





MEETING ABSTRACTS

A Systematic Literature Review of the Determinants of a Good National Civil-Military Partnership for Rapid Management and Response of Health Emergencies: Lessons for Africa

Larissa Tene MD, MPH¹ , Primous Godjedo MD, MPH, PhD¹ , Bailo Amadou MD, MSc¹ , Jerry-Jonas Mbasha MD, PhD², Boniface Oyugi PhD^{2,3} , Thierno Baldé MD, PhD²

1. World Health Organization, Regional Office for Africa, Emergency Preparedness and Response Program, Dakar Hub, Dakar, Senegal
2. World Health Organization, Regional Office for Africa, Emergency Preparedness and Response Program, Brazzaville, Congo
3. Centre for Health Services Studies (CHSS), University of Kent, George Allen Wing, Canterbury, United Kingdom

Background/Introduction: Civil-military collaboration in response to an epidemic or health crisis could strengthen countries' capacities to provide adequate medical care and limit casualties. Many countries have received the support of military medical services during an emergency,¹ guided by their multi-disciplinary human resources, with a strong background in rapid deployment, logistics and trauma management, and the civilian teams with a good capacity in epidemic management.^{1,2}

Objectives: This study analyzes the determinants of a good civil-military partnership for rapid management of health emergencies on the African continent.

Method/Description: We conducted a systematic review of literature from published (PUBMED, Hinari, and Google Scholar) and grey databases guided by the PRISMA guideline.

Results/Outcomes: A good collaboration requires a formal agreement with a defined institutional anchor structure between the two institutions.^{1,3} The coordination should remain flexible

with the co-leadership of each institution.^{1,3,4} The roles of all participating teams should be defined at the onset,¹⁻⁵ and plans instituted based on the type of emergency to enhance cooperation. Both civilian and military teams need to know and understand the approved management protocols. Military health services are better experienced in trauma management, while civilians are more equipped to manage epidemics.^{1,4} Besides, there is a need for periodic evaluation of patient outcomes, resource management, challenges, and lessons learned after the response.

Conclusion: Civil-military teams jointly responding to emergencies can be challenging but should be built around four defined pillars: collaboration, coordination, capacity building, and evaluation to capitalize on the teams' strengths.

References (optional)

1. Ayemoba O, Adekanye U, Iroezindu M, et al. The Nigerian Military public health response to COVID-19: a 14-month appraisal. *Health Security*. 2022;20(3):203-211.
2. France K, Handford C. Impact of military medicine on civilian medical practice in the UK from 2009 to 2020. *BMJ*. 2021;167(4):275-279.
3. Knudson MM, Jacobs LM, Elster EA. How to partner with the military in responding to pandemics—a blueprint for success. *JAMA Surgery*. 2020;155(7):548-549.
4. Cook AD, Yogendran S. Conceptualizing humanitarian civil-military partnerships in the Asia-Pacific. *AJLA*. 2020;74(1):35-53.
5. Jenny J. Civil-military cooperation in complex emergencies: finding ways to make it work. *European Security*. 2001;10(2):23-33.

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