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Global Health Engagement in the Department of Defense

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SUMMARY

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Global Health Engagement in the Department of Defense

Over the years, Congress has enacted legislation to establish requirements, authorize, and fund programs that build and promote relationships with other countries to enhance certain social, economic, political, and security interests of the United States (e.g., P.L. 117-81 §1206; P.L. 116-92 §1210A; and P.L. 112-239 §715). The Department of Defense (DOD) is among the federal departments and agencies that administer these programs. In doing so, DOD civilian and military personnel develop and maintain relationships with counterparts in many partner nations to enhance U.S. national security interests (i.e., sometimes described as *military-to-civilian* or *military-to-military* exchanges). DOD uses its health capabilities to teach and enable military and civilian populations of certain partner nations. These efforts are typically part of security cooperation, humanitarian assistance, and disaster relief operations. Together, DOD generally refers to the use of these health and medical activities in certain military operations as *global health engagement* (GHE).

DOD policy defines GHE as the

> interaction between individuals or elements of DOD and those of a partner nation's armed forces or civilian authorities, in coordination with other U.S. Government departments and agencies, to build trust and confidence, share information, coordinate mutual activities, maintain influence, and achieve interoperability in health-related activities that support U.S. national security policy and military strategy.

Depending on existing security cooperation objectives, GHE can include military-to-military or military-to-civilian activities (e.g., in-person or virtual subject-matter exchanges, embedded advisors with partner ministries of defense, augmenting partner military capabilities to support civil authorities, collaborative medical or public health research and development efforts, live training exercises, or direct medical care). These activities can be conducted as bilateral engagements with partner nations, or as part of broader security cooperation activities or multilateral health initiatives (e.g., Global Health Security Agenda).

The Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict (ASD[SO/LIC]) provides guidance and oversight for all GHE programs. ASD(SO/LIC) also leads the GHE Council, a DOD entity that coordinates GHE programs across numerous components (e.g., military services, combatant commands, defense agencies, or the Joint Staff). DOD may also coordinate GHE with, or in support of, interagency partners (e.g., U.S. Agency for International Development, Department of State, Department of Health and Human Services, or Department of Homeland Security).

Congress typically authorizes and funds DOD GHE through the annual National Defense Authorization Act, DOD Appropriations Act, or the State, Foreign Operations, and Related Programs Appropriations Act.

In considering future U.S. policies and investments in national security and global health, Congress may find DOD GHE presents certain issues that may be of interest, such as

- the role of DOD GHE in U.S. national security and global health policies;
- GHE funding;
- development of a professional GHE workforce; and
- GHE effectiveness.

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Introduction

Over the years, Congress has enacted legislation to establish requirements, authorize, and fund programs that build and promote relationships with other countries to enhance certain social, economic, political, and security interests of the United States. The Department of Defense (DOD), among other federal departments and agencies, has a long history of participating in, or administering programs to advance these interests through security cooperation and global health engagement (GHE) activities.

This report provides background on DOD GHE activities, describes how the department aligns GHE with the National Security Strategy and existing U.S. policies on global health and summarizes how the department plans, funds, and carries out its GHE activities. These activities present several issues for Congress, including the potential for misalignment of GHE activities with broader U.S. strategies, use of funding mechanisms to enhance transparency, and DOD GHE workforce development.

Appendix A provides a list of acronyms used throughout this report.

Background

Since at least 1900, the U.S. military has conducted certain activities in overseas locations intended to protect the health and well-being of servicemembers from emerging infectious diseases and other health risks (also referred to as *force health protection*).[1] For example, during the Spanish-American War, the U.S. Army dispatched a team of medical researchers to Cuba to learn more about Yellow Fever to develop preventive measures and treatments.[2] Currently, DOD continues to conduct U.S. military medical research and epidemiological activities in overseas locations and has since expanded its objectives to protect not only the health of U.S. servicemembers abroad, but also that of the military and civilian populations of certain partner nations. In addition to conducting medical research activities abroad, DOD also exercises its health capabilities as part of security cooperation, humanitarian assistance, and disaster relief operations. Together, DOD generally refers to the use of these health and medical activities in certain military operations as *global health engagement* (GHE).[3]

In 2005, DOD began formalizing GHE as a term after the publication of National Security Presidential Directive-44, *Management of Interagency Efforts Concerning Reconstruction and Stabilization*.[4] This directive required U.S. government agencies to plan and coordinate efforts to

[1] See "Special Order No. 122, Department of the Army, Washington, D.C. May 24, 1900," *Military Medicine*, vol. 166, no. Supplement 1 (September 1, 2001), p. 19, at https://academic.oup.com/milmed/article/166/suppl_1/19/4925711. *Force health protection* (FHP) refers to the measures taken to "promote, protect, improve, conserve, and restore the mental and physical well being of Service members across the range of military activities and operations." For more on FHP, see Department of Defense Directive (DODD) 6200.04, *Force Health Protection (FHP)*, updated April 23, 2007, p. 10, at https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/620004p.pdf.

[2] Ibid; Enrique Chaves-Carballo, "Clara Maass, Yellow Fever and Human Experimentation," *Military Medicine*, vol. 178 (May 2013), p. 557, at https://academic.oup.com/milmed/article/178/5/557/4222873; and Michael McCarthy, "A century of the US Army yellow fever research," *The Lancet*, vol. 357, no. 9270 (June 2, 2001), p. P1772, at https://www.thelancet.com/action/showPdf?pii=S0140-6736%2800%2904943-6.

[3] Department of Defense Instruction (DODI) 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, p. 19, at https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/200030_dodi_2017.pdf.

[4] Gerald V. Quinnan Jr., "The Future of Department of Defense Global Health Engagement," *Joint Forces Quarterly*, no. 80 (January 2016), p. 39, at https://ndupress.ndu.edu/Portals/68/Documents/jfq/jfq-80/jfq-80_37-44_Quinnan.pdf;

assist partner nations that are "at risk of, in, or in transition from conflict or civil strife."[5] As part of its *stability activities* during Operation Iraqi Freedom in Iraq and Operation Enduring Freedom in Afghanistan, deployed medical personnel engaged with the host nation by providing direct medical care, conduct training for local medical or support staff, and consultations with local public health leaders.[6] Observers have noted that DOD's efforts were an "ad hoc, short-term focus, resulting in numerous unintended consequences," often leaving local civilians with "unrealistic expectations" that the U.S. military would continue to provide for their health care needs.[7] The lessons learned from stability operations in Iraq and Afghanistan contributed to DOD's formalizing GHE and to ongoing revisions of the department's conduct of these activities.

DOD Global Health Engagement (GHE)

In 2013, Congress defined *health engagements* as a "health stability operation conducted by DOD outside the United States in coordination with a foreign government or international organization to establish, reconstitute, or maintain the health sector of a foreign country."[8] Subsequently, the department established a formal GHE definition (see text box) and described GHE activities as actions that "establish, reconstitute, maintain or improve the capabilities or capacities of the partner nation's military or civilian health sector, or those of the DOD."[9]

What is Global Health Engagement?

DOD defines GHE as the

> "[i]nteraction between individuals or elements of DoD and those of a [partner nation's] armed forces or civilian authorities, in coordination with other U.S. Government departments and agencies, to build trust and confidence, share information, coordinate mutual activities, maintain influence, and achieve interoperability in health-related activities that support U.S. national security policy and military strategy."[10]

The purpose of GHE is to improve DOD's "relationship and interoperability" with partner nations and their human and animal health capabilities and capacities.[11] In addition to supporting force health protection efforts, DOD uses GHE as a *soft power*[12] tool to support goals and objectives

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and Executive Office of the President, National Security Presidential Directive-44, *Management of Interagency Efforts Concerning Reconstruction and Stabilization*, December 7, 2005, at https://www.health.mil/Reference-Center/Policies/2005/12/07/National-Security-Presidential-Directive-44-on-Reconstruction.

[5] Ibid.

[6] *Stability activities* refer to "various military missions, tasks, and activities conducted outside the United States in coordination with other instruments of national power to maintain or reestablish a safe and security environment and provide essential governmental services, emergency infrastructure reconstruction, and humanitarian relief." For more on stability activities, see Joint Publication (JP) 3-07, "Stability," August 3, 2016, at https://www.jcs.mil/Doctrine/Joint-Doctrine-Pubs/3-0-Operations-Series/.

[7] J. Christopher Davis and Kathleen H. Hicks, *Global Health Engagement: Sharpening a Key Tool for the Department of Defense*, Center for Strategic and International Security (CSIS), October 2014, p. 3, at http://csis-website-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/140930_Daniel_DODGlobalHealth_Web.pdf.

[8] P.L. 112-239, §715. Congress established this definition as part of a requirement for DOD to develop a process that ensures health engagements are "effective and efficient in meeting the national security goals of the United States."

[9] DODI 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, p. 19.

[10] Ibid.

[11] Ibid., p. 3.

[12] According to former U.S. Assistant Secretary of Defense for International Security Affairs Joseph Nye, s*oft power* refers to the ability to "obtain preferred outcomes by attraction rather than coercion or payment." For more on soft power, see Joint Doctrine Note 1-18, *Strategy*, April 25, 2018, p. II-8, at

outlined in various U.S. national security and global health policies and strategies.[13] These, among others, include the

- National Security Strategy;[14]
- National Defense Strategy;[15]
- National Military Strategy;[16]
- National Biodefense Strategy;[17]
- National Health Security Strategy;[18]
- Global Health Security Strategy;[19]
- President's Emergency Plan for AIDS Relief;[20]
- President's Malaria Initiative;[21] and
- Global Health Security Agenda (GHSA).[22]

Some observers have raised questions about the effectiveness of what they describe as a proliferation of strategic guidance documentation within DOD, arguing that it can lead to conflicting or muddled guidance; guidance cherry-picking; discordant dialogue; and entrenched, competing staffs.[23] Despite these observations, Congress has often mandated periodic revisions and publication of certain strategy documents.[24]

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https://www.jcs.mil/Portals/36/Documents/Doctrine/jdn_jg/jdn1_18.pdf; and Joseph Nye, "Soft power: the origins and political progress of a concept," *Palgrave Communications*, February 17, 2017, at https://www.nature.com/articles/palcomms20178.

[13] CRS interview with DOD GHE officials, April 2021. See **Appendix D** for more on CRS interviews.

[14] See The White House, *Interim National Security Strategic Guidance*, March 2021, at https://www.whitehouse.gov/wp-content/uploads/2021/03/NSC-1v2.pdf.

[15] See DOD, *Fact Sheet: 2022 National Defense Strategy*, March 28, 2022, at https://media.defense.gov/2022/Mar/28/2002964702/-1/-1/1/NDS-FACT-SHEET.PDF.

[16] See Joint Staff, *Description of the National Military Strategy 2018*, 2018, at https://www.jcs.mil/Portals/36/Documents/Publications/UNCLASS_2018_National_Military_Strategy_Description.pdf

[17] The White House, *National Biodefense Strategy*, 2018, at https://trumpwhitehouse.archives.gov/wp-content/uploads/2018/09/National-Biodefense-Strategy.pdf.

[18] See Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, *National Health Security Strategy 2019-2022*, 2019, at https://www.phe.gov/Preparedness/planning/authority/nhss/Documents/NHSS-Strategy-508.pdf.

[19] See The White House, *United States Government Global Health Security Strategy*, 2019, at https://trumpwhitehouse.archives.gov/wp-content/uploads/2019/05/GHSS.pdf.

[20] See Department of State, Office of the U.S. Global AIDS Coordinator and Special Representative for Global Health Diplomacy, *The United States President's Emergency Plan for AIDS Relief*, at https://www.state.gov/pepfar/; and CRS In Focus IF10797, *PEPFAR Stewardship and Oversight Act: Expiring Authorities*, by Tiaji Salaam-Blyther.

[21] See U.S. Agency for International Development, *U.S. President's Malaria Initiative*, at https://www.pmi.gov/; and CRS In Focus IF11146, *Global Trends: Malaria*.

[22] See Executive Office of the President, Executive Order 13747, *Advancing the Global Health Security Agenda to Achieve a World Safe and Security from Infectious Disease Results*, November 4, 2016, at https://www.govinfo.gov/content/pkg/FR-2016-11-09/pdf/2016-27171.pdf; and CRS In Focus IF11461, *The Global Health Security Agenda (GHSA): 2020-2024*, by Tiaji Salaam-Blyther.

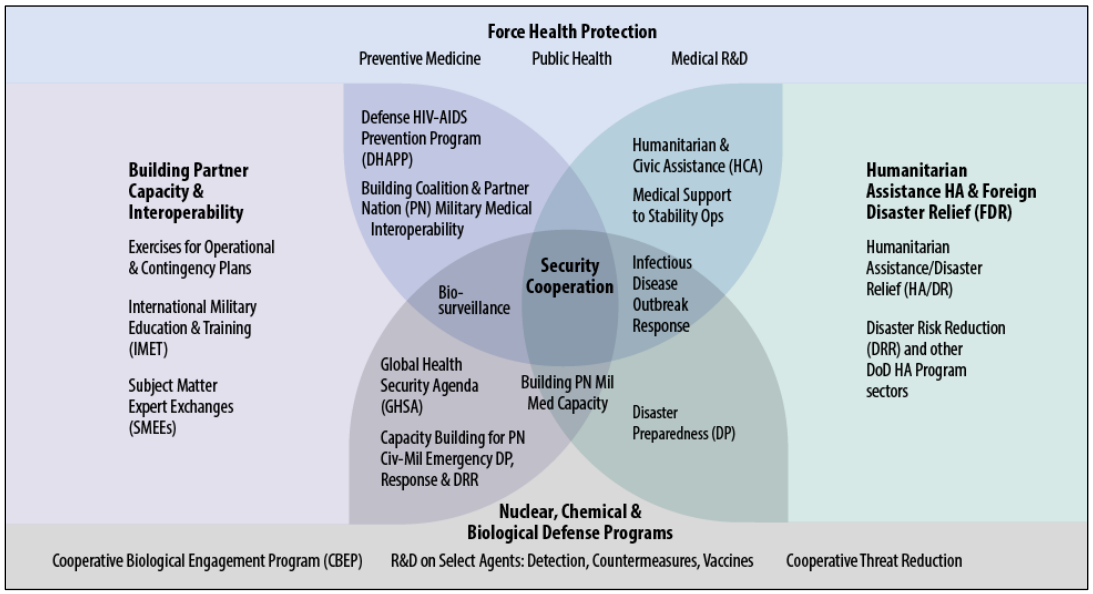
[23] Mara Karlin and Christopher Skaluba, "Strategic Guidance for Countering the Proliferation of Strategic Guidance," *War on the Rocks*, July 20, 2017, at https://warontherocks.com/2017/07/strategic-guidance-for-countering-the-proliferation-of-strategic-guidance/.

[24] For example, 50 U.S.C. §3043 requires the President to annually transmit to Congress a National Security Strategy and 42 U.S.C. §300hh-1 requires the Secretary of Health and Human Services to transmit to Congress a quadrennial

GHE Activities

In conducting security cooperation with partner nations,[25] DOD has three main GHE priorities: (1) build partner nation capacity, (2) bolster the civilian population's confidence in the partner nation's governance, and (3) lower the partner nation's susceptibility to destabilizing influences.[26] Given those priorities, DOD has organized GHE activities into four categories: force health protection; building partner capacity and interoperability; humanitarian assistance and foreign disaster relief; and nuclear, chemical, and biological defense programs (see **Figure 1**).[27]

Figure 1. DOD Global Health Engagement Framework



Source: CRS adapted graphic based on DODI 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, p. 4.

Note: R&D = Research and Development.

GHE may include military-to-military or military-to-civilian activities (e.g., in-person or virtual subject-matter exchanges, embedded advisors with partner ministries of defense, augmenting partner military capabilities to support civil authorities, collaborative medical or public health research and development efforts, live training exercises, or direct medical care). These activities may be conducted on an ad hoc or recurring basis, as bilateral or multilateral partnerships, or as part of larger DOD-implemented security cooperation or security assistance efforts (e.g., African Peacekeeping Rapid Response Partnership, Asia Pacific Regional Initiative, or the European Deterrence Initiative).[28]

National Health Security Strategy.

[25] DOD conducts security cooperation activities under various authorities included in Titles 10, 22, and 50 of the *U.S. Code*. For more, see DODD 5132.03, *DoD Policy and Responsibilities Relating to Security Cooperation*, December 29, 2016, p. 18, at https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/513203_dodd_2016.pdf. For more on security cooperation, see CRS In Focus IF11677, *Defense Primer: DOD "Title 10" Security Cooperation*, by Christina L. Arabia; and CRS Video WVB00435, *FY2022 Security Cooperation Priorities*, by Christina L. Arabia.

[26] DODI 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, pp. 4-5.

[27] Ibid., p. 4.

[28] For more on these security cooperation efforts, see Uniformed Services University, Center for Global Health

GHE Example: Building Partner Capacity

Figure 2 is an example of a military-to-civilian GHE activity in the Chiantla region of Guatemala. U.S. Army veterinarians and animal specialists from Joint Task Force-Bravo, in coordination with the Guatemalan Ministry of Agriculture, work with local livestock owners to administer vaccines and medications to animals as a public health measure to reduce the prevalence of food-borne illness transmission and zoonotic diseases, and protect local food sources.

Figure 2. Veterinary GHE in Chiantla, Guatemala

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Source: U.S. Southern Command, "JTF-Bravo medics perform Guatemala global health engagement," accessed November 20, 2022, at https://www.southcom.mil/MEDIA/IMAGERY/igphoto/2002918474/; and U.S. Southern Command, "Joint Task Force-Bravo Veterinary Team Nurture Animals and Partnerships," press release, June 13, 2022, at https://www.southcom.mil/MEDIA/NEWS-ARTICLES/Article/3064188/joint-task-force-bravo-veterinary-team-nurture-animals-and-partnerships/.

Appendix B lists additional examples of DOD GHE activities conducted between calendar years 2010 and 2020.

GHE Oversight and Responsibilities

DOD policy assigns various DOD components with responsibilities for oversight, planning, coordination, funding, or execution of GHE activities (see **Figure 3**).[29] The Under Secretary of Defense for Policy is assigned primary oversight of GHE and delegates responsibilities to the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict (ASD[SO/LIC]).[30] ASD(SO/LIC) is responsible for

- coordinating the development of GHE-related policy and guidance with the Chairman of the Joint Chiefs of Staff and DOD component leaders;

Engagement, African Peacekeeping Rapid Response Partnership, at https://cghe.usuhs.edu/programs#aprrp; and CRS In Focus IF10946, *The European Deterrence Initiative: A Budgetary Overview*, by Paul Belkin and Hibbah Kaileh.

[29] DODI 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, pp. 6-11.

[30] Ibid, p. 6.

- coordinating with the Defense Security Cooperation Agency for "budget allocation and prioritization of GHE activities" for geographic combatant commanders (GCCs);[31] and
- serving as the DOD GHE Council chair.[32]

Figure 3. DOD Component Responsibilities for GHE Activities

DOD Component	Responsibilities					
	Oversight	Develop Policy	Plan	Coordinate	Fund	Execute
Office of the Under Secretary of Defense for Policy	●	-	-	-	-	-
Office of the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict (ASD[SO/LIC])	●	●	●	●	●	-
Office of the Assistant Secretary of Defense for Homeland Defense and Global Security (ASD[HD/GS])	●	●	●	●	-	-
Office of the Assistant Secretary of Defense for Health Affairs (ASD[HA])	●	●	●	●	-	-
Office of the Assistant Secretary of Defense for Nuclear, Chemical, and Biological Defense Programs (ASD[NCB])	●	●	●	●	-	-
Defense Security Cooperation Agency (DSCA)	●	●	●	●	●	-
Joint Chiefs of Staff (JCS)	●	●	-	●	-	-
Military Departments (i.e., Army, Navy, Air Force)	●	●	●	●	●	-
Geographic Combatant Commanders (GCCs)	-	-	●	●	●	●

Source: CRS analysis of DODI 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, pp. 6-11.

Notes: Bullet (•) means DOD component is tasked with a GHE responsibility; dash (-) means DOD component is not tasked with a GHE responsibility.

GHE Council

The GHE council comprises representatives from DOD components with assigned GHE responsibilities. Chaired by the ASD(SO/LIC), the council is a coordinating body whose purpose is to "increase information sharing, improve collaboration, eliminate redundancy, increase efficiency, and promote best practices" among the various DOD components and their GHE responsibilities.[33] The council is organized into three groups:

- a *Senior Group* (i.e., ASDs and Joint Staff leaders);

[31] For more on combatant commands, see CRS In Focus IF10542, *Defense Primer: Commanding U.S. Military Operations*.

[32] Ibid., pp. 6-7.

[33] Ibid., p. 14.

- a *Deputy Group* (i.e., Deputy ASDs and representatives from the Joint Staff, military departments, and DSCA); and
- an *Action Officer Group* (i.e., representatives from the organizations in the Deputy Group and other DOD GHE stakeholders).[34]

Planning GHE Activities

DOD generally uses a security cooperation planning framework to consider, develop, and organize its GHE activities (see **Figure 4**).[35] As part of this framework, DOD components consider national security goals and objectives.[36] DOD policy describes GCCs as being responsible for carrying out GHE activities with support from other DOD components.[37] Generally, each GCC develops a *campaign plan* and *theater strategy* that includes a "series of related military operations aimed at accomplishing strategic and operational objectives within a given time and space."[38] Campaign plans include regional or country-specific security cooperation sections intended to describe desired military objectives, align activities and investments with other agencies, and identify resource requirements.[39] In developing security cooperation sections, DOD undertakes a multi-step process that takes into account the Department of State's Integrated Country Strategy.[40] The planning process typically includes a GCC assessment of a partner nation's military or civilian needs, determination of specific activities to enhance mutual security objectives (between the United States and the partner nation), and identification of resources and authorities required to conduct an engagement.[41]

Military medical planners are typically involved in the formulation of GCC security cooperation sections and work with other military planners and security cooperation specialists to develop appropriate GHE activities. GCCs usually require and request additional personnel, resources, or military capabilities from other DOD components (e.g., DSCA, military services, Defense Health Agency) or interagency partners to support or carry out their planned GHE activities.[42]

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[34] Ibid., pp. 15-16.

[35] DOD uses the Security Cooperation Planning Framework to plan for security cooperation activities, include GHE. The framework includes a 12-step process that considers strategic national security goals and objectives, operational and campaign plans, and tactical level initiatives to conduct security cooperation activities. For more on the framework, see JP 3-20, *Security Cooperation*, May 23, 2017, pp. III-8-III-11.

[36] Ibid., p.12; and DOD Directive 5132.03, *DoD Policy and Responsibilities Relating to Security Cooperation*, December 29, 2016, pp. 3-4, at https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodd/513203_dodd_2016.pdf. For more on DOD's security cooperation planning process, see Chapter III of JP 3-20, *Security Cooperation*, May 23, 2017, at https://www.jcs.mil/Portals/36/Documents/Doctrine/pubs/jp3_20_20172305.pdf.

[37] DODI 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, p. 11.

[38] JP 5-0, *Joint Planning*, December 1, 2020, p. I-8, at https://irp.fas.org/doddir/dod/jp5_0.pdf; and JP 3-20, *Security Cooperation*, May 23, 2017, p. I-9.

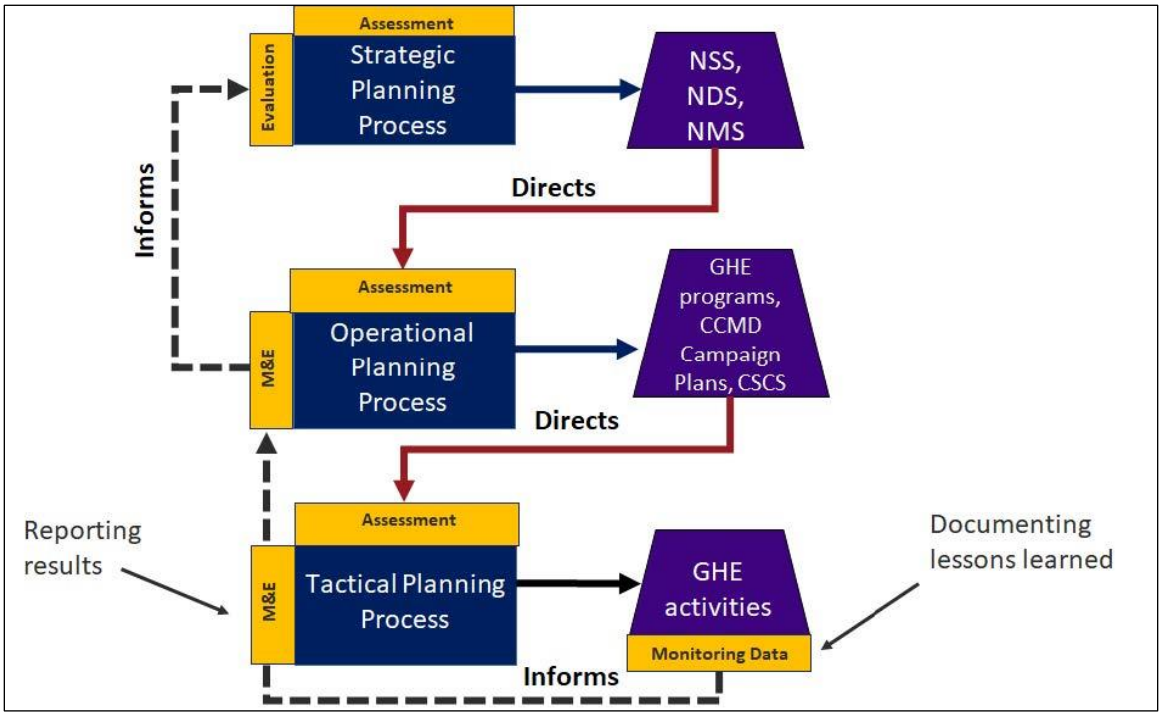
[39] JP 5-0, *Joint Planning*, December 1, 2020, pp. V-13 to V-14.

[40] An *Integrated Country Strategy* (ICS) is a "four-year strategic plan that articulates whole-of-government priorities in a given country and incorporates higher level planning priorities." For more on ICS, see Section 301.2, Chapter 18 of the Foreign Affairs Manual, updated July 31, 2020, at https://fam.state.gov/FAM/18FAM/18FAM030102.html; and Chapter 19 of DSCA, *Security Cooperation Management*, May 2021, p. 2, at https://www.dscu.edu/documents/publications/greenbook/19-Chapter.pdf?id=1.

[41] CRS analysis of Chapter III of JP 3-20, *Security Cooperation*, May 23, 2017.

[42] JP 3-20, *Security Cooperation*, May 23, 2017, pp. III-14 and III-17.

Figure 4. GHE Planning Process



Source: Uniformed Services University of the Health Sciences, "Fundamentals of Global Health Engagement," *GHE Planning*, accessed November 20, 2022, p. 8, at https://cghe.usuhs.edu/training-and-education/fundamentals-of-global-health-engagement/foghe-resources.

Notes: M&E = Monitoring and Evaluation. NSS = National Security Strategy. NDS = National Defense Strategy. NMS = National Military Strategy. GHE = Global Health Engagement. CCMD = Combatant Command." CSCS = Country-specific Security Cooperation Section. For a more detailed schema of the broader security cooperation planning framework, see Joint Publication 3-20, *Security Cooperation*, p. III-9, May 23, 2017, at https://www.jcs.mil/Portals/36/Documents/Doctrine/pubs/jp3_20_20172305.pdf.

Interagency Coordination

DOD policy requires the GCC to coordinate its GHE activities with interagency liaison officers and U.S. country team personnel.[43] Certain GCCs have permanent or ad hoc representatives assigned from other federal entities (e.g., U.S. Agency for International Development [USAID]) or embedded nonmilitary advisors (e.g., Department of State foreign policy advisor [POLAD]) that consult or coordinate on certain military operations.[44] The planning process often includes coordination to ensure DOD GHE activities are "consistent with the U.S. Embassy's Integrated Country Strategy and its applicable health, social, economic, and environmental mission goals

[43] DODI 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, p. 11. A *U.S. country team* is an "interagency group made up of the heads of each State Department section in the embassy and the heads of other U.S. Government agencies represented at the post." Department of State (DOS), "Country Team," June 10, 2019, at https://diplomacy.state.gov/glossary/country-team-2/.

[44] JP 3-08, *Interorganizational Cooperation*, updated October 18, 2017, pp. IV-5-IV-6, at https://www.jcs.mil/Portals/36/Documents/Doctrine/pubs/jp3_08.pdf.

and objectives and, if applicable, complementary to USAID's Country Development Cooperation Strategy."[45]

Other DOD components also participate in formal and informal interagency coordination to develop, resource, and plan GHE activities as part of broader whole-of-government efforts. For example, the ASD(HD/GS) and ASD(HA) participate in the GHSA Interagency Review Council, a working group organized under the National Security Council to coordinate whole-of-government efforts to "prevent, detect, and respond to infectious disease threats" with certain partner nations.[46] Additionally, DOD regularly assigns a liaison to the U.S. Centers for Disease Control and Prevention (CDC) Director's staff to coordinate "complementary activities" between the two entities, including those on "global health security."[47]

Funding GHE Activities

Congress typically appropriates funding for DOD GHE activities through the annual Department of Defense Appropriations Act; or the State, Foreign Operations, and Related Programs Appropriations Act. A range of DOD components are responsible for funding GHE activities, including the ASD(SO/LIC), DSCA, Defense Threat Reduction Agency (DTRA), the military services, and the GCCs.[48] In general, the components use the Planning, Programming, Budgeting, and Execution (PPBE) process to request, prioritize, and allocate funding for GHE activities in a five-year spending plan known as the Fiscal Year Defense Program (FYDP).[49] GHE funding allocated through the PPBE process is typically assigned from a component's operation and maintenance (O&M) account, as well as other congressionally designated amounts included in other accounts specified for security cooperation. DOS also funds certain DOD security cooperation efforts, including GHE, through programs authorized by Title 22, Chapter 32 of the *United States Code*, and the Foreign Assistance Act of 1961 (P.L. 87-195, as amended). **Table C-1** lists selected DOD and DOS accounts typically used to fund DOD-administered security cooperation efforts and GHE activities.

Evaluating GHE Activities

ASD(SO/LIC) is responsible for issuing guidance and conducting oversight of assessment, monitoring, and evaluation (AM&E) for GHE activities.[50] In general, most DOD components use the Security Cooperation AM&E framework and standards to "foster accurate and transparent reporting to key stakeholders on the outcomes and sustainability of security cooperation" and "identify best practices and lessons learned" to inform future policies, programs, and initiatives

[45] DODI 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, p. 11.

[46] Ibid., pp. 7-8. The GHSA Interagency Review Council includes representatives from the Departments of Defense, State, Homeland Security, Health and Human Services, Agriculture, Justice, and other sub-cabinet level agencies.

[47] Jean-Paul Chretien et al., "Department of Defense Global Emerging Infections Surveillance," *Military Medicine*, vol. 171 (Supplement 2006), p. 12, at https://academic.oup.com/milmed/article/171/suppl_1/12/4647688; and DOD, "Department of Defense (DoD) Liaison to the Centers for Disease Control and Prevention (CDC)," Position Description, January 2021.

[48] For more on DOD and DOS security cooperation funding, see CRS Video WVB00397, *The Security Cooperation Budget*, by Christina L. Arabia; and CRS Report WPE11831, *Defense Institute 201 Series*, by Christina L. Arabia.

[49] For more on the Planning, Programming, Budgeting, and Execution process, see CRS In Focus IF10429, *Defense Primer: Planning, Programming, Budgeting, and Execution (PPBE) Process*, by Brendan W. McGarry; and CRS Report R47178, *DOD Planning, Programming, Budgeting, and Execution (PPBE): Overview and Selected Issues for Congress*, by Brendan W. McGarry.

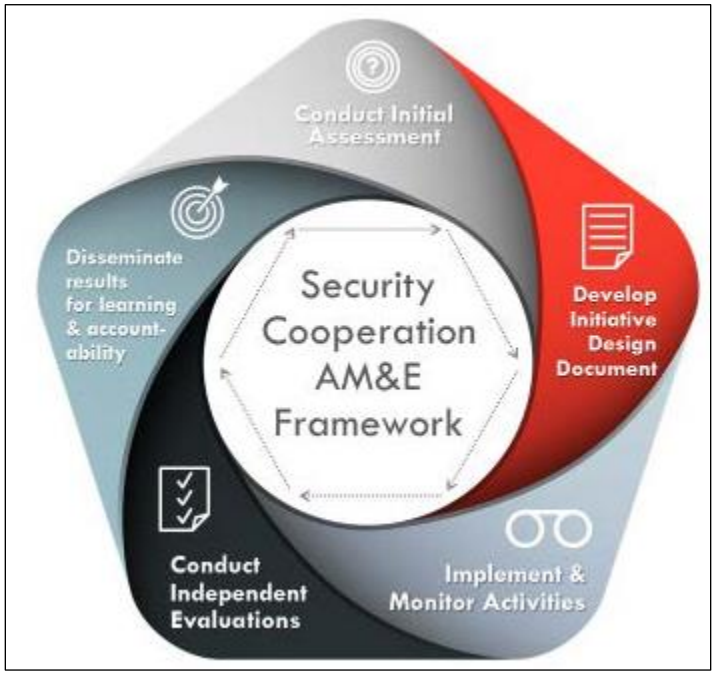
[50] DODI 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, pp. 6-7.

(see **Figure 5**).[51] DOD policy generally requires AM&E to occur before, during, and after a GHE activity to ensure a program is

- designed to meet specific objectives;
- implemented as planned; and
- measured for effects.[52]

DOD components planning or conducting GHE activities are typically responsible for also completing AM&E.

Figure 5. DOD Security Cooperation AM&E Framework



Source: DODI 5132.14, *Assessment, Monitoring, and Evaluation Policy for the Security Cooperation Enterprise*, January 13, 2017, p. 13.

Legislative Activity

Since 2009, Congress has considered or enacted requirements to expand the scope and improve the evaluation of GHE in order to advance U.S. national security goals. **Table 1** lists GHE-related legislative activity from the 111th through the 116th Congresses.

[51] DODI 5132.14, Assessment, Monitoring, and Evaluation Policy for the Security Cooperation Enterprise, January 13, 2017, p. 3, at https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/513214_dodi_2017.pdf.

[52] Ibid.

Table 1. GHE-related Legislative Activity

111th-116th Congresses (2009-2020)

Congress	Bill or Report Number	Section Title	Description
116th	H.R. 6395 (P.L. 116-283)	Department of Defense Pandemic Preparedness.	Section 732 requires the Secretary of Defense to develop a strategy for pandemic preparedness and response that includes, among other items, a review of the placement and utilization of GHE liaisons, and scope of GHE activities.
116th	H.R. 6395	COVID-19 Global War on Pandemics.	Section 722 would require the Secretary of Defense to develop a strategy for pandemic preparedness and response that includes, among other items, a review of the placement and utilization of GHE liaisons, and scope of GHE activities.
115th	H.Rept. 115-676 (p. 131)	Global Health Engagement Organization Consolidation.	The report directs the Secretary of Defense to brief the House Armed Services Committee, not later than April 1, 2019, on the feasibility of consolidating and integrating the Center for Global Health Engagement at the Uniformed Services University of the Health Sciences (USUHS) and the Defense Institute of Medical Operations.
114th	S.Rept. 114-63 (p. 204)	Global Health.	The report encourages the ASD(HA) and USUHS to establish a "learning tool to assess the efficiency and effectiveness" of GHE in meeting national security goals.
113th	S.Rept. 113-85 (p. 193)	Global Health Engagements.	The report encourages the ASD(HA) and USUHS to establish a "learning tool to assess the efficiency and effectiveness" of GHE in meeting national security goals.
113th	S.Rept. 113-211 (p. 255)	Global Health.	The report encourages the ASD(HA) and USUHS to establish a "learning tool to assess the efficiency and effectiveness" of GHE in meeting U.S. national security goals.
112th	H.R. 4310 (P.L. 112-239)	Requirement to Ensure the Effectiveness and Efficiency of Health Engagements.	Section 715 requires the Secretary of Defense to develop a process to ensure that GHE activities are effective and efficient in meeting U.S. national security goals.
112th	H.R. 4310	Requirement to Ensure the Effectiveness and Efficiency of Health Engagements.	Section 714 would require the Secretary of Defense to develop a process to ensure that GHE activities are effective and efficient in meeting U.S. national security goals.

Source: Congress.gov, November 2022.

Note: CRS did not identify any related legislation introduced or considered during the 111th Congress.

Issues for Congress

GHE and U.S. Policies on National Security and Global Health

Since the early 2000s, U.S. national security and global health experts have called for the development of whole-of-government strategies to address global health issues that could "affect nearly every aspect of Americans' safety and prosperity."[53] These experts have noted that though DOD has "long made significant contributions to science through military medicine," their "strategic thinking about global health and security issues is evolving very slowly."[54] DOD has since grown from its modern GHE roots in overseas force health protection and stability activities. DOD has typically been a contributor to broader whole-of-government strategies to address global health, health security, and health diplomacy issues.[55]

In March 2021, the Biden Administration stated in the Interim National Security Strategic Guidance that it will work to "restore U.S. leadership on global health and health security, and build the world's collective preparedness and capacity to detect and rapidly contain infectious diseases and biological threats."[56] As federal departments and agencies consider their responsibilities and priorities to meet existing U.S. policy on national security and global health security, DOD may also reevaluate how GHE is used to support military-specific requirements and broader global health objectives. Reexamining the purpose of GHE could also inform how DOD administers, coordinates, and resources these activities.

As DOD demonstrated during the Coronavirus Disease 2019 (COVID-19) pandemic, it possesses substantial resources, personnel, and logistics experience to conduct domestic and global operations.[57] Combined with their efforts to build strong partnerships through security cooperation activities, some observers would contend that DOD is well positioned to enable additional global health initiatives led by other federal entities.[58] Other observers maintain that while DOD will have opportunities to "contribute to broader U.S. government global health

[53] Eugene V. Bonventre, Kathleen H. Hicks, and Stacy M. Okutani, "U.S. National Security and Global Health," *Center for Strategic and International Studies*, April 2009, p. 3, at https://csis-website-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/090421_Bonventre_USNationalSecurity_Rev.pdf.

[54] Ibid.

[55] *Health security* refers to the "existence of strong and resilient public health systems that can prevent, detect, and respond to infectious disease threats, where they occur in the world." For more on health security, see Centers for Disease Control and Prevention, Global Health, Global Health Security Agenda, "What is Global Health Security?" accessed July 30, 2022, at https://www.cdc.gov/globalhealth/security/what.htm. *Health diplomacy* refers to "the intersection of public health and foreign affairs." For more on health diplomacy, see Department of Health and Human Services, "Global Health Diplomacy," accessed July 30, 2022, at https://www.hhs.gov/about/agencies/oga/global-health-diplomacy/index.html.

[56] The White House, *Interim National Security Strategic Guidance*, March 2021, p. 16, at https://www.whitehouse.gov/wp-content/uploads/2021/03/NSC-1v2.pdf.

[57] For example, see CRS In Focus IF11480, *Overview: The Department of Defense and COVID-19*; and CRS Insight IN11273, *COVID-19: The Basics of Domestic Defense Response*, coordinated by Michael J. Vassalotti.

[58] Gerald V. Quinnan Jr., "The Future of Department of Defense Global Health Engagement," *Joint Forces Quarterly*, no. 80 (January 2016), pp. 37-44; Eugene V. Bonventre, Kathleen H. Hicks, and Stacy M. Okutani, "U.S. National Security and Global Health," *Center for Strategic and International Studies*, April 2009, p. 5; and Thomas Cullison and J. Stephen Morrison, "Department of Defense Contributions to the U.S. COVID-19 Response, at Home and Abroad," *Center for Strategic and International Studies*, December 16, 2021, at, https://www.csis.org/analysis/department-defense-contributions-us-covid-19-response-home-and-abroad.

initiatives," the "global health community will look to see if DOD leadership sustains its commitment to 'smart global health engagement.'"[59]

Congress could consider clarifying DOD's role and responsibilities to conduct GHE activities in the context of advancing U.S. policies on national security and global health. In providing such direction, Congress could further define or codify how DOD leads or enables whole-of-government global health initiatives, or limit DOD's contributions to certain efforts.

GHE Funding

Funding Streams

Unlike certain other DOD programs, projects, and activities, GHE has no single source of funding. As noted earlier and in **Appendix C**, at least 10 DOD appropriations accounts and one DOS account have been used to fund GHE. Within those accounts, different budget activities or line items can be used to fund GHE depending on their relevance, location, or sponsoring entity. The existing approach to funding GHE activities may provide certain flexibility across DOD to prioritize resources for certain security cooperation efforts (e.g., GHE vs. non-GHE activities) depending on strategy, organizational need, urgency, or other influencing factors. While this flexibility may allow for increased investments in GHE on an ad hoc basis, DOD component leaders can also choose to reprioritize their resources, with or without GHE Council input, to fund other security cooperation efforts over its GHE activities.

Congress could consider authorizing or appropriating funds in a manner that streamlines how GHE activities are resourced to eliminate intra-departmental competition with other security cooperation priorities. Efforts to streamline such resources could be explored through a requirement for DOD to submit a consolidated GHE budget; establishment of one or more appropriations accounts, budget activities, or line items specifically for DOD GHE activities; or designation of a singular DOD entity that is responsible and accountable for all GHE funds. Congress could revise existing, or establish more stringent *prior approval* requirements used for certain reprogramming actions to enhance its visibility of funding initially intended for security cooperation or GHE activities.[60]

Funding Flexibilities

DOD may use congressionally appropriated funds only for specified purposes and only for use within a certain timeframe. For example, the Department of Defense Appropriations Act, 2022 (Division C of P.L. 117-103), provided certain amounts for the Operation and Maintenance, Defense-Wide account, of which certain components fund security cooperation and GHE activities, and specified that such funds would "remain available until September 30, 2023."[61] Although DOD components plan and request for resources to conduct security cooperation and GHE activities throughout the FYDP, changes in U.S. policies or strategies could result in an unforeseen requirement. DOD may address these scenarios by amending a budget request,

[59] J. Christopher Davis and Kathleen H. Hicks, *Global Health Engagement*, Center for Strategic & International Security (CSIS), Sharpening a Key Tool for the Department of Defense, Washington, DC, October 2014, pp. 13-14.

[60] For more on DOD prior approval requirements and reprogramming actions, see CRS Report R46421, *DOD Transfer and Reprogramming Authorities: Background, Status, and Issues for Congress*, by Brendan W. McGarry.

[61] See Division C of the Consolidated Appropriations Act, 2022 (P.L. 117-103).

transferring or reprogramming existing funding, or requesting additional appropriations from Congress.[62]

Certain strategies call for multi-year initiatives to achieve broader health security goals. For example, the Global Health Security Agenda (GHSA) includes a number of country-specific actions to meet certain targets by 2024.[63] The United States, as a GHSA member, has committed to a number of actions that require relevant federal departments and agencies to fulfill their individual tasks over the next several years.[64] Given the multi-year effort, observers have noted that the relevant DOD GHE activities that support these tasks are "funded with same-year dollars."[65] Though annual appropriations provide Congress and DOD an opportunity to modify its funding priorities more frequently, they also create certain complexities of timing for policy and investment commitments.

Congress could consider multi-year appropriations to address existing barriers to GHE workforce or resource investments, long-term planning and capacity building efforts, or interagency cooperation and contributions to broader whole-of-government efforts (e.g., GHSA). Congress could also consider requiring certain oversight activities (e.g., periodic reports or briefings) for GHE as a way to increase transparency into DOD's execution of such funds.

DOD GHE Workforce

GHE Specialists

Despite a growing demand for GHE, certain observers have noted that the "U.S. military does not have distinct primary duty designators for global health experts."[66] Instead, GHE activities are often planned and carried out by individuals in a diverse range of other military occupations (e.g., medical planners, health care providers, public health practitioners, security cooperation specialists, or foreign area officers or regional specialists). Some military services have established a formal GHE-specific occupation as a secondary duty designator. In 2000, the Air Force created an international health specialist (IHS) program to develop a cadre of GHE experts.[67] To become an IHS, commissioned medical officers or medical enlisted personnel must meet the Air Force's core competencies that can be acquired through "personal experience, self-study, web-based training, and formal education usually over a significant period of time."[68] In 2017, the Navy established a similar occupational specialty for commissioned medical officers

[62] For example, see DOD, *Financial Management Regulation 7000.14-R*, Volume 3: Budget Execution – Availability and Use of Budgetary Resources, Chapter 6: Reprogramming of DOD Appropriated Funds, January 2020, at https://comptroller.defense.gov/Portals/45/documents/fmr/Volume_03.pdf.

[63] For more on GHSA targets, see GHSA, "Commitments to the Global Health Security Agenda 2024 Targets," accessed April 21, 2022, at https://web.archive.org/web/20220616022111/https://ghsagenda.org/wp-content/uploads/2020/11/Commitment-Visualization_REV9Nov20.pdf.

[64] The White House, *National Biodefense Strategy*, 2018, pp. 22-25.

[65] Thomas R. Cullison, Charles W. Beadling, and Elizabeth Erickson, "Global Health Engagement: A Military Medicine Core Competency," *Joint Forces Quarterly*, vol. 80 (1st Quarter 2016), p. 60.

[66] Edwin K. Burkett and Diana L. Aguirre, "Tiers for Education and Training in Global Health for Military Engagement," *Military Medicine*, vol. 185, no. 9 (September/October 2020), p. 411.

[67] James A. Chambers, "Global Health Engagement: Good to Great Over the Next 15 Years," *Military Medicine*, vol. 181 (February 2016), p. 98.

[68] Air Force Instruction 44-162, *International Health Specialist (IHS) Program and Global Health Engagement (GHE)*, updated March 28, 2019, pp. 12-14, at https://static.e-publishing.af.mil/production/1/af_sg/publication/afi44-162/afi44-162.pdf.

(i.e., global health specialists).[69] In May 2022, the Air Force Medical Readiness Agency reported that a total of 309 officers and 95 enlisted personnel had the IHS designator, while the Navy reported that 291 officers had the global health specialist designator.[70] The Marine Corps, Army, and Space Force do not have any GHE-specific occupations.[71]

Each military service is responsible for recruiting, training, and maintaining appropriate forces to meet the needs of the commandant commanders, while at the same time, developing new capabilities that could be employed in a range of military operations. The knowledge, skills, and abilities required of an Air Force IHS appears to be similar and comparable to a Navy global health specialist. However, the Air Force requires formal language education and competency that is assessed through the Defense Language Proficiency Test.[72] While most military services conduct GHE, there are no standardized core competencies applied across all of the services for those who plan, conduct, or evaluate these activities.[73]

In recent years, Congress has conducted oversight activities to ensure the military services maintain "critical wartime medical readiness skills and core competencies of health care providers within the Armed Forces."[74] Additionally, Congress has enacted legislation to: limit certain reductions in military medical personnel, require DOD to assess its military medical workforce requirements, and direct the Government Accountability Office (GAO) to assess the anticipated effects of potential military medical workforce reductions.[75] As part of ongoing interest in DOD's strategy to recruit and retain military medical personnel, Congress could establish a line of inquiry that seeks to describe DOD's current and future GHE workforce requirements, if any; and facilitate standardization and sustainment of core GHE competencies.

Security Cooperation Workforce (SCW)

In 2016, Congress mandated the creation of a DOD Security Cooperation Workforce Development Program in response to concern over the department's ability to train and maintain a skilled security cooperation workforce.[76] The conference report accompanying the National Defense Authorization Act for Fiscal Year 2017 (NDAA; P.L. 114-328) stated

> Despite the increasing emphasis on security cooperation to further its strategic objectives, the conferees are concerned that the Department of Defense—whether in implementing

[69] Department of the Navy, Bureau of Medicine and Surgery Instruction 6400.10, *Navy Global Health Engagement Activities*, November 23, 2021, at https://www.med.navy.mil/Portals/62/Documents/BUMED/Directives/Instructions/BUMEDINST%206400.10.pdf.

[70] Email communication with Air Force Medical Readiness Agency and Navy Bureau of Medicine and Surgery officials, May 2022.

[71] Matthew A. Levine, Eric A. Lutz, and Derek Licina, "Global Health Engagement Playbooks: Aligning Tactics with Strategy Using Standardized Engagement Packages," *Military Medicine*, vol. 183 (September/October 2018), pp. 181-183.

[72] Edwin K. Burkett and Diana L. Aguirre, "Tiers for Education and Training in Global Health for Military Engagement," *Military Medicine*, vol. 185, no. 9 (September/October 2020), p. 412.

[73] Thomas R. Cullison, Charles W. Beadling, and Elizabeth Erickson, "Global Health Engagement: A Military Medicine Core Competency," *Joint Forces Quarterly*, vol. 80 (1st Quarter 2016), p. 60, at https://ndupress.ndu.edu/Portals/68/Documents/jfq/jfq-80/jfq-80_54-61_Cullison-et-al.pdf.

[74] P.L. 114-328, §725.

[75] For example, see P.L. 114-328, §725; P.L. 116-92, §719; P.L. 116-283, §717; P.L. 117-81, §731; and explanatory statement accompanying the Department of Defense Appropriations Act, 2022 (Division C of P.L. 117-103) in *Congressional Record*, vol. 168 (March 9, 2022), pp. H2156-H2157.

[76] P.L. 114-328, §1250, codified in 10 U.S.C. §384.

> State Department programs or its own programs—has not devoted sufficient attention and resources to the development, management, and sustainment of the Department's security cooperation workforce to ensure effective assessment, planning, monitoring, execution, evaluation, and administration of security cooperation programs and initiatives. As a result of this inattention, security cooperation initiatives are not always planned and implemented in such a way as to most effectively advance national security objectives, and the Military Departments are left to pursue their unique service objectives, which may not always align with broader foreign policy objectives or integrate with Department of Defense efforts.[77]

The program's purpose is to "improve the quality and professionalism of the security cooperation workforce" and requires the DSCA director to issue department-wide guidance on professional career paths for a military and civilian security cooperation workforce and to identify training and certification requirements.[78] In May 2021, DOD issued policy to implement these requirements and establish a process for individuals to obtain the SCW certification.[79] Each DOD component is responsible for identifying SCW-related positions in which certification would be required.[80] SCW certification is not required to be an Air Force IHS or Navy Global Health Specialist.[81] Certain DOD officials have noted that requiring GHE professionals to complete the SCW development and certification program could provide the department and the Services with professionals who have a broader understanding of security cooperation and the applicability of GHE.[82] Other experts have noted, "there does not appear to be a central workforce strategy nor joint human capital development framework for requirements across the DOD and in support of interagency partners."[83]

Congress could consider assessing the utility and effectiveness of DOD's SCW certification and further legislate requirements that explicitly apply or exempt the GHE workforce from SCW training and certification requirements.

DOD GHE Effectiveness

Some observers have noted opportunities for DOD to establish an assessment and evaluation system that measures the "health and security outcomes" of its GHE activities.[84] In 1993, a GAO report on DOD's Humanitarian and Civic Assistance (HCA) program, which conducts some GHE activities, stated that certain projects did not "meet foreign policy objectives."[85] In reviewing

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[77] H.Rept. 114-840, pp. 1202-1204.

[78] P.L. 114-328, §1250.

[79] DOD Instruction 5132.15, *Implementation of the Security Cooperation Workforce Certification Program*, May 7, 2021, at https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/513215p.PDF. For more on the SCW certification, see https://www.dscu.edu/documents/brochures/brochure-basic-certification.pdf.

[80] Ibid., p. 8.

[81] CRS analysis of Department of the Air Force, Air Force Instruction 44-162, *International Health Specialist (IHS) Program and Global Health Engagement (GHE)*, updated March 28, 2019; and Department of the Navy, Bureau of Medicine and Surgery Instruction 6400.10, *Navy Global Health Engagement Activities*, November 23, 2021.

[82] CRS interview with DOD GHE officials, April 2021.

[83] Mark Ediger, Derek Licina, and Emily LaMarsh, "Enhancing the US Military Health System's global health engagement strategy," 2022, p. 4, at https://www2.deloitte.com/content/dam/Deloitte/global/Documents/Public-Sector/gx-gps-global-health-engagement-stratege-white-paper-thought-leadership.pdf.

[84] Eugene V. Bonventre, Kathleen H. Hicks, and Stacy M. Okutani, "U.S. National Security and Global Health: An Analysis of Global Health Engagement by the U.S. Department of Defense," *Center for Strategic and International Studies*, April 2009, p. 16.

[85] U.S. Government Accountability Office, *Changes Needed to the Humanitarian and Civic Assistance Program*, GAO/NSIAD-94-57, November 1993, pp. 6-7, at https://www.gao.gov/assets/nsiad-94-57.pdf.

certain HCA projects conducted in South America, GAO found that "medical exercises did not have long-term goals so progress could be measured in terms of raising the general health of the population."[86] In the FY2013 NDAA (P.L. 107-314), Congress directed DOD to establish a process and tools to ensure that DOD GHE activities are "effective and efficient in meeting the national security goals of the United States."[87] In response to this congressional requirement, the Uniformed Services University of the Health Sciences (USUHS) led a review of AM&E methods used by various DOD components and developed a new evaluation framework called the "Measures Of effectiveness in Defense Engagement and Learning" (MODEL).

The new AM&E framework was designed to be used for GHE and broader security cooperation activities.[88] Despite investments to develop the MODEL approach, DOD policy later directed that GHE activities be evaluated using the AM&E framework used for security cooperation.[89] Though DOD GHE uses its own security cooperation AM&E framework to evaluate intervention fidelity (i.e., is the program being delivered as designed?) and to measure short-, medium-, or long-term effects on partner nations, it is unclear how whole-of-government efforts are measured. Additionally, it is unclear how DOD's AM&E framework is congruent with measurement approaches used by other federal departments and agencies.

Congress could conduct oversight activities to better understand how DOD has implemented GHE assessment requirements outlined in the FY2013 NDAA (P.L. 112-239), how those methods align with broader security cooperation AM&E requirements outlined in the FY2016 NDAA (P.L. 114-92), and whether DOD GHE activities actually meet national strategic objectives.[90]

Congressional Outlook

DOD continues to use GHE as an element of security cooperation and a *soft power* tool to achieve certain national security objectives. Simultaneously, DOD GHE is also employed to contribute to whole-of-government global health, health security, and health diplomacy efforts. In considering future appropriations and authorizations for DOD, DOS, USAID, Department of Health and Human Services (HHS), and other federal entities, Congress may opt to rebalance the demand and resources for DOD GHE to better meet U.S. policy objectives on national security and/or global health security. In doing so, Congress could potentially expand, curtail, or sustain DOD GHE capabilities and the department's utility to affect the health and well-being of partner nations and the national security of the United States.

[86] Ibid.

[87] P.L. 112-239, §715.

[88] For more on MODEL, see Glendon Diehl et al., "The MODEL Report (2013-2016): Aiming for Measured Success in DoD AME," *Uniformed Services University of the Health Sciences Center for Global Health Engagement*, 2016, at https://reliefweb.int/report/world/model-report-2013-2016-aiming-measured-success-dod-ame; Glen Diehl and Solomon Major, "MOE vs. M&E: Considering the Difference Between Measuring Strategic Effectiveness and Monitoring Tactical Evaluation," *Military Medicine*, vol. 180 (January 2015), pp. 77-82.

[89] DODI 2000.30, *Global Health Engagement (GHE) Activities*, July 12, 2017, p. 6.

[90] See P.L. 112-239, §715; and P.L. 114-92, §1202.

Appendix A. Acronyms

Glossary of Acronyms

AFRICOM	U.S. Africa Command	**GCC**	Geographic Combatant Command
AM&E	Assessment, Monitoring, and Evaluation	**GHE**	Global Health Engagement
ASD(HA)	Assistant Secretary of Defense for Health Affairs	**GHSA**	Global Health Security Agenda
ASD(HD/GS)	Assistant Secretary of Defense for Homeland Defense and Global Security	**HCA**	Humanitarian and Civic Assistance
ASD(NCB)	Assistant Secretary of Defense for Nuclear, Chemical, and Biological Defense Programs	**HHS**	Department of Health and Human Services
ASD(SO/LIC)	Assistant Secretary of Defense for Special Operations and Low Intensity Conflict	**ICS**	Integrated Country Strategy
CDC	U.S. Centers for Disease Control and Prevention	**IHS**	International Health Specialist
CGHE	Center for Global Health Engagement	**INDOPACOM**	U.S. Indo-Pacific Command
DHA	Defense Health Agency	**JCS**	Joint Chiefs of Staff
DHP	Defense Health Program	**MODEL**	Measures Of effectiveness in Defense Engagement and Learning
DOD	Department of Defense	**NCB**	Nuclear, Chemical, Biological
DOS	Department of State	**O&M**	Operation and Maintenance
DSCA	Defense Security Cooperation Agency	**POLAD**	Political Advisor
DTRA	Defense Threat Reduction Agency	**PPBE**	Planning, Programming, Budgeting, and Execution
EUCOM	U.S. European Command	**SOUTHCOM**	U.S. Southern Command
FHP	Force Health Protection	**USAID**	U.S. Agency for International Development
FYDP	Future Years Defense Program	**USUHS**	Uniformed Services University of the Health Sciences
GAO	Government Accountability Office		

Appendix B. Historical Examples of GHE Activities

Table B-1. Selected DOD GHE Activities

Calendar Year 2010-2020

Calendar Year	GHE Category	GHE Activity	Description	Lead Combatant Command
Ongoing	Nuclear, Chemical, and Biological (NCB) Defense Programs	Engagement activities to address biological threats reduction	The Defense Threat Reduction Agency (DTRA) performs health engagement activities with an emphasis on health security and biological threat reduction efforts. Globally, DTRA spends over $270 million annually to address biological threats associated with weapons of mass destruction.[a]	Multiple GCCs
Ongoing	Building Partner Capacity and Interoperability	Medical humanitarian activities and engineering projects tailored to the needs of African partner nations	U.S. Naval Forces Africa hosts a periodic maritime security cooperation program, *Africa Partnership Station*, to develop and improve maritime response capabilities while building regional integration. Medical and engineering engagements are often incorporated based on the partner needs and priorities.[b]	AFRICOM
Ongoing	NCB Defense Programs Force Health Protection	Overseas medical labs that focus on surveillance on infectious and drug-resistant diseases	The Naval Medical Research Unit (NAMRU) administers medical labs, including some in overseas locations (e.g., Egypt, Peru, Singapore), that work to meet the public health and disease surveillance needs of the United States and partner nations.[c]	AFRICOM SOUTHCOM INDOPACOM
1958/ Ongoing	NCB Defense Programs Force Health Protection	Joint U.S.-Thai Army medical lab that focuses on infectious disease diagnoses and monitoring, vaccine development, and disease prevention	As a partnership between the U.S. Army and the Royal Thai Army, the Armed Forces Research Institute of Medical Sciences (AFRIMS) monitors new, emerging disease threats as part of the Global Emerging Diseases Surveillance system.[d]	INDOPACOM
2020	Building Partner Capacity and Interoperability	Field hospital and medical equipment donation	A U.S. military field hospital (i.e., medical tents and equipment) donated to South Africa for COVID-19 response. AFRICOM also provided in-person training to South African medical and support teams selected to run the mobile hospital.[e]	AFRICOM

Calendar Year	GHE Category	GHE Activity	Description	Lead Combatant Command
2020	Building Partner Capacity and Interoperability Force Health Protection	Testing large-scale medical scenarios	The Defense Health Agency (DHA) tested medical scenarios to identify and resolve any technical issues that may arise in a real-world event during the 2020 Coalition Warrior Interoperability Exercise. The exercise included 22 NATO partners and tested the secure transmission of patient health information and medical records, and treatment of wounded servicemembers from point-of-injury to higher echelons of care. DHA also evaluated simulated transport of injured servicemembers to military treatment facilities during a mass casualty situation and disease surveillance.[f]	EUCOM
2013-2014	Humanitarian Assistance and Foreign Disaster Relief (HA/FDR)	HA/FDR in response to Ebola outbreak	In support of the U.S. Agency for International Development, Operation United Assistance was a U.S. military HA/FDR response to the Ebola outbreak in West Africa. The operation provided Ebola treatment units, medical research labs, and a 25-bed medical unit to care for infected partner nation health care workers.[g]	AFRICOM
2012/ Ongoing	Building Partner Capacity and Interoperability	Expand partner nation military medical capabilities	Through the Ministry of Defense Advisor (MoDA) program, DOD personnel are embedded in partner nation government agencies to assist with the development of health capabilities. Since 2012, the MoDA program has periodically assigned a DOD medical advisor to certain Eastern European countries (e.g., Georgia, Ukraine) to assist with the expansion of military medical capabilities (e.g., wounded warrior care, health system development).[h]	EUCOM
2010	HA/FDR	HA/FDR in response to a natural disaster	In response to a magnitude 7.0 earthquake that hit the capital city of Port au Prince, Haiti, the U.S. Southern Command (SOUTHCOM) conducted Operation United Response, an HA/FDR mission. The operation included coordinated efforts from numerous U.S. governmental and nongovernmental organizations to provide humanitarian relief to Haiti.[i]	SOUTHCOM

Calendar Year	GHE Category	GHE Activity	Description	Lead Combatant Command
2008/ Ongoing	Building Partner Capacity and Interoperability	Medical and engineering engagements	Operation Beyond the Horizon (BTH) in Guatemala and other Central American countries provides humanitarian and community services. This mission conducts civil-military operations in support of the partner government. In addition to engineering/construction projects, the Medical Readiness Training Exercises (MEDRETEs) provide medical, dental, and veterinarian services furnished by U.S. military and local health care providers to partner nation patients in remote areas.[j]	SOUTHCOM
2007/ Ongoing	Force Health Protection	Annual missions to provide medical, dental, and veterinary care	Operation Continuing Promise is an annual U.S. Navy mission to provide medical, dental, and veterinary care to local populations in Central and South America. The Navy's hospital ship, USNS Comfort, or another support ship typically spearheads the mission.	SOUTHCOM

Sources:

a. Center for Strategic and International Studies (CSIS), "A Greater Mekong Health Security Partnership: A Report of the CSIS Task Force on Health and Smart Power in Asia," July 2013, p. 10, at https://csis-website-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/130719_Morrison_GreaterMekongHealth_WEB.pdf.

b. CSIS, "U.S. Navy Humanitarian Assistance in an Era of Austerity," March 2013, p. 1, at https://www.csis.org/analysis/us-navy-humanitarian-assistance-era-austerity.

c. Navy Medicine Research and Development, "R&D Commands," accessed April 14, 2022, at https://www.med.navy.mil/Naval-Medical-Research-Center/R-D-Commands/.

d. U.S. Army, Armed Forces Research Institute of Medical Sciences, accessed April 13, 2022, at https://afrims.health.mil/.

e. Al Phillips, "U.S. Donates Field Hospital to South Africa for COVID-19 Response," DOD News, November 18, 2020, at https://www.defense.gov/Explore/Features/Story/Article/2418481/us-donates-field-hospital-to-south-africa-for-covid-19-response.

f. Military Health System Communications Office, "DHA Proves Power of Collaboration in Medical IT War Games," August 18, 2020, at https://health.mil/News/Articles/2020/08/18/DHA-proves-power-of-collaboration-in-medical-IT-war-games.

g. Joint Staff, "Operation United Assistance: The DOD Response to Ebola in West Africa," January 6, 2016, at https://www.jcs.mil/Portals/36/Documents/Doctrine/ebola/OUA_report_jan2016.pdf.

h. DOD, *DOD Expeditionary Civilians*, "Georgia MoDA Position Description," January 31, 2019; and DOD, *DOD Expeditionary Civilians*, "Ukraine MoDA Position Description," January 31, 2019.

i. Gary Cecchine et al., *The U.S. Military Response to the 2010 Haiti Earthquake: Considerations for Army Leaders*, RAND Corporation, 2013, at https://www.rand.org/content/dam/rand/pubs/research_reports/RR300/RR304/RAND_RR304.pdf.

j. SOUTHCOM, "New Horizons, Beyond the Horizon 2019," accessed April 13, 2022, at https://www.southcom.mil/Media/Special-Coverage/New-Horizons-Beyond-the-Horizon-2019/.

k. SOUTHCOM, "Continuing Promise 2018, accessed April 14, 2022, at https://www.southcom.mil/Media/Special-Coverage/Continuing-Promise-2018/#:~:text=The%20purpose%20of%20Continuing%20Promise,South%20America%20and%20the%20Caribbean.

Appendix C. Selected DOD and DOS Funding Sources for GHE Activities

Table C-1. Selected DOD and DOS Funding Sources for Security Cooperation Efforts and GHE Activities

Federal Department	Account	DOD Component	Description
DOD	Operation and Maintenance (O&M), Defense-Wide[a]	Defense Security Cooperation Agency (DSCA)	DSCA-administered or funded security cooperation programs.
DOD	O&M, Defense-Wide, Direct War and Enduring Costs (DWE)[b]	DSCA	DSCA-administered or funded security cooperation programs for OCO.
DOD	O&M, Defense-Wide, Overseas Humanitarian, Disaster, and Civic Aid[c]	DSCA	Activities to build partner nation capacity for essential humanitarian services.
DOD	O&M, Defense-Wide, Defense Threat Reduction Agency[d]	Defense Threat Reduction Agency (DTRA)	Activities to prevent proliferation or use of weapons of mass destruction (e.g., biological threat reduction program).
DOD	O&M, Defense-Wide, DWE, Defense Threat Reduction Agency[e]	DTRA	DWE-related activities to prevent proliferation or use of weapons of mass destruction (e.g., biological threat reduction program).
DOD	O&M, Defense-Wide, United States Special Operations Command (SOCOM)[f]	SOCOM	SOCOM-administered security cooperation activities (i.e., planning, assessments, monitoring).
DOD	O&M, Defense-Wide, Defense Health Program (DHP)[g]	Office of the Assistant Secretary of Defense for Health Affairs	Broad health and medical-related activities encompassing education, training, research, and direct care.
DOD	O&M, Army[h]	Department of the Army (DA)	Service-administered funds for humanitarian and civic assistance programs.
DOD	O&M, Navy[i]	Department of the Navy (DON)	Service-administered funds for humanitarian and civic assistance programs.
DOD	O&M, Air Force[j]	Department of the Air Force (DAF)	Service-administered funds for humanitarian and civic assistance programs.
DOS	International Security Assistance[k]	DSCA	DOS-funded, DSCA-administered security cooperation programs (e.g., International Military Education and Training).

Source: CRS analysis of DOD budget justification documents for the President's Budget Request Fiscal Year (FY) 2022, Division C (Defense) of the FY2022 Consolidated Appropriations Act (P.L. 117-103), and Explanatory Statement accompanying the FY2022 Consolidated Appropriations Act, *Congressional Record*, vol. 168 (March 9, 2022,), pp. H1866-H2183.

Notes: For more on these funding sources, see:

a. DOD, "Fiscal Year (FY) 2022 Budget Estimates, Operation and Maintenance, Defense-Wide, Defense Security Cooperation Agency," May 2021, at https://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2022/budget_justification/pdfs/01_Operation_and_Maintenance/O_M_VOL_1_PART_1/DSCA_OP-5.pdf.

b. DOD, "Fiscal Year (FY) 2022 Budget Estimates, Operation and Maintenance, Direct War and Enduring Cost Appendix, Defense Security Cooperation Agency," May 2021, at https://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2022/budget_justification/pdfs/01_Operation_and_Maintenance/O_M_VOL_1_PART_2/DSCA_DWE.pdf.

c. DOD, "Fiscal Year (FY) 2022 Budget Estimates, Operation and Maintenance, Defense-Wide Overseas Humanitarian, Disaster, and Civic Aid," May 2021, at https://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2022/budget_justification/pdfs/01_Operation_and_Maintenance/O_M_VOL_1_PART_2/OHDACA_OP-5.pdf.

d. DOD, "Fiscal Year (FY) 2022 Budget Estimates, Operation and Maintenance, Defense-Wide, Defense Threat Reduction Agency," May 2021, at https://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2022/budget_justification/pdfs/01_Operation_and_Maintenance/O_M_VOL_1_PART_1/DTRA_OP-5.pdf.

e. DOD, "Fiscal Year (FY) 2022 Budget Estimates, Operation and Maintenance, Defense-Wide, Defense Threat Reduction Agency," May 2021, at https://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2022/budget_justification/pdfs/01_Operation_and_Maintenance/O_M_VOL_1_PART_2/DTRA_DWE.pdf.

f. DOD, "Fiscal Year (FY) 2022 Budget Estimates, Operation and Maintenance, Defense-Wide, United States Special Operations Command," May 2021, at https://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2022/budget_justification/pdfs/01_Operation_and_Maintenance/O_M_VOL_1_PART_1/SOCOM_OP-5.pdf.

g. DOD, "Fiscal Year (FY) 2022 Budget Estimates, Defense Health Program," *Consolidated Health Support*, pp. 57-58, at https://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2022/budget_justification/pdfs/09_Defense_Health_Program/10-Vol_I_Sec_6C-OP-5_Consolidated_Health_Support_DHP_PB22.pdf.

h. DA, "Fiscal Year (FY) 2022 Budget Estimates, Operation and Maintenance, Army," Volume 1, May 2021, p. 734, at https://www.asafm.army.mil/Portals/72/Documents/BudgetMaterial/2022/Base%20Budget/Operation%20and%20Maintenance/OMA_VOL_1_FY_2022_PB.pdf.

i. DON, "Fiscal Year (FY) 2022 Budget Estimates, Operation and Maintenance, Navy," May 2021, pp. 19-20, at https://www.secnav.navy.mil/fmc/fmb/Documents/22pres/OMN_Book.pdf; and DON, "Fiscal Year (FY) 2022 Budget Estimates, Operation and Maintenance, Marine Corps," May 2021, at https://www.secnav.navy.mil/fmc/fmb/Documents/22pres/OMMC_Book.pdf.

j. DAF, "Fiscal Year (FY) 2022 Budget Estimates, Operation and Maintenance, Air Force," May 2021, p. 5, at https://www.saffm.hq.af.mil/Portals/84/documents/FY22/OM_/FY22PB%20Volume%20I%20-%20AF%20-%20FINAL%20to%20PRINT.pdf.

k. DOS, "Congressional Budget Justification," Foreign Operations, Appendix 2, FY2022, June 2021, at https://www.state.gov/wp-content/uploads/2021/06/FY-2022-C-J-Appendix-2-FINAL-6-25-2021.pdf.

Appendix D. Methodology for CRS Interviews of DOD GHE Subject Matter Experts

Background

Between 2019 and 2021, CRS interviewed various DOD subject matter experts on GHE policy, activity design, implementation, program evaluation, and education and training. To identify potential interviewees, CRS used a purposive selection of key informants identified using a *snowball sampling* technique.[91] In general, interviewees either held GHE leadership positions in DOD, or were current military GHE planners.

Methodology

CRS conducted in-person or telephonic interviews with key informants from the following DOD entities:

- Center for Global Health Engagement, Uniformed Services University of the Health Sciences;
- U.S. Indo-Pacific Command;
- Military services; and the
- Office of the Assistant Secretary of Defense for Nuclear, Chemical, and Biological Defense Programs.

Using a semi-structured interview format, key informants were asked to respond to the following questions and to provide additional relevant context:

- What is your understanding of the principal aim of DOD GHE?
- How do the following activities relate to GHE: direct patient care, medical assistance with logistics/supply chain, disease surveillance, building partner capacity, or subject matter exchange?
- Has GHE changed over the past two decades? If so, please elaborate.
- How do you know that GHE is successful? How are processes and outcomes measured?
- What are the top challenges in designing a GHE activity?
- What would you like Congress to know about DOD GHE?
- Are there any additional comments you would like to add regarding this topic?

Interviewee responses were collated, reviewed, analyzed, and triangulated with responses of other key informants and relevant peer-reviewed literature for emerging GHE themes, recurring opportunities or challenges, and other points of interest to inform this report.

[91] *Snowball sampling* is a qualitative research technique used to "generate a pool of participants for a research study through referrals made by individuals who share a particular characteristic of research interest." For more on snowball sampling techniques, see Richard Wright and Michael Stein, "Snowball Sampling," in *Encyclopedia of Social Measurement*, ed. Kimberly Kempf-Leonard (Elsevier, 2005), pp. 495-500, at https://doi.org/10.1016/B0-12-369398-5/00087-6.

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