



Indo-Pacific Health Security Alliance

18-19 JULY 2023

SUMMARY REPORT



Dear Delegates and Colleagues,

We are delighted to present this post-meeting report following the successful convening of the Indo-Pacific health security alliance (IPhsa) concept development working group, held in Brisbane, Australia, on the 18th and 19th of July 2023. This event was co-hosted by the Australian Defence Force and the Indo-Pacific Command, bringing together a key group of stakeholders from eight countries across the region. The primary objective of this gathering was to work collectively to shape the future of an exciting new initiative, the Indo-Pacific health security alliance (IPhsa).

As part of a shared commitment to fostering regional co-operation in global health security, the two-day meeting served as a platform for participants to collaborate as a community of Pacific and Southeast Asian nations. The collective efforts were directed toward refining the concept of the IPhsa, which is poised to play a pivotal role in strengthening health security across the diverse Indo-Pacific region through improved civilian-military/security co-operation.

During the productive sessions, participants engaged in comprehensive discussions, sharing valuable insights and innovative ideas. The dynamic exchanges allowed a holistic understanding of the region's health security challenges and gaps while identifying opportunities to leverage mutual strengths and resources through improved civilian-military/security coordination. Participants worked together to co-create the IPhsa vision, mission statements, and short, medium, and long-term goals. In addition, participants began to discuss the governance and legal structure of IPhsa creation and sustainment.

The following report encapsulates the key highlights, outcomes, and action points that emerged from the IPhsa working group meeting. By harnessing the expertise and dedication of the participants, this initiative aims to create a robust alliance that will contribute to building health security resilience in the region.

We extend our sincere appreciation to all attendees for their robust participation and critical insights and ideas. Together, as one unified community, we will continue to work together to shape the future of health security in the Indo-Pacific region, fostering prosperity and resilience for current and future generations.

Warm regards



Brigadier Isaac Seidl, Director General
Operational Health, Joint Health Command,
Australian Defence Force



Captain Jeffrey Bitterman, Command
Surgeon, U.S. Indo-Pacific Command

Indo-Pacific Health Security Alliance Development Meeting

Brisbane, Australia
18-19 July, 2023



Participants

The IPHsa meeting brought together a diverse group of forty-six participants representing eight countries in the Indo-Pacific region. Represented countries included Australia, Fiji, Indonesia, Malaysia, New Zealand, Papua New Guinea, Tonga and the United States. Among the attendees were representatives from the defence and civilian government sectors. In addition to the national delegations, the meeting included the active participation of two essential organisations. The Pacific Community (SPC) was represented, lending its expertise and regional insights to the discussions. The World Health Organization (WHO) also contributed to the event with a virtual presentation on their national civil-military health collaboration framework for strengthening health emergency preparedness and the associated resource mapping tool WHO has developed. Lastly, the meeting extended its reach beyond the Indo-Pacific through a participant from the African Partnerships Outbreak Response Alliance (APORA). The APORA presentation and representation allowed for the invaluable exchange of experiences and lessons learned from the African region, contributing to a broader understanding of health security dynamics worldwide and how civilian-military/security co-operation can play a role in building resiliency.



Day One Session Outcomes

Day One focused on setting the foundation for the alliance by sharing the history and context of previous civil-military health security efforts in the Indo-Pacific region and the outcomes and insights derived from these earlier engagements, which ultimately led to the conception of the

Indo-Pacific health security alliance (IPhsa). Speakers from the WHO and the APORA provided valuable perspectives on civil-military framework approaches and outlined new developments in related programs' initiatives. Mr. Ludy Suryantoro provided an overview of WHO's ongoing work to enhance civil-military co-operation in health at the national level. Lieutenant Colonel (Lt. Col.) Ide Habibatou provided valuable insights on civil-military collaboration for health security through her discussion on the APORA organization and the work they are doing in Africa, allowing participants to envision how IPhsa could use APORA as a model while adapting the concept to the unique context of the Indo-Pacific region. During the afternoon sessions, attendees actively provided feedback on the proposed initiative and identified opportunities and potential challenges.

This will serve as the cornerstone of IPhsa's methodology, forming the foundation of its distinct contribution to health security within the region. To ensure clarity and shared understanding, participants also reviewed some key terminology related to the alliance, addressing areas of agreement while identifying terms that needed further refinement and proposing additional terms requiring a shared definition. Lastly, participants explored the potential areas where IPhsa can have an impact and identified priority areas. The following are the outcomes from Day One.



IPHSA Opportunities, Challenges, and Shared Priorities

Opportunities	Challenges	Shared Priorities
<ul style="list-style-type: none"> • Enhancing civil-military relationships • Strengthening global health security • Aligning priorities and creating frameworks • Supporting engagement and networking • Promoting information sharing and interoperability • Building relationships and understanding regional needs 	<ul style="list-style-type: none"> • Defining responsibility and capacity • Building public trust and effective messaging • Establishing governance frameworks • Ensuring civilian participation and integration • Managing constraints and maintaining momentum • Addressing legal and political issues 	<ul style="list-style-type: none"> • Civil-Military/Security Coordination • Mapping existing systems and resources across sectors and regions • Opportunities for education and training • International partnerships

***The opportunities, challenges, and priority areas identified by the breakout groups were consolidated and those with the greatest consensus among the groups are provided here in no particular order.



WHO Presentation: national collaboration frameworks

Ludy Suryantoro described WHO's new efforts to support civil-military collaboration in health security, including the landmark "National civil-military health collaboration framework for strengthening health emergency preparedness: WHO guidance document," which can be found at <https://apps.who.int/iris/handle/10665/343571>. This framework is the first of its kind in the WHO system and aims to set norms and standards to guide civil-military collaboration in health security at the national level and reflects the importance of the defence and security sector in national preparedness. As part of this framework, WHO has developed a resource mapping tool (REMAP) that supports countries in identifying the existing military and civilian capacities and capabilities related to health emergency preparedness within their government. This tool fosters cross-sectoral understanding and awareness of resources as well as limitations, helping to identify gaps, correct faulty assumptions, and create synergy. Unlike other tools in the WHO monitoring and evaluation framework, the data collected using the National Collaboration Framework (NCF) REMAP remains under the sole control of the country, and there is no requirement to share the information generated with the WHO or to make it public. This helps to provide an additional level of comfort for countries to implement the framework and conduct the resource mapping. WHO is currently piloting the NCF REMAP in several countries and is developing regional workshops focused on further development of the NCF and the NCF REMAP.

African Partnerships Outbreak Response Alliance

Lt. Col. Ide Habibatou represented APORA and provided a comprehensive overview of APORA's origin, organisational structure and objectives during a keynote speakers session. APORA began as a multilateral partnership of 12 founding nations and has an ongoing strategic partnership with the U.S. Department of Defense. It has expanded and grown and now includes 32 member states. As APORA was developed to fulfill a need for infectious disease detection, prevention, and response programs to be led and advanced by local Partner Nations, their structure provides a purview to IPHSA stakeholders on how an alliance might contribute and encourage civil-military collaboration among member states. When asked if they could only share one piece of advice for the IPHSA audience, what would it be - Lt. Col. Habibatou responded with key insights in creating a strong foundation to work with each other, with the first countries. Identify those countries' issues first, as a first step, as they have their own difficulties in managing epidemics. Additionally, the Lt. Col. recommended always looking for networking opportunities to widen APORA's organisation and capacity, as well as extended a verbal invitation for IPHSA to join APORA as a partner.

Lt. Col. Habibatou also showed a video on APORA's most recent 2023 annual meeting in Zambia. The conference's content highlighted an overarching theme of how APORA promotes the Women, Peace and Security initiative with the inclusion and promotion of women in partner

defence forces and leadership roles. For more information, the video can be accessed at: <https://www.youtube.com/watch?v=u7tnA6yTYel>.

Terminology Session Outcomes

Previous civil-military engagements identified the importance of ensuring that key terminology is used with a shared understanding of the definitions, especially in cross-sectoral work. The goal of this session was not to redefine terminology but to identify agreed-upon definitions for key health security vocabulary that IPHsa can use moving forward. This session identified the need for further work to address terms with high disagreement with the current suggested definition and for additional terms to be added to the IPHsa terminology list. One key issue for discussion and decision in the near term is to grapple with the definition of “global health security” and “health security threats” as this will help to define IPHsa’s scope and approach. Two key questions emerged: 1) should IPHsa consider global health security and health security threats to be focused only on threats that are biological in nature, or take an all-hazards approach; and 2) should IPHsa define global health security as a state of being, or as a series of actions.

The participants will continue to work to develop and finalize these and other definitions through virtual engagements and surveys in the near future.

Terminology with a high agreement with the current definition

Biodefense	Actions to counter biological threats, reduce biological risks, and prepare for, respond to, and recover from bio-incidents, whether naturally occurring, accidental, or deliberate in origin and whether impacting human, animal, plant, or environmental health.
Biosurveillance	The process of gathering, integrating, interpreting, and communicating essential information and indications related to all-hazard threats or disease activity affecting human, animal, plant, and environmental health to achieve early detection and provide early warning, contribute to overall situational awareness of the health aspects of the incident, and enable better decision-making at all levels.
One Health	One Health is an approach to public health that recognises the interconnectedness of human, animal, and environmental health. The One Health approach emphasizes the need for collaboration between human health, animal health, and environmental health sectors to prevent and control the spread of infectious diseases and other health threats.

*97%, 82%, and 92% agreement respectfully



Terminology with a high disagreement with current definition

Global Health Security

A state of freedom from the scourge of infectious disease, irrespective of origin or source. It is achieved through the policies, programs, and activities taken to prevent, detect, respond to, and recover from biological threats.

Health Security Threats

Health security threats refer to potential or actual events that have the potential to cause harm to human health and well-being, such as infectious disease outbreaks, chemical spills, natural disasters, and terrorist attacks.

*87% and 63% disagreement respectfully

Most identified additional terms needing a shared understanding

Health; Alliance; Environmental Health; Preparedness; Indo-Pacific

Day Two Session Outcomes

The Day Two sessions focused on collaboration and co-creation. Robust dialogue, thoughtful discussions, and a commitment to consensus building allowed the group to create a unified vision and mission statement to guide IPhsa's activities. Building upon this shared purpose, participants also laid down short, medium, and long-term goals for IPhsa, beginning to outline a strategic roadmap for IPhsa to achieve tangible and impactful outcomes in support of the region's health security architecture. Additionally, acknowledging the importance of strong governance for creating and sustaining the initiative's momentum, and ensuring that the partner nations' voices are strongly represented, the participants took the first steps to identify the most suitable governance structure for establishing and sustaining IPhsa.



Indo-Pacific Health Security Alliance Development Meeting

Brisbane, Australia
18-19 July, 2023



Strategic Goals

Short (1-2 years)

- Gap analysis to identify where civil-military collaboration can add value.
- Map existing civil-military structures and capacity/capability.
- Establish country focal points for IPHsa members.
- Establish governance, legal structure /framework for IPHsa, and administrative or secretariat functions.
- Develop an integrated civil-military framework to establish a strategy and work plan for IPHsa.
- Identify stakeholders and relevant experts.
- Hold IPHsa meeting in Sydney in 2024; Hold IPHsa meeting in 2025 in a Pacific or ASEA country in 2025
- Hold an IPHsa workshop or forum to identify quick goals and/or areas for mutual immediate support.

Medium (2-4 years)

- Develop position and policy statements and/or papers.
- Continuous reassessment and improvement through reevaluation and gap analysis. Refine/update IPHsa work plan as needed.
- Expand partner nation involvement through new member invitations.
- Develop opportunities or platforms for information sharing; explore options for a common data-sharing platform.
- Identify training or capacity-building needs for exercise participation. Conduct an exercise, potentially starting with a Table-Top Exercise (TTX).

Long (5+ years)

- Continue to build capacity for regional civil-military health security exercise.
- Create enduring routine exercises to build regional resilience.
- Review progress through evaluation of IPHsa framework and work plan.
- Based on the evaluation results and IPHsa member priorities update and refine the IPHsa framework and work plan.

***The goals were identified by the breakout groups; they were consolidated and those with the greatest consensus among the groups are provided here, they are listed in no particular priority order.

IPhsa Governance

The final two sessions of the concept meeting focused on establishing key governance principles and how IPhsa would function. Over two sessions, participants were invited to consider such issues as membership categories, decision-making processes, meeting frequency, modes of communication, and coordination arrangements. This work will be critical to inform the technical and legal details of the formal establishment of the alliance. Below are the recommendations made by the participants.

Summary of Discussion on IPHSA Creation and Sustainment

Founding Members	Countries in attendance at the concept development meeting and which then sign on to the IPhsa Memorandum of Understanding (MOU) will be considered the founding members of IPhsa.
Future Members	New member countries will be admitted by invitation only. A formal application must then be submitted to the Steering Committee for review and approval. New members must agree to IPhsa vision/mission for their application to be successful. The criteria for membership is that a country must have a functioning military and/or security services that are able and willing to participate in civil-military-security sector co-operation activities.
Membership Suspension / Termination	Membership may be suspended if a country is engaged in hostile activities towards another member country. Termination of membership will be voluntary withdrawal only.
Governance	A Steering Committee will be elected by member countries to oversee and direct IPhsa's activities. Membership of the Steering Committee will be equitably divided between military and civilian representatives, with each member serving a term of two (2) years. The chair of the Steering Committee will be held by one (1) country on a rotating basis. The chair position will be decided by Steering Committee consensus.
Decision Making	Decisions will be taken by a two-thirds majority of members where a quorum is present and adhere to a 'one country, one vote' principle. Member countries will be represented at the annual meeting by a minimum of one (1) military/security and one (1) civilian representative.
Meetings	One (1) in-person meeting will be held per calendar year. The in-person meeting will be supplemented by up to three (3) virtual meetings held on a quarterly basis.

Communication and
Information Sharing

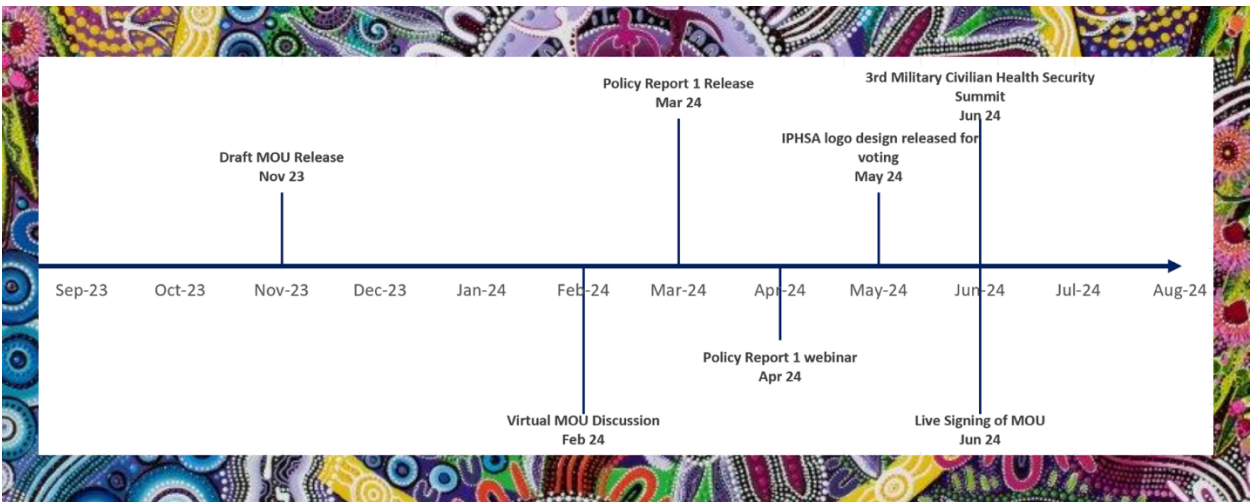
A dedicated website will be maintained by a secretariat, with regular communications distributed via email. The website will maintain a 'members only' section that is password protected and accessible only to member countries. A messaging platform (for example a WhatsApp 'Communities') may also be created to help distribute important information/updates. Where members elect to share sensitive data or information, a transfer agreement will be created.

Coordination

Each member country will establish a national focal point for communications and coordination purposes. A secretariat will be created to maintain the website, organise the annual in-person and virtual meetings, and assist with communications.

Next Steps

Throughout the two-day meeting, it became clear that IPHSA will be a unique and needed contribution for enhancing health security in the region. It will create a platform that will enable the effective integration of the military and security sector's unique contributions into civilian-led health security efforts in the region, both in preparedness and response. As we build on the outcomes and recommendations of this concept development meeting, the organising committee has laid out a tentative timeline for the next steps. As the MOU is developed, we will add additional MOU related milestones to the timeline.



Acknowledgments

We extend our heartfelt gratitude to Songwomen Kulkarawa from the Turrbal People, for opening the event and delivering acknowledgment to the Traditional land owners of Meeanjin (Brisbane). The event would not have been possible without the master of ceremony, Professor Adam Kamradt-Scott, who skillfully guided us through the two days with professionalism and humor. We would also like to express our appreciation to the speakers, Dr. Stephanie Petzing, Mr Ludy Suryantoro, and Lt Col Ide Habibatou, for their insightful contributions that enriched our understanding and inspired us all. A special thanks to Mrs Rebecca Johnson and Ms Lauren Sawyers for their exceptional logistical support and behind-the-scenes wizardry, which were instrumental in bringing this event to life.

To all our participants, we extend our sincerest thanks to you for your dedication working together to start the process of co-creating IPhsa. Your willingness to engage and be vulnerable with one another was truly remarkable. This collaborative effort was only possible with your commitment and enthusiasm. Your collective hard work and genuine interactions are the foundation upon which the future success of IPhsa is built. Thank you for making this event an unforgettable journey of shared insights and growth. We look forward to continuing to engage and grow IPhsa together.



JUDI SUTTON
ARTIST STATEMENT

My name is Judi Sutton and I am a contemporary Indigenous artist from the Kalkadoon people, this painting is my interpretation of Joint Health Command and their Journey.

In my painting the large purple community symbol in the centre of the artwork represents Joint Health Command with the coloured hands and people in the middle of the community symbol representing their goal of 'Healing our Patients'.

The large rings around Joint Health Command's community symbol in yellow, green, blue and purple represent Joint Health Command's mission to 'Coordinate, deliver and assure the ADF health system in order to enable the Joint Force'. These rings connect the five large community symbols which represents each of the services, to each other and to Joint Health Command. These community symbols with white symbols inside represent the Navy, Army, Air Force, APS and contractors. The groups of people around the outside of the large yellow ring represent Joint Health Command's Vision 'Trusted to Care'.

The footprints which lead into the centre community symbol represent the Health workforce's journey to become a part of Joint Health Command, and the medicine leaves around the centre represent Joint Health Command's ability to enable ADF capability.

The kangaroo and emu footprints represent how Joint Health Command are always moving forward and never backward, just like the kangaroo and emu. Lastly the leaves and blossoms, wind, waterholes, cracked earth and mountains around the outside of the artwork represent the many diverse environments and regions where Joint Health Command provide their services, from the coastlines, to the desert, from the rainforest to the skies.