



Summary Report

Indo-Pacific health security alliance

Health Security is National Security:
Civil-Military Collaboration Against Health Threats

Port Moresby, Papua New Guinea
6 - 8 May 2025



IPhsa Artist Attribute 'Stronger Together' by Amy Allerton

Our future is determined by the strength of our foundations. When we are firmly planted in rich soils of sustainability, equity and cooperation, deep roots grow into a strong and enduring tree that flourishes with a vast network of interconnected branches - symbols of partnerships, unity, of knowledge sharing, respect and amplified voices. Each branch reaches outwards, continually creating new connections to add to its protective canopy - a living, fortified shield that shelters the world, its people, communities, animals and environment.

The tree is strongest when its branches thrive, when many nations, cultures and peoples work side-by-side to form a powerful network of communication, coordination and care - a collective blueprint for action in times of both peace and crisis.

Although we face many threats across the world, both natural and unnatural, we are not alone. Our strength and capacity multiplies when we unite on a common path - building a healthy and resilient future together, for all.

CIVIL-MILITARY COLLABORATION

Gold lines creating connections that journey outside of the tree represent the civil-military joint forces going out into communities impacted by health security threats to provide direct, on-the-ground crisis support through healthcare, communications and operations.

CIVILIANS

Orange branches in the foreground represent civilians taking the lead in global health security.

MILITARY

Purple branches behind the orange branches represent military units supporting civilians with global health security.



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Mission & Vision

Founded in 2022, the Indo-Pacific health security alliance has consistently showcased the impact of collaboration in addressing health security challenges. The Australian Defence Force and the U.S. Indo-Pacific Command have worked closely with regional partners to shape this alliance, ensuring that regional perspectives are represented. IPhsa is dedicated to incorporating best practices to meet shared needs, address gaps, and bridge the divide between defense and security sectors and civilian-led health security planning. Through these efforts, IPhsa supports a free, open, and prosperous Indo-Pacific that is more resilient and better equipped to prevent and respond to a wide range of health security threats.

Mission

To counter global health security threats, strengthen regional resilience, and expand civil-military collaboration with like-minded partners and to enhance shared capabilities to safeguard the Indo-Pacific region.

Vision

To integrate civil-military cooperation and sustained health security partnerships contributing to a prepared and resilient Indo-Pacific region.



Executive Summary

From May 6-8, 2025, the Papua New Guinea Defence Force (PNGDF) hosted the second Indo-Pacific health security alliance (IPhsa) meeting in Port Moresby, co-chaired by the Australian Defence Force (ADF) and the United States Indo-Pacific Command (USINDOPACOM). The event brought together over 75 military and civilian representatives from 14 allied and partner nations – Australia, Fiji, Indonesia, Japan, Kiribati, Malaysia, New Zealand, Papua New Guinea (PNG), Philippines, Samoa, Singapore, Tonga, USA, and Vietnam– as well as international and nongovernmental organizations, to advance regional health security and collective readiness against emerging threats.

Over three days, participants focused on strengthening civil-military coordination to address health security issues. The meeting's theme, *"Health Security is National Security: Civil-Military Collaboration Against Health Threats,"* highlighted the strategic importance of unified action. A nearly equal mix of civilian (60%) and military/security (40%) representatives, including defense forces and health ministries, enabled robust, practical dialogue and effective knowledge sharing.

The meeting opened with thought-provoking opening remarks from Lieutenant Colonel (Lt Col) Dr. Peter Kaminiei (PNGDF), Director of Health Services; Air Commodore (AIRCDRE) Nicole dos Santos, Royal Australian Air Force (RAAF) Director General Operational Health and Air Force Health Service; and U.S. Navy Captain (CAPT) Peter Roberts, USINDOPACOM Command Surgeon. Each emphasized that civil-military collaboration forms the cornerstone of effective partnerships and coordinated planning—essential for mounting a unified response to health security threats. Their insights underscored the event's central theme: integrating the strengths of both civilian and military sectors is vital for safeguarding regional health and security in the face of evolving challenges.



A key milestone was PNG's formal accession as a committed IPhsa member, marking the first transition from participant to full alliance member. This move underscores PNG's commitment to interoperability, resilience, and regional stability.

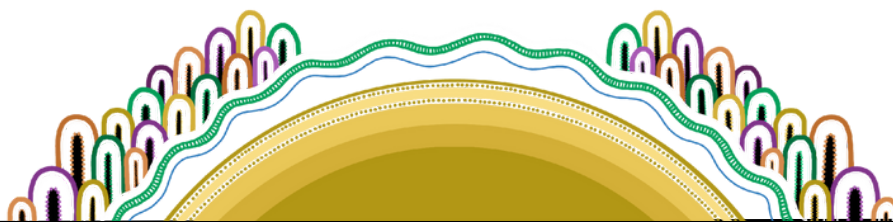
The event also showcased the region's first implementation of the WHO Civil-Military Mapping (CMAP) tool, enhancing disaster preparedness through integrated planning between civil and military authorities.

A keynote by WHO's Emergency Operations Programme Manager, Mr. Sean Casey, set the stage for high-level discussions on regional health security, featuring contributions from leading organizations such as the Australian Civilian Military Centre and the International Committee of the Red Cross. The event culminated in a comprehensive multinational exercise, led by the U.S. CDC and Australian partners, which clarified roles, coordination processes, and resource contributions for disaster and health emergency response. Participants left with actionable recommendations to strengthen rapid deployment and interagency collaboration in future emergencies.

IPhsa continues to serve as a cornerstone for regional health security, fostering partnerships that protect lives, economies, and national sovereignty. The alliance's collaborative approach is strengthening the Indo-Pacific's ability to prevent, detect, and respond to health threats, contributing to peace, security, and prosperity across the region. As Dr. Kaminiei, PNGDF Director of Health Services, stated, IPhsa is "a platform for unity and resolve", enabling defence forces, health leaders, and humanitarian actors to work together under the shared understanding that health security is national security. PNG's commitment signals a "declaration of intent" to enhance capabilities, deepen partnerships, and contribute to a safer, more resilient, free and open Indo-Pacific.

*IPhsa is "a platform for
unity and resolve"*

**LT COL (DR.) PETER
KAMINIEL, DIRECTOR OF
HEALTH SERVICES,
PNG DEFENCE FORCE**





Recurring Themes

IPhsa 2025 highlighted several key themes:

Health Security is National Security	Health security and national security are intertwined. Forming a coalition of key stakeholders, including defense forces, health leaders, and humanitarian partners, that work under a shared understanding that health security is national security will lead to a safer and more prosperous Indo-Pacific
Importance of Mil-Civ Collaboration	Prioritizing collaboration between military and civilian sectors is essential to effectively address health security threats. Leveraging distinct and valuable military capabilities to support civilian partners, while maintaining mission assurance and civilian leadership, is a critical component.
Regional Partnership and Cooperation	Maintaining ongoing and sustained health security partnerships among countries in the Indo-Pacific region requires effective integration of military and civilian contributions into health security efforts. The goal is a prepared and resilient region capable of preventing, detecting, and responding to health threats.
Preparedness, Readiness, and Resilience	Bolstering preparedness and response systems for health emergencies and ensuring security is vital. Investing in and committing to improvements in early warning systems, infrastructure, and emergency planning at the domestic level for all countries in the region is necessary.
Capacity Building and Capability Enhancement	Utilizing tools and exercises fosters and enhances collaboration and learning among regional countries, with the aim of achieving coordinated, interoperable, and comprehensive responses to health security threats.
Interoperability	Adopting the ability for sectors and countries in the Indo-Pacific region to routinely act together seamlessly, effectively, and efficiently is key to enhancing global health security. Participating countries identified key partners in the region, and opportunities to work together to advance interoperability.

Day One

Opening Ceremony

The event began with an opening ceremony led by Master of Ceremonies, Papua New Guinea Defence Force Major Roselyn Wia, who welcomed co-hosts, partners, and participants to Port Moresby, PNG. The ceremony included cultural performances representing four regions and provinces of Papua New Guinea. A traditional welcome was provided by the Motu-Koitabu people, the traditional custodians of Port Moresby. Performers from Simbu (Highlands), Manus (New Guinea Islands), Sepik (Momase region), and the Trobriand Islands province (Southern region) presented regional dances reflecting the nation's cultural diversity.

Following the performance, the Honorable Member Mr. Elias Kapavore, PNG Minister of Health, delivered the welcome address. He emphasized PNG's commitment to multisectoral collaboration in addressing health threats and underscored the importance of civil-military coordination for the event and future initiatives.

Welcome & Introductions

USINDOPACOM Command Surgeon, CAPT Peter Roberts, welcomed participants and

"IPhsa has grown into a platform for meaningful collaboration, bringing together diverse expertise to tackle the shared challenges of our time."

**CAPT PETER ROBERTS,
USINDOPACOM COMMAND
SURGEON**

emphasized the importance of the shared mission to protect health and security in the Indo-Pacific region. He stated that health security threats –including pandemics, natural disasters, and humanitarian emergencies– cross borders, threaten lives, disrupt societies, and impact economies and global stability. He said the region needs a unified and coordinated response that uses the strengths of all sectors. He noted that the Indo-Pacific health security alliance has played a key role in regional health security by supporting civil-military cooperation. Director General Operational

Health and Air Force Health Service, Australian Defence Force, AIRCDRE Nicole dos Santos stated that the ADF and U.S. Indo-Pacific Command are committed to working with regional partners and civilian colleagues to strengthen collective capabilities to prevent,

detect, and respond to health security threats, humanitarian crises, and natural disasters. She explained that this commitment led to the establishment of IPhsa, which aims to integrate military and security sector contributions into civilian-led health security efforts in the region.

AIRCDRE dos Santos also explained the IPhsa artwork, “Stronger Together” by Ms. Amy Allerton, a Gumbaynggirr, Bundjalung and Gamilaroi artist. The artwork shows challenges and opportunities in public health, with symbols of conflict, pollution, disease, and natural disasters. At the center is a tree with strong branches forming a protective canopy, representing the network of communication, coordination, and care that connects military, security and civil practitioners.

“Global health security is only as strong as its weakest link. Defence and security sectors can bring unique capabilities to support civilian partners and the broader region, but more work is needed to fully understand, harness and integrate those strengths. Meetings like this are important for building that cooperation.”

**AIRCDRE DOS SANTOS,
DIRECTOR GENERAL
OPERATIONAL HEALTH -
JOINT HEALTH COMMAND**

Keynote Address

A Regional Perspective on the Health Security Interface

In his keynote address, Dr. Sean Casey, Programme Area Manager for Emergency Operations at the WHO Health Emergencies Programme (WHE), discussed the Health Security Interface (HSI) in the Western Pacific Region. He used examples such as the COVID-19 pandemic, which required “whole-of-government” and “whole-of-society” responses, including military support for vaccine delivery and healthcare capacity. He also referenced the 2024 Enga PNG landslide, which involved civil-military collaboration to manage disaster and health service disruptions, and the West Africa Ebola outbreak, which demonstrated global civil-military cooperation in containment and maintaining civil order. Dr. Casey noted that the South-East Asia and Western Pacific Regions are vulnerable to disasters due to their location in the “Ring of Fire” and face ongoing risks from non-traditional conflicts. He underscored the region’s commitment to health security through the Asia-Pacific Health Security Action Framework (APHSAF). This framework uses an “all hazards” approach, addressing infectious disease, emerging zoonotic diseases, antimicrobial resistance, natural disasters, and human-induced threats. APHSAF promotes engagement across sectors and countries in the following areas:

- Lead and Coordinate
- Plan and Prepare
- Assess and Respond

- Readiness and Resilience
- Support and Enable
- Monitor, Evaluate, and Improve

Dr. Casey concluded by emphasizing the need to prepare for low-likelihood, high-consequence events through risk assessment and scenario planning. He encouraged collaboration between member states, international organizations, health partners, and military and security forces to improve cross-sectoral coordination and regional resilience.

Scene Setter

PNGDF Response to Disaster - Whooping Cough Scenario

Lt Col Dr. Kaminiei, Director of Health Service, PNGDF, provided a scene-setter to illustrate the relevance of IPHSA's work. He presented a case study of a 2023 whooping cough outbreak in the remote Kira Rural Local Level Government (LLG), Sohe District, Northern Province of PNG, and described the civil-military collaboration used to address the public health emergency.

The National Public Health Authority (NPHA), National Department of Health (NDOH), and PNGDF coordinated their response. PNGDF provided logistical support, including a helicopter, while NPHA mobilized a Rapid Response Team and arranged for additional air medical assistance. Medical supplies, vaccines, health workers, and police were airlifted to the affected area. During the response, 547 individuals, including 475 children, received Pertussis vaccinations. One severely ill 5-year-old patient was medically evacuated and recovered.

Lt Col Dr. Kaminiei emphasized the importance of vaccination for prevention when possible, and the need for strong trust and collaboration among all responding parties to ensure an effective, unified, and multisectoral response. He concluded that continued civil-military cooperation is essential for building relationships and systems that improve preparedness and create safer, more resilient communities.

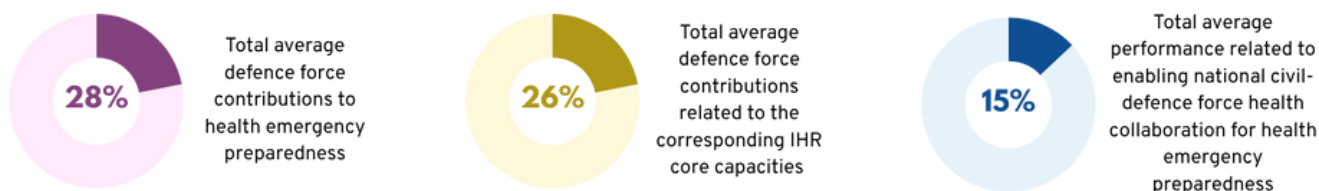
Papua New Guinea's WHO Civil - Military Health Security Mapping (CMAP)

A week before the IPHSA PNG event, the World Health Organization (WHO) concluded a National Workshop in PNG focused on strengthening health emergency preparedness through cross-sectoral collaboration. On Day One of IPHSA, Lt Col Dr. Kaminiei and Mr. Barry "Chief" Ropa, Health Security Manager (PNG NDOH) and Chairman of One Health PNG, presented the results of this Civil-Military Health Security Mapping (CMAP) exercise. This tool identifies civil and defense/security sector capabilities for health emergency preparedness. The exercise assessed PNG's whole-of-government approach, including military, security, and civilian sector contributions, in three main areas: health emergency preparedness, International Health Regulation (IHR) core capacities, and enabling elements for civil-military collaboration. Stakeholders involved in this exercise extended

beyond the traditional defense and civilian sectors, encompassing the correctional system, fire services, emergency medical technician teams, and additional groups.

Lt Col Dr. Kaminiei and Chief Ropa provided an overview of the CMAP exercise results from their respective viewpoints, outlining current contributions and future priority areas:

Overview of the PNGDF's Capabilities for Health Emergency Preparedness



For health emergency preparedness, the PNGDF demonstrated strength in Rapid Response Health Teams (67%), military engineering (57%), mobile military field hospitals (57%), and fixed medical facilities (33%). Areas identified for improvement included laboratory capacity and other areas with untapped potential.

The PNGDF makes strong contributions to several core capacities of the IHRs, including risk communication and community engagement (RCCE) (89%), infection prevention and control (IPC) (72%), and points of entry (PoEs) and border health (50%). Areas identified for further action include developing policy, legal, and normative instruments for IHR implementation, as well as strengthening capacities related to chemical events, radiation emergencies, IHR coordination, financing, human resources, and health service provision.

For civil-military health collaboration, the PNGDF demonstrates strong capacities in health emergency preparedness, conducting joint activities aligned with health priorities, and sharing information to improve mutual understanding. These capacities could be further strengthened by establishing a formal collaboration framework, implementing additional joint activities and exercises, and securing funding for joint emergency preparedness initiatives.

Following the CMAP exercise, PNGDF's priority areas include developing written frameworks such as legislation, Memorandums of Understanding (MOUs), and Standard Operating Procedures (SOPs); continuing to build trust and understanding; improving shared laboratory and supply chain capacities; increasing capabilities related to mobile medical units, field hospitals, and ambulances; and building capacity in human resources, rapid response teams, military engineering, and logistics.

Overview of PNG NDOH's Capacities for Health Emergency Preparedness



Chief Ropa reviewed PNG's States Parties Self-Assessment Annual Report (SPAR) and IHR scores by capacity, identifying challenges in areas such as zoonotic diseases, food safety, financing, and IPC. He also noted strengths in policy, legal, and normative instruments for IHR implementation, surveillance, human resources, and RCCE.

The civilian sector in PNG demonstrated strong performance in policy, legal, and normative instruments for IHR and financing (83%), as well as surveillance (58%). Areas identified for improvement included the national health emergency framework, health service provision, IPC, laboratory capacity, response to zoonotic events, CBRN response, food safety, PoEs, and cybersecurity.

For IHR core capacities, the civilian sector showed strong contributions in financing (100%), human resources (52%), policy, legal, and normative instruments (46%), health services provision (38%), and PoEs (25%). Areas requiring further attention included laboratory capacity, IPC, zoonotic diseases, food safety, and chemical and radiation emergencies.

The overview also addressed public health contributions to civil-military health collaboration. Strengths included funding for joint emergency preparedness (75%), a legislative context for collaboration (71%), health security mapping (50%), joint activities aligned with health priorities (43%), and a focus on emergency preparedness (21%). Areas with potential for further development included establishing a collaboration framework, developing joint preparedness activities, assessing capacities in both sectors, identifying technical areas for collaboration, adopting a multisectoral approach, formalizing collaboration, improving information sharing, and securing high-level commitment.

Priorities and Way Forward

The PNGDF and the PNG NDOH jointly reviewed the outcomes of the CMAP workshop

and identified action plans for common priority areas:

- Written frameworks (legislation, MOUs, SOPs)

- Laboratory/Surveillance
- Health service provision
- Human resources

For legal frameworks, MOUs, and SOPs, actions include reviewing and updating existing frameworks, developing cross-sectoral policies and operational plans, and conducting simulation exercises. In the area of laboratory and surveillance, short-term actions focus on assessing lab infrastructure, managing stockpiles, providing training, and integrating communication systems. Long-term actions include engaging with academic institutions, establishing health emergency operations plans, and developing integrated communication and information management systems. For health service provision, actions include building trust, improving collaboration during emergencies, identifying warehousing and inventory systems, and conducting joint training and exercises. In human resources, actions include enhancing capacity to respond to health emergencies, forming and training rapid response teams, and supporting multisectoral deployments. Each action area includes enabling factors and requirements such as political commitment, partner support, financing, and capacity-building.

One Health in Papua New Guinea

Chief Ropa addressed the need to strengthen PNG's health security through a One Health approach. He noted PNG's high vulnerability to natural disasters, referencing events such as Cyclone Guba in 2007, the El Niño drought in 2015-2016, and recent floods and earthquakes in 2024 and 2025.

He emphasized the importance of building resilience in PNG by improving early warning systems, infrastructure, emergency planning, community education, disaster risk reduction, and climate adaptation. Chief Ropa described the work of the One Health Planning Committee (OHPC) in PNG, which is co-chaired by NDOH and the National Agriculture Quarantine and Inspection Authority (NAQIA). The OHPC's main objectives are to develop a national One Health Coordination and Governance Framework and to implement One Health initiatives through collaboration across sectors.

The OHPC has supported several health security initiatives in PNG, including a One Health Situational Analysis (August 2024), annual IHR self-assessments (January 2025), strategic risk assessment and workforce mapping (February 2025), civil-military health security mapping (April 2025), and participation in the Pandemic Fund's third call for applications (May-June 2025).

Panel Discussion: Sharing of Experience

Challenges During Health Security Threats

This panel discussion brought together regional partners to share experiences in managing health security challenges. Dr. Stephanie Petzing, Senior Health Security Advisor at the Uniformed Services University's Center for Global Health Engagement, moderated the session. Military and civilian health professionals from New Zealand, Indonesia, PNG, Australia, and Fiji participated in the discussion.

Papua New Guinea

Chief Ropa spoke on PNG's experiences. He emphasized the importance of establishing connections across sectors before a crisis occurs. While there is willingness among all parties to work together, he noted that differences in organizational culture, limited awareness of each sector's capabilities, and authority constraints can create challenges. He highlighted the need for appropriate and interoperable agreements, MOUs, and SOPs to be in place before a crisis to enable an effective multisectoral response.

Chief Ropa acknowledged the support of the PNGDF in civilian-led responses and noted that the civilian sector is working to improve planning processes to facilitate this support. He identified three priority areas for civil-military/security cooperation in the near term: strengthening surveillance systems, training Rapid Response Teams, and improving IHR capacities at ports of entry.

Indonesia

Indonesia outlined its strategies for addressing health security threats, with a focus on civil-military collaboration during events such as the COVID-19 pandemic. Navy Capt. Hisnindarsyah, Chief of Cooperation and Collaboration, Health Surgeon General, Indonesian Armed Forces, opened with remarks on PNG's progress since his first visit in 1999. Air Force Col. Washiludin, Chief of Medical Capacity Building, Indonesian Armed Forces, presented Indonesia's approach to national threats, highlighting the country's history of multi-sectoral exercises for pandemic preparedness, including simulations for influenza, MERS-CoV, and CBRN events. He emphasized the strategic role of Indonesian medical doctors as "Agents of Defense".

Col Wahiludin described the Government of Indonesia's efforts to formalize multisectoral relationships for health security through the "Pentahelix Model." This model involves collaboration among government, practitioners, and academics, the business community, the media, and the community, with defined roles for the Indonesian National Armed

Forces and National Police. The approach supports a whole-of-society response to health security threats, including public-private partnerships and community engagement.

Fiji

Dr. Marica Mataika, Director of the Fiji Emergency Medical Assistance Team (FEMAT), discussed FEMAT's mobilization during the COVID-19 pandemic and other health security threats. FEMAT, a civil-military team, was first deployed in 2014 in response to Tropical Cyclone Pam, supporting Vanuatu with both civilian and military resources. Since then, FEMAT has deployed multiple times and achieved reclassification in 2025. FEMAT's capabilities include a Fixed Type 1 Emergency Medical Team that can be activated as a Type 1 Mobile Team, and a Fixed Surgical Cell that can be activated as a Mobile Surgical Cell.

During the COVID-19 pandemic, FEMAT coordinated with the Fiji ground forces, Navy, police, and the Saint Johns nonprofit organization to establish and staff a pre-hospital emergency coordination center. FEMAT reduced hospital burden, built community partnerships, supported rapid vaccine rollout, improved inter-departmental communication, and strengthened system resilience. Dr. Mataika noted that Fiji emerged from the pandemic more resilient and adaptable, with a stronger focus on teamwork. Fiji has since strengthened its national health security frameworks, invested in health workforce and infrastructure, and continues community engagement and education efforts.

Dr. Sean Casey (WHO) presented Dr. Mataika with new uniform badges at the event to mark FEMAT's reclassification as a WHO Type I Fixed Emergency Medical Team.

New Zealand

Brigadier Charmaine Tate, New Zealand Defence Force (NZDF) Surgeon General, discussed managing health security threats, noting that these threats often have unclear beginnings and endings and can overlap, such as natural disasters occurring during pandemics. She stressed the need for coordinated, multi-agency, and multi-sector responses that prioritize sustained planning, management of concurrent threats, and people-centric capabilities.

Brigadier Tate identified challenges such as short institutional memory, difficulty measuring success, and health sector priorities overshadowing support functions. She recommended understanding threat onset, honestly assessing response capabilities, defining success metrics, optimizing learning, and building relationships in advance. She highlighted the value of PNG's use of the CMAP tool for preparedness and resilience.

Brigadier Tate also emphasized the importance of exposing non-medical cross-sectoral stakeholders to the complexity of health security threats and suggested that IPHsa can help military, planning, finance, political, and diplomatic leaders better understand and plan for these challenges. She concluded by reinforcing that health security is integral to national and regional security.

Australia

Ms. Miriam Carter, Health Counsellor at the Australian High Commission in PNG, shared her experience responding to humanitarian disasters and health threats in the region. She noted that civil-military coordination has improved over time, resulting in better outcomes, though some challenges remain. Ms. Carter noted the evolving landscape of global health funding and stressed the need for stronger multisectoral coordination to address health threats. She commended PNG for its leadership in conducting the CMAP and hosting IPHsa, and emphasized that ongoing collaboration between health, military, and security sectors is essential for implementing lessons from the COVID-19 pandemic and achieving resilient pandemic preparedness. Ms. Carter also suggested that future civil-military cooperation should address issues such as climate adaptation and bridging the gap between long-term development and emergency response, while maintaining focus on long-term objectives during response and recovery.

Australian Civil-Military Centre (ACMC)

Considerations for Civ-Mil Interaction During Public Health Emergencies

Dr. Emily Chapman from the Australian Civil-Military Centre (ACMC) talked about the important role of civil-military cooperation during public health emergencies, based on ACMC's research on national crisis responses. The ACMC aims to improve how civil, military, and police forces respond to crises globally and in the Asia-Pacific region, focusing on public health challenges. Dr. Chapman shared findings from ACMC's study of COVID-19 responses in three countries, along with lessons from Ebola and Zika. The study looked at military roles in health emergencies and offered practical advice for those involved. It also highlighted key factors that affect civil-military cooperation in health crises:

- Unpredictable nature of outbreaks
- Pathogens are “invisible enemies”
- Emergencies can be prolonged
- Health crises can escalate
- Special medical expertise is needed

- Humanitarian principles are not always understood
- Need to adhere to host nation laws
- Collective health imperatives must be priority

Dr. Chapman noted the principle of "as civilian as possible, as military as necessary", noting that civilian resources are preferred, and civilian authorities must always lead response, but quick containment may require military involvement since they are often the most prepared responders in a country. She outlined best practices for civil-military coordination in five key themes: Preparedness and Readiness, Coordination and Operational Practices, Public Health, Security and Enforcement, and Logistics and Operational Support.

International Committee of the Red Cross (ICRC)

Respecting and Protecting Health Care in Situations of Armed Violence

Mr. Georgios Georgantas, Head of Mission for the PNG International Committee of the Red Cross (ICRC) explained the ICRC's stance on respecting and protecting healthcare under different legal frameworks. He said that under International Humanitarian Law (IHL), during armed conflict, the wounded and sick must be protected, treated without discrimination, and medical personnel, facilities, and transport cannot be attacked or obstructed. Violations related to healthcare are considered war crimes.

Outside armed conflict, International Human Rights Law (IHRL) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) require states to ensure the right to health. This includes protecting the wounded and sick, restricting use of force, and safeguarding medical workers' rights and ethics. Medical units and transports must be respected, with the use of emblems controlled.

Mr. Georgantas stressed that states must keep health systems functioning, provide humanitarian aid, and maintain essential services. Practical steps include spreading awareness of legal obligations, regulating Red Cross/Red Crescent emblem use, and punishing violations. He also described the ICRC's role in civil-military cooperation, especially in conflict zones, stressing the need for constant coordination while balancing security and access to those in need. The ICRC provides support by setting up field hospitals, providing medical supplies and training, and maintaining neutrality, which can sometimes complicate military-civilian cooperation.

Department of Defense HIV/AIDS Prevention Program (DHAPP)

Enhancing Military Readiness through HIV/AIDS Prevention and Laboratory Capacity Building

Dr. Vienna R. Nightingale, Senior International Health Specialist and DHAPP Liaison to INDOPACOM, provided an overview of the Department of Defense HIV/AIDS Prevention Program (DHAPP) and its global health security work, focusing on PNG and the Asia-Pacific region.

DHAPP, funded by the United States Department of Defense (DoD) and Department of State (DoS) through the President's Emergency Plan for AIDS Relief (PEPFAR), works to reduce HIV in militaries worldwide to keep forces healthy, build trust between militaries, share information, coordinate efforts, and improve cooperation. These military-to-military partnerships also help partner countries improve healthcare and increase civilian trust in their governments. The presentation covered DHAPP's work in PNG, the Philippines, and Vietnam.

Papua New Guinea: DHAPP set up and improved HIV services in nine joint military-civilian clinics, boosted the PNGDF's medical readiness, strengthened ties between PNGDF and PNG NDOH, secured PNGDF access to HIV supplies and data, and provided training for clinicians.

Philippines: DHAPP supports prevention, testing, and treatment in the military health system, and helped develop military policies that support service members with HIV, ensuring their access to care and ability to serve.

Vietnam: DHAPP has provided training on HIV/STI prevention and substance abuse for new recruits, improved HIV testing and treatment in military facilities, and strengthened military health systems by training military nurses, improving lab quality (leading to 14 lab accreditations), and enhancing infection control.

PNG Defence Minister - Welcoming Remarks

On the evening of Day One, the PNGDF held a dinner where The Honourable Dr Billy Joseph MP, PNG Defence Minister, welcomed participants to Port Moresby and the IPhsa event. In his address, the Defence Minister highlighted the event's theme that health security is national security and stressed the importance of civilian-military cooperation in confronting health threats. He pointed to the COVID-19 pandemic as a "stark reminder" that health emergencies affect national stability, security, and sovereignty. Effective responses, he noted, require quick coordination and communication between government agencies and civilian and military entities.

Defence Minister Joseph also described the PNGDF's past involvement in health crises, including cholera outbreaks, polio and measles vaccination campaigns, and medical support during natural disasters. These examples show the PNGDF's unwavering commitment as a strategic partner in national health efforts. He explained that IPhsa aligns with PNG's National Health Plan, which promotes cooperation among government, partners, and communities to ensure equitable care. He noted that the region will continue to face health emergencies as national threats and said the PNGDF is committed to this

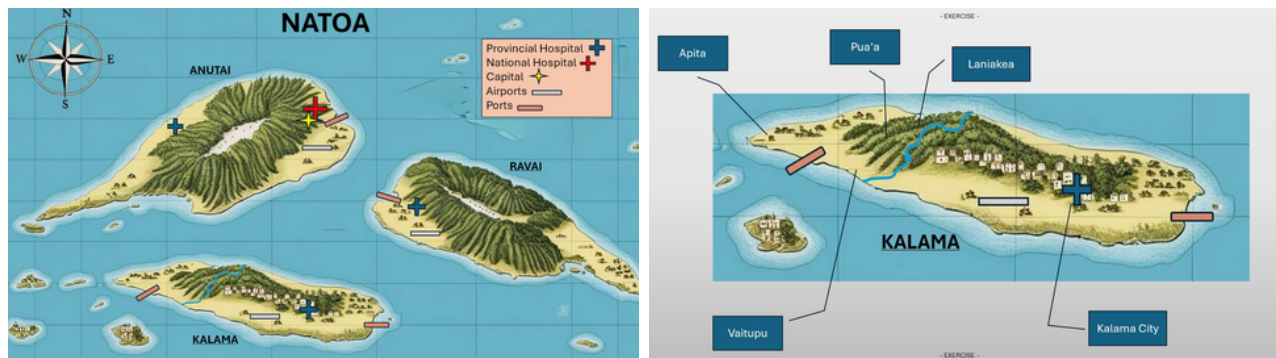
goal, using its readiness, logistics, and access to areas with limited civilians.

He ended by expressing profound pride in PNG hosting the event and looked forward to PNG becoming a full member of the alliance. He thanked co-hosts, partners, and delegates and said the week should lead to real partnerships and practical results to build a more resilient Indo-Pacific region.

Day Two

Launch of the Functional Exercise

Day Two focused on the the Indo-Pacific health security alliance Functional Exercise, developed by Australia's Project Phoenix, the University of Newcastle, and the U.S. Centers for Disease Control & Prevention (CDC). This interactive exercise, facilitated by Dr. Ashley Greiner (Team Lead, Emergency Response Capacity Team, CDC) and Dr. Tambri Housen (Infectious Disease Epidemiologist, School of Medicine and Public Health, University of Newcastle, Australia), Callum Thirkell (Epidemiologist, University of Newcastle), and Dr. John Rossow (Veterinarian, CDC), tackled multisectoral and multinational collaboration during public health emergencies to facilitate a coordinated, interoperable, and comprehensive response.



The exercise featured a realistic scenario of a public health emergency in the fictional island nation of “Nattoa”. In the scenario, Nattoa faces an unprecedented flooding emergency due to a combination of heavy rains and a tropical storm. This results in widespread displacement of the population which quickly overwhelms local resources, and ultimately results in a respiratory disease outbreak. Participants were given roles to enact either as military or civilian responders, and interacted with exercise facilitators carrying out roles to move the participants through the response, including military and civilian leadership, nongovernmental organizations, and members of the press. The scenario moves through stages of the emergency that closely mirror real-life situations - starting with a tropical storm warning, the storm impacting Nattoa, and the participants receiving their deployment missions.

In the “early emergency” phase, the participants, separated according to sector, received separate status briefings and met with partners in the field. Each sector received different information, with the military participants focusing on logistical challenges, and the civilian sector focusing on the health status of the displaced population. Following the briefings, each sector was tasked with sharing updates to their leadership, and identifying cross-sectoral information sharing needs.

In the “peak emergency” phase of the scenario, participants received the news about a respiratory disease outbreak in the displaced population and worked together to identify key deployment processes and common challenges across sectors in addressing the outbreak. Following the deployment process, the response team was unable to reach the site of the outbreak, requiring the participants to identify key resources that each sector can provide in support of a unified response. The response resulted in an external media request for statements and updates, leading the participants to develop shared messaging products, and to identify appropriate channels for external communications. Next, the participants were presented with challenges related to authorities for shelter site planning, leading the participants to discuss what organization or ministry holds the responsibility to authorize the establishment of a temporary shelter. Finally, participants had to reconcile and combine the information that each sector uncovered and develop a joint situation report.

During the exercise, participants related their real-world experience to the scenario, identified specific gaps in their home agency’s processes, and developed Specific, Measurable, Achievable, Relevant, and Time-bound (“SMART”) goals within a 12-month timeline to advance work to close these gaps. Key priorities included developing civilian-military plans, Standard Operating Procedures (SOPs), Memorandums of Understanding (MOUs), establishing working groups and committees to strengthen multisectoral relations, conducting collaborative exercises, and enhancing surveillance systems. Each participating country developed tailored goals for areas such as integration in regional forums, development of contingency plans, fostering stronger relationships through exercises, and bolstering national medical logistic support systems.

Several countries demonstrated existing strengths by showcasing established Inter-Agency Technical Working Groups (TWGs) with prior experience in Civ-Mil exercises and existing effective medical engagement between civilian and military sectors. During the exercise, countries with existing systems and expertise identified themselves, enabling participants that recognized gaps in those areas to consult with them and gain insight into effective approaches and lessons learned. Participants commonly reported challenges such as clarifying Civ-Mil coordination in emergency plans and obtaining additional resources, including MOU templates.

Participants recommended that future IPhsa events should include non-health-related attendees and provide training on advocacy and change management. They also recommended developing a resource repository with tools such as MOU templates, TWG guidance, and contingency plan development resources. They also suggested developing online modules and promoting resource sharing among countries to foster ongoing learning and cooperation.

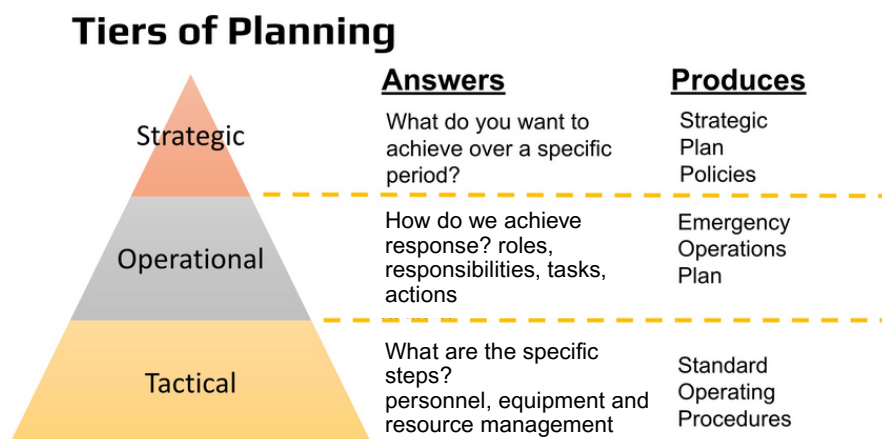
IPhsa and the Australia/U.S. exercise team plan to follow up with participants in November 2025 to assess the implementation status of strategic goals, identify key enablers and potential bottlenecks, and offer tailored support. By taking this proactive approach, they aim to strengthen the impact of the IPhsa Functional Exercise and guide future initiatives.

Day Three

Functional Exercise Wrap-Up: Civil-Military Strategic Planning

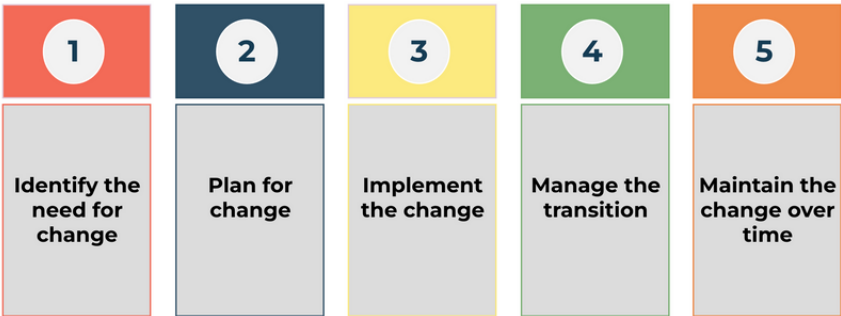
The functional exercise concluded on the third day with a presentation from Dr. Greiner on the process of civil-military strategic planning. In her presentations, Dr. Greiner noted the importance of plan integration, both vertically, across the national, sub-national, and local levels; as well as horizontally, across all national response partners such as national authorities, nongovernmental organizations, and the private sector. She described three levels of planning: strategic, operational, and tactical, as well as the purposes of each level. She then provided an outline for participants to use when developing their strategic plan, including:

- Introduction
 - Mission Statement
 - Vision Statement
 - Mandates/Authorities
 - Environmental Scan
 - Data to Inform Strategy
- Strategic Goals
 - Strategic Objectives
 - Performance Measures (Year 1, Year 2, etc.)
 - Implementation and Maintenance
 - Implementation Timeline
 - Evaluation Schedule
 - Revision and Update Schedule
- Conclusion
- Annexes & Appendices

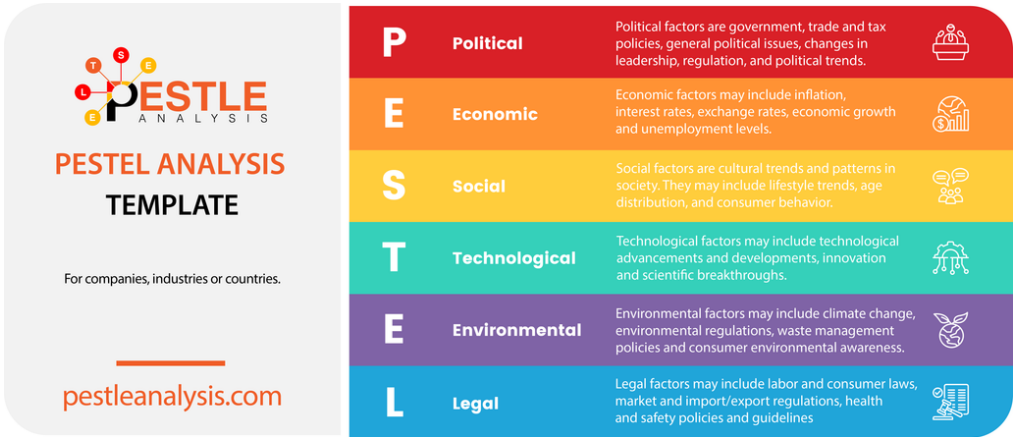


She provided examples of strategic goals and objectives, and reviewed how to establish SMART objectives. Dr. Greiner then provided an overview of change management to support the participants in implementing their plans. She described change management as a systematic approach to manage change effectively for the transition and transformation of organizational goals, processes or technologies. This ensures that the technical results of a project are implemented and used for the purpose they were intended, which often brings about a new way of doing things and considers the impact on the organization. She described a five-step pathway to change:

Pathways to Change



Dr. Greiner noted the need to identify key stakeholders in the change process, and determine if they are likely to be agents of change/champions, key users of the changed system, or potential barriers to the change. She then described a useful tool, the PESTEL analysis, which describes the Political, Economic, Social, Technologic, Environmental, and Legal factors of a proposed change, and described how this can be used to identify key considerations for engaging each category of stakeholders.



Finally, Dr. Greiner emphasized the importance of communication in all phases of change management, and provided some key considerations for change management communication plans. She noted that one of the most important factors in communicating change is ensuring a consistent message is delivered to all stakeholders. Misalignment in communication can create confusion and distrust, therefore it is essential that leadership, managers, and communication teams are on the same page and craft a unified narrative. This unified narrative must clearly explain the change, and its purpose, enabling stakeholders to understand not only the details of the change but also the reason behind it. The narrative must be tailored to different audiences and at every organizational level, ensuring that each stakeholder receives the information that is most relevant to them, in a manner aligned to their communication style.

She encouraged regular and transparent communication, emphasizing that effective change communication is not a one-time event, but requires regular updates and transparency throughout the change process. She noted the need to ensure that communication is bi-directional, and to create opportunities to listen to stakeholder feedback and address their concerns. Dr. Greiner noted that a well-structured communication strategy is essential to effectively implement and sustain change within an organization, and that change is not just about making decisions at the leadership level, but is about ensuring that everyone involved understands the rationale behind the change, their role in the process, and how their contributions help achieve the organization's goals.

Following the presentation, Dr. Greiner led an overview of the outcomes of the exercise. She noted that the activity not only highlighted successful collaborative mechanisms already in place but also gave participants the opportunity to exchange insights across countries. Most participants reported that the content was relevant to their own contexts (94%) and indicated their intention to apply what they learned for advocacy purposes (84%). In a particularly meaningful comment, a civilian nurse described that the scenario was very realistic and evoked an ordeal she personally faced. She shared her experience of coming under fire while working to airlift a patient in a helicopter during a multisectoral response, and how dangerous and frightening this was, especially as a civilian who is not trained for such a contingency.

Participants identified concrete opportunities including the SMART objectives developed by each country (see Annex B) for strategic engagement, improved coordination, and enhanced planning across the civilian, defense, and security sectors. The exercise led participants to define realistic and achievable strategic goals to accomplish within a year. Most countries (87%) set goals to complete within 12 months, while Australia and Singapore set 19-month timelines. Nearly half of the countries (47%) focused their strategic goals on developing relevant Civ-Mil plans, SOPs, and processes, with two

countries specifically aiming to create MOUs. Three countries proposed forming working groups or committees to clarify the Civ-Mil relationship, while another three suggested holding general partner meetings to discuss Civ-Mil coordination. Two countries suggested conducting exercises, and one outlined plans to develop a surveillance system.

Closing Ceremony & Signing Event

The closing ceremony opened with remarks from co-chairs CAPT Roberts and AIRCDRE dos Santos, followed by Lt Col Dr. Kaminiel's address after the official signing of the IPhsa Terms of Reference (TOR).

CAPT Roberts thanked the participants, recognized PNG for their efforts in hosting IPhsa, and acknowledged their leadership in civil-military health security. He stated that the connections and work developed during IPhsa Papua New Guinea will support new collaborations and expand the coalition of like-minded partners committed to regional



security, sovereignty, and prosperity. CAPT Roberts encouraged participants to act as IPhsa champions in their organizations by sharing knowledge and contributing to the alliance's development. He also announced an upcoming IPhsa-focused session at the Indo-Pacific Military Health Exchange from December 2 to 5 in Yokohama, Japan, and expressed hope that the next IPhsa event will take place in 2026.

CAPT Roberts emphasized that the defense and health sectors share the same goals: protecting populations, safeguarding prosperity, and preserving sovereignty. He stated, *"Security is key to all of those goals, and health security is inseparable from national security."*

AIRCDRE dos Santos thanked participants for their work and highlighted the value of sharing experiences and learning across countries and sectors. She stated that regional leadership must empower local action and that global health security relies on national ownership. AIRCDRE dos Santos acknowledged the event's diverse representation and pointed out the need to tailor plans and procedures to each country's context. She reiterated that health security is national security and called for an integrated approach across civil, military, and security sectors.

She directed participants' attention to the event's artwork, explaining that the central network represents interconnectedness, with orange for the civilian sector and purple for joint defense services. AIRCDRE dos Santos stated that IPhsa will continue to support Indo-Pacific health security preparedness and response by promoting collaboration and integration at both local and regional levels, moving from bilateral to multilateral cooperation.

AIRCDRE dos Santos stressed the need to involve non-health actors, saying, ***“We have highlighted the importance of engaging non-health sectors because health security is not just the responsibility of ministries of health. It is a national security issue that requires a whole-of-government and indeed a whole-of-society challenge in which we are all required to play an active role. We need to build and tend to those relationships now – as in every crisis, it is people, not just protocols, that make the difference.”*** The event ended with the official signing of the TOR, which formally brought PNG into IPhsa. The Australian Defence Force and U.S. Indo-Pacific Command signed the TOR first, reaffirming their annual commitment to collective health security. PNG then signed, becoming IPhsa’s first full member country after serving as an observer. This signing took place during PNG's 50th year of Independence, highlighting its growing role in the region.

“For Papua New Guinea and the PNGDF, joining IPhsa is more than a formality. It is a declaration of intent. It affirms our commitment to interoperability, to resilience, and to the collective protection of our people.”

**LT COL (DR.) PETER
KAMINIEL, DIRECTOR OF
HEALTH SERVICES,
PNG DEFENCE FORCE**

In his closing remarks, Lt Col Dr. Kaminiel recognized the formal signing of the TOR as the official entry of PNG into the Indo-Pacific health security alliance. He thanked IPhsa's leadership for their confidence in PNG and acknowledged the country's role as both conference host and new alliance member. He emphasized the need for ongoing dialogue, civil-military collaboration, and fair resource distribution to improve regional preparedness. He described PNG's membership as a strategic move to strengthen capabilities and partnerships for collective protection and stability. He made clear that joining IPhsa was a statement of PNG's commitment to interoperability, resilience, and the protection of its people.



In closing, Lt Col Dr. Kaminiel called on all nations to reaffirm their commitment to IPHsa's mission and vision, to build connections across sectors and borders, and to work together to ensure the region is resilient, united, and prepared. The ceremony ended with a prayer, and a moving and memorable cultural performance with celebratory drums and dancing,

a fitting conclusion that underscored the region's shared responsibility for health security.

“

Let us continue to build bridges across sectors and borders. Let us work not in parallel, but in partnership. And let us ensure that our region – diverse, dynamic, and vulnerable – is also resilient, united, and ready.

**LT COL (DR.) PETER KAMINIEL,
DIRECTOR OF HEALTH SERVICES,
PNG DEFENCE FORCE**

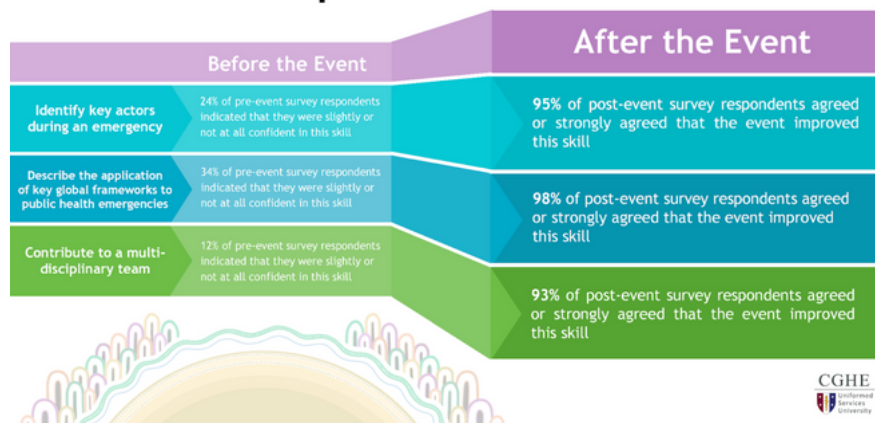
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Post-Event Survey Highlights

Participants expressed high satisfaction with the event overall. Most survey respondents agreed that they met their main goals for attending. Forty-three percent of respondents identified the functional exercise as the most valuable part of the conference and gave positive feedback on its usefulness, content, and instruction.

Over 90% of respondents reported that the event improved their skills related to public health emergency response, especially in applying global frameworks and identifying key actors during emergencies. Ninety-five percent agreed or strongly agreed that they could use the skills and knowledge gained at the event in their organizations.

Skills Development



Interoperability as a Result of the Event

- 88% of respondents identified **new opportunities for collaboration** as a result of the event
 - Respondents referenced collaboration and engagement opportunities at **local, federal, and regional levels**
- 79% identified **new partners for collaboration**
 - 13 countries were referenced by respondents, including Singapore (10%), the US (10%), Australia (7%), and the Philippines (7%)
 - 42% of respondents referenced multi-sectoral collaboration, particularly with **health ministries or departments**



Respondents also reported that the event improved multi-sectoral and regional interoperability. Eighty-eight percent identified new opportunities for collaboration at the local, national, and regional levels, and nearly 80% found new partners for collaboration.

Opportunities for Future Engagement

Exercise Follow-up

IPhsa and the combined Australia/U.S. Functional Exercise team will follow up with participating countries to assess their progress and challenges in implementing the SMART goals identified during the functional exercise.

Future IPhsa Engagements

The Australian Defence Force and U.S. Indo-Pacific Command will present the outcomes of IPhsa PNG 2025, including updates on each participating countries' SMART goals, at the Indo-Pacific Military Health Exchange (IPMHE) in Yokohama, Japan, December 2-5, 2025. The theme for IPMHE 2025 is "The Future of Military Medical Interoperability: Building Resilience in a Changing World". IPhsa participants are encouraged to attend if possible (see <https://www.ipmhe2025.org> for more information).

The next IPhsa event is scheduled to take place in Kuala Lumpur, Malaysia, June 7-8, aligned once again to the Global Health Security Conference (GHSC) taking place from June 9th to 12th (see <https://ghsn.org/news/ghs2026-destination-announced/> for more information). IPhsa participants are encouraged to submit abstracts to the GHSC, and increase defense and security sector participation in the event.

Communications

The organizers of IPhsa PNG 2025 extend their gratitude to all journalists, public affairs officers, and participants who developed the fantastic coverage of this event, some examples of which are highlighted in Annex A. Media coverage and public communications are key to sharing the good work of IPhsa, contribute to transparency, and supports us gaining new interested stakeholders who share the vision of IPhsa.

Anyone interested in learning more about IPhsa can learn more about the alliance at:

- <https://sites.google.com/usuhs.edu/iphsa/about-iphsa>
- <https://www.pacom.mil/About-USINDOPACOM/Indo-Pacific-Health-Security-Alliance-IPhsa/>
- and can also contact us at IPhsa@us.navy.mil

We extend our sincere thanks to the people of Papua New Guinea for their warm hospitality and enduring friendship during the CMAP and IPhsa meetings. Your generosity and support were instrumental in fostering meaningful dialogue and collaboration.

Annexes

Annex A: Media Coverage

Annex B: Strategic Goals & Planning

Annex C: Post-Event Survey Results

Annex D: Signed TOR



Annex A: Media Coverage

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<https://www.postcourier.com.pg/us-indo-pacific-command-adf-laud-png-for-hosting-health-meet/>



THE US INDO-PACOM Command Surgeon Captain Peter Roberts (centre-left), PNGDF Lt Col Dr Peter Kaminiel (centre-right) and Director General for Operational Health in the Australian Defence Force Air Commodore Nicole dos Santos (far-right), at the PMGH operational theatre yesterday. PICTURES COURTESY OF WILLIAM LUKE JR

Indo-Pacific Health Security Alliance delegates visit Port Moresby General

AUSTRALIAN and US delegates and medical professionals visited the Port Moresby General Hospital yesterday.

The delegates included the Director General for Operational Health in the Australian Defence Force, Air Commodore Nicole dos Santos, US INDO-PACOM Command Surgeon Captain Peter Roberts and PNGDF Lt Col Dr Peter Kaminiel and others.

The visit was held during the second day of the Indo-Pacific Health Security Alliance (IPHSa) conference in Port Moresby.

The conference is being held from May 6-8.

The delegates visited the Sir Brian Bell Transfusion for Medicine (blood donation centre),

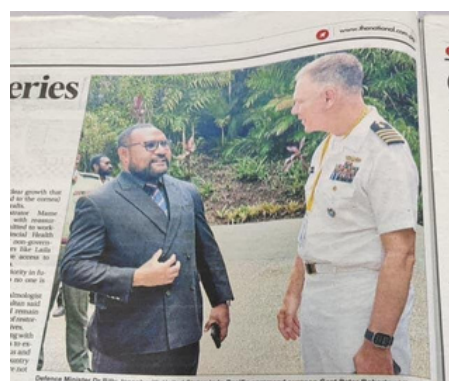
operating theatre and several other wards at the Port Moresby General Hospital.

Lt-Col Dr Kaminiel said the visit was to hear the perspective of the civilian capabilities and infrastructure, social structures and cultural elements primarily for military operations and planning.

"We wanted to see and hear more from the civilian capability to better understand the CMAP results," he said.

"It is important to know the linkage.

"The best part was having both the Australian and US delegations embracing the 'Stronger Together' theme."



Defence Minister Dr Billy Oakes with United States Indo-Pacific command surgeon Capt Peter Roberts at the Indo-Pacific health security alliance (IPHSa) meeting in Port Moresby. PHOTOGRAPH BY HANNAH MEDO

Health key to national security, says minister

GLOBAL health security is a pivotal cornerstone and key enabler of both regional and national security, says Health Minister Elias Kapavore.

Kapavore during the opening of the second Indo-Pacific health security alliance (IPHSa) meeting in Port Moresby, said the meeting will enhance civilian-military security cooperation to promote collective action, share vital information, and build stronger partnerships across sectors to face the complex health threats all nations encounter.

"The Coronavirus (Covid-19) pandemic taught us an unforgettable lesson that diseases do not respect borders," Kapavore said.

"In such times, our ability to respond swiftly and effectively depends on the strength of our partnerships - across health, security, government, and the wider society."

United States Indo-Pacific command surgeon Capt Peter Roberts also a chair during the opening, said the Indo-Pacific health security alliance is a platform for nations to work together to rapidly prevent, detect, and respond to the ever-escalating infectious disease outbreaks.

IPHSa's ambition is to strengthen the foundation of health security across the diverse Indo-Pacific through improved civilian-military security partnership and by providing a conduit for military and security sector expertise to support regional and global health security efforts.

PNG is not part of IPHSa, but is hosting this second meeting.

Civilian, military efforts build safe nation: Official

Major gaps in disaster preparedness exist, says Kapavore

THERE is a need to improve technical capabilities in analysing data especially those that could help in disaster preparedness, says Health Minister Elias Kapavore.

He told the Indo-Pacific Health Security Alliance in Port Moresby yesterday that the absence of clear and standardised operating procedures for preparedness, response and recovery presented major gaps.

"Capacities at the subnational level remain weak or in some areas non-existent particularly in terms of establishing and running emergency operations," he said.

"We continue to operate under constraints in manpower and funding which affect our capacity to respond comprehensively."

Kapavore said there was a lack of clear coordinated disaster response at all levels.

"Our early warning systems for floods, droughts, cyclones and other hazards require urgent strengthening," he added.

"Some of our legislation regarding emergency and disaster response management are outdated and needs urgent reforms and we are working on them."

Kapavore said when there was a devastating landslide or outbreak of disease, there was a lack of ability to respond swiftly and effectively.

"It affirms our resolve to ensure that collaboration within the health sector and the military is not only strong but also strategic, well organised and sustainable," he said.

Kapavore added that with events like the volcanic eruption in East New Britain in 1994, tsunami in



From left: Chief of Defence Rear-Admiral Philip Poliwara and Health Minister Elias Kapavore receiving a painting from Australian Defence Force director general operational health and air force health service Air Commodore Nicole dos Santos and United States Indo-Pacific Command Surgeon Captain Peter Roberts. PHOTOGRAPH BY KEN NEDY BANI

West Sepik in 1998 and the recent Mulaka landslide in Enga, the application of a comprehensive disaster management from preparedness to response to recovery was needed.

United States Indo-Pacific Command Surgeon Capt Peter Roberts said the event highlighted the urgency in the issues that we faced to work together to address them effectively.

State failed to honour bargain: In

PNG welcomes new Australian envoy

AUSTRALIA has officially sent its new envoy to Papua New Guinea, with Prime Minister James Marape reaffirming PNG's relationship with Australia.

He said, who arrived in Port Moresby on May 1 and met Prime Minister Hone Soere.

Mr McDonald, a senior career diplomat, has been posted to PNG for three years.

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A GIFT being presented to PNGDF Lt Col Dr Peter Kaminiel by US INDO-PACOM Command Surgeon Capt Peter Roberts (left) and Air Commodore Nicole dos Santos (right) during the IPHSa closing ceremony. PHOTOGRAPH BY WILLIAM LUKE JR

US Indo-Pacific Command, ADF laud PNG for hosting health meet

THE US INDO-PACOM Command Surgeon Captain Peter Roberts and Australian Defence Force Air Commodore Nicole dos Santos applaud the successful Indo-Pacific Health Security Alliance conference in Port Moresby yesterday.

The three-day conference was held from May 6-8.

Command Surgeon Captain Peter Roberts said this event is another milestone in Papua New Guinea's (PNG) history towards the official celebration of 50 years of independence.

Capt Roberts said through this conference, they have successfully identified common challenges, shared lessons learned, and outlined actionable pathways to enhance collaborative relations against diverse security threats.

He said connections made here will pave the way for innovative civilian-military security partnerships.

"The connections made here will pave the way for innovative civilian-military security partnerships and by providing a conduit for military and security sector expertise to support regional and global health security efforts."

PNG is not part of IPHSa, but is hosting this second meeting.

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IPHSa Lt Col Dr Peter Kaminiel signing the IPHSa Terms of Reference with the US INDO-PACOM Capt Roberts (left) and Air Commodore Nicole dos Santos in Port Moresby. PHOTOGRAPH BY WILLIAM LUKE JR

Dept to bridge health security gaps with PNGDF

THE Chief of Emergency Medicine at the Health Department, Dr Desmond Ait, said collaborating with PNGDF will bridge health security gaps.

"The health department's plan is to bridge the gap between the health and security sectors, as well as to enhance the capacity of the health and security sectors to respond to the ever-escalating infectious disease outbreaks."

Dr Ait said the health and security sectors are working together to enhance the capacity of the health and security sectors to respond to the ever-escalating infectious disease outbreaks.

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PNG is inaugural member of health alliance

THE Papua New Guinea Defence Force became the first member of the Indo-Pacific Health Security Alliance (IPHSa) yesterday.

IPHSa Lt Col Dr Peter Kaminiel, Director General for Operational Health in the Australian Defence Force Air Commodore Nicole dos Santos and US INDO-PACOM Command Surgeon Captain Peter Roberts signed the IPHSa Terms of Reference (TOR) to recognise PNG as a member of the alliance.

The IPHSa TOR is one of the 13 participating countries, because the first member of the alliance with the Australian Defence Force (ADF) and United States Indo-Pacific Command (US INDO-PACOM).

The other IPHSa participating countries were New Zealand, Australia, Vietnam, Philippines, Japan, Malaysia, Singapore, Indonesia, Tonga, Samoa, Kiribati, Fiji, Republic of South Korea and US.

Lt Col Dr Kaminiel said it is with pride and gratitude to be the first member to sign the IPHSa TOR.

"With immense pride we mark a moment of profound significance, the formal signing of the TOR that welcomes PNGDF into the Indo-Pacific Health Security Alliance as the first member to sign on."

Lt Col Dr Kaminiel acknowledged the bilateral partners for their support in the IPHSa.

"We acknowledge and thank our bilateral partners - the US, Indo-Pacific and ADF, whose support over the years has helped to shape our operational readiness, institutional capacity, and doctrine development," he said.

The PNGDF is committed to work with IPHSa to strengthen the preparedness and response system, to expand opportunities for capacity building, and to promote joint civil-military exercises and innovation in emergency coordination.

The IPHSa TOR signifies the intention of the participants to collaborate on matters concerning global health security. The TOR provides a framework for the development of global health security-related capabilities in the Indo-Pacific, providing opportunities for multi-lateral, multi-sectoral collaboration between participants to strengthen health security preparedness in the region.

Annex B: Strategic Goals & Planning

STRATEGIC GOALS & PLANNING

Most countries (87%) developed goals to be accomplished within 12 months, except for Australia and Singapore, which developed goals for 19 months. Most countries (47%) developed strategic goals concerning the development of relevant Civ-Mil plans, SOPs, and processes; of those, two cited specifically developing MOUs. Three countries proposed the development of working groups/committees to further delineate the Civ-Mil relationship. Three other countries proposed general partner meetings to discuss Civ-Mil coordination. Two proposed exercising and one proposed surveillance system development.

Australia	<i>By December 2026, improve health integration and participation in 100% of relevant multi-sectoral regional and global civilian-military forums.</i>
Fiji	<i>By May 2026, development of a MOU for Civilian-Military interoperability to achieve 75% readiness in national tool.</i>
Indonesia	<i>Within one year, develop 80% of a contingency plan for disaster and health crises through collaboration with MOH, TNI-Polri, BNPB and other ministry and agencies of national disaster, local government, private sector, community, and academia.</i>
Japan	<i>Enhance Civ-Mil relationship by developing 80% of a tabletop exercise within that next year that focuses on civ-mil relationship.</i>
Kiribati	<i>By January 2026, establishing better coordinated preparedness and response team to enhance the team's collaboration and response by 30%.</i>
Malaysia	<i>In 12 months, strengthen the coordination of national medical logistic support system for public health emergencies including the development of an SOP for joint civ-mil logistics system in 6 months, and joint training of civ-mil partners biannually including 70% of identified personnel, and to ensure availability of medical logistics assets for emergencies by national and local level by 70% ready in one year.</i>
Papua New Guinea	<i>Within 12 months, review and update the MOU between PNGDF and NDOH; to strengthen military-civilian collaboration.</i>
Papua New Guinea	<i>By August 7th, 2025, set up a meeting with civil partners (PHAs, public health, local DDA's etc.) and stakeholders by to understand the different roles and responsibilities during emergencies.</i>
Papua New Guinea	<i>Within one year, establish a civ-mil health committee with NDA, DMO, NHP that will include quarterly meetings, two exercises per year and joint deployments.</i>
Philippines	<i>By December 31, 2025, organize an inter-agency TWG for outbreak prevention, preparedness, and response in order to achieve [the 7-1-7 targets] readiness rating of 75% among agencies in accomplishing objectives.</i>
PPHSN	<i>Within 12 months, PPHSN to develop and finalize activation threshold and response SOPs for a tiered escalation model, ensuring they are documented, reviewed by PPHSN members and ready for implementation.</i>
Samoa	<i>In 12 months, conduct forum (CEOs) meetings to highlight and strengthen information sharing across sectors.</i>
Singapore	<i>By December 2026, Singapore will enhance its national disease surveillance system by integrating at least 90% of all public healthcare institutions and 75% of private general practices into real-time, AI-assisted syndromic surveillance network</i>
Tonga	<i>By December 2025, develop a national multi-agency program to address health security and emergency response.</i>
Vietnam	<i>In 12 months, review 80% of the existing work plan between Civilian-Military to build policies to mobilize, manage, coordinate and use resources (ex. financial, medicine...) effectively from non-governmental resources.</i>

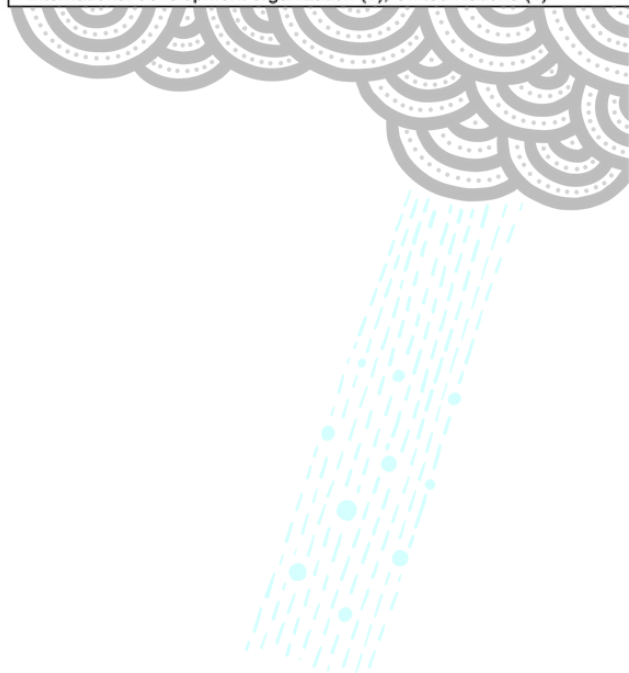
Annex C: Post-Event Survey Results

Demographics

- 13 out of 15 countries in attendance submitted survey responses, over 50% of which were from the host country, PNG
- 64% of respondents were from the military sector, 31% were civilians, and 5% were affiliated with IGOs or NGOs

Respondent Country	# of Responses
Papua New Guinea	22
Malaysia	3
Philippines	3
Kiribati	2
No response	2
Tonga	2
Australia	1
Fiji	1
Indonesia	1
Japan	1
New Caledonia	1
Samoa	1
Singapore	1
USA	1
Total	42

Respondent Sector Affiliation	# of Responses	Percent
Military or security	27	64%
Civilian	13	31%
Other (IGO, NGO, private)*	2	5%
*International development organization (1), United Nations (1)		



Event Format & Venue

- The majority of respondents favorably viewed the event venue and format, and agreed assistance from event organizers was prompt

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
I felt the venue was suitable for this type of event.	27 64%	14 33%	1 3%	–	–	42
The format of the event (panels, functional exercise, polling questions, etc.) facilitated meaningful discussion among participants.	28 67%	12 29%	2 5%	–	–	42
IPhsa organizers were prompt with any assistance needed for the event.	29 69%	12 29%	–	–	–	41



Utility of Event Content

- 29 respondents (69%) strongly agreed that the skills attained at the event could be implemented at their organization
- Nearly all respondents agreed or strongly agreed that they were able to achieve their primary reasons for attending the event
 - Two respondents (5%) expressed neutrality in regard to this statement

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
I was able to achieve my primary learning or professional objectives for attending this event.	26 62%	14 33%	2 5%	–	–	42
The skills/knowledge attained at this event can be realistically implemented at my organization.	29 69%	11 26%	2 5%	–	–	42
This event improved my ability to identify key emergency actors in civilian and military sectors during an emergency.	28 67%	12 28%	2 5%	–	–	42
This event improved my ability to contribute as a member of a multidisciplinary team when requested to assist with a public health emergency response.	26 62%	15 35.5%	1 2.5%	–	–	42
This event improved my ability to describe the application of key global frameworks and guidance to public health emergencies.	20 48%	19 45%	3 7%	–	–	42

Interoperability

- On average, 85% of respondents identified partners, opportunities for collaboration, or areas for improvement as a result of the event

	Yes	No	Total
Did you identify any new gaps or areas for improvement in your organization's public health emergency response plan?	37 90%	4 10%	41
Did you identify new opportunities for collaboration during a public health emergency between your organization and new or existing response partners?	36 88%	5 12%	41
Did you identify new potential partners (organizations, departments, or countries) for collaboration during a public health emergency?	33 79%	9 21%	41

Opportunities identified as a result of event

Opportunity	# of Responses	Percent
Civil-Military collaboration	13	31%
Stakeholder & PN engagement	6	14%
Resource mobilization & support	5	12%
Changes to SOPs or policy	4	10%
Information sharing	4	10%
Training exercises	4	10%
Creating platforms or networks for increased communication	3	7%
Logistics	3	7%

Partners identified as a result of event

Partners	# of Responses	Percent
Countries	15	40%
Health ministries or departments	10	26%
Military	5	12.5%
IGOs & NGOs	4	10%
Local & provincial government	4	10%
IPhsa	2	5%
Civilian government entities	1	2.5%

Gaps/Areas of Improvement identified as a result of event

Partners	# of Responses	Percent
SOPs, MOUs, or policy	11	29%
Multi-sectoral interoperability	9	24%
Strategic planning	5	12.5%
Communication & engagement	5	12.5%
Interagency interoperability	4	10%
Resources	4	10%
Training exercises	1	2.5%

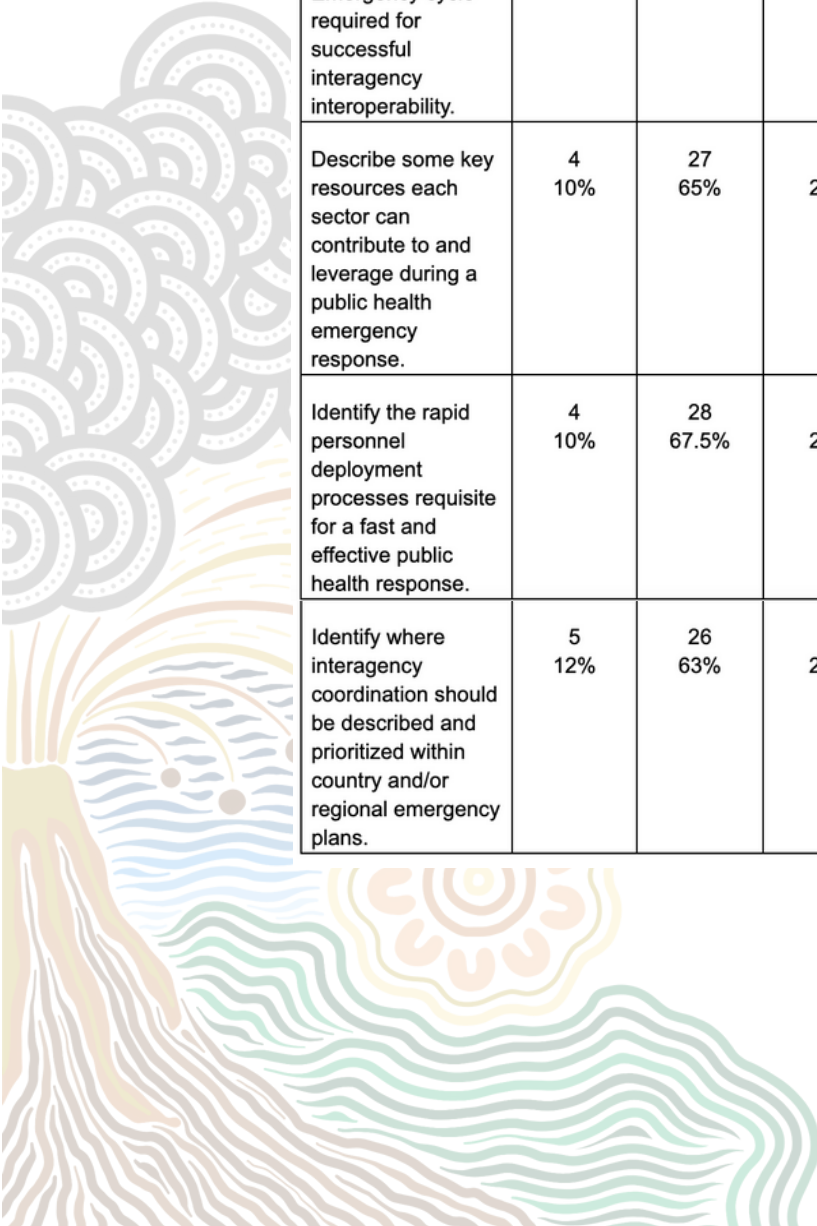
Functional Exercise & Skills Development

- 88% of respondents indicated that they would use what they learned during the functional exercise
 - One respondent indicated that they would not use what they learned, and three respondents were unsure
- A majority of respondents reported a high level of satisfaction with the content, format, and facilitation of the exercise

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied	Total
Exercise facilitation/ instructors	27 66%	12 30%	1 2%	1 2%	-	41
Use of time and the format of the exercise	19 46%	18 44%	3 8%	1 2%	-	41
Training content	25 64%	13 33%	-	1 3%	-	39

How confident are you in your ability to perform the following tasks?

- The most respondents (77.5%) reported feeling very or extremely confident in identifying rapid personnel deployment processes requisite for an effective public health response as a result of the exercise
- The most respondents (36%) reported low or moderate levels of confidence in identifying critical coordination processes for successful interoperability
- Three total respondents reported feeling either slightly confident or not at all confident in their skills following the exercise



	Extremely Confident	Very Confident	Moderately Confident	Slightly Confident	Not at All Confident	Total
Characterize and differentiate the roles and responsibilities across the civilian and military sectors.	6 15%	23 56%	10 24%	1 2.5%	1 2.5%	41
Identify critical coordination processes throughout the Emergency cycle required for successful interagency interoperability.	4 10%	22 54%	13 31%	1 2.5%	1 2.5%	41
Describe some key resources each sector can contribute to and leverage during a public health emergency response.	4 10%	27 65%	8 20%	2 5%	—	41
Identify the rapid personnel deployment processes requisite for a fast and effective public health response.	4 10%	28 67.5%	8 20%	—	1 2.5%	41
Identify where interagency coordination should be described and prioritized within country and/or regional emergency plans.	5 12%	26 63%	8 20%	—	2 5%	41

Will you use what you learned in this functional exercise in your work?

	# of Responses	Percent
Yes	37	90%
No	1	2.5%
I am not sure	3	7.5%
Total	41	

How do you plan to use what you learned from this exercise?

	# of Responses	Percent
Advocate for the development or expansion of civilian-military coordination in emergencies	33	79%
Develop or strengthen civilian-military communication protocols	27	64%
Develop or strengthen the civilian-military coordination policies	26	62%
Develop or strengthen a civilian-military co-training curriculum	23	55%
Teach others how to develop or enhance civilian-military coordination in emergencies	22	52%
Reference materials provided or discussed during the workshop	21	50%
Other (please specify)*	2	5%
*Develop civ-mil national exercise in response to PH emergencies (1), Combine simulated exercises (1)		

What factors will keep you from applying what you learned from the functional exercise?

- 52% of respondents felt that the need for additional training would prevent them from applying the knowledge attained in the functional exercise, followed by a lack of resources (42%)

	# of Responses	Percent
I need additional training in the subject matter	16	52%
I will not have the resources I need	14	42%
I will not be provided opportunities to use what I learned	4	13%
My colleagues will not support me in using what I learned	2	6%
My supervisor will not support me in using what I learned	2	6%
I will not have the time to use what I learned	2	6%
The functional exercise is not relevant to my work	1	3%
Other (please specify)*	2	6%
*Needs buys in from higher commanders (1), I can apply all those (1)		



What factors will keep you from moving forward with your strategic goal/objectives from the functional exercise in your work?

- When referring to their strategic goals, 32% of respondents indicated that a lack of financial support, specifically, would prevent them from moving forward

	# of Responses	Percent
I need additional training in the subject matter to move forward with my strategic goals	19	61%
I will not have the financial support	10	32%
I will not have the resources I need to move forward with my strategic goals	9	29%
I will not have the time	5	16%
I will not be provided opportunities to move forward with my strategic goals	3	10%
I will not have the legal support	2	6%
My colleagues will not support me	2	6%
My supervisor will not support me	2	6%
Other (please specify)*	2	6%
*I will need approval from my bosses (1) Need further engagements or collaboration with other agencies involved. (1)		

Engagement Platform

- Respondents indicated that they would like to see webinars and forums or discussion boards on a community engagement platform
- Respondents also indicated that they would find a broad range of engagement platform resources valuable

Thinking about your work in public health emergencies, disaster preparedness, and health security, what type of knowledge or resources would you find most valuable for sharing and learning on a virtual community platform?

	# of Responses	Percent
Communication strategies and protocols	24	57%
Case studies	24	57%
Lessons learned	24	57%
Best practices	23	55%
Training and educational materials	23	55%
Standardized response protocols	22	52.5%
Data collection and analysis guidance	21	50%
Information sharing methods	21	50%
Other (please specify)*	1	2.4%
*Living list of stakeholders so that members could engage directly (1)		

What specific features would you like to see in a community platform to enhance collaboration and knowledge sharing?

	# of Responses	Percent
Webinars	23	55%
Forums or discussion boards	21	50%
Resource library	19	45%
Event calendar	19	45%
Subject matter expert network/directory	17	40%
Prompted online discussions	17	40%
Member network/directory	15	36%
Blog posts	12	29%
Member spotlight	11	26%
Special interest-based groups	11	26%

Key Takeaways

Which aspect of the event did you find the most valuable and why?

Activity or Topic	# of Responses	Percent
Functional exercise	18	43%
Sharing experiences	7	17%
Strategic plans	4	10%
Civil-military coordination	2	5%
Other (please specify)*	5	12%
*Activities make you be part of the team as well as you being tuned in to the conference context. (1), All but the functional exercises or scenarios are similar to TEWTS. (1), All that was thought was very valuable (1), Achieving my goals at home (1), Meeting new faces and old faces. (1)		

Which aspect of the event do you think could have been most improved and why?

Activity or Topic	# of Responses	Percent
Exercise format/content	8	28%
Length of exercise (too short)	3	10%
Length of conference (too short)	4	14%
Coordination/communication prior to conference	2	7%
Country presentations	1	3.5%
Presentations	1	3.5%
Sharing best practices	1	3.5%
Other (please specify)*	1	3.5%
*Mixing of regional groups is really good.to develop better understanding of other, knowing their backgrounds and experiences (1)		

What topics, themes, or activities would you be most interested in seeing at future IPhsa events?

Activity or Topic	# of Responses	Percent
TTX exercise	5	15%
SOP/strategic plans development	4	12%
Sharing best practices/experiences	3	9%
Diversified event content, discussion topics*	28	85%
*Civ-mil coordination (6 responses) Rapid response (4) Mental health (2) Implementation (2) All-hazard approach (1) Civ-mil coordination in countries without a military (1) Cyclone response (1) Data management (1) Environment health response (1) Ethical decision-making (1) Health systems resilience (1) Lab setup in emergencies (1) Leadership in crisis (1) Outbreak response (1) Patient management (1) Pre/post emergency response (1) Surveillance (1) Regional health concerns (1)		



Annex D: Signed Terms of Reference for the Indo-Pacific health security alliance

