



NATO Allied Command Transformation

Joint Force Development Experimentation & Wargaming Branch 2023 Fact Sheet – NATO Military Medical Support to Operations

Background:

SACEUR noted shortfalls, gaps and risks in providing military medical support to operations. The Military Committee has also noted the need for improvements in this area. The NATO Military Strategy has noted the need for enhanced resilience to support the Military Instrument of Power (MIoP) as well as the criticality of civil-military cooperation to achieve layered resilience and enable flexible, agile response to accomplish NATO's core tasks. Enabling military medical support to operations with an agile, adaptive and responsive medical logistics and supply capability is key to preparing, projecting, and sustaining military forces to Alliance operations in austere and hostile environments. In 2023, there is a requirement to validate evolving collaboration processes between military medical and civilian healthcare to sustain medical operations.

In 2021, innovation experimentation informing medical capability development activities resulted in development of a Minimum Viable Product (MVP) for Patient Tracking based on requirements defined in the 2020 Enablement Support Services (ESS) Operational Requirement Statement (ORS). Initial testing of the MVP indicates potential for software applications to reduce staffing requirements. This may enable reassessment of medical C3 staffing requirements to result in a fit-for-purpose Most Efficient Organisation for C3.

In 2022/2023, ACT Medical Branch and ACO JMED are jointly developing the operational/functional concept for NATO Military Medical Logistics (MEDLOG) defining logistic and supply functions and requirements unique for medical support to operations and NATO Medical Consultation, Command and Control (MedC3), analysing several different C3 configurations. The objective is to gather insights in Civil-Military MEDLOG (Consolidated Medical Resource Management) in the context of an Art.5 MJO/MJO+. Achieving this objective will identify potential synergies, and assess gaps and shortfalls to inform concept and capability development enabling transformation of NATO military medical capabilities enhancing support to operations. The desire is to extract best practices &/or overarching guiding principles on how best to implement MEDLOG and MedC3 functions. ACT anticipates that representatives from ACO, NATO HQ (CEPC, IS/OPS), nations (from the Joint Health Group or national ministries) and possibly IOs or NGOs would be represented as part of the experimentation audience.

Aim:

This experiment aims to use Ex STJU23 to validate medical planning application prototypes informing development of future medical capabilities and address risks and shortfalls identified by SHAPE JMED in the Medical Support Risk Assessment to Enablement of SACEUR's AOR, Sep 2018 (NC). It will also review Medical staff procedures to inform the evolution of medical support to operations, addressing gaps and shortfalls in SACEUR's AOR through the validation of Medical staff functions defined in MC 326/4 and reflected in the NATO Defence Planning Process capability code for Medical Director and appointed staff, which will inform the development of Med C3 concepts and capabilities.

WDI:

NATO Military Medical Support to Operations aligns under Allied Command Transformation Warfare Development Imperatives (WDI) – Layered Resilience.

Category: Experimentation in Exercises

Sponsor: NATO Allied Command Transformation Medical Branch

Headquarters: NATO Allied Command Transformation; Joint Force Development Directorate; Experimentation & Wargaming Branch

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