

Exploring the Global Health and Defence Engagement Interface

Whitaker, John; Rickard, Rory ; Leather , Andrew J. M. ; Davies, Justine

DOI:

[10.1136/military-2023-002497](https://doi.org/10.1136/military-2023-002497)

License:

Creative Commons: Attribution-NonCommercial (CC BY-NC)

Document Version

Peer reviewed version

Citation for published version (Harvard):

Whitaker, J, Rickard, R, Leather , AJM & Davies, J 2023, 'Exploring the Global Health and Defence Engagement Interface', *BMJ Military Health*. <https://doi.org/10.1136/military-2023-002497>

[Link to publication on Research at Birmingham portal](#)

General rights

Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

- Users may freely distribute the URL that is used to identify this publication.
- Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
- User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?)
- Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

Take down policy

While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact UBIRA@lists.bham.ac.uk providing details and we will remove access to the work immediately and investigate.

Title: Exploring the Global Health and Defence Engagement Interface

Abstract

Militaries have an important and inevitable role in global health and will interface with existing health systems on deployments. Whilst the primary concern of militaries is not global health, there are clear, and increasingly frequent, circumstances when global health activities align with the interests of defence. Recognising this link between global health and security warrants thoughtful consideration and action where concerns affecting both intersect. In addition to providing medical support to military personnel on operations, advantageous effects can be achieved directly from military medical activities as part of Defence Engagement. Whilst there are limitations and ethical boundaries to the role of militaries in global health, further training, research and conceptual development are warranted to optimise military medical activity at the intersection of security and global health to deliver advantageous effects. This paper forms part of a special issue of BMJ Military Health dedicated to Defence Engagement.

Key Messages

What is already known on this topic:

- Militaries have an important and indeed inevitable role in global health where global health and security concerns intersect.

What this study adds:

- This article provides a broad context for military involvement in global health and an overview of the key issues involved.
- There is a clear need to support military clinicians to develop a strong understanding of global health considerations to support operational deployments.
- This should be supported by high-quality research and training to allow high quality, ethically grounded and evidence-based military engagement in global health.

How this study might affect military practice or policy:

- Further training, research and conceptual development are warranted to optimise military medical activity at the intersection of security and global health to deliver advantageous effects.

Introduction

The purpose of the United Kingdom's (UK) Defence is to protect the nation and help it prosper. (1) A key pillar from the UK's Integrated Review Refresh's framework, shaping Defence's response to a more contested and volatile world, is to generate strategic advantage. (1 2) In addition to providing medical support to other elements of Defence, advantageous effects can be achieved directly from medical activities, known as medical operating advantage. (3) Within the engagement spectrum of operations a military's medical service can deliver a range of activities to support generating a variety of potentially advantageous effects to all stakeholders. In UK Defence doctrine this is Defence Engagement (Health), but also known as Global Health Engagement, the term commonly used to describe a similar concept amongst other militaries. (3) An explicit recognition that global health and security are linked underpins the need to thoughtfully consider and address where concerns affecting both intersect. Table 1 summarises how current UK military medical doctrine illustrates some of the important intersections of concern. This article further provides a broad context and justification for military involvement in global health and an overview of the key issues involved primarily from a NATO and western perspective where literature is more prevalent. (4) This paper forms part of a special issue of BMJ Military Health dedicated to Defence Engagement.

Global Health and Security

Issues of global health importance are increasingly framed as global security issues, a process known as the "securitisation" of health. (5) Health issues of many kinds can be framed as threats to local, national and global security, with the COVID19 pandemic a clear contemporary example. Cooperation between governments on controlling infectious disease spread is long-standing. The example of Australia's Defence Force engaging with Papua New Guinea's military in support of shared malaria control objectives from this special edition illustrates the mutual benefits to sharing goals in this field. (6) However, over the past two decades, the issues addressed through global health diplomacy have broadened to include non-communicable disease and injuries, mental health, and universal health coverage. (5 7) The interface between global health priorities and foreign policy interests are included in the UN General Assembly discussion, and there are demands for increased prioritisation for health as a critical international policy issue. (7) However, the opportunity for effective advocacy for health in the security, trade, education and investment policy arenas has yet to be seized upon. Additionally, the breadth of health issues that should be considered as security threats is contested. (5) Nevertheless, it is well recognised that health improvements support economic prosperity, and stable and just society development, and thereby promote peace and security. Conversely, the consequences of health catastrophes and health system breakdown have been considered comparable security threats to actual armed conflict. (8) Therefore, in an increasingly globalised world, understanding and acting upon issues of global health importance can support national security. From a UK perspective, promoting greater global health resilience, both at home and overseas, is proposed as a priority national objective post Brexit (9) and embedded within the first pillar of the Integrated Review Refresh. (2) Recognising the inextricable link between the health of humans, animals, plants and the environment for mutual health and the subsequent requirement of multidisciplinary coherence from local to international levels is known as the One Health approach. (10) This approach, growing in UK political importance, supports broader consideration of the intersections between health of humans, animals, plants and environment to enhance responses to global health security threats. As a key WHO funder, the UK can further play an important role in supporting prevention and coordinated response to global health emergencies, improving the health of populations, and driving the universal health coverage agenda. (9) This global health context is further explored by Foley and colleagues in this edition, framing key considerations to include transnational health issues, public health determinants and health systems. (11)

Global Health and Defence

Whilst the primary concern of militaries is not global health, there are clear circumstances when global health activities align with the interests of defence; these circumstances are occurring more frequently. (4) Examples include the participation of foreign and local militaries in responding to the West African Ebola virus epidemic and disaster relief due to natural

weather phenomena.(12) This increasing use of militaries in global health led Michaud and colleagues to assert: *“the key question is not whether militaries should be involved in global health but rather how to ensure military engagement is appropriate, constructive, effective, and coordinated with other actors.”* (4)

Foreign militaries active in fragile or conflict-affected states can positively impact local health systems. This might be across several health system building blocks, including leadership and governance, information systems, and health delivery to local populations.(13) Indeed, the increasing use of militaries in disaster relief is thought to be in part related to specific capabilities, particularly logistics, that surpass those available to other organisations.(4) Additionally, although criticism was levelled at militaries during Ebola for taking too long to build treatment facilities and being sometimes risk-averse in treating the local population, militaries were found to be open, engaging, and keen to learn. A further benefit of the military involvement during Ebola was reportedly in motivating many non-governmental organisations (NGOs) to start or maintain activities in the region.(14) However, militaries can also undermine impartiality, especially when projects linked with the indigenous health systems are used to achieve security objectives.(13) There are also barriers to militaries effectively supporting health systems including lack of mandate, conflicts between security and health system priorities, and lack of interoperability, particularly considering logistical and information sharing between local health system and security force actors.(13)

Global Health Engagement and diplomacy

During times of peace and stability, the focus of contributions to global health by militaries is typically on partnership, development, capacity building, and research.(4) Capacity building, including workforce training, are seen as useful to militaries through improving local health system resilience, strengthening relationships with international partners, and providing deployed experience for military servicepersons. Such assistance via health is potentially less contentious and can enable engagement when it is difficult for other defence actors, such as the combat arms, to do so.(15) Contemporary UK examples include quality improvement partnerships with Pakistan’s Armed Forces Medical Service (PAKAFMS), and local health facilities in South Sudan in conjunction with NGO partners.(16) Both examples had an emergency and trauma care focus.

The term global health diplomacy can mean support to health objectives to achieve strategic goals, advancing diplomatic aims, and gaining influence.(17) Governments and international organisations (IOs) have embraced population health and healthcare with the twin objectives: to benefit population health and strengthen international relations.(17) When militaries act as levers of influence and diplomacy outside the use of force, this can be described as military or defence engagement. It refers to the use of military assets to prevent conflict, build stability, and gain influence and it is a core task for the UK Ministry of Defence. (18)

Military medical assets undertaking such engagements offer potential benefits of building partner health capacity, strengthening and improving health systems, supporting cooperation with the local health system (interoperability), facilitating a military’s own experience or readiness, and combating global health threats.(19-22) This Military Global Health Engagement, also known as Defence Engagement (Health) (DE(H)) (3) should aim to achieve a tangible benefit to local health or health systems or it risks negative reputational effects for the involved military. (18) DE(H) should therefore do no harm, be clinically appropriate, culturally sensitive, with civilian primacy, and be coherent with existing indigenous health systems.(20) To do such activity well, proper prior consideration needs to be given to the impact on population health, health systems, stability and governance, security, justice, human rights, and economic growth.(20) The Defence context for Defence Engagement (Health) is explored further in this special edition, including value of engagement to support strategic advantage and the role for UK’s Defence Medical Services to play is evident in contemporary UK military doctrine. (23)

There is, therefore, a need to support high-quality research into conducting DE(H) effectively from assessing health systems, training requirements, effective interventions, ethics and working across cultures.(15) Such research is vital to avoid unintended harm from well-intentioned engagement.(15) There are notable contemporary and historical examples of

military innovations translating to global health interventions. From infectious disease nomenclature deriving from military medical officers who first described them, to contemporary treatments for HIV and Malaria, and the United States Department of Defence as a major funder for neglected tropical disease.(4) Falconer Hall and colleagues' qualitative evaluation of the impact of the UK's longitudinal engagement in Kenya illustrates how academic rigour can be applied to Defence Engagement (Health) activity to learn lessons for optimising impact and avoiding pitfalls for effective engagement.(24) They emphasise future inclusion of a partner nation's perspective in similar research enhance learning further. Research into high quality military global health engagement must still mature further.(15) Development of monitoring and evaluation frameworks to select and assure engagement programmes, an operationalisable ethical framework and mixed-methods research to understand the impact of engagements are all examples of priority areas.(20 24 25)

The Civil and Military healthcare interface

More formalised discussion and collaboration between military and civilian health sectors are warranted. The WHO previously chaired a meeting of international military and civilian health sector actors to strengthen mutually beneficial collaboration in pursuit of national, regional and global health security objectives.(21) The UN's Oslo guidelines caution against military assets being used in contexts such as disaster relief unless no comparable civilian alternative exists. However, the WHO chaired collaboration and others argue that militaries cannot be seen only as a last resort as militaries have capabilities beyond merely the rapid response to emergencies.(12 21) One example includes specialist resource and expertise in managing chemical, biological, radiological and nuclear emergencies which often lies in the military sector. One way to strengthen civil-military cooperation is through embedded training and professional development programmes and routine information sharing.(21) This can be through liaison officers and secondments, such as to the WHO.(4 21) Such cooperation between security services and other sectors is well established in Finland where the social context of health systems is understood as important for successful collaboration: *"It is not institutions that collaborate but people"*.(21)

The military medical health services contribution to population health within local health systems should be considered. The beneficiaries of military medical systems vary across countries with families, veterans, and non-military civilians, sometimes recipients of direct care. In many countries, the security sector is a substantial contributor to the healthcare system. The Zambian Defence Force (ZDF) clinics see 80% civilians, and their system accounts for 16% of health service provision in Zambia.(26) PAKAFMS provides healthcare to approximately 5% of Pakistan's population and provides the only emergency services in some areas. In Israel, the fully integrated national trauma system treats injured civilian and military alike, with patients being treated at the nearest facility. Also, in Jordan, much of the population, through family eligibility and immunisation programmes, receive direct medical care from the military.(21) In other countries, much of the population serve some time with the Armed Forces, including through conscription. This role in general health service provision allows the military medical service to provide care for non-communicable diseases and management of risk factors such as obesity and smoking through health education and promotion.(21) Militaries can also have vital roles in health data surveillance and sharing.(21) There is therefore the potential for strengthening military health systems to have a variable but broader impact on population health.

Clinical operational risk management

Militaries need to understand indigenous health systems when relied on for emergency care of deployed service personnel. Small team deployments, often delivering training and educational missions, are common in the UK military and across NATO with those deployed often reliant to some extent on existing indigenous health systems to provide emergency and trauma facility-based care.(27) Such deployments use planning assumptions about access to effective secondary healthcare within specific timelines (2 hours from damage control surgery) derived primarily for injury care but applicable to other emergency care. The death of a UK serviceperson on antipoaching operations in Malawi in 2019 highlighted this reliance on local healthcare delivery and the risk of such deployments. The need to understand health systems can be considered within medical intelligence, a military medicine field that includes assessments of foreign medical capabilities in both military and civilian sectors. Gaps in such

understanding lead to commercial contractors providing medical intelligence services, including reports into local medical capabilities such as locations of emergency care, intensive care and blood banks and airfields.(28) Whilst commercially contracted solutions to support military operational patient care pathways are increasingly legitimate,(3) DE(H) can play an important role in these circumstances to generate multiple benefits. One example includes US military medical personnel embedded with Emirati military clinicians in a 750-bed UAE civilian medical facility supported by the Mayo Clinic.(29) This programme allows partner nation trauma care development, clinical currency of embedded personnel and potential use of the facility for US service personnel for operational patient care.

Ethical clinical decision making

Understanding local health systems provides military clinicians with context for ethical and appropriate decision making, particularly when caring for the injured. A substantial proportion of patients treated by international militaries in recent conflicts were local national civilians, with patients often discharged to local facilities within the health system. This pattern continues in contemporary combat operations.(30) It may be inevitable, therefore, that military operations will continue to involve the treatment of local civilians for the foreseeable future.(30) NATO doctrine suggests that medical care for civilians should be limited to the minimum necessary before returning patients to the local health system,(27) which may be immediately postoperatively.(30) It is recommended that only therapies that are suitable to, and can be continued in, the local health system should be used.(27) Also that care to civilians must respect cultural and religious preferences and there should be no expectation on existing health systems to adjust cultural or legal practices to meet western ideals. Similarly, the cultures, capabilities, structures and functional organisation of all relevant civil systems should be clearly understood by operational military organisations.(27) Indeed, direct delivery of care to civilians on military operations without consideration for the effect on existing health systems can cause unanticipated harm.(13) This means clinical decision making of deployed military clinicians, including choices of operative procedure following trauma, should be influenced by an understanding of the local health system.(30) Military medical activities must avoid competing with local health systems with corresponding negative ethical and social consequences.(27) A good understanding of the local health system norms is, therefore, a prerequisite to comply with ethical and best practice clinical care to civilians on operations. Bricknell and Kelly further explore strategic, operational and tactical ethical considerations incumbent with DE(H) activity.(25)

Competent health system capacity building

Recent combat operations have required deployed military clinicians to understand and engage with building capacity in local military health systems. A substantial part of operations in Afghanistan involved building the local military medical services capabilities and capacity. Whilst health and security conditions have deteriorated following a return to Taliban control, lessons can be drawn from prior military efforts to build health system capacity. Mentoring of Afghan military clinical staff by international military clinical staff was common.(31) The UK campaign in Helmand, Afghanistan, included a programme of mentoring medical providers to support the development of the Afghan army hospital to provide improved medical capability.(22) A substantial majority of these hospital medical mentors were provided by the UK. They helped establish an operational Afghan National Army surgical capability and medical treatment facility. Unfortunately, maintaining such a partnership programme was difficult between rotations of deployed military personnel due to limited institutional knowledge in this field.(22) This highlights the need for expanding military medical competence in developing indigenous security forces' medical services within their local context. The Canadian military's experience of training of Afghan medical staff was similarly critiqued. Their efforts were well received but relied on advanced medical technology, rather than adapting to the resource limited context of Afghan military physicians.(31) Issues of lack of human resource capacity are exposed when there is investment in military medical infrastructure without sufficient trained clinical staff to work in them.(32) This can be exacerbated when well-educated, clinically trained local nationals are employed as (relatively well paid) interpreters for foreign militaries, thus being taken away from clinical service.(32) Health service capacity building is an explicit example of the medical operating advantage concept within contemporary UK military medical doctrine warranting further research and development.(3)

Global health training for military medical personnel

More development and training for military medical personnel in global health is required. To support and develop quality engagement of militaries in global health, Michaud et al. proposed developing military doctrine for such activities, increasing global health capacity building initiatives, and supporting expanded monitoring, evaluation, and research into such activities.(4) Currently, many military leaders and personnel are not trained to think or function with global health goals and principles in mind. Differences in culture and communication norms may exist, such as less transparency in militaries than civilian organisations. These deficiencies can limit transferable learning from DE(H) activities. To promote academic global health within militaries, training for all medical personnel in the basics of global health has been proposed.(19) To bridge this gap the Military Global Health Engagement course was developed by the UK's Defence Medical Services Centre for Defence Engagement. Additionally, formal postgraduate degree education should be supported to develop military medical practitioners with a specialist interest.(19) Other proposed desirable skills include local language capability and experience working alongside NGOs, the UN, or WHO.(16) Trauma care systems in low- and middle-income countries is a field where military and civilian needs overlap considerably, and collaboration has proven benefits supporting this as a subject for further research.

Limits to Military Global Health Engagement

There are limitations to the role of militaries in global health. Militaries cannot completely adhere to humanitarian principles since acting on behalf of their government is incompatible with the principle of independence.(33) Other global health and humanitarian actors may be uncomfortable and unfamiliar with militaries and their role in global health, seeing any involvement as a military intervention.(5 12) Militaries also have a mission that may be in tension with broader humanitarian or political issues.(4 27) For example, militaries may be inclined to prioritise short-term health interventions that fit within deployment cycles measured over months. This may not align with local needs to develop health services for chronic conditions which require long term planning and delivery.(4) Linking health and security too strongly can be considered political with consequential dilution of tangible health benefit.(5) There may also be tensions between the global health priority of universal health coverage (equitable, timely access to comprehensive, quality health services without impoverishment) and some global health security issues such as preventing, detecting, and responding to infectious disease threats of international concern.(34) However, there are also clear synergies, with improved accessibility of quality health services trusted by people allowing earlier disease detection, and a population protected from health expenditure related impoverishment will be less vulnerable to disease.(34) Some of the principles of military engagement in global health discussed in this article, as in other aspects of military medicine, are not new. Important lessons are evident through earlier examples of military medical practices. Falconer Hall and Attridge illustrate this through exploring activities now recognisable as DE(H) in both the Vietnam conflict and the second world war in former Yugoslavia. The risks of causing harm from poorly delivered DE(H) and failing to gain the desired influence following significant investment are discussed.(35)

Conclusion

Militaries have an important and indeed inevitable role in global health and will interface with existing health systems on deployments. There is a clear need to support military clinicians to develop a strong understanding of global health considerations to support operational deployments. Further training, research and conceptual development are warranted to optimise military medical activity at the intersection of security and global health to deliver advantageous effects.

Table 1 Operating advantage effects that can be achieved through military medical activities

Adapted from the Medical Operating Concept (3). DMS – Defence Medical Services. CBRN – Chemical, Biological, Radiological and Nuclear.

Theme	Exemplar concerns
Building and reinforcing strategic relationships	<p>Military medical relationship building for influence:</p> <ul style="list-style-type: none"> • Through academic collaboration • Through international partner training • Through professional links with nations and militaries otherwise not engaged with the UK • To influence narratives and messaging around health security threats <p>DMS personnel must be trained to deliver this.</p>
Strengthening medical services	<p>Capacity building a nation's health system:</p> <ul style="list-style-type: none"> • Often through training interventions • To improve resilience to health threats • To mitigate risks of using host nation health services within deployed force operational care pathway • To support homeland resilience exemplified by the military role in the UK response to COVID 19 <p>DMS must properly train its own medical educators for this.</p>
Identifying, attributing and countering health threats	<p>Maintain and invest in niche military medical capabilities to respond to health security incidents.</p> <ul style="list-style-type: none"> • These include CBRN, medical intelligence, infectious diseases, pathology, aviation medicine and environmental health
Winning the narrative	<p>Military medical activities at the intersection with Global Health may have high public profile:</p> <ul style="list-style-type: none"> • Positive if perceived as doing the “right thing” • Negative if perceived as providing inadequate care or causing harm.
More development needed	<p>Further research and development is warranted to optimise medical advantage within ethical boundaries.</p>

References:

1. MOD. Defence Command Paper 2023: Defence's response to a more contested and volatile world: UK Ministry of Defence, 2023.
2. HMG. Integrated Review Refresh 2023: Responding to a more contested and volatile world, 2023.
3. MOD. Medical Operating Concept, 2022.
4. Michaud J, Moss K, Licina D, et al. Militaries and global health: peace, conflict, and disaster response. *Lancet (London, England)* 2019;393(10168):276-86. doi: 10.1016/s0140-6736(18)32838-1 [published Online First: 2019/01/22]
5. Wenham C. The oversecuritization of global health: changing the terms of debate. *International Affairs* 2019;95(5):1093-110. doi: 10.1093/ia/iiz170
6. Reade MC, Auliff A, McPherson B, et al. Australian Defence Force Global Health Engagement through malaria and other vectorborne disease programmes in the Pacific and Southeast Asia. *BMJ Mil Health* 2023 doi: 10.1136/military-2022-002335 [published Online First: 2023/05/11]
7. McBride B, Hawkes S, Buse K. Soft power and global health: the sustainable development goals (SDGs) era health agendas of the G7, G20 and BRICS. *BMC Public Health* 2019;19(1):815. doi: 10.1186/s12889-019-7114-5 [published Online First: 2019/06/27]
8. Department of Defense. Defense health Agency. global health engagement [Available from: <https://health.mil/Military-Health-Topics/Health-Readiness/Global-Health-Engagement> accessed 18 Nov 2020.
9. Niblett R. Global Britain, global broker: A blueprint for the UK's future international role. London: The Royal Institute of International Affairs, Chatham House., 2021.
10. FCDO. FCDO Position Paper: Health Systems Strengthening for Global Health Security and Universal Health Coverage, 2021.
11. Foley S, Falconer Hall T, Bates D, et al. Global health context for the military in Defence Engagement (Health). *BMJ Mil Health* 2023 doi: 10.1136/military-2023-002374 [published Online First: 2023/08/04]
12. Canyon DV, Ryan BJ, Burkle FM. Rationale for Military Involvement in Humanitarian Assistance and Disaster Relief. *Prehospital and disaster medicine* 2020;35(1):92-97. doi: 10.1017/s1049023x19005168 [published Online First: 2019/12/07]
13. Bourdeaux M, Kerry V, Haggemiller C, et al. A cross-case comparative analysis of international security forces' impacts on health systems in conflict-affected and fragile states. *Conflict and health* 2015;9:14-14. doi: 10.1186/s13031-015-0040-y
14. Kamradt-Scott A, Harman S, Wenham C, et al. Civil-military cooperation in Ebola and beyond. *Lancet (London, England)* 2016;387(10014):104-5. doi: 10.1016/s0140-6736(15)01128-9 [published Online First: 2016/02/05]
15. Whitaker J, Bowley D. Beyond bombs and bayonets: Defence Engagement and the Defence Medical Services. *J R Army Med Corps* 2017 doi: 10.1136/jramc-2017-000838 [published Online First: 2017/08/11]
16. Jeyanathan J, Smith JE, Sellon E. Civil–military cooperation on operational deployment: the Bentiu State Hospital medical training programme. *BMJ Military Health* 2020;jramc-2019-001302. doi: 10.1136/jramc-2019-001302
17. Eagan SM. Global health diplomacy and humanitarian assistance: understanding the intentional divide between military and non-military actors. *J R Army Med Corps* 2019;165(4):244-47. doi: 10.1136/jramc-2018-001030 [published Online First: 2018/10/15]
18. Horne S, McCrae L. The Military Contribution to Strategic Health Diplomacy. *The RUSI Journal* 2021;166(5):10-21. doi: 10.1080/03071847.2021.2023325
19. Burkett EK, Aguirre DL. Tiers for Education and Training in Global Health for Military Engagement. *Military Medicine* 2020;185(9-10):411-13. doi: 10.1093/milmed/usz478
20. Falconer Hall T, Horne S, Ross D. Comparison between Defence Healthcare Engagement and humanitarian assistance. *BMJ Military Health* 2020;bmjmilitary-2020-001437. doi: 10.1136/bmjmilitary-2020-001437
21. World Health Organization. Report of the Technical Consultation on National Cross-Sectoral Collaboration between Security and Health Sectors. Switzerland, 2018.
22. Bricknell M, Sullivan R. The Centre for Defence Healthcare Engagement: a focus for Defence Engagement by the Defence Medical Services. *Journal of the Royal Army Medical Corps* 2018;164(1):5. doi: 10.1136/jramc-2017-000798

23. Falconer Hall T, Williams LG, Williams L, et al. Defence context for the UK's Defence Engagement (Health). *BMJ Mil Health* 2023 doi: 10.1136/military-2023-002369 [published Online First: 2023/05/17]
24. Falconer Hall P, Falconer Hall T, Bailey Z, et al. Medics as influencers: a historical analysis of British Army military medical exercises in Kenya over two decades. *BMJ Mil Health* 2023 doi: 10.1136/military-2023-002442 [published Online First: 2023/07/26]
25. Bricknell M, Kelly J. Ethical tensions in delivering Defence Engagement (Health). *BMJ Mil Health* 2023 doi: 10.1136/military-2022-002318 [published Online First: 2023/02/15]
26. Kim YM, Banda J, Kanjipite W, et al. Improving performance of Zambia Defence Force antiretroviral therapy providers: evaluation of a standards-based approach. *Glob Health Sci Pract* 2013;1(2):213-27. doi: 10.9745/ghsp-d-13-00053 [published Online First: 2013/08/01]
27. Centre DCaD. Allied Joint Doctrine for Medical Support: Allied Joint Publication 4.10(C): Ministry of Defence.
28. International SOS [Available from: <https://www.internationalsos.com> accessed 16 Dec 2020.
29. Licina D, Taylor J. International Trauma Capacity Building Programs: Modernizing Capabilities, Enhancing Lethality, Supporting Alliances, Building Partnerships, and Implementing Reform. *Military Medicine* 2022;187(7-8):172-74. doi: 10.1093/milmed/usab539
30. Campbell K, Naumann DN, Remick K, et al. Damage control resuscitation and surgery for indigenous combat casualties: a prospective observational study. *Journal of the Royal Army Medical Corps* 2019;jramc-2019-001228. doi: 10.1136/jramc-2019-001228
31. Beckett A, Fowler R, Adhikari NKJ, et al. Medical mentorship in Afghanistan: How are military mentors perceived by Afghan health care providers? *Canadian journal of surgery Journal canadien de chirurgie* 2015;58(3 Suppl 3):S98-S103. doi: 10.1503/cjs.012214
32. Bricknell MCM, Thompson D. Roles for International Military Medical Services in Stability Operations (Security Sector Reform). *Journal of the Royal Army Medical Corps* 2007;153(2):95. doi: 10.1136/jramc-153-02-04
33. United Nations General Assembly Resolution 58/114. Strengthening of the coordination of emergency humanitarian assistance of the United Nations., 2003.
34. Wenham C, Katz R, Birungi C, et al. Global health security and universal health coverage: from a marriage of convenience to a strategic, effective partnership. *BMJ global health* 2019;4(1):e001145-e45. doi: 10.1136/bmjgh-2018-001145
35. Thomas Falconer H, Attridge K. Defence Engagement (Health): a historical perspective. *BMJ Military Health* 2023:e002412. doi: 10.1136/military-2023-002412