# NATO MILMED COE
## STRATEGIC PLAN
### Years: 2018-2022

### Directorate

Analysis of environment:

<table>
<thead>
<tr>
<th>Strengths</th>
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<tbody>
<tr>
<td>1. Experienced SMEs</td>
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<td>2. Strong networks</td>
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<td>3. Multinational organization, flexibility</td>
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<td>4. Relevant, accessible products</td>
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<td>5. Recognized organization</td>
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<td>6. Impartial</td>
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<table>
<thead>
<tr>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>1. Lack of IT personnel</td>
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<tr>
<td>2. Limited no. of medical SMEs</td>
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<td>3. Special knowledge linked to single SMEs</td>
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<td>4. Limited access to NATO common funding</td>
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<td>5. Still limited awareness of the COE by the nations</td>
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<tr>
<td>6. Limited manpower along with high workload and frequent TDYs make coordination complicated</td>
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<table>
<thead>
<tr>
<th>Opportunities</th>
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<tbody>
<tr>
<td>1. Department Head Function</td>
<td></td>
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<tr>
<td>2. IT improvements</td>
<td></td>
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<tr>
<td>3. HUB for Health Surveillance and FHP coordination, MEDEVAL and exercises and KM/LL</td>
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<tr>
<td>4. Networking with COMEDS entities and NCS</td>
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<tr>
<td>5. 3 year rotation of key staff, staff selection by nations</td>
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<td>6. HUB for questions of Interoperability</td>
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<td>7. Workshops/Events – Spider in the net</td>
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<td>8. ADL systems, mobile training teams</td>
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<td>9. Concept development and experimentation</td>
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<tr>
<td>10. Cross training staff for key functions</td>
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<tr>
<td>1. Design and establish relationships with new/emerging military medical entities and NCS adaptations</td>
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<thead>
<tr>
<th>Threats</th>
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<tbody>
<tr>
<td>1. More International HQs and Medical Entities may reduce willingness of nations to provide medical personnel to multinational assignments</td>
<td></td>
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<tr>
<td>2. Increasing workload without an increase in personnel</td>
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<tr>
<td>3. Budget: fixed contributions, slight variations from incomes (e.g.: course fees), no financial flexibility, planning horizon only 1 year in line with POW</td>
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<tr>
<td>4. Not enough SMEs</td>
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<tr>
<td>5. Loss of quality without up-to-date technology and knowledge</td>
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</table>
Institution’s Strategic Goal: Excellence in supporting the NATO Command Structure at all levels

<table>
<thead>
<tr>
<th>Mid-Term Goal</th>
<th>Action Steps (POW #)</th>
<th>Person(s) Responsible</th>
<th>Due Date for Action</th>
<th>Results / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prioritization of limited resources in order to carry out approved projects</td>
<td>Build consensus among the SNs regarding these priorities</td>
<td>DIR</td>
<td>During bi-annual steering</td>
<td>Next meeting DEC 2018</td>
</tr>
<tr>
<td>with a strategic and operational impact for NATO medical service and the</td>
<td></td>
<td></td>
<td>committee meetings</td>
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<tr>
<td>Sponsoring Nations</td>
<td>Proactive external communication of the institution ensuring the transparency of</td>
<td>DIR via PAO</td>
<td>Continuous</td>
<td>Update and publish STRATCOM plan; Use of IKM and website to publish information about upcoming meetings, workshops and courses.</td>
</tr>
<tr>
<td></td>
<td>MILMED COE’s work</td>
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<tr>
<td></td>
<td>Proactive internal communication among MILMED COE staff via WSM and/or collaborative branch meetings, using technical assets</td>
<td>DIR</td>
<td>Continuous</td>
<td>Update and publish communication plan; WSM feedback loop</td>
</tr>
<tr>
<td></td>
<td>Developing the MILMED COE team, enhancing organizational culture, with a keen eye for multinational aspects, including training and coaching of the team members</td>
<td>DIR in collaboration with CO and J1</td>
<td>Regular internal management meetings (quarterly)</td>
<td>Update and publish COE policies; provide “Welcome Aboard” briefing and publication for newly reporting COE members</td>
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<tbody>
<tr>
<td>The Directorate will optimize MILMED COE processes.</td>
<td>Review and update (if necessary) branch SOPs on an annual basis</td>
<td>DIR</td>
<td>Annually in November</td>
<td>MILMED COE in process of reviewing all SOPs; update webpage</td>
</tr>
<tr>
<td></td>
<td>Establish clear COE priorities based on current NCS priorities and operations</td>
<td>DIR</td>
<td>Update provided to staff after COMEDS</td>
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<td></td>
<td>Provide adequate training and mentoring to MILMED COE personnel in order to maximize efficiency and productivity in each position.</td>
<td>DIR</td>
<td>2018-2022</td>
<td>Reviewed annually during staff education plan</td>
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</table>
### Mid-Term Goal

The management should be flexible and capable to adapt to the changes of the medical world and the military and civilian environment by developing competitive strategies.

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<tr>
<td>Regular review and assessment of external factors: -developments in civilian medical environment and health risks and threats, -threats to NATO and national interests, probable nature of future war and conflicts – and how military medical support should adapt (policy, doctrine, etc.)</td>
<td>DIR (and BCs, SMEs)</td>
<td>List of NATO meetings/updates/review of NATO policy in which this information is received and/or decisions are made – due 6 weeks before every SC meeting and reviewed during Mgmt Review Mtg. annually</td>
<td>Reported in POW amendments</td>
</tr>
</tbody>
</table>

### Mid-Term Goal

Maintain a Quality Management System that is designed to instill confidence in the delivery of mission-related activities and the POW by providing direction and review of the QA process, products, and deliverables.

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<tr>
<td>Conduct internal audits in order to assure quality control (QC) and quality assurance (QA) processes are in place that mitigate deficiencies and insure improvement of products and deliverables. (POW#1)</td>
<td>QM</td>
<td>Annually.</td>
<td>Find and correct discrepancies according the ISO and Global Programming standards. Prepare for the external audits.</td>
</tr>
<tr>
<td>Participate and organize external audits in order to maintain relevancy and credibility among NATO and COE organizations. (POW#1)</td>
<td>QM</td>
<td>Annually.</td>
<td>Maintain the ISO and ACT accreditation of the MILMED COE.</td>
</tr>
<tr>
<td>Conduct QM training for the Staff in order to increase awareness of available process improvements involved with QC and QA. (POW#2)</td>
<td>QM</td>
<td>Annually.</td>
<td>Prepare the Staff for internal and external audits, maintain the knowledge of the Staff about the QM System.</td>
</tr>
</tbody>
</table>
## DEPLOYMENT HEALTH SURVEILLANCE CAPABILITY BRANCH

### Analysis of environment:

<table>
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<tr>
<th>Strengths</th>
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</thead>
<tbody>
<tr>
<td>1. Fulfilling a gap in Health Surveillance (NATO summit 2002 initiative).</td>
</tr>
<tr>
<td>2. Answering needs in Health Surveillance for NATO deployments.</td>
</tr>
<tr>
<td>3. First class premises and location.</td>
</tr>
<tr>
<td>4. International staff and students qualified in preventive medicine/force health protection and health surveillance.</td>
</tr>
<tr>
<td>5. NATO Health Surveillance doctrine and DHSC missions consistent.</td>
</tr>
<tr>
<td>6. DHSC as a dual asset CBRN/Military medicine.</td>
</tr>
</tbody>
</table>

<table>
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<th>Weaknesses</th>
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<tr>
<td>1. No IT skills in the staff, remote support from Budapest.</td>
</tr>
<tr>
<td>2. Under-manning.</td>
</tr>
<tr>
<td>3. Health Surveillance data still partially confidential.</td>
</tr>
<tr>
<td>4. Lack of legitimacy within the NATO operations community (for example: email address without “@nato.int”)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Opportunities</th>
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<tbody>
<tr>
<td>1. Med Info/Intel for NATO gap to fulfil.</td>
</tr>
<tr>
<td>2. Force Health Protection Reach Back Capability for NATO</td>
</tr>
<tr>
<td>3. Broaden DHSC partnerships:</td>
</tr>
<tr>
<td>- Collaboration with CBRN community.</td>
</tr>
<tr>
<td>- Collaboration with World Health Organisation and other Health International or Governmental Organisations.</td>
</tr>
<tr>
<td>- Collaboration with civilian universities and academic community.</td>
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<tbody>
<tr>
<td>1. IT development and maintenance:</td>
</tr>
<tr>
<td>- Risk of IT crash down for DHSC system(s)</td>
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<tr>
<td>- Increase of NATO IT security for outsiders.</td>
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<tr>
<td>2. Increasing gap between quantity of missions for DHSC (work load) and DHSC manning.</td>
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<tr>
<td>3. Evolution of NATO posture (扈 deployments and ਰ article 5 posture).</td>
</tr>
<tr>
<td>4. Overrepresentation of Special Forces and Contractors in future NATO operations, all out of the radar scope for DHSC.</td>
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Institution’s Strategic Goal: Excellence in Force Health Protection (FHP) Coordination with an emphasis on Health Surveillance.

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<tr>
<td>- NATO DHS Doctrine</td>
<td>POW 2017 – 2: DHSC – EpiNATO-2 support into KFOR operations</td>
<td>Branch SO</td>
<td>On-going: - KFOR covered 100% since 2013 - EUTM Mali covered 100% since 2013 - Resolute Support covered 100% since 2017 - NRF and VJTF covered since 2015 - NATO Maritime Operations: implementation 2016 - EU and Multinational (Middle-East) Deployments: implementation 2017</td>
<td>- Feedback analysis sent weekly to NATO CoC and data providers. - NATO deployments covered at 100% as January 2017. - DHSC as IHR 2005 POC for NATO</td>
</tr>
<tr>
<td>- EpiNATO-2 Implementation</td>
<td>POW 2017 – 3: DHSC – EpiNATO-2 support in EUTM MALI deployment</td>
<td></td>
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<tr>
<td>- IHR 2005 POC for NATO</td>
<td>POW 2017 – 4: DHSC – EpiNATO-2 Implementation and support for NATO Maritime deployments</td>
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<td>POW 2017 – 5: DHSC – EpiNATO-2 implementation and support into Afghanistan deployment</td>
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<td></td>
<td>POW 2017 – 6: DHSC – EpiNATO-2 implementation and support into Middle East deployments</td>
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<td></td>
<td>19: Development of the Strategy Paper for Deployment Health Surveillance in NATO and EU</td>
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<tr>
<td>NATO Deployment Health Surveillance System Research and Development</td>
<td>POW 2018 – 8-9-10: ASTER implementation in Mali</td>
<td>Deputy Branch Chief</td>
<td>On-going. ASTER experimentation ends with the implementation of MEDICS health Surveillance modules 2018</td>
<td>ASTER running in EUTM Mali, used as demonstrator for MEDICS development.</td>
</tr>
<tr>
<td>- Near-Real Time Health Surveillance</td>
<td>21: Deployment Health Surveillance Database development</td>
<td></td>
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<tr>
<td>- Health Surveillance for Refugees</td>
<td>POW 2018 – 22: Public Health Surveillance for refugees</td>
<td>Branch SO</td>
<td>System fully operational since end 2016, run by German Health service with DHSC support.</td>
<td>German System VISIT implemented with the support of DHSC</td>
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<tr>
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<td></td>
<td>15 &amp; 16: DHSC-International Organisation/Civilian Institution Collaborations and Directories</td>
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<td>- DHSC part of the Smart Defence Initiative 1.45 “Responsiveness to Biological Outbreaks”</td>
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<td></td>
<td>17: Implementing of a Deployment Health Surveillance (DHS) Hub</td>
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<td>28: NATO Smart Defence Project 1.45 Outbreak responsiveness.</td>
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<td>POW 2018 – 23: Force Health Protection NATO Conference 2018 in England</td>
<td>Branch Chief Deputy Branch Chief</td>
<td>2018</td>
<td>N/A</td>
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<td></td>
<td>POW 2018 – 26: Exercise Vigorous Warrior 2017</td>
<td>Branch Chief Deputy Branch Chief</td>
<td></td>
<td>N/A</td>
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| FHP Education for NATO and Partners  
- Lectures  
- Courses  
- Internship                                                                 | POW 2018 – 11: Participation in Deployment Health Surveillance Courses (training units) in France (Current DHS Course and future Outbreak Investigation and Control Course –former DHS Level 2)  
13: Instruction obligations at the NATO SCHOOL Oberammergau.  
7: development of an ADL Course on EpiNATO-2.                                                                 | Branch Chief            | On-going            | DHS course performed every year in May/June sine 3 years.  
4 to 6 lectures given for NATO School every year. |
| Force Health Protection Reach-Back Capability as an evolution of the DHSC       | POW 2018 – 12: Junior epidemiologist internship - training for medical officers (physicians, veterinarians, pharmacists, nurses…) in DHS issues                                                                                                                                  | Deputy Branch Chief     | On-going            | First internship on October 2015-July 2016, including a Master 2 thesis.  
Next one scheduled mid 2017-mid 2018.                                                                                   |
| Development of a medical information mission for NATO CoC and NATO nations.    | Find staff to man this mission.  
Mid-term project: no POW yet.                                                                                                                                                                                                 | Branch Chief            | N/A                 | Project approved by COMEDS                                                                                                                                 |
|                                                                                   | POW 2018 – 29: NATO Smart Defence Project X.XX M2I – Medical information and Intelligence.                                                                                                                                                        | Branch Chief            | 2017                | Smart Defence Project "M2I – Medical information and Intelligence" to be initiated in 2017                                                  |
Department Head Function

Analysis of environment:

| Strengths | 1. Strong working relationships with ACT and ACO, other COEs’ DHs.  
2. Respected by NATO and national training institutions  
3. Financially supported by MILMED COE and assistance from ACT DH Common Source Funding  
4. Achieved ACT Systems Accreditation  
5. Experienced as DH Rep at the MILMED COE |
| Weaknesses | 1. Staff of one/lack of identified support staff |
| Opportunities | 1. ADC allows for synchronization of training and exercises  
2. IKM will increase communication and networking across the alliance  
4. Strong working relationships with other discipline DHs and COEs |
| Threats | 1. Budget issues across national defence funding  
2. Loss of Medical SME at NATO School will challenge the Medical Support Community with course continuity |

Institution’s Strategic Goal: Excellence in the Department Head Function for the Medical Support Discipline

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<tr>
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<tr>
<td>The Department Head (DH) function at the MILMED COE will synchronize the medical support E&amp;T efforts in order to meet the operational commitment and level of ambition of the Alliance.</td>
<td>Conduct the Medical Support Annual Discipline Conference (POW # 27)</td>
<td>DH</td>
<td>Ongoing annual requirement. Next meeting March 2019.</td>
<td>ADC: 2017 and 2018-Complete; DAP submitted. Training solutions identified in 2015 are being implemented. Attendance by NCS/NFS/HQ staff Synchronized medical exercises through 2019.</td>
</tr>
<tr>
<td>Produce a Discipline Alignment Plan (DAP).</td>
<td>DH</td>
<td>Ongoing annual requirement (60 days after ADC)</td>
<td>All previous DAPs have been approved by DCOS JFT. DAP should be submitted to ACT for staffing within 60 days of the ADC. 2018 DAP submitted.</td>
<td></td>
</tr>
<tr>
<td>Attendance to NATO and COMEDS working groups (POW#20,26)</td>
<td>DH</td>
<td>Ongoing involvement with NATO TSC; MMT WG and Naval Medical Panel;</td>
<td>Presentations and update on discipline training at each iteration of these meetings.</td>
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Support national training institutes in the field of Medical Support by assisting with course certification and listing national trainings in the Education and Training Online Catalogue (ETOC) as well as Institutional Accreditation

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<td>The MILMED COE ACHIEVED Systems Accreditation via ACT JFT-SEP 2016. Annual review and update due to ACT JFT each January.</td>
<td>Review ACT JFT recommendations from the site visit to incorporate as part of QM.</td>
<td>DH/QM/PR/J1/TRB</td>
<td>Ongoing</td>
<td>2017: communication plan has been implemented. 2018: Annual updates to MILMED COE 5-year Strategic Plan April 2018: Annual CRB and Mgmt Review conducted</td>
</tr>
<tr>
<td>Incorporate SACEURs Guidance on Education (SAGE 2017 and beyond) into all aspects of training and exercises.</td>
<td>Medical Support ETEE programs will be provided for levels of NATO and will integrate medical LL, utilize relevant STANAGs, and provide a multi-dimensional approach to specialized training, SMEs, NCOs, OGOs, and civilian equivalents.</td>
<td>DH to collaborate with the RA, ACT, and the community of interest. Annual updates to be provided through the ADC and documented in the DAP.</td>
<td>Ongoing during ADC</td>
<td>Discussed during 2018 ADC and MILMED COE CRB: All current training solutions align with SAGE 19. Will continue to support ACO for future drafts of SAGE.</td>
</tr>
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<tr>
<td>Incorporate SACEURs Guidance on Education (SAGE 2017 and beyond) into all aspects of training and exercises.</td>
<td>Harness the developing and future benefits of the MILMED COE’s IKM system in order to efficiently expand work via electronic mediums.</td>
<td>DH to collaborate with LLB</td>
<td>2017-2021</td>
<td>IKM uploaded Feb 22, 2016 ADC attendees to be added as trial Community of Interest (CoI)-March 2017</td>
</tr>
<tr>
<td>Maintain Systems Accreditation through ACT JFT.</td>
<td></td>
<td>DH/QM</td>
<td></td>
<td>Report submitted January 2018; Next report due January 2019</td>
</tr>
</tbody>
</table>
INTEROPERABILITY BRANCH

Analysis of environment:

| Strengths | 1. Well educated and skilled international staff.  
2. Strong commitment to coordinate essential NATO medical policy and doctrinal docs (MC, AJP, AJMedP)  
3. Ability to accept and coordinate tasks addressed by COMEDS/ACO/ACT  
4. Ability to answer interoperability requirements for NATO deployments.  
5. Suitable working place and equipment. |
| Weaknesses | 1. Workload burden and tasks may significantly exceed IOB capacity, if foreseeable longer term manning gaps occur.  
2. Due to limited number of IOB medical SME personnel, expertise in some areas reaches only into 1 SME deep |
| Opportunities | 1. IOB have a significant influence on NATO MED Policy & Doctrine standardisation docs development  
2. Potential to broaden MILMED COE partnerships by:  
   a. Cooperation with ACO/ACT/COMEDS WGs/NSPA  
   b. Cooperation with STO HFM  
   c. Cooperation with EUMS/EEAS/EDA community  
   d. Collaboration with civilian medical universities and wide academic community  
   e. Collaboration with NSO |
| Threats | 1. Widening discrepancy between quantity of IOB tasks and project (work load) and current IOB manning (manpower).  
2. Reluctance of other NATO nations to join MILMED COE in contrast with increasing amount of tasks given to IOB  
3. Increasing time pressure on IOB outcome performance, exacerbated by additional tasking from external entities (COMEDS WG, ACT, ACO, STO, EUMS, EDA, Nations.....)  
4. Evolving NATO requirements, that reflect emerging threat situations (hybrid warfare, NATO Article 5 ops, urbanisation area conflicts, immigrants crisis....) will need a quick and comprehensive response from MILMED COE |
Institution’s Strategic Goal: Excellence in Doctrine and Policy development in order to increase interoperability.

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<tr>
<td>Provide support to the NATO standardization process in areas and issues related to military medicine.</td>
<td>POW 2018 – 1: Support to Medical Standardization Working Group (MedStd WG) activities</td>
<td>Branch SO</td>
<td>On-going biannual MedStd WG meetings 2018: JAN 22-24 and JUN 4-7</td>
<td>MILMED COE’s achievements and future plans report. Custodian’s reports about STANAGs where MILMED COE is responsible.</td>
</tr>
<tr>
<td></td>
<td>POW 2018 – 11: Medical Standardization Online Course</td>
<td>Branch SO</td>
<td>On-going Review the content of the course with NSO representative has been done till the end of JAN 2018. Next content review in 2019</td>
<td>Up to date product</td>
</tr>
<tr>
<td>Assist customers in optimizing the interoperability of their Medical Support components, NATO, PfP, other partner nations, COMEDS WG&amp;EP, ACO, EUMS…)</td>
<td>POW 2018 – 7: Medical Standardization Documents Searching Tool</td>
<td>Branch SO</td>
<td>On-going Periodical review of the STANAGs on MILMED COE and NSO websites. Tracking of all requests which has been addressed to IOB.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POW 2018 – 10: Support to Medical Mental Health Panel (MMHP) activities</td>
<td>Branch SO</td>
<td>On-going Participation Military Mental Health Panel in order to bring expertise to propose a strategy on prevention, resilience and identification of mental health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POW 2018 – 20: Support to Emergency Medicine Panel (EMedP) activities as well as the Prehospital Care Improvement Initiative TF</td>
<td>Deputy Branch Chief</td>
<td>On-going Participation as SME Emergency Medicine Panel in order to</td>
<td></td>
</tr>
<tr>
<td>Mid-term Goal</td>
<td>Action Steps (POW #)</td>
<td>Person(s) Responsible</td>
<td>Due Date for Action</td>
<td>Results / Update</td>
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</tr>
<tr>
<td>Facilitating role in NATO/EU projects aiming to mitigate military medical capability gaps in future NATO/EU missions</td>
<td>POW 2018 – 9: Participation in the project team's activity by providing expertise.</td>
<td>Branch SO</td>
<td>continuous</td>
<td>Strong support to successful execution of TACT-Medical Experiments which have been designated for the Ex TRJE 18 and which will be chosen for Ex VW 19.</td>
</tr>
<tr>
<td></td>
<td>POW 2018 – 12: Transformational Activities (TACT) - Medical Experiments (Ex TRJE 18, VW 19)</td>
<td>Branch SO</td>
<td>continuous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>POW. 2018 – 5: Strategic Foresight Analysis (SFA) and Framework for Future Alliance Operations (FFAO) involvement</td>
<td>Branch SO</td>
<td>Continuous in three-years cycles</td>
<td>The last cycle of FFAO document review has been closed and the outcomes of the Workshop Series resulted in a BISC doc signed in March 2018. Actual iteration has been considering including computer power (AI, big data analytics, etc.) in the development of the next iteration of the SFA Report</td>
</tr>
<tr>
<td>Mid-term Goal</td>
<td>Action Steps (POW #)</td>
<td>Person(s) Responsible</td>
<td>Due Date for Action</td>
<td>Results / Update</td>
</tr>
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<td>-------------------------</td>
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<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cooperation with STO HFM</td>
<td>POW 2018 – 3: Cooperation with STO/HFM – 125/257 – Medical Education Modeling and Simulation</td>
<td>Deputy Branch Chief</td>
<td>continuous</td>
<td>The aim of the project is to create a platform for military medical community for exchanging information, observations and experiences in operations by publishing them in articles on MILMED COE website.</td>
</tr>
<tr>
<td></td>
<td>POW 2018 – 17: MILMED COE: The Medical Messenger</td>
<td>Branch SO</td>
<td>continuous</td>
<td>The project aims to examine the impact on NATO military operations of potential crises situations in urban systems and consequences of Urbanization in 2035 by developing concept and conducting experimentation (CD&amp;E activities).</td>
</tr>
<tr>
<td>POW 2018 – 2: Cooperation with STO/HFM – Participation to the HFM Business Panel Mtg.</td>
<td>Branch SO</td>
<td>continuous</td>
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<tr>
<td>POW 2018 – 18: Cooperation with STO/HFM – 277 – Leadership Tools for Suicide Prevention</td>
<td>Branch SO</td>
<td>Provide support and attendance at HFM-277 meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POW 2018 – 4: Cooperation with STO/HFM – ET-140 Pre-hospital care and indicators for QA</td>
<td>Deputy Branch Chief</td>
<td>continuous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transformational activities (TACT) - Concept development in MILMED COE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POW 2019 – 21: Transformational activities (TACT) - Concept Development</td>
<td>Branch SO</td>
<td>continuous</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support medical concept development and to assist with another concept development with medical implication. Main goal is to improve military medical health care systems and reducing current gaps in military medical capabilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-term Goal</td>
<td>Action Steps (POW #)</td>
<td>Person(s) Responsible</td>
<td>Due Date for Action</td>
<td>Results / Update</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>To facilitate the ability of medical units to train, exercise and operate</td>
<td>POW 2018 – 8: Support to Military Medical Structures, Operations and Procedures</td>
<td>Branch Chief</td>
<td>continuous</td>
<td></td>
</tr>
<tr>
<td>effectively together while executing assigned missions and tasks.</td>
<td>Working Group (MMSOP WG) activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>POW 2018 – 6: Continuous Improvement in Healthcare Support on Operations (CISHO)</td>
<td>Deputy Branch Chief Branch SO</td>
<td>ET-140 HFM</td>
<td>Development of an accepted and comparable system of indicators of performance and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>best practices for the deployed medical system. Evaluate if activity considered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>concluded after Workshop on Pre-Hospital Care, with support of LL Branch,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>secondary priority, as resources become available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1-5.10.2018, FCC 25.2</td>
<td>To coordinate medical simulation activity in live exercises within NATO and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.3 2019</td>
<td>Nations.</td>
</tr>
<tr>
<td></td>
<td>POW 2018 – 22: Medical Case Manager for Simulation in Military Medical Live</td>
<td>Branch SO</td>
<td>continuous</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exercises Workshop</td>
<td></td>
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</tr>
</tbody>
</table>
### LESSONS LEARNED BRANCH

Analysis of institutional evaluation, internal and external environments:

#### Strengths

1. Dedicated, involved staff including Medical Professionals
2. Staff with Mission Experience
3. Native English Speaker
4. Medical LL Project vision
5. Increasing MLL interested network (COI)
6. Respected by outside organizations
7. Well established support (equipment/supplies)
8. Support of leadership
9. SME for COMEDS WG/P
10. Mobile application for Observation collection

#### Weaknesses

1. Lack of medical background of new staff members
2. Minimal knowledge concerning establishing KM process / system
3. Lack of specific knowledge for KM development
4. Inconsistent IT Support
5. Only 2 nations represented in the Branch

#### Opportunities

1. Incoming SharePoint13
2. Only Medical LL organization within NATO
3. Increased visibility within NATO (MLLCT, Medical Sharing Group, Ex VW19, Ex TJ18)
4. Partnering with NATO and Non NATO KMs, development of NS KM
5. Community of Interest development for specific topics on External Portal
6. Personnel rotation
7. Increased focus on Innovation and Technology

#### Threats

1. Internal development of SP13 KM Portal
2. Limitation of national participation and sharing
3. Personnel rotation
**Institution’s Strategic Goal: Excellence as an Information Knowledge Management Hub in the field of military medicine, including military medical Lessons Learned**

<table>
<thead>
<tr>
<th>Mid-term Goal</th>
<th>Action Steps (POW #1)</th>
<th>Person(s) Responsible</th>
<th>Due Date for Action</th>
<th>Results / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of Medical LL Process:</td>
<td>Field Manual for Medical Lessons Learned</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>Approved by COMEDS SG</td>
</tr>
<tr>
<td>LLB will develop and improve Medical LL Process for NATO Medical Support Services</td>
<td>LLB produced over riding LL Guiding Document</td>
<td>Branch Chief</td>
<td>2018</td>
<td>Review and Updating by LLB</td>
</tr>
<tr>
<td>Development of pocket version of Field Manual</td>
<td></td>
<td>Branch Chief</td>
<td>2018</td>
<td>In progress</td>
</tr>
<tr>
<td>Development of Medical LL Process:</td>
<td>Updating and fine tuning</td>
<td>Branch Chief</td>
<td>2018-22</td>
<td>continuous</td>
</tr>
<tr>
<td>Internal Process for submitted Observations</td>
<td>Branch Chief</td>
<td>2018-22</td>
<td>continuous</td>
<td></td>
</tr>
<tr>
<td>MLLCT meeting</td>
<td>Branch Chief</td>
<td>2 meetings per year</td>
<td>2018: 1 meeting conducted</td>
<td></td>
</tr>
<tr>
<td>Input generation</td>
<td>Deployment to missions (active observation collection)</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>ongoing</td>
</tr>
<tr>
<td>Exercises</td>
<td>VW17</td>
<td>Branch SO</td>
<td>completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trident Juncture 18 cooperation</td>
<td>Branch SO</td>
<td>2018</td>
<td>in progress</td>
</tr>
<tr>
<td></td>
<td>VW19</td>
<td>Branch SO</td>
<td>2019</td>
<td>In progress</td>
</tr>
<tr>
<td>Conferences (see under Network development)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid-term Goal</td>
<td>Action Steps (POW #2)</td>
<td>Person(s) Responsible</td>
<td>Due Date for Action</td>
<td>Results / Update</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>Disease and Trauma Registry</td>
<td>Transfer knowledge and experience to MEDICS development and network with established trauma systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NCI/ACO MEDICS Meeting</td>
<td>LL Staff</td>
<td>Further meeting as requested (2018-22)</td>
<td>On hold</td>
</tr>
<tr>
<td></td>
<td>Way ahead for NATO TR Participation on NTR Trauma Team meetings (MHCWG)</td>
<td>Branch Chief</td>
<td>2017 on hold</td>
<td>On hold</td>
</tr>
<tr>
<td>NTR STANAG Development</td>
<td>AMed P 8.16, NATO Trauma Registry in Ratification process</td>
<td></td>
<td>2018</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>Promulgated STANAG review</td>
<td></td>
<td>Every 3 years from promulgation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mid-term Goal</th>
<th>Action Steps (POW #4)</th>
<th>Person(s) Responsible</th>
<th>Due Date for Action</th>
<th>Results / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of KM System for NATO Medicine: LLB developed Medical KM Portal (Joomla based test version) SP13 based KM Portal development is the desired end state.</td>
<td>Knowledge Development (concepts)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fund Request for KM Consultant</td>
<td>LL SO</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>KM portal (process)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improve structure site</td>
<td>LL SO</td>
<td>2018</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>Cancel JOOMLA by 2021; use of SP13 for CoI-goal is 3 per year</td>
<td></td>
<td>Annual review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partnering with SB concerning development ensuring software and hardware is available with training and ongoing support</td>
<td>LLB Staff / SB Staff</td>
<td>2018-2022 ongoing</td>
<td></td>
</tr>
</tbody>
</table>
## Mid-term Goal

<table>
<thead>
<tr>
<th>Action Steps (POW #1, 3, 5)</th>
<th>Person(s) Responsible</th>
<th>Due Date for Action</th>
<th>Results / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Development of Network</strong></td>
<td><strong>Conference</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LLB annual Medical LL</td>
<td>LL Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>workshops</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 WS</td>
<td>LL Staff</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>4th WS</td>
<td>LL Staff</td>
<td>2018</td>
<td>In progress</td>
</tr>
<tr>
<td>Future LL Workshops</td>
<td>LL Staff</td>
<td>2018-2022</td>
<td>As indicated</td>
</tr>
<tr>
<td><strong>Medical Sharing Group</strong></td>
<td><strong>LL Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st and 2nd MSG Meeting</td>
<td>LL Staff</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>3rd MSG Meeting</td>
<td></td>
<td>OCT 2018</td>
<td>In progress</td>
</tr>
<tr>
<td>Future annual meetings</td>
<td></td>
<td>2018-2022</td>
<td>Continuous</td>
</tr>
<tr>
<td><strong>Medical Lessons Learned</strong></td>
<td><strong>Conference</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>on Civilian – Military</td>
<td>Co-org by UK Def</td>
<td>MAY 2018</td>
<td>Completed</td>
</tr>
<tr>
<td>Interaction Report</td>
<td>Medical Services</td>
<td></td>
<td>In progress</td>
</tr>
<tr>
<td>Subsequent conferences</td>
<td></td>
<td>2018-2022</td>
<td>Ongoing</td>
</tr>
<tr>
<td>annually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ICMM Conference on Military Medical Ethics</strong></td>
<td>Branch Chief</td>
<td>2019-2022</td>
<td>In progress</td>
</tr>
<tr>
<td><strong>Future Forces Innovation</strong></td>
<td>Branch Chief</td>
<td>2019-2022</td>
<td>In progress</td>
</tr>
<tr>
<td><strong>Newsletters</strong></td>
<td><strong>LL SO</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No 1-4</td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>No 5</td>
<td></td>
<td>2018 MAR</td>
<td>Completed</td>
</tr>
<tr>
<td>No 6</td>
<td></td>
<td>2018 JUNE</td>
<td>In progress</td>
</tr>
<tr>
<td>Further issues quarterly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2018-2022</td>
<td></td>
</tr>
<tr>
<td><strong>Prehospital Care Improvement Initiative</strong> (Secretary for MHCWG Task Force)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st and 2nd meeting /Symposium</td>
<td>Co-org by FRA Military Health Service</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Subsequent meetings annually</td>
<td>LL Staff</td>
<td>2018-2022</td>
<td>Pending</td>
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<tr>
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</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mobile Medical LL Course – on request</td>
<td>Branch Chief</td>
<td></td>
<td>Developed</td>
</tr>
<tr>
<td>Importance of observations ADL course</td>
<td>Branch Chief</td>
<td></td>
<td>Developed</td>
</tr>
<tr>
<td>Medical LL OPR course (ADL)</td>
<td>Branch Chief</td>
<td></td>
<td>Developed</td>
</tr>
<tr>
<td><strong>Partnering – Medical LL Staff Officer Course</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Training</td>
<td>Branch chief</td>
<td>2018</td>
<td>In progress</td>
</tr>
<tr>
<td><strong>Partnering</strong></td>
<td></td>
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</tr>
<tr>
<td>UN Medical</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>Continuous</td>
</tr>
<tr>
<td>MHCWG (biannual meeting)</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>Continuous</td>
</tr>
<tr>
<td>MedCIS P (biannual meeting)</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>Continuous</td>
</tr>
<tr>
<td>EU Medical MJHQ (Multinational Joint HQ Ulm)</td>
<td></td>
<td>2018-2022</td>
<td>Continuous</td>
</tr>
<tr>
<td>LANDCOM</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>Continuous</td>
</tr>
<tr>
<td>MARCOM cooperation</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>pending</td>
</tr>
<tr>
<td>Bundeswehr Medical Academy</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>Continuous</td>
</tr>
<tr>
<td>Medicines sans Frontières</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>Continuous</td>
</tr>
<tr>
<td>US AID</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>In progress</td>
</tr>
<tr>
<td>ICMM</td>
<td>Branch Chief</td>
<td>2018-2022</td>
<td>In progress</td>
</tr>
</tbody>
</table>
## Support Branch

### Analysis of environment:

| **Strengths** | 1. providing a wide range of services  
2. up-to-date materials  
3. automated ERP management system |
| **Weaknesses** | 1. unique positions, no way for deputizing  
2. three empty IT and other position |
| **Opportunities** | 1. contracted external IT development capability  
2. tracking of technology changes  
3. flexible/good relationship with external service provider |
| **Threats** | 1. lack of certain conference capability |

### Institution’s Strategic Goal: Excellence in providing operational support to the SME branches

<table>
<thead>
<tr>
<th>Long-Term Goal</th>
<th>Action Steps</th>
<th>Person(s) Responsible</th>
<th>Due Date for Action</th>
<th>Results / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIS operational support</td>
<td>Cloud solution</td>
<td>SBC</td>
<td>Y2019</td>
<td>Potential enhancement</td>
</tr>
<tr>
<td></td>
<td>IKM intranet portal development</td>
<td>SBDC(IT)</td>
<td>Ongoing</td>
<td>Development of decision making mechanism</td>
</tr>
<tr>
<td></td>
<td>Extranet/COI hosting</td>
<td>SBC</td>
<td>continuous</td>
<td>Rapidly increasing number of COIs, connecting demands management, bandwidth, HW/SW and other peripherals</td>
</tr>
<tr>
<td></td>
<td>license management</td>
<td>SBDC(IT)</td>
<td>Continuous</td>
<td>To ensure continuous operation</td>
</tr>
<tr>
<td>Long-Term Goal</td>
<td>Action Steps</td>
<td>Person(s) Responsible</td>
<td>Due Date for Action</td>
<td>Results / Update</td>
</tr>
<tr>
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</tr>
<tr>
<td>Event organization operational support</td>
<td>Maintain the External Service Providers (ESP) database, seeking of new potential ESPs</td>
<td>SBDC(P&amp;C)</td>
<td>Continuous</td>
<td>Flexibility</td>
</tr>
<tr>
<td></td>
<td>Periodically revised External Service Provider contract for having better conditions</td>
<td>SBDC(P&amp;C)</td>
<td>Yearly</td>
<td>Yearly re-negotiation with all existing contract</td>
</tr>
<tr>
<td>Long-Term Goal</td>
<td>Action Steps</td>
<td>Person(s) Responsible</td>
<td>Due Date for Action</td>
<td>Results / Update</td>
</tr>
<tr>
<td>Transport management</td>
<td>Continuous motor-fleet operational support</td>
<td>SBC</td>
<td>Continuous</td>
<td>To ensure continuous operation</td>
</tr>
<tr>
<td>Enterprise Fleet Solutions</td>
<td>Enterprise Fleet Solutions</td>
<td>SBC</td>
<td>Y2019</td>
<td>Car sharing/lease</td>
</tr>
<tr>
<td>Long-Term Goal</td>
<td>Action Steps</td>
<td>Person(s) Responsible</td>
<td>Due Date for Action</td>
<td>Results / Update</td>
</tr>
<tr>
<td>Remote site sec management</td>
<td>SBC(IT)</td>
<td>Continuous</td>
<td>Remote control and helpdesk towards the DHSC staff</td>
<td></td>
</tr>
<tr>
<td>HW/SW management shared with BW</td>
<td>DHSC BC SBDC(IT)</td>
<td>Continuous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cloud solution</td>
<td>SBC</td>
<td>Y2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-Term Goal</td>
<td>Action Steps (POW 8)</td>
<td>Person(s) Responsible</td>
<td>Due Date for Action</td>
<td>Results / Update</td>
</tr>
<tr>
<td>Printing solution, heavy printer replacement</td>
<td>SBC</td>
<td>Y2018-Y2019</td>
<td>Protect the environment</td>
<td></td>
</tr>
<tr>
<td>HNS infrastructure development, new blocks and offices, lecturer center installation</td>
<td>SBC</td>
<td>Y2018-2022</td>
<td>Healthy Budapest Program</td>
<td></td>
</tr>
<tr>
<td>General emergency support</td>
<td>SBC</td>
<td>Continuous</td>
<td>Emergency situation support with assistance/interpretation</td>
<td></td>
</tr>
</tbody>
</table>
## TRAINING BRANCH

Analysis of environment:

<table>
<thead>
<tr>
<th>Strengths</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Experience and expertise in development and conduction of multinational courses, trainings, exercises and MEDEVALS</td>
<td></td>
</tr>
<tr>
<td>2. Regular analysis of COE courses.</td>
<td></td>
</tr>
<tr>
<td>3. Strong international relationships</td>
<td></td>
</tr>
<tr>
<td>4. Motivated and devoted staff</td>
<td></td>
</tr>
<tr>
<td>5. Flexibility and Resilience</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weaknesses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not all SMEs during the courses are from the MILMED COE Staff</td>
<td></td>
</tr>
<tr>
<td>2. The workload is high/person but better from last year</td>
<td></td>
</tr>
<tr>
<td>3. No dedicated learning facilities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tool for NATO in the field of supporting partner nations’ immediate and long term military medical training needs</td>
<td></td>
</tr>
<tr>
<td>2. Capability of Mobile Training Team</td>
<td></td>
</tr>
<tr>
<td>3. To be evaluated for being a future evaluation center.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Threats</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Political and cultural differences among NATO nations and partners</td>
<td></td>
</tr>
<tr>
<td>2. Dependence on outside service providers and hosts during courses</td>
<td></td>
</tr>
</tbody>
</table>
### Institution’s Strategic Goal: Excellence in Military Medical Training (Individual and Collective)

<table>
<thead>
<tr>
<th>Mid-term Goal</th>
<th>Action Steps (POW #)</th>
<th>Person(s) Responsible</th>
<th>Due Date for Action</th>
<th>Results / Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Branch will remain state of the art in individual training development, delivery and assessment</td>
<td>Course development based on the NATO requirement and IAW the respective directive (Bi-SC 75-7)</td>
<td>TRB Chief</td>
<td>Continuous as part of the systems approach to training (SAT)</td>
<td>Continuous</td>
</tr>
<tr>
<td></td>
<td>Review the course content on a regular basis regarding NATO requirements and Post Course Review (PCR)</td>
<td>Course Director</td>
<td>Post course review after every course. Generic review of course program annually after ADC</td>
<td>Continuous</td>
</tr>
<tr>
<td></td>
<td>Include courses and trainings into ETOC and ePrime</td>
<td>Eval SO2</td>
<td>After approval of the actual Course Calendar by SC</td>
<td>Continuous</td>
</tr>
<tr>
<td>Training Branch will remain state of the art in collective training development, delivery and assessment.</td>
<td>Exercises involvement will planned and executed based on the NATO requirement and IAW the respective directive (Bi-SC 75-3)</td>
<td></td>
<td>VW19 in APR 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Include EXs into eMTEP</td>
<td></td>
<td>Done</td>
<td>EXSPEC VW19 submitted to eMTEP</td>
</tr>
</tbody>
</table>
Institution’s Strategic Goal: Excellence as the Military Medical Evaluation Centre

<table>
<thead>
<tr>
<th>Mid-term Goal</th>
<th>Action Steps (POW #)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Training Branch will remain the central hub for medical evaluation(s).</td>
<td>Maintain pool of certified medical evaluators</td>
<td>TRB EVAL SO1</td>
<td>Updated after every MEDEVAL course.</td>
<td>2 or more per year; located in SharePoint</td>
</tr>
<tr>
<td></td>
<td>Educate nations on the proper decision making levels and unit certification by including the MEDEVAL process in already existing and newly developed courses (ICCW NSO) and by conducting MEDEVAL advisory visits.</td>
<td>TRB EVAL SO1</td>
<td>Ongoing in every MEDEVAL course, advisory visits and actual evaluations.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implement the MEDEVAL into an Allied Forces Standard (AFS) within established AFS evaluations, such as CREVAL/TACEVAL/JOINTEVAL</td>
<td>TRB EVAL SO1 in collaboration with SHAPE MPD-OCC/J7/JMED</td>
<td>Continuous</td>
<td>Update Bi-annually after OCC meeting</td>
</tr>
</tbody>
</table>