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## MILITARY HEALTH AND COOPERATION IN THE CPLP IN THE AREA OF HEALTH: THE RELEVANCE OF A PROTOCOL FOR RESPONDING TO HEALTH EMERGENCIES

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**Abstract:** This monograph proposes the study of the problem of cooperation between military health services and public health services in the context of the Community of Portuguese Speaking Countries (CPLP), namely the participation of military health services in drawing up a protocol for responding to public health emergencies. This research is the result of the use of the scientific method, an inductive methodological approach, using qualitative methods and techniques, using documentary analysis techniques. At the end of the article, a set of structuring elements is proposed for defining a protocol for responding to public health emergencies.

**Keywords:** CPLP; Health; Military health; Cooperation; Emergency.

## INTRODUCTION

This monograph aims to study the problem of civil-military cooperation<sup>1</sup> between military health services and civilian health services. Essentially, the subject of the monograph is the intersectoral confluence of health and defense in CPLP cooperation [multilateral cooperation only between Portugal and the Portuguese-speaking African countries (PALOP) and East Timor]<sup>2</sup>. Therefore, with reference to the CPLP, the perspective of observation proposed for this study involves the cooperation of the military health services with the public

health services, namely with regard to the development and implementation of a mechanism (to be set up in the future) that enhances the capacities for prevention, detection and effective implementation of response to public health emergencies.

Considering the limitations imposed by the size of the work, it was necessary to delimit the object of study. In terms of time, although a brief historical approach will be presented, the study will focus on the period from 2018<sup>3</sup> to 2023. As far as space is concerned, the subject will be dealt with in the countries that make up the CPLP (with the exception of Brazil). In terms of content, the monograph only looks at multilateral relations relating to military health. It should be noted that the subject of the monograph does not intend to cover multilateral cooperation in the field of so-called operational health<sup>4</sup>, nor does it intend to cover bilateral cooperation in the field of military health between the various CPLP countries (with the exception of Brazil).

The beginning of the 21st century has shown a world characterized by great unpredictability and volatility<sup>5</sup>, where globalization can play a catalytic role in influencing and spreading many of the so-called transnational threats, as demonstrated by the recent pandemic caused by the severe acute respiratory syndrome coronavirus (SARS-CoV-2)

1. Understood as a “*function of allocating essential resources to support the achievement of mission objectives and enable military commands to participate effectively in a broad spectrum of civil-military interaction with various non-military actors*”. Cf. NORTH ATLANTIC TREATY ORGANIZATION. Allied Joint Doctrine for Civil-Military Cooperation, 2018, pp. 1-2.

2. Among the various activities carried out by the structures that carry out military health activities, the contribution of a possible health emergency response protocol falls within the so-called complementary activities of the Armed Forces.

3. On April 18, 2018, at the IV Meeting of the Ministers of Health of the CPLP (RMS-CPLP), the Strategic Plan for Cooperation in the Health Area (PECS-CPLP) 2018-2021 was approved, which includes axis 6 “*Surveillance and Response to Public Health Emergencies aimed at meeting the demand of the highest ministerial authorities to enable all Member States to fully adhere to the International Health Regulations and other requirements for the prevention and control of health emergencies*”.

4. Which consists of “*health support to forces, in operations, or to populations in disaster/humanitarian situations*” Cf. SANTOS, Nelson Octávio Castela Lourença - “*Prólogo*”. In: Health and human behavior in the Portuguese Armed Forces: Challenges and opportunities. Lisbon: Military University Institute, 2018, p. xix. In other words, operational health corresponds to the combination of means and medical skills or capabilities, with the aim of supporting the troops in the performance of their missions, preserving and restoring the health of the military, as well as their combat potential.

5. Postmodern society is characterized by accelerated change, which contributes to the emergence of risks. For this reason, BECK states that “*being at risk is the most important characteristic of humanity at the beginning of the 21st century*” cf. BECK, Ulrich - World Risk Society. In Search of Lost Security. Lisbon: Edições 70, 2015.

COVID-19<sup>67</sup>. In addition, the outcome of the war in Ukraine may mark the beginning of the end of the hegemony of the United States, with the rise of the Russian Federation and the People's Republic of China, in a polycentric world order.<sup>8</sup>

This scenario requires states and the international community to adopt measures to mitigate the so-called transnational threats at an early stage<sup>9</sup>. Research into this topic is therefore justified by the importance the community attaches to it, as it makes increasing sense to view the Armed Forces (AF) as relevant actors in non-military emergency response operations.<sup>10</sup>

The relevance of this study can be validated by the existence of initiatives at the highest level of the CPLP related to this type of cooperation, when, for example, the IX Military Health Forum of the Community of Portuguese Speaking Countries (FSM/CPLP) proposed “*articulating the Defense and Health Components of the CPLP, with a view to the possible contribution of Military Health in the sphere of the CPLP Strategic Health Cooperation Plan (PECS-CPLP) 2023-2027, namely in achieving the objectives and activities envisaged for Strategic Axis 6 - Public Health Emergency Preparedness*”<sup>11</sup>.

The above demonstrates the importance<sup>12</sup>, relevance and topicality<sup>13</sup> of the subject we propose to address.

6. On March 11, 2020, the Director General of the World Health Organization (WHO) declared a pandemic. Cf. <https://news.un.org/pt/story/2020/03/1706881>. The current COVID-19 pandemic caused by the “Severe Acute Respiratory Syndrome Coronavirus Disease” SARS-CoV-2, is part of a security context that is conceptually called Global Health Security, which has as its central reference element the International Health Regulations, as a treaty of international law that binds States to detect, notify and respond, with the aim of containing public health emergencies of international scope. In this text, health security includes protecting the population from external risks such as pandemics. Cf. ALDIS, William – “Health security as a public health concept as a public health concept: a critical analysis”. In: Revista Gerencia y Políticas de Salud [online], vol.8, no.17, 2009, pp.12-27.

7. The pandemic associated with the infectious disease Covid-19 “constitutes a complex disruption and has placed the world before an extreme multidimensional crisis” p. 171. Cf. RODRIGUES, Carlos Coutinho - “Covid-19 e o Tempo Mundial: a Crise Iniciadora de uma Nova Realidade?”. In: Nação e Defesa. Lisbon, no. 159, 2021, p. 171.

8. Contrary to political discourse, the unipolar world, where the United States of America enjoys unparalleled military power and preponderance in the economic and financial system, is not by nature peaceful. For further developments, see the various arguments and the excellent analysis by MONTEIRO, Nuno – Teoria da Política Unipolar. Lisbon: Edições 70, 2023.

9. The proliferation of infectious diseases has been identified as one of today's global threats. Cf. WORLD ECONOMIC FORUM. The Global Risks Report 2018, pp. 60-62. In fact, the process of globalization has accelerated the spread of diseases between countries, demonstrating that today the occurrence of localized cases of a particular disease can have an immediate global impact. Cf. Menucci, Daniel Lins. The International Health Regulations (2005) and health surveillance. Journal of Health Law. Volume 7, no. 1-3. 2006, p. 57.

10. The challenges of the 21st century therefore increasingly call for an effective combination of the realization of collective interests and a holistic response to problems that threaten those same interests. Cf. SEABRA, Pedro; AMARAL, Filipa - “Introduction: Human Security and Development in EU-Africa Relations”. In: Nação e Defesa, Lisbon, no. 160, 2021, p.10.

11. It should be noted that this approach, in which various public services cooperate to achieve common goals based on an integrated government response to specific issues, is the result of the “*Joined-Up Government*” concept. Cf. GOUVEIA-CARVALHO, Júlio Manuel Coutinho Franco; ALVES, Solange Carolino - “Cooperation between military health services and public health in the context of international health regulations”. In: Revista de Ciências Militares, Lisbon, VII (1), 2019, p. 74.

12. At the operational level, contingency planning concepts are important because they involve the collaboration of various public services, which requires the specialization of institutions (civilian and military) and the materialization of their assets and resources.

13. The Armed Forces are increasingly used to respond to humanitarian crises, national and international health emergencies and in preparation for fighting pandemics. MICHAUD, Joshua [et al.] - “Military and global health: peace, conflict, and disaster response”. Lancet, 393 (10168). 2019, p. 279. On the other hand, as SANGREMAN aptly points out, the “COVID-19 pandemic has put public health on the agenda at a level of priority that it did not have before, as well as the inequalities that have become more evident in the exposure of health systems”. SANGREMAN, Carlos - Theme 1: Concepts of development and cooperation. In: Introduction to International Development Cooperation. 2022, p. 9.

The general objective of this monograph is to explain the contribution of the military health services to the development of a protocol for responding to public health emergencies in CPLP cooperation in area of health. Thus, the specific objectives of this research are: i) Characterize cooperation in the CPLP in the field of defense; ii) Analyze the collaboration of military health services with public health services in the creation of response processes to public health emergencies; iii) identify the political-legislative diplomas that support the existence of the Protocol for response to public health emergencies in cooperation in the field of military health in the CPLP; iii) understand what contributions the military health services can transfer to the design and implementation of a protocol for response to public health emergencies in cooperation in the CPLP in the field of health.

The definition of the objectives aims to delimit the scope of the starting question and, in this way, the object of study<sup>14</sup>. As a result of the above, the following starting question is associated with the study: *“How can military health services contribute to the preparation and implementation of response mechanisms to public health emergencies in the area of CPLP cooperation in the field of health?”*

This study is organized in two chapters, in addition to the introduction and conclusion. The first chapter proposes a theoretical and conceptual review of the main legal diplomas and official documents in order to understand the phenomenon under study. The second chapter essentially analyzes the relevance of

the contribution of military health services in designing a health emergency response protocol. Finally, we present the conclusion of this study, with the aim of triggering a reflection that hypothetically promotes an evolution in knowledge of the health emergency response protocol.

## CHAPTER I - THEORETICAL AND CONCEPTUAL FRAMEWORK FOR CPLP COOPERATION

### THEORETICAL FRAMEWORK

International institutions seek to establish order in the international system, expand the role of states, foster cooperation, facilitate the establishment of agreements and in this way seek to reduce the likelihood of conflicts<sup>15</sup>. International cooperation is possible in international anarchy because the actors share mutual interests and seek to maintain a cohesive historical relationship<sup>16</sup>, promoting negotiations and strategic alliances. In this way, the very action of international institutions reinforces the possibilities for cooperation and the growing interdependence of countries. In this rationale, international institutions are capable of influencing procedural transformations in the international community.

Indeed, after the end of the Cold War<sup>17</sup>, international organizations saw their importance increase<sup>18</sup>. In this context of renewed interest in international organizations in the face of growing transnational threats, cooperation<sup>19</sup> became recognized as a decisive ac-

14. According to ROSADO, “the research problem is dictated by a starting question (also known as a research question) which is necessarily aligned with the title and theme of the study”. Cf. ROSADO, David Pascoal - Elementos Essenciais de Sociologia Geral. Lisbon: Gradiva, 2017, p. 122

15. Cf. KEOHANE, Robert - Power and Governance in a Partially Globalized World. London: Routledge, 2002.

16. Cf. KEOHANE, Robert; NYE, Joseph - Power and Interdependence. 4th Edition. New York: Longman. 2012.

17. The history of the post-1945 period is generally divided into two distinct and simultaneously evolving phases: the Cold War and the post-Cold War. Cf. Cahen, Michel - “1996-2016 - The CPLP, An organization for what?”. In. Portuguese Studies Review. V. 23, 2015, pp.67-96.

18. In fact, the fundamental interests of states increasingly involve participation in decisions taken in international organizations.

19. It should be noted that cooperation has been defined as a set of relationships not based on coercion or constraint, but legitimized through the mutual consent of those involved. Cf. DOUGHERTY, James; PFALTZGRAFF, Jr. Robert -

tivity in complex emergencies<sup>20</sup>. It should be noted that the context, merely outlined here, will condition the establishment of the CPLP<sup>21</sup>

With regard to international concepts and agendas, the interconnections between human security and the security-development nexus are particularly important in influencing EU-Africa relations. On the one hand, the implementation of the Millennium Development Goals (SDGs) recurrently focuses on the need to formulate international cooperation policies and programs in the areas of security and development that respond to the challenges of building peace, justice and effective institutions, thus contributing to human security in general terms (SDG 16). On the other hand, the unequivocal relationship between security and development is also fully embraced by the various actors involved in sectoral cooperation in Portugal.

Cooperation in the field of defense<sup>22</sup> serves as an instrument for building trust between states and deepening cooperation in other areas<sup>23</sup>. In this sense, there is a need to implement a structured process of cooperation between the various military services and civilian services of the state.

In recent years, the international community has witnessed a growing evolution of threats in the context of health security<sup>24</sup>. Recurrent public health emergencies, such as the recent SARS-CoV-2 coronavirus pandemic, are causing the reversal of collective development gains, including progress made in health systems.<sup>25</sup>

In this context, the WHO considers that the creation and maintenance of health capacity, preparedness and response to public health emergencies, and the urgent need for multisectoral coordination in responding to public health threats.<sup>26</sup>

Thus, a coordinated multisectoral approach is required, since surveillance, threat identification, risk assessment and response capabilities involve several sectors, including the defense sector.<sup>27</sup>

In fact, several studies<sup>28</sup> indicate that cooperation between the FA and civilian entities in the fight against the pandemic was possible because the needs that arose transcended the capabilities of civilian entities. In other words, these cooperative relationships between civil society and the FA make it possible to boost the capabilities of public health sys-

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*International Relations - Theories in Confrontation*, Lisbon, Gradiva, 2003, p. 642.

20. Cf. ZAALBERG, Brocades Thijs - "The historical origins of civil-military cooperation". In: *Managing Civil-Military Cooperation*. Routledge. 2008, pp. 38.

21. It is undeniable that the reality of the countries that make up the CPLP is quite diverse, particularly in terms of geography and level of development. Therefore, we tend to agree that "*Only the Portuguese language can be considered an aggregating factor of the CPLP*". Cf. MONGIARDIM, Maria Regina de - *A CPLP: que futuro?* Lisbon: Chiado Books. 2019, p. 11.

22. Defence is interpreted as the "*set of measures, mainly of a military nature, but also political, economic, social and cultural, which make it possible to strengthen the potential of an entity and minimize its vulnerabilities, with a view to making it able to face all kinds of threats that, directly or indirectly, could jeopardize its security*". Cf. JUNIOR, Jacy Barbosa - *The use of the Armed Forces in peace and humanitarian operations: the contribution of the CPLP*. Lisbon: Military University Institute, 2019, p. 43.

23. Cf. COTTEY, Andrew; FORSTER, Anthony - *Reshaping defense diplomacy: New roles for military cooperation and assistance*. Adelphi paper 365. Oxford University Press. 2004, p. 37.

24. Cf. GOUVEIA-CARVALHO, Júlio Manuel Coutinho Franco; ALVES, Solange Carolino - "Cooperation between military health services and public health in the context of international health regulations". In: *Revista de Ciências Militares*. Lisbon, V. VII, no. 1, 2019, p. 75.

25. Cf. *ibid*.

26. Cf. *Ibidem*, p. 77.

27. Cf. WORLD HEALTH ORGANIZATION. *Guide for the Development of National Action Plan for Health Security*. Geneva: World Health Organization. 2017.

28. Cf. NACEV, Zoran; GJORESKE, Igor - "Engagement of the Armed Forces in support of Civilian Authorities in crisis situation and state of emergency". In: *Security Dialogues*, V. 12, no. 2, 2021, p. 198.



tems, through the FA's logistical capacity, the training of its military personnel and the readiness of both military personnel and fixed infrastructures or campaign infrastructures.<sup>29</sup>

In the analysis of the geopolitical dimension, Russian demonstrations of force, such as in Georgia in 2008, in Ukraine since 2014 and now with the ongoing territorial invasion, mark the return to a narrative of confrontation between large regional blocs, where the Russian Federation promotes “a multipolar international order”<sup>30</sup>. In this way, the expansionist strategy of the Russian Federation in Africa has shown more expressive aspects, namely with the “reinforcement of its diplomatic activity and the implementation of a more economic strategy”<sup>31</sup>. As can be seen from recent times, the Russian Federation's relationship with some African countries is “an important level in Russia's international affirmation”<sup>32</sup>. We therefore believe that in the near future we will see competition in international cooperation between the various political blocs and African countries, which is likely to diversify and intensify cooperation projects in Africa.

## METHODOLOGY AND CONCEPTS

### METHODOLOGY

With regard to the standards and procedures taken into account in the preparation of this monograph, we essentially followed a qualitative methodology, since it “...aims to achieve a deeper and more subjective understanding of the object of study, without being concerned with measurements and statistical analysis”<sup>33</sup>. In fact, the research aims above all to “...describe or interpret, rather than evaluate”<sup>34</sup>.

The research methodology chosen for the monograph was the scientific method<sup>35</sup>, using inductive reasoning, since we start from a particular reasoning to the general. In this sense, the research starts from the particular domain of the (possible) contribution of the military health services in designing a protocol for responding to public health emergencies in CPLP cooperation in the area of health to the study of cooperation in the area of health and defense in the CPLP. In addition, in this study we sought to use critical thinking to identify problems and formulate questions.<sup>36</sup>

Thus, the qualitative strategy used in the research for this monograph involves an essentially inductive and descriptive study “with the researcher being the key element in its achievement, insofar as the interpretation of social phenomena and the attribution of the respective me-

29. Cf. GAD, Mohamed [et al.] - “Civil-military cooperation in the early response to the COVID-19 pandemic in six European countries”. In: BMJ Mil Health. V. 167, no. 4, 2021, pp. 234-243.

30. Cf. FREIRE, Maria Raquel - “Russian Strategic Narrative, Post-Soviet Space and Ukraine: Return to the Past?” In: Nação e Defesa, no. 162. 2022, p. 30.

31. Cf. MONGIARDIM, Maria Regina de - The CPLP: what future? Lisbon: Chiado Books. 2019, p. 49.

32. Cf. *ibid.*, p. 50.

33. Cf. VILELAS, José - Investigação: o Processo de Construção do Conhecimento. Lisbon: Edições Sílabo. 2009, p. 108.

34. Cf. FORTIN, Marie-Fabienne - The Research Process. From Conception to Realization. Loures: Lusociência. 2009, p. 22.

35. One of the fundamental characteristics of the scientific method is its replicability, which can be achieved through the development of different strategies. Each of these strategies has given rise to variants of this method, particularly inductive, deductive and hypothetical-deductive reasoning. Cf. FREIXO, Manuel João Vaz. Scientific methodology: foundations, methods and techniques. 4th edition. Lisbon: Instituto Piaget, 2012, p. 77.

36. Cf. PAUL, Richard; ELDER, Linda - The Miniature Guide to Critical Thinking. Concepts and Tools. The Foundation for Critical Thinking. Fifth edition; Dillon Beach, 2008, p. 44.

*anings is based on patterns found in the data*<sup>37</sup>.

This research uses mainly bibliographic information as sources of information.

In terms of data collection techniques, we used documentary analysis of CPLP legislation, declarations and resolutions and a literature review. From this perspective, this research is based above all on a literature review and documentary analysis in order to achieve a better interpretation of the reality of this issue.

## CONCEPTS

In this part of the monograph, we intend to define a set of concepts that are absolutely necessary for the presentation that follows. In introductory terms, in our study we have adopted a broad concept of health as *“the environment that allows each citizen to live fully and reach their maximum potential”*<sup>38</sup>.

While health was initially understood as a purely individual good, the risks of industrial society raised public health concerns<sup>39</sup>. Following the Second World War, health came to be considered a fundamental right of every

human being<sup>40</sup>. Thus, the concept of public health seeks to show the shift in responsibility from the individual to the community<sup>41</sup>. In addition to the community dimension, GEORGE states that the concept of public health corresponds to the *“area of knowledge that aims to prolong life, through the implementation of disease prevention and health promotion measures, organized by both the state and society”*<sup>42</sup>.

According to MEXIA, public health has three essential functions: health promotion and protection; disease prevention; surveillance of the population's health and well-being, which includes monitoring and responding to public health threats and emergencies.<sup>43</sup>

The legal framework of the Portuguese health system<sup>44</sup> is essentially based on Article 64 of the Constitution of the Portuguese Republic (CRP)<sup>45</sup>, the Basic Health Law, approved by Law no. 95/2019, of September 4, and the National Health Service Statute, approved by Decree-Law no. 52/2022, of August 4.

In Portugal, the organization of public health is divided between the direct administration<sup>46</sup> and the indirect administration<sup>47</sup> of

37. Cf. VILELAS, José - *Investigação: o Processo de Construção do Conhecimento*. Lisbon: Edições Sílabo. 2009, p. 105.

38. Cf. MEXIA, Ricardo “A saúde pública no Serviço Nacional de Saúde - estar onde estão as pessoas”. In: RAMOS, Francisco Ventura (coord.). *Ação em Políticas de Saúde*. Coimbra: Almedina, 2022, p. 63 According to the traditional perspective, health was understood to mean the absence of illness or disease. However, under the influence of the World Health Organization, the concept of health came to be identified with a *“state of complete well-being”*. Cf. ESTORNINHO, Maria João; MACIEIRINHA, Tiago - *Direito da saúde*. Lisbon: Universidade Católica Editora, 2014, p. 20.

39. Cf. *ibid.*, pp. 9-10.

40. Article 25 of the Universal Declaration of Human Rights (UDHR) is emblematic of this. In this monograph we consult the Portuguese version of the UDHR published in the *Diário da República* by means of a Notice.

41. In this sense, according to Article 10 of the Basic Law on Health, *“It is the responsibility of the State to monitor the evolution of the health status of the population, the well-being of people and the community, through the development and implementation of health observation instruments”*.

42. Cf. GEORGE, Francisco - *Public Health in Portugal. From the 19th century to the new Millennium to the future*. Coimbra: Almedina, 2023, p. 119.

43. Cf. MEXIA, Ricardo - “Public health in the National Health Service - being where the people are”. In: Ramos, Francisco Ventura (coord.). *Ação em Políticas de Saúde*. Coimbra: Almedina, 2022, p. 64.

44. According to articles 19 and 20 of the Basic Health Law, the concept of the health system covers the National Health Service and all public entities that carry out health promotion, prevention and treatment activities.

45. If Article 64 of the CRP enshrines the fundamental right to health or health protection, the state has a duty to guarantee individual access to the protected good, a duty to promote adequate conditions of access. Cf. SIMÕES, Jorge - “Health regulation”. In: Gomes, Carla Amado [et al.] (coord). *Guarantee of Rights and Regulation: perspectives on administrative law*. Lisbon: AAFDL, 2020, p. 1247.

46. According to article 2 of Law no. 4/2004, of January 15, the State's direct administration includes all the bodies, services and agents integrated into the State that, directly and immediately and under the hierarchical dependence of the Government, carry out an activity aimed at satisfying collective needs.

47. According to article 2 of Law no. 3/2004 of January 15, the State's indirect administration includes public entities, distinct

the state. In the case of the former, the decisive role falls to the Directorate-General for Health and the Addictive Behaviors and Dependency Intervention Service. In indirect administration, the National Health Institute Dr. Ricardo Jorge, the National Authority for Medicines and Health Products, IP (INFARMED) and the Health Regulatory Authority play a leading role.

For the purposes of this monograph, military health is defined “*by its scope of action, which involves a set of activities, both in peacetime and in wartime, with the objectives of diagnosis and treatment, of a medical or surgical nature (...) for the benefit of individuals or groups belonging to military personnel*”<sup>48</sup>. In Portugal, among the military health services we can differentiate between the Armed Forces Hospital, which is responsible for healthcare, and the health services of the various branches, which are responsible for operational health.

It should be noted that in the analysis of public health policy in Portugal, several authors do not identify military health services as players in the public health system<sup>49</sup>

Directly related to the subject of our study and because the issue of surveillance and information gathering is essential for defining public health interventions, we refer to the National Epidemiological Surveillance System (SINAVE). In 2009, Law no.º 81/2009,

from the legal person “the State”, endowed with legal personality and administrative and financial autonomy, which carry out an administrative activity that pursues the State’s own purposes

48. Cf. SANTOS, Nelson Octávio Castela Lourença - “Prologue”. In: Health and human behavior in the Portuguese Armed Forces: Challenges and opportunities. Lisbon: Military University Institute, 2018, p. xix.

49. Among others, RAMOS, Francisco Ventura (coord.) - Ação em Políticas de Saúde. Coimbra: Almedina, 2022, pp. 63 - 76; ESTORNINHO, Maria João; MACIEIRINHA, Tiago - Direito da saúde. Lisbon: Universidade Católica Editora, 2014; LOPES, Lício - “Direito Administrativo da Saúde”. In: GONÇALVES, Pedro Costa; OTERO, Paulo (coord). Special Administrative Law Treaty. Volume III. Coimbra: Almedina, 2010, 225-372.

50. With a similar structure, Brazil approved the National Network for Alert and Response to Public Health Emergencies, known as the Cievs Network. Cf. CARMO, Eduardo Hage; PENNA, Gerson; WANDERSON, Kleber Oliveira de - “Public health emergencies: concept, characterization, preparedness and response”. In: Journal volume & issue. Vol. 22, no. 64. 2008, p. 25.

51. According to MEXIA, “*epidemic intelligence has a component associated with the classic surveillance of indicators and notification and one related to the surveillance of events*”. MEXIA, Ricardo - “Public health in the National Health Service - being where the people are”. In: RAMOS, Francisco Ventura (coord.). Ação em Políticas de Saúde. Coimbra: Almedina, 2022, p. 73

52. Approved by the 58th General Assembly of the WHO on May 23, 2005. In this research we will use the version translated into Portuguese and published by Notice no. 12/2008, published in Diário da República, no. 16, of January 23, 2008.

of August 21, established the National Epidemiological Surveillance System (SINAVE), which constitutes a public health surveillance system through the organization of a set of public, private and social sector entities carrying out public health activities, in accordance with their respective organic laws and statutory attributions, applying prevention, alert, control and response measures, in relation to communicable diseases, especially infectious diseases, and other risks to public health, with a view to guaranteeing citizens’ right to health protection.<sup>50</sup>

As the SARS-Cov-2 pandemic demonstrated, the importance of public health surveillance led to the development of the concept of *epidemic intelligence* within the European Center for Disease Prevention and Control.<sup>51</sup>

The term public health emergency is defined in the 2005 International Health Regulations as an “*extraordinary event, which is determined, as set out in these regulations, to constitute a public health risk to another State through the international spread of disease; to potentially require a coordinated international response*”<sup>52</sup>.

Therefore, under the terms of the International Health Regulations of 2005, events are not limited to the occurrence of damage (case or death from a certain disease), but include risk factors for their occurrence. It should be noted that “*they are also not restricted to the*



occurrence of communicable diseases, but also include health problems of a chemical or nuclear nature or those resulting from environmental disasters such as earthquakes, floods or droughts”<sup>53</sup>.

## A BRIEF HISTORY DEFENSE AND HEALTH COOPERATION

This initial part of the paper aims to highlight the main legislative documents and political declarations that describe developments in the field of defense in the CPLP.

Established on July 17, 1996, by a Constitutive Declaration<sup>54</sup>, the Community of Portuguese Language Countries (CPLP) has, since July 2014, brought together nine Member States<sup>55</sup> [initially made up of seven (7) countries], identified by a common language.

The desire expressed from the outset by the Defence Ministers of the various CPLP countries to see the globalization of cooperation in the field of defence<sup>56</sup> evolve within the CPLP was materialized by the adoption at the IX Me-

eting of Defence Ministers of the Protocol on CPLP Cooperation in the Field of Defence<sup>57,58</sup>.

In 2014, the 15th Meeting of the Ministers of Defense of the Member States resulted in a recommendation for the Defense component to be equipped with a guiding and conceptual mechanism, capable of giving meaning to the initiatives and multilateral cooperation in this sector.

In 2015, the Ordinary Council of Ministers of the CPLP approved the strategic document for cooperation in the field of defense called “Identity of the CPLP in the Field of Defense” which enshrines “*not only multisectoral but also multilateral and multidimensional approaches and capabilities*”<sup>59</sup> in strategic cooperation in the field of defense. Thus, the new paradigm for cooperation in the field of defense encompasses areas that go beyond the military component, but are part of the broader concept of national defense<sup>60</sup>. It should be noted that this scope contributes and can contribute to the implementation of the Sustainable Development Goals (SDGs).<sup>61</sup>

53. Cf. CARMO, Eduardo Hage; PENNA, Gerson; WANDERSON, Kleber Oliveira de - “Public health emergencies: concept, characterization, preparedness and response”. In: Journal volume & issue. Vol. 22, no. 64. 2008, p. 21.

54. Approved and signed at the First Conference of Heads of State and Government held on July 16-17, 1996 in Lisbon. The CPLP Statutes were also approved at this conference. Thus, the founding documents of the CPLP are threefold: the Statutes; the Constitutive Declaration; Ratification of the Constitutive Declaration and the Statutes by the Member States.

55. In order of accession, we have: Cape Verde (March 7), Brazil (March 25), Guinea-Bissau (May 8), Mozambique (July 1), Portugal (July 8), Angola, (July 28), São Tomé and Príncipe (October 28), East Timor (August 1, 2002) and Equatorial Guinea (July 23, 2014).

56. The “*Agreement on the Globalization of Technical-Military Cooperation*” was approved at the II Ministerial Meeting. Cf. Minutes of the III Meeting of CPLP Defense Ministers.

57. The architecture in the area of defense is now based on the following bodies (article 5 of the CPLP Protocol on Cooperation in the Field of Defense): the Meetings of CPLP Defense Ministers; the Meetings of the Chiefs of Staff of the Armed Forces (CEMGFA); the Meetings of National Directors of Defense Policy; the Permanent Secretariat for Defense Affairs of the CPLP (SPAD); the Center for Strategic Analysis of the CPLP (CAE/CPLP). See also AZEVEDO, Francisco Duarte; BERNARDINO, Luís Manuel Brás - “Uma Nova Visão Geoestratégica Na Comunidade De Países De Língua Portuguesa. A Identidade Da CPLP No Domínio Da Defesa”. In: Proelium, Lisbon, no. 10, 2016, p. 28.

58. Other initiatives were to be set up and consolidated, namely the Military Exercises of the “FELINO” series, which began in 2000 with the aim of preparing a Joint and Combined Task Force “*to achieve, maintain and optimize the capacity to intervene in Peace Support and Humanitarian Aid missions*”. Cf. ESCORREGA, Luís Falcão - *Duas décadas de CPLP: Retrospectiva e desafios da componente de defesa*. 2017, p. 2.

59. Cf. BERNARDINO, Luís Manuel Brás; AZEVEDO, Francisco Duarte - “A nova identidade da CPLP no domínio da defesa. impactos para a centralidade geoestratégica de Portugal”. In: Lusíada. International Politics and Security. Lisbon, no. 12, 2015, p. 119.

60. Cf. SARDINHA, Pedro Manuel Monteiro - “Technical-Military Cooperation: a future perspective”. In: Revista de Ciências Militares, VI, 2018, p. 173.

61. “*The sectoral priorities of Development Cooperation are organized according to the pillars of the 2030 Agenda and concretize*

In 2016, at the XI Conference of Heads of State and Government of the CPLP, “The New Strategic Vision of the CPLP (2016-2026)” was adopted, establishing the organization’s priorities for the next decade. It should be noted that the Strategic Cooperation Document (DEC) 2020-2026 identifies the thematic area of health as one of the priority sectors for CPLP intervention.

In 2023, with the approval of the CPLP Strategic Health Cooperation Plan (PECS-CPLP) 2023-2027 at the IV Extraordinary Meeting of CPLP Health Ministers, there is a commitment to aligning with the 2030 Agenda for Sustainable Development, which presupposes close and harmonious cooperation between the various sectors of cooperation in the logic of complementarity, subsidiarity and effectiveness.

In promoting gender equality and women’s rights, and in particular their importance for building peace and promoting security, it should be noted that the CPLP has adopted the 2022-2024 Action Plan for the operationalization of the CPLP Strategic Plan for Gender Equality and Women’s Empowerment (PECIGEM), approved by the VII Meeting of Ministers and Persons Responsible for Gender Equality of the CPLP, held in 2022.<sup>62</sup> Thus, equality between women and men and non-discrimination are strategic imperatives, essential for meeting the objectives for cooperation in the field of defense.

In summary, and in line with the CPLP Defence Identity (2015) and the CPLP Strategic Cooperation Document (2020-2026) (2019), it can be seen that cooperation in the field of defence has seen remarkable organizational growth, and the necessary conditions have been created for the approval of a protocol for responding to health emergencies.

*the contribution of each priority to the Sustainable Development Goals (SDGs)”. Cf. Portuguese Cooperation Strategy 2030, approved by Council of Ministers Resolution no. 121/2022.*

62. This strategic plan has its conceptual basis in United Nations Security Council Resolution 1325(2000) on Women, Peace and Security.

63. Cf. <https://www.defesa.gov.pt/pt/pdefesa/cplp/atuacao/saude/Paginas/encontros-de-saude-militar.aspx>.

64. Cf. JUNIOR, Jacy Barbosa - The use of the Armed Forces in peace and humanitarian operations: the contribution of the

## FROM MILITARY HEALTH

The services related to military health within the CPLP are embodied in the so-called CPLP Military Health Meetings (ESM-CPLP) and the CPLP Military Health Forum (FSM-CPLP). It should be noted that these information-sharing forums are active in the CPLP defense field. As for the aspects that distinguish them, we can say that while the ESM-CPLP is more geared towards drawing up a military health strategy in all its aspects, the FSM-CPLP carries out its mission more at the operational level and on an ongoing basis.

The ESM-CPLP has become a privileged forum for the development of a military health strategy in all its aspects, particularly with regard to major endemic diseases. They contribute to improving the relationship between military health professionals from Lusophone countries, boosting joint participation in military operations.<sup>63</sup>

It should be noted that at the XIX ESM-CPLP, held in 2023, the Heads of Delegations pointed out the problem of military health in the context of global health security and its involvement in civil-military collaboration in the response to public health emergencies” and “*propose the creation of a technical commission (working group) for military health in the context of global health security within the framework of the CPLP Military Health Forum*”.

In the field of CPLP defense, we would also highlight the FSM-CPLP, which more than bureaucratic activities, can translate into closer ties of interests and objectives, predictability of communication channels and the possibility of creating a joint legal framework to deal with challenges<sup>64</sup>

The WSF-CPLP seeks to respond to the need for a space for discussion and continuous materialization of the work usually carried out at the Military Health Meetings<sup>65</sup>. Essentially, the FSM-CPLP aims to promote regular and effective technical, scientific and operational cooperation between the military health services of the member countries, in order to achieve a common vision and goals. It also aims to strengthen the bonds of professional collaboration in the various areas of military health, helping to increase effectiveness in preventing and combating major endemic diseases and other health disasters.<sup>66</sup>

In 2023, the IX WSF-CPLP was held, which presented a proposal to create a technical commission in the field of global health security, with the aim of initially (2023/2025) *“analyzing the involvement of Military Health in the processes of preparation and response in the field of Health Security of the MS of the CPLP”* and *“defining vectors of action in the area of cooperation in the field of defense aimed at strengthening the national capacities of the MS of the CPLP in the context of the implementation of the International Health Regulations”*<sup>67</sup>.

## CHAPTER II - THE HEALTH EMERGENCY RESPONSE PROTOCOL

### POLITICAL AND LEGAL FRAMEWORK FOR COLLABORATION BETWEEN MILITARY HEALTH SERVICES AND PUBLIC HEALTH SERVICES

The political and legal framework lays the foundations for collaboration between military health services and public health services. Cooperation between military health services and health services is of great importance in the development of action tools that can be used to design response mechanisms to health emergencies under the International Health Regulations of 2005.<sup>68</sup>

It is therefore important to note that the 2005 International Health Regulations cover all public health threats or risks that could interfere with international traffic and trade. This comprehensive scope incorporates a new public health surveillance and response system, based on key capabilities at local, national and international levels. Furthermore, the 2005 International Health Regulations oblige States Parties to implement measures in the field of detection, assessment, notification and response to potential public health emergencies of international concern.<sup>69</sup>

From an analysis of the 2005 International Health Regulations, we can infer that it is important to *“include military health services in state planning in order to comply with the obligations arising from the 2005 International*

CPLP. Lisbon: Military University Institute, 2019, p. 51.

65. They were adopted at the XVI Meeting of Defense Ministers of the CPLP countries, held in 2013. Cf. <https://www.defesa.gov.pt/pt/pdefesa/cplp/atuacao/saude/Paginas/forum-de-saude-militar.aspx>.

66. Cf. <https://www.defesa.gov.pt/pt/pdefesa/cplp/atuacao/saude/Paginas/forum-de-saude-militar.aspx>.

67. Cf. Final Report of the IX Military Health Forum, of March 23, 2023, approved in the Final Declaration of the XXII Meeting of Ministers of National Defense or equivalent of the Member States of the CPLP, of May 30, 2023.

68. Cf. GOUVEIA-CARVALHO, Júlio Manuel Coutinho Franco; ALVES, Solange Carolino - “Cooperation between military health services and public health in the context of international health regulations”. In: Revista de Ciências Militares. Lisbon, V. VII, no. 1, 2019, p. 78.

69. Cf. *ibid.*, p. 81.

*Health Regulations*”<sup>70</sup>. In several countries, military health services are not included in national plans for responding to public health emergencies.

Domestically, “*Portugal maintains privileged ties of friendship and cooperation with Portuguese-speaking countries*” (Article 7(4) of the CRP) and in terms of the Armed Forces “*they may be entrusted, under the terms of the law, to collaborate in civil protection missions [emphasis added], in tasks related to meeting basic needs and improving the quality of life of the population, and in technical-military cooperation actions [emphasis added] within the scope of the national cooperation policy*” (Article 275(6) of the CRP). Article 52 of the Civil Protection Framework Law, approved by Law 27/2006 of July 3, stipulates that the Armed Forces collaborate, within the scope of their specific missions, in civil protection functions. It is also important to mention the rule set out in Article 36(2) of the Basic Law on Health, approved by Law No. 95/2019 of September 4, which states that “*The State guarantees cooperation in monitoring, early warning and response to serious cross-border health threats, in particular within the framework of the International Health Regulations*”.

Among the priorities for action in the Portuguese Cooperation Strategy 2030, approved by Council of Ministers Resolution 121/2022, we have to “*improve the quality and capacities (...) of public health systems in partner countries at various levels*”.

In short, there is a legal framework to support the collaboration of military health services with public health services (health authorities).

## A BRIEF COMPARATIVE STUDY OF GOOD PRACTICES

At the structural and operational level, the existence of the “CPLP Armed Forces Mechanism for Mutual Cooperation in Disaster Situations” was identified, as well as the Portuguese experience of the Armed Forces’ contribution during the pandemic crisis caused by the SARS-CoV-2 virus.

In recent years, in the context of defence cooperation, the CPLP has been discussing the need to conceptualize a “Protocol of Response Actions to Disaster Situations of the Community” which aims to address the limitations faced by member states in the effort to mitigate the possible damage to be caused by disasters.<sup>71</sup>

In 2021, the “CPLP Armed Forces Mechanism for Mutual Cooperation in Disaster Situations” was approved through the final declaration of the XX Meeting of Ministers of National Defense or equivalent of the CPLP<sup>72</sup>. It should be noted that the “CPLP Armed Forces Mechanism for Mutual Cooperation in Disaster Situations” is a necessary mechanism for dealing with complex threats or risks that require more far-reaching and articulated multinational solutions.

According to PRAZERES and BERNARDINO, the Community, “*by intending to develop a CRM [CPLP Armed Forces Mechanism for Mutual Cooperation in Disaster Situations] with the addition of a Humanitarian Aid Force, aims to become an organization with a better capacity to react positively (desirably in advance) to events such as crises or natural disasters, effectively becoming more resilient*.”<sup>73</sup>.

70. Cf. *ibid.*, p. 83

71. Cf. PRAZERES, Flávio Luíz Lopes dos; BERNARDINO, Luís Manuel Brás - “A Cooperação de Defesa na CPLP: O mecanismo de resposta a catástrofes e a constituição de uma Força Humanitária Lusófona”. In: *Revista Militar*. Lisbon, no. 2631, 2021, p. 299.

72. Essentially, it is a necessary mechanism for dealing with complex threats or risks that require articulated and far-reaching multinational solutions.

73. Cf. PRAZERES, Flávio Luíz Lopes dos; BERNARDINO, Luís Manuel Brás - “A Cooperação de Defesa na CPLP: O mecanismo de resposta a catástrofes e a constituição de uma Força Humanitária Lusófona”. In: *Revista Militar*. Lisbon, no.



It should be noted that “Mechanism of the Armed Forces of the CPLP for Mutual Cooperation in Disaster Situations” concentrates disaster response actions almost exclusively on the military component. Therefore, this mechanism cannot be used in health emergencies, where civil-military action is necessary and desirable, leveraging the resources of the various services. Secondly, the CPLP Armed Forces Mechanism for Mutual Cooperation in Disaster Situations stipulates specific procedures in the case of natural events and disasters, regulating the role to be played by the community’s MS, but in the case of natural biological hazards, the mechanism has no specific regulation.<sup>74</sup>

In summary, the “CPLP Armed Forces Mechanism for Mutual Cooperation in Disaster Situations” improves the ability to react, desirably in advance, to events such as crises or natural disasters, but it is not suitable for responding to health emergencies.

The emergence of the COVID-19 pandemic has thrown up new challenges for military organization. In a situation of peace, the Armed Forces have channeled most of their capacities into contributing to the fight against the pandemic, maximizing and focusing their potential in terms of logistics and health support. It should be noted that one of the most important characteristics of the military organization is its preparedness to face crises, with mechanisms that give it great flexibility and the ability to adapt to the most diverse environments and threats.

In very brief terms, the positive nature of the Portuguese Armed Forces’ performance during the course of the pandemic was notable, *“maintaining their operability and per-*

*forming functions with which they are very familiar, such as logistics, transportation and communications”*<sup>75</sup>.

## **CONTRIBUTIONS OF MILITARY HEALTH SERVICES TO THE PANDEMIC RESPONSE PROTOCOL**

As mentioned earlier, contingency plans are important because they involve the collaboration of various public services, which calls for the specialization of institutions (civilian and military) and the materialization of their assets and resources. At this level, factors such as discipline, the unity of the chain of command, training and the ability to act in adverse contexts are recognized as factors that characterize the positive differentiation of military institutions, including military health services<sup>76</sup>

Thus, the future public health emergency response protocol should be organized in such a way as to take into account four structural and operational aspects, namely: i) posture; ii) military capacity; iii) credibility of the means employed; iv) risk-oriented preparation. With regard to posture, the protocol for responding to public health emergencies envisages a shift towards proactivity, in order to standardize procedures and establish clear rules in advance, create the necessary environment for discussing the issue at the political-diplomatic level and eliminate obstacles to generating a proactive response that meets the needs and expectations of the CPLP. With regard to military capacity in response to public health emergencies, the donation of material and the sharing of human and material resources (with the division of costs) must be defined. Thirdly, the

2631, 2021, p. 295.

74. Cf. MARTINS, Ana Isabel Antunes Barata - A cooperação de defesa na CPLP: Contributos para a implementação de um protocolo de resposta a pandemias. Military University Institute, 2022, p. 26.

75. Cf. *ibid.*, p. 34

76. Cf. GOUVEIA-CARVALHO, Júlio Manuel Coutinho Franco; ALVES, Solange Carolino - “Cooperation between military health services and public health in the context of international health regulations”. In: *Revista de Ciências Militares*. Lisbon, V. VII, no. 1, 2019, p. 84.



credibility of the resources employed is based on strict training standards. Here, it is important to maintain specialized training, aimed at training for the worst-case scenario, as a way of being prepared for the situations that arise. Finally, the public health emergency response protocol must include risk-oriented preparation. Training plans<sup>77</sup> and ongoing exercises should therefore be included

## CONCLUSION

This monograph focused on the cooperation between military health services and public health services to approve a protocol for responding to public health emergencies, within the scope of CPLP cooperation (multilateral cooperation only between Portugal and the PALOP countries and East Timor).

The WHO considers that the creation and maintenance of health capacity, preparedness and response to public health emergencies is only possible through multisectoral coordination in the response to public health threats. The 2005 International Health Regulations are a determining factor in enhancing the collaboration between military health services and public health services.

The CPLP Defence Identity (2015) and the CPLP Strategic Cooperation Document (2020-2026) (2019), show that cooperation in the field of defence has seen remarkable organizational growth, and the necessary conditions have been created for the approval of a protocol for responding to health emergencies.

In 2023, the IX WSF-CPLP was held, which presented a proposal to create a technical commission in the field of global health security, with the aim of initially (2023/2025) *“analyzing the involvement of Military Health in the processes of preparation and response in the field of Health Security of the MS of the CPLP”* and *“defining vectors of action in the area of cooperation in the field of defense aimed*

*at strengthening the national capacities of the MS of the CPLP in the context of the implementation of the International Health Regulations.*

In Portugal, the FA played a leading role in combating the COVID-19 pandemic, particularly in support of civilian civil protection structures and public health authorities.

In our opinion, the creation of a special funding fund for collaboration between military health services and public health services is essential to guarantee the continuity of health emergency response mechanisms.

Looking ahead, we believe that cooperation in health in the CPLP will intensify in the future, not least because of the after-effects of the COVID-19 pandemic and the competing political “loyalties” of African countries due to the new multipolar world order created by the war between the Russian Federation and Ukraine and its allies. The future of Portuguese cooperation will involve adapting to the new international configuration in line with the ECP 2030 strategy.

As the main limitation to this work, we identified the initial phase of political discussion on the protocol for responding to public health emergencies, as part of a broader integrated epidemiological surveillance strategy, in order to ensure the inter-community security of the CPLP countries.

In view of the above, it is considered pertinent, for future studies, to analyze the evolution of the proposals of the various CPLP bodies and the contributions of experts on the protocol for responding to public health emergencies. Here, it would be extremely interesting to monitor and analyze the working documents of the meetings of the Military Health Forum of the Community of Portuguese Speaking Countries and the various working groups responsible for implementing the CPLP Strategic Health Cooperation Plan 2023-2027.

77. Among other things, structuring exchange programs for training and research in military health or creating courses run by different countries in disaster medicine and epidemic prevention.

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