limits the possibilities of collaborating in complex humanitarian emergencies – areas where conflict is ongoing. In natural disasters the cooperation comes more naturally.

The current **COVID-19** pandemic, however, has offered opportunities to explore new ways of how we can work together, especially in situations that are not conflictual. And we have been in discussion with NATO's Euro-Atlantic Disaster Response Coordination Centre (EADRCC) on how to best use these military assets.

The international community is particularly interested in the logistic capacity of the military and has used it extensively, especially in the European region.

COVID19 spares no one, and as of yesterday [October 15, 2020], there were more than 38 million confirmed cases worldwide (38,394,169), and just over 1 million deaths (1,089,047). Europe and the Americas are hard hit – COVID19 is now the 5th leading cause of death in Europe – and countries take all kinds of measures to come to grips with the epidemic.

The World Health organization provides advice, based on best available evidence.

Test, test, test, said Dr Tedros, our Director-General, and countries have been heeding the call. Getting the supplies was not always easy.

But apart from providing advice, WHO has also procured and provided supplies to countries who need it.

The numbers are staggering:

- 15 million tests and 4.8 million sample collection kits have been procured by WHO and shipped to 142 countries across all regions.
- 223 million items of Personal Protection Equipment – including 180 million surgical masks – have been shipped to 116 countries.
- 42,853 oxygen concentrators have been shipped to 101 countries.

And this is where the military actors come in. A lot of countries had difficulties getting the supplies and WHO has been active in ensuring that countries who have less resources are not left out and made supplies available to them.

In order to get them there, WHO has an agreement with the World Food Program (WFP) to assure the logistics – WFP overseeing the logistics cluster in the UN system. WFP has used military planes to bring supplies to its destination.

In order to avoid the tricky question of using military assets in a conflictual situation, the use of military transport is usually limited to transport supplies from hub to hub. WHO has logistics hubs in Brindisi, Italy, and in Accra, Ghana, or Dubai in the United Arab Emirates and has recently established a hub in Addis Ababa, Ethiopia.

But there is another area where this collaboration can be expanded and that is in the area of **pandemic preparedness**.

The COVID-19 pandemic and the 2014-2016 Ebola outbreak in West Africa provided a catalyst for many countries to explore ways of engaging the military health sector for the national emergency response. The International Health Regulations (IHR, 2005) require the 196 State Parties to detect, assess, report, and respond to public health emergencies of international concern in a timely manner at all levels of government.

To ensure a more functional civil-military health collaboration in the long-term, it is critical to identify pathways for collaboration during 'peacetime'. For this purpose, WHO has developed the ***National Collaboration Framework for the Public Health and Military Health Sectors*** to strengthen health emergency preparedness.

The document provides guidance for establishing, contributing to, and enhancing the cross-sectoral collaboration at the national level to increase core capacities for International Health Regulations.

And a last area where collaboration is strong is with the **Emergency Medical Teams** Program. WHO has set up a program to ensure minimal standards for emergency medical teams coming to the aid of victims of natural disasters. Several recognized Emergency Medical Teams have a military background and participated in relief actions. The latest example is the Beirut explosion, where several Emergency Medical Teams participated and were part of the EMT coordination cell that WHO set up with the Ministry of Health in Lebanon.

WHO looks forward to a continued collaboration with Armed Forces in the area of COVID19 support and for the support in epidemic preparedness.

Thank you