



AUSTRALIAN  
DEFENCE FORCE

# ADF Health Strategy

Ready, Responsive, Resilient











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# SECTION 1

## 1. The Defence Health System

## 1.1. Introduction

As Defence moves to shape, deter and respond to the rapid global changes affecting Australia's interests, the Defence health system must also display agility and adapt to the future strategic environment and respond to Government priorities.

The ADF Health Strategy (Strategy) is our response to the challenge of delivering world class health care to our people wherever they serve. It will ensure we deliver a Defence Health System that is ready, responsive and resilient.

## 1.2. Current state

People are a fundamental input to Defence capability. The Defence Health System enables the Defence mission by ensuring the force is healthy, fit and ready to deploy and provides a continuum of quality health care to Defence members in deployed and garrison environments.

Working in partnership with whole-of-government and coalition health agencies, Defence has the capability to deliver the full scope of operational healthcare. This is inclusive of clinical services, health planning, force health protection, own and partner force training and medical logistics.

The Defence Health System relies on connectedness and shared responsibility. Members are empowered to manage their own care; Service Chiefs are responsible for the health<sup>1</sup> and wellbeing of their members; and the Services, Joint Operations Command and Joint Health Command deliver care, regardless of where the member serves. This partnership between individuals, command and health elements enables a proactive Defence Health System.

Figure 1 describes the characteristics of the Defence Health System and its value in delivering health services to the Australian Defence Force (ADF).



**Figure 1: Characteristics of the Defence Health System**

<sup>1</sup> Means 'physical and psychological health', *Work Health and Safety Act 2011*.



### 1.3. Future state

The Defence Health System is responsive to changes in the operating environment and healthcare ecosystem and delivers the capability required by Government.

Informed by research and health system insights, Defence uses data to support decision-making across the Defence Health System – from informing enterprise planning processes to enabling commanders to make decisions about preparedness and capability based on the health of their workforce.

Defence applies individualised and precision medicine to improve the resilience of its members and proactively prevent any decline in their health. As individuals and as a force, Defence members are supported to withstand, recover from and grow in the face of physical and mental challenges.

Defence continues to meet its obligation to care for those who have experienced a setback in the course of duty, both in service and through transition. The Defence Health System is trusted to care for serving members and those in transition, and a recognised partner in a member's health and wellbeing journey.

### 1.4. Purpose of the ADF Health Strategy

Aligning with the intent of the 2020 Defence strategic Update, the Force structure Plan, the purpose of the Strategy is twofold. Firstly, it provides the strategic direction for health services across the ADF. Secondly, it necessitates the assessment of the relevance and appropriateness of health-related program and project proposals across Defence. It guides resourcing decisions to ensure that activities (including business as usual activities) align with the strategic objectives of the Strategy.

In accordance with One Defence principles, the Strategy adopts a portfolio approach to capability development across Defence to deliver on its strategic objectives.

### 1.5. Scope of the Strategy

Covering multiple dimensions from research, policy, service delivery, capability and operations, the scope of the Strategy encompasses health services across the entire care continuum of Defence members from recruitment, training, deployment and transition from service as well as force structure and business planning processes.

### 1.6. Changes and drivers in the operating environment

#### From a warfighting perspective

The operating environment will be increasingly complex. A range of drivers for the changing character of warfare include geopolitics, technology, data and demographics. These changes will require the ADF to operate across a range of cooperation, competition and conflict in order to respond to emerging situations that threaten Australia's interests.

An increased focus on the Defence Health System will be necessary to generate the capacity and agility required to meet these challenges. A focus on our people must be at the forefront to ensure decision superiority on operations and at home. The Defence Health System, in collaboration with health industry and academic partners, will be critical to ensuring that the health capability of the ADF is ready to meet these emerging challenges.

The ADF will continue to explore options for harnessing rapid technological development to gain competitive advantage. It will be prepared to leverage opportunities in technology, as well as focus on changing operational health profiles, mental health and preventive health to remain in step with the requirements of the modern war fighter and changing paradigms across the operational environment.

## From a health and technology perspective

The ADF will continue to see a shift towards digital and connected health care. Rising patient expectations, technological and medical advances, and financial pressures mean that major reforms to the delivery of health services will be necessary. The Defence Health System will need to be responsive to changes in technology, characterised by:

- advances in connected devices that enable patients and healthcare providers to monitor and manage health, anywhere, anytime within an increasingly aggressive cyber environment
- substantial increase in the use of precision medicine and the prevention and treatment of diseases by gene therapy
- increased focus on consumer-collected data and its role in prevention, diagnosis and treatment, resulting in improved partnerships between stakeholders
- human augmentation technologies enabling the enhancement of human abilities.

The Defence Health System needs to leverage opportunities in emerging technology and medical approaches and identify where and how to apply them to the force for maximum impact.

## 1.7. Internal challenges

The Department faces internal challenges that provide a tension that must be managed. The following challenges are particularly relevant:

- **Workforce.** While the ADF has had some success in recruiting full-time general duties medical officers, there are challenges in retaining healthcare providers in the ADF. Bridging the gap between civilian and military experience for the ADF workforce is an ongoing challenge, and greater work is required to build a pipeline of military-ready clinicians.

The strategic health workforce review will determine the current status of all health workforce categories and whether they remain fit for purpose against projected needs for the next decade.

- **Demands for person-centred care.** Defence member expectations for customer service are becoming more demanding. Customer facing service delivery standards have led customers to demand convenience, accuracy and speed in all their interactions. In the military health environment, this typically means that Defence members expect healthcare providers to design services primarily around their individual needs. Defence needs to consider how it can better engage patients to improve self-care and provide contemporary health service delivery standards.
- **Whole-of-life.** New approaches are needed to properly care for Defence members throughout their career, particularly those who have been wounded, injured or fall ill in the course of their service to our country. Defence acknowledges the importance of taking a whole-of-life approach and improving the links between Defence and Department of Veterans' Affairs to better support current and former Defence members.
- **Rising costs of health provision.** The cost of healthcare has increased from \$392 million in 2013/14 to \$551 million in 2022/23, which is an average annual increase of 4.41%. The average Health Price Index over the corresponding period is 3.95%.
- **Aligning capability to deliver outcomes.** The current Defence Health System has duplicated effort between Joint Health Command (JHC) and the Services. The future context requires a whole-of-Defence approach, achieved through a collaborative culture, which recognises the unique capabilities of each element to plan, develop and implement coordinated health response efforts. There is an opportunity to improve tri-service training and interoperability to provide an increased joint effect.
- **Disparate datasets.** The ADF faces the challenge of ensuring data is consistent across the different data access options of the garrison environment and deployment on land, in air or at sea. This also presents challenges around making meaningful insights to improve health services. Changes in this area requires co-design and collaboration with all stakeholders involved in the ADF care continuum.

# SECTION 2

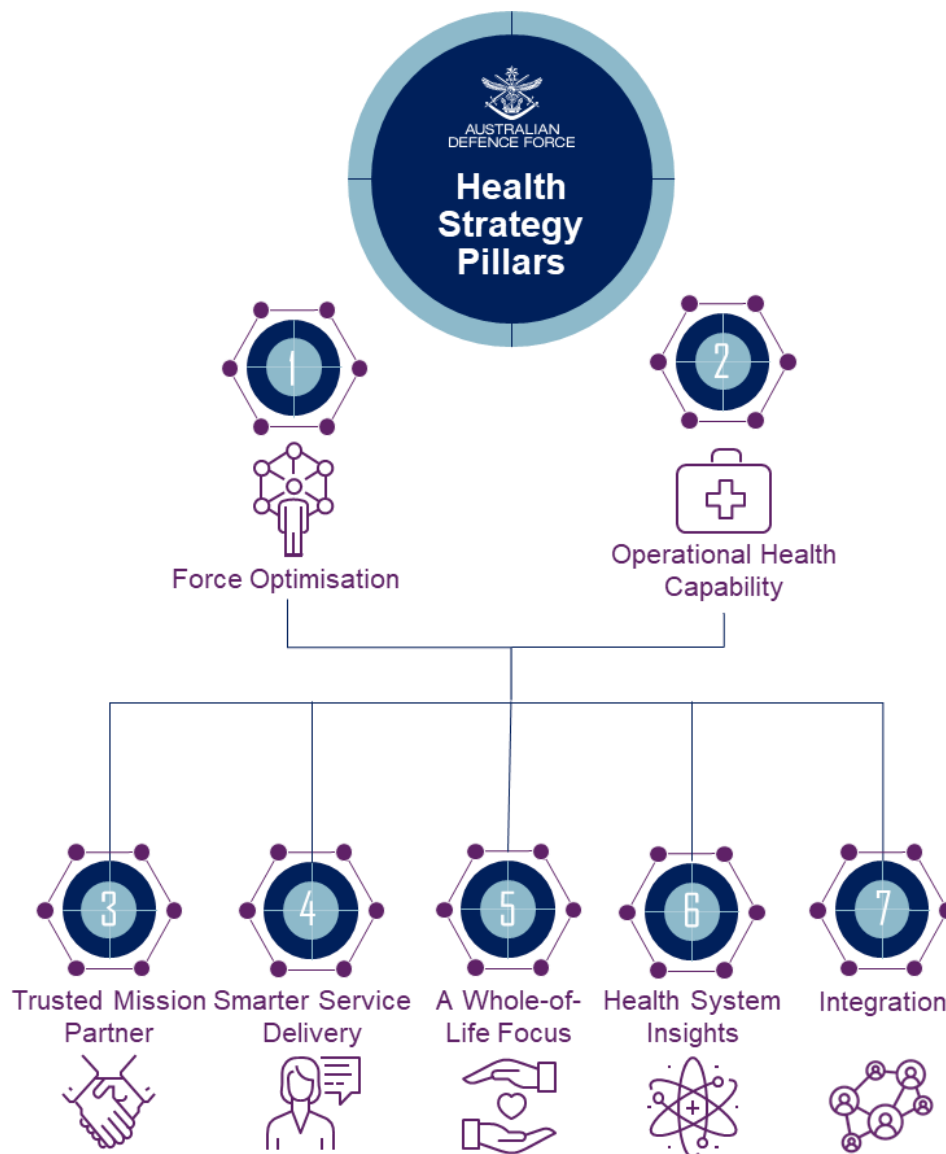
## 2. The ADF Health Strategy



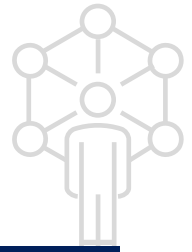
## The ADF Health Strategy

Led by Joint Health Command, the Strategy was developed as a collaborative effort across Defence and with representatives from other Australian Government departments, industry and academia. The Strategy has two leading Pillars, Force Optimisation and Operational Health capability, with five Pillars supporting the achievement of the two lead pillars. The Strategy aligns with and supports the Defence mission, Defence Corporate Plan and Defence Planning Guidance. The two lead Pillars have stated end states, which if achieved would result in the Pillar objective being achieved. Seven key enablers are integral to supporting the achievement of the Strategy.

The Strategy will ensure the Defence Health System is ready to contribute to the Defence mission through a swift response with innovative solutions; an agile, scalable and resilient health workforce; adaptability to pressures and challenges in the operating environment; and application of operational lessons.



*Figure 2: ADF Health Strategy Pillars*



## 2.1. Pillar 1: Force Optimisation

PURPOSE	<i>Optimising force readiness through increasing the overall health and performance of ADF members.</i>
SUPPORTING PILLARS AND METHOD	<p><b>Pillar 3. Trusted Mission Partner</b> - Providing world-class military health services that are valued and trusted by Commanders and ADF Members.</p> <p><b>Pillar 4. Smarter Service Delivery</b> - Harnessing opportunities for ongoing service delivery improvement and innovation to improve access and value in care.</p> <p><b>Pillar 5. Whole of Life Focus</b> - Improving health and wellbeing outcomes of ADF members across their career and beyond military services.</p> <p><b>Pillar 6. Health System Insights</b> - The use of research, health data, information and insights to inform decision-making, policy and practice.</p> <p><b>Pillar 7. Integration</b> - (i) A robust health surveillance and intelligence program that is accurate and timely (within Australia and overseas). (ii) A connected approach to single Service occupational conditioning programs.</p>
END STATES	<ul style="list-style-type: none"><li>• Command is enabled by health to achieve its mission</li><li>• Reduction in injury occurrence, severity and impact.</li><li>• Increasing rates of training completion and force readiness.</li><li>• An increase in the overall health status of Defence members.</li><li>• The Defence Health System is sufficiently capable and flexible to meet changing and emerging circumstances.</li></ul>





## 2.2. Pillar 2: Operational Health Capability

PURPOSE	<i>Generating, training and sustaining the operational health capability necessary for the ADF to be operationally effective.</i>
SUPPORTING PILLARS AND METHOD	<p><b>Pillar 3. Trusted Mission Partner</b> - Develop a Common Operating Picture of the ADF's overall health capability and capacity.</p> <p><b>Pillar 4. Smarter Service Delivery</b> - Harnessing opportunities for digitally enabled, technologically advanced health capabilities (service delivery improvement and innovation)</p> <p><b>Pillar 5. Whole of Life Focus</b> - Collaboration with the Department of Veteran Affairs and civilian partners to inform whole-of-life perspective.</p> <p><b>Pillar 6. Health System Insights</b> - The use of health data, information and insights to inform decision-making</p> <p><b>Pillar 7. Integration</b> – (i) Leveraging CJHLTH appointment as the Joint Workforce Sponsor and Learning Management Authority to address health workforce supply, training, retention and governance. (ii) Operational health capabilities and the knowledge and skills of the health workforce are interoperable across the service.</p>
END STATES	<ul style="list-style-type: none"><li>Operational health capabilities operate under an accountability framework and integrated health operating concept (that leverages the Surgeon General's technical authority to deliver the required health effect).</li><li>Operational health capabilities meet preparedness requirements.</li><li>Operational health capabilities are able to support the activities and operations the joint force conducts.</li><li>Operational health capabilities are same by default, separate by necessity and similar by exception.</li></ul>

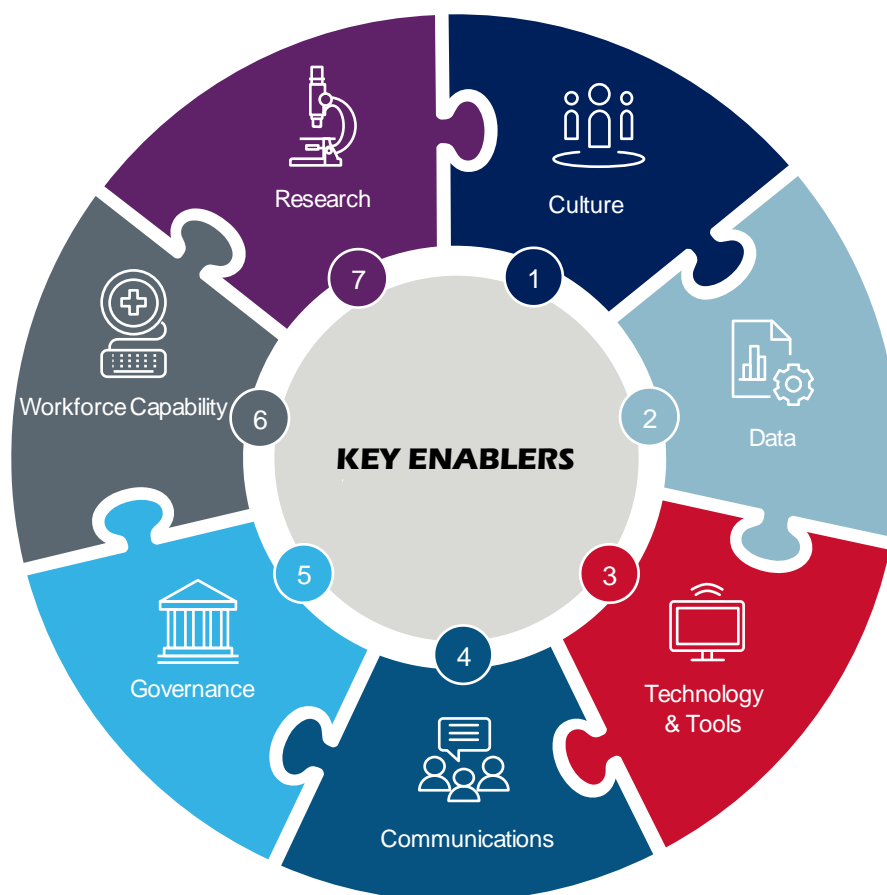
# SECTION 3

## 3. Key Enablers



## Key Enablers

The Strategy identifies seven enablers that are integral to supporting the achievement of the pillars. While the ADF has capability in all of these areas, the Strategy presents opportunities to strengthen them in order to drive towards a Defence Health System that is ready, responsive and resilient.



- 1** Trust through better customer service for Commanders and Defence members. A preventive health and force optimisation healthcare model.
- 2** Increased use of data to improve health services and support command decisions through real-time actionable information.
- 3** Enhanced joint force capability and capacity through increased efficiency, effectiveness and innovative ways of delivering health services.
- 4** Shared understanding of the purpose and strategic direction of the Defence Health System.
- 5** Joint approach to managing the Defence Health System's performance.
- 6** Interoperability of health knowledge and skills across the Services and civilian health system. Defence health personnel adapt to different health technology environments.
- 7** Unified, targeted and timely approach to research with feedback mechanisms to Defence planning processes.

*Figure 3 – Key Enablers*



### 3.1. Culture

Effecting cultural change within the ADF requires overcoming entrenched barriers in attitudes and expectations towards healthcare and health services and building trust through value-adding benefits for commanders and ADF members. Foremost is the transition from a reactive and treatment centred focus to a preventive and force optimisation model of healthcare. Equally important is a customer service focus towards both commanders and ADF members, supporting operational objectives while factoring whole-of-life outcomes for individuals. The ADF will also need to confront service dependency and assumed entitlements without compromising operations or quality of care. Enterprise-wide change management and education will play a key role in building a shared understanding of customer needs and aligning stakeholder expectations.



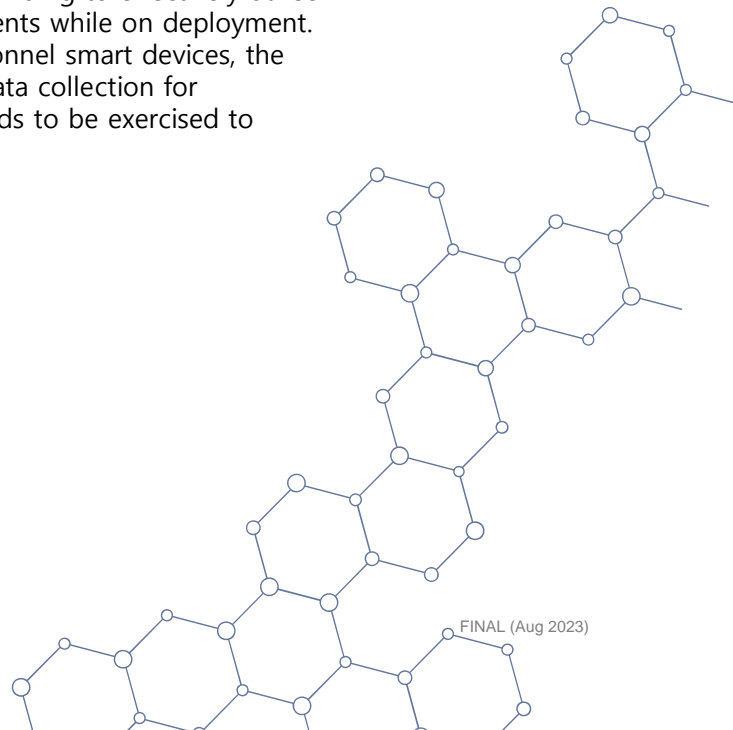
### 3.2. Data

Moving forward, the ADF will increasingly use data to improve the delivery of health services. Data will support Command decisions through real-time actionable information and scenario analysis. Data will inform health literacy needs, support health surveillance and enable longitudinal studies, such as service life impacts on health outcomes. Personnel metrics will increasingly be factored into command decisions and healthcare management plans, requiring robust policies to meet legal and ethical expectations and cyber security measures. There are opportunities to explore connecting data sets across Government programmes such as My Health Record, Medicare Benefits Schedule, Pharmaceutical Benefits Schedule and Department of Veterans' Affairs (DVA) claims data.



### 3.3. Technology and tools

Technology and tools play an important role in enhancing joint force capability and capacity through increased efficiency and effectiveness and novel ways of delivering health services. It can improve casualty management and identify precursors to future vulnerabilities. Consideration will need to be given to the technology and tools that coalition partners use which could include novel innovations as well as antiquated equipment and practices. Healthcare providers and technicians will require a breadth of understanding to effectively utilise and adapt to different technology environments while on deployment. With the increasing availability of retail personnel smart devices, the uptake of personal devices could enhance data collection for personnel health management. Caution needs to be exercised to ensure data integrity and security.







### 3.4. Communication

Communication is vital to effective change management and cultural reform. It enables employees to understand and connect with the context and purpose of the strategic objectives of the Strategy and form a shared commitment to it across the organisation.

Communication will enhance trust, support health literacy, improve understanding of customer needs and facilitate lessons learned across the ADF. Communication will enable commanders and members to increase their knowledge of the Defence Health System's capability and accessing health services.



### 3.5. Governance

A strong health governance model that establishes Surgeon General accountabilities, underpinned by the systematic application of risk management in decision-making across the Services. This will contribute to the Defence Health System's overall performance that meets legislative requirements, regulations, best practice standards and community expectations of accountability. It must factor in the 'ADF Concept for Command and Control of the Future Force' and adopt a tri-service approach. A clear position for managing compliance is integral, as is stakeholder engagement across Defence and with external agencies and organisations. Decision makers can be supported with frameworks that articulates their accountabilities. Where possible, forums should be streamlined and coordinated.



### 3.6. Workforce capability

Workforce capability is integral to supporting the strategic objectives of the Strategy. Project Dunlop and the Integrated Workforce Review will address issues related to workforce supply and training and retention strategies. Regular assessments of ongoing training needs focusing on increasing interoperability across the Services and with the civilian health system will ensure healthcare providers in the ADF maintain currency and competency and are able to respond to new technology and innovation into the future. The workforce must be integrated across the Services and be a key consideration in force structure reviews.



### 3.7. Research

Research will increasingly encompass preventive health and force optimisation innovations. With a growing awareness and acceptance of mental illnesses within the civilian community, research into mental health can be leveraged to target specific issues that commonly affect ADF members. Appropriately funded longitudinal studies will be integral in shaping the health management of ADF members as they progress through their career in the ADF and transition to civilian life. Health systems research will enable the assessment and evaluation of new and emerging threats; introduction of drugs, vaccines, devices and human performance technology; and understand the epidemiology of the Defence occupation. Research will drive evaluation frameworks. Key to this is a unified, targeted and timely approach to conducting research with feedback mechanisms to force structure planning processes and the wider defence organisation.

# SECTION 4

## 4 Governance and Accountability



## 4.1 Roles and responsibilities

Governance and accountability structures are critical to maintaining a robust Strategy that continues to be fit for purpose and ensures its successful implementation across the ADF.

The Strategy spans a number of areas of Defence and Fundamental Inputs to Capability (FIC) with many interdependencies, and will be delivered using a portfolio approach under the authority of the Chief of Joint Capabilities (CJC).

The Senior Responsible Owner is Commander Joint Health (CJHLTH) who is Defence's principle advisor for high-level integration and coordinator of health services within Defence.

The following groups have been established to continue to set the strategic direction for the Defence Health System, oversee the delivery of the Strategy and provide independent assurance for health capability.

The **ADF Health Select Committee (Committee)** is accountable to the Chief of the Defence Force for the performance of the Defence Health System. The roles and responsibilities of the Committee are to:

- Set the strategic direction for the Defence Health System to align with the capability requirements of the ADF
- Ensure health projects and programs efficiently align with the ADF Health Strategy to achieve a ready, responsive and resilient Defence Health System
- Monitor and evaluate the performance of the Defence Health System to assure appropriate departmental investment in the ADF health portfolio
- Set organisational risk parameters for the Defence Health System on behalf of the Chief of the Defence Force
- Collaborate on the programming of health projects and programs to ensure effective delivery of ADF Health Strategy outcomes
- Promote collaboration across Defence and with external stakeholders
- Ensure appropriate control and monitoring systems are in place to manage portfolio risks
- Drive changes to the ADF Health Strategy to ensure it remains current and fit for purpose
- Task the Health Assurance Reference Group with topics for investigation.

The ADF Health Select Committee will also be responsible for adjusting risk thresholds with respect to health readiness, such as non-battle injuries and illness on deployment, to sustain force potency.

The **Health Assurance Reference Group (HARG)**, currently under consideration, will be accountable to Chief of Personnel as the Health Assurance authority, with the Surgeon General as the regulator. If established, it will be the mechanism by which the Surgeon General's technical authority is assured through the Defence Health System.

The HARG will be tasked by the Committee and will have the ability to independently identify items for interrogation. The roles and responsibilities of the HARG will include:

- Drive accountability and increase effectiveness across the Defence Health System
- Provide strategic and independent assurance and review of the Defence Health System
- Evaluate, recommend and follow up corrective actions
- Ensure situational awareness and cooperation across the Defence Health System for health specific excellence and best practice
- Promote a joint force philosophy.

The **Health Strategy Office (HSO)** acts as the conduit between the Committee and the Services and Groups. It provides the Committee with the information needed to facilitate decisions on the appropriate balance and priority of health projects and programs across the ADF, and to ensure initiatives align with the ADF Health Strategy.

The HSO will reside in Joint Health Command under the Director of Health Strategy Office and will report to the Committee.

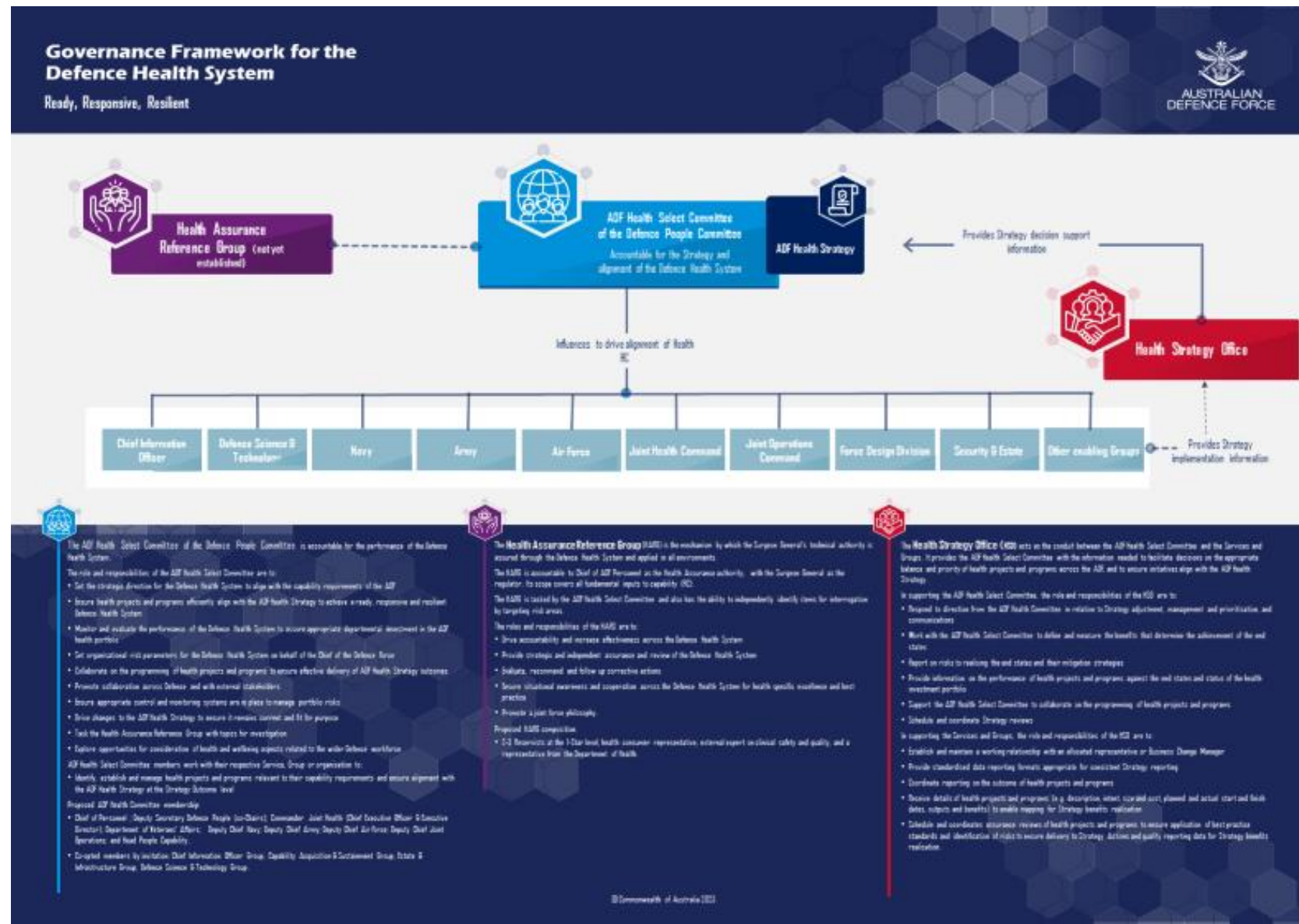
All stakeholders play an important role in working collaboratively to champion and ensure the successful implementation of the Strategy, and to support monitoring and evaluation processes at various points now and into the future.

Figure 4 provides the Governance Framework for the Defence Health System, including the proposed membership for the Committee, HARG and HSO.





Figure 4 Governance Framework for the Defence Health System





## 4.2 Link to existing strategies, frameworks and projects

The following provides a summary of existing key strategic documents and initiatives that align with the strategic intent of the Strategy.

### Defence Strategic Review

The Defence Strategic Review (DSR) was conducted by His Excellency the Hon Stephen Smith and Air Chief Marshall Sir Angus Houston, AK AFC (Ret'd). The DSR recommends ambitious reform to Defence's policy, strategy, posture and capability settings to ensure we are well-positioned to meet the nation's security challenges in a changing **strategic** environment. Defence will implement the Government's direction. To support that work, a DSR Implementation Taskforce was established on 27 February 2023 and will provide strategic direction, and steer and coordinate implementation.

### Defence Mental Health and Wellbeing Strategy 2018–2023

The development of the new Mental Health and Wellbeing Strategy (2024-2029) is a joint venture between Defence and DVA and assumes a preventative, strengths based, and organisational focus on our Defence people, veterans and their collective families. Good workplace mental health and wellbeing supports a healthy and productive workforce to maintain Defence capability. As a result, the new strategy will adopt an upstream systems approach, utilising the aligned Defence and DVA wellbeing factors. It aims to support and empower our people to journey well from recruitment, throughout their career in Defence and once they transition to civilian life.

### Joint Project 2060 Phase 3 & Phase 4

### JP2060 Phase 3: Deployable Health Capability

This project commenced in 2015 to strengthen the ADF Deployable Health Capability by ensuring a completely deployable health facility in the operational environment that delivers primary, triage and specialist healthcare. The health care models must also ensure they are able to keep up to date with advancing technology.

### JP2060 Phase 4: Health Knowledge Management System

This project will deliver an enterprise Health Knowledge Management System for Defence that records, stores, aggregates and analyses health information for Defence members. The system will comprise an integrated eHealth Record solution as the foundation and supplemented by supporting integrated software products to meet Defence's legislative, clinical and operational needs. It will also support the delivery of health care services across the Defence Health System, including in the garrison, mobile, and deployed environments.

### Defence Health Research Framework 2021-2025

The Defence Health Research Framework marks a new chapter in setting a strategic approach in shaping the Defence health research that will have the greatest potential to contribute to ADF capability. Its purpose is to shape a pathway by which health research will transition from knowledge to action, to maximise Defence capability.



## 4.3 Action Plan

The Action Plan identifies activities that will contribute to the realisation of the end states over a period of 20 years and beyond.

The Action Plan horizons have been developed to align with the Defence workforce planning epochs. Horizon 1 aligns with **force-in-being** and covers 0-3 year period from 2023 to 2025, Horizon 2 aligns with **objective force** and covers a 4-10 year period from 2026 to 2032 and Horizon 3 aligns with **future force** and covers a 11-20 year and beyond period from 2033 and beyond.



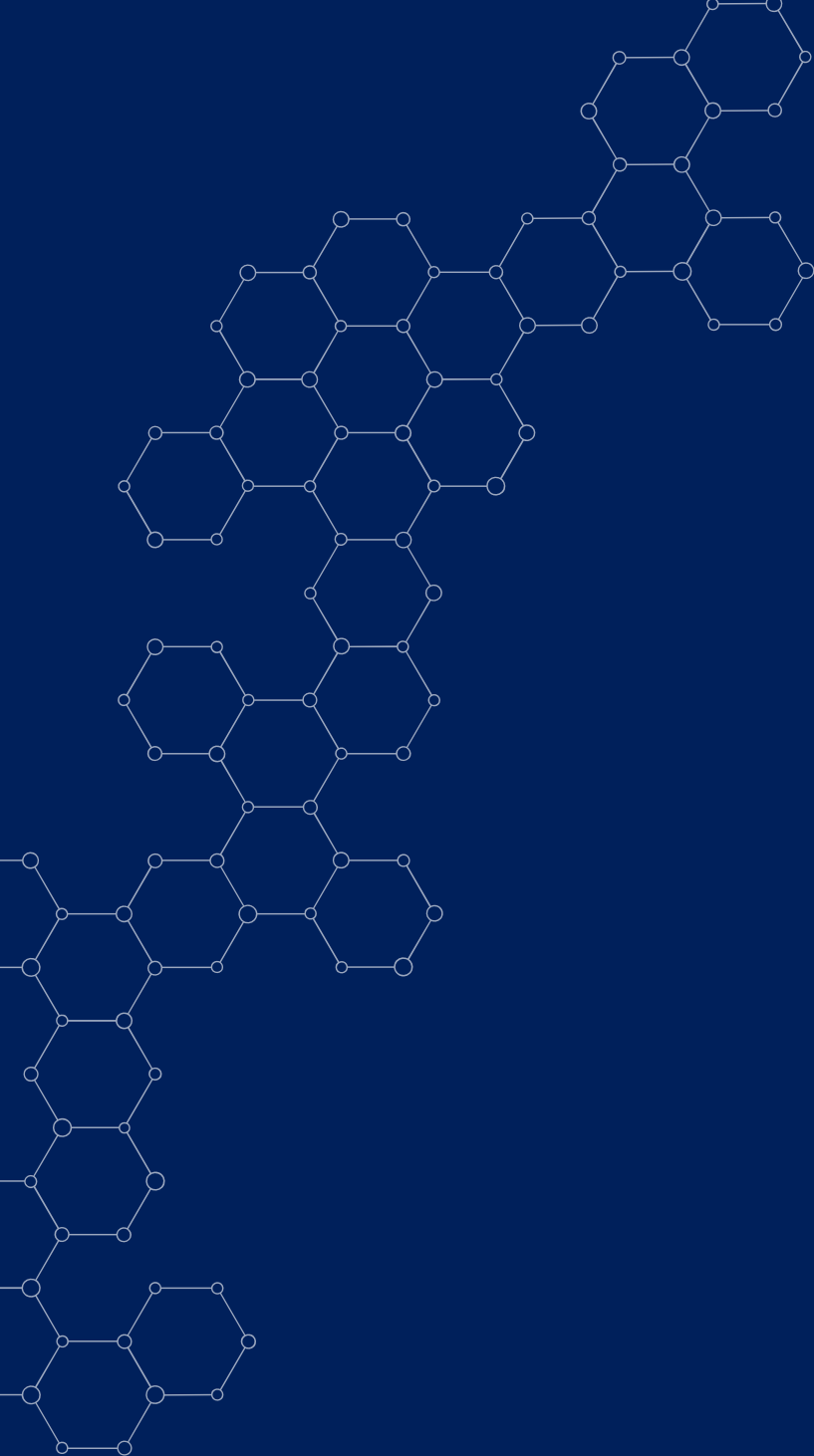
## 4.4 Monitoring and evaluation

Through existing programs, projects and activities across Defence, implementation of the Strategy commences now. All proposed future activities will be assessed by the Committee to ensure alignment with the strategic objectives of the Strategy.

The Committee will initiate, direct and monitor implementation of the Strategy from an enterprise perspective through the DHS. The Committee will also ensure the assigned roles and responsibilities at an individual and organisational level are adhered to as outlined in the Governance Framework for the Defence Health System at Figure 4.

The Committee will meet three times per year to discuss the Strategy's progression. The Strategy will be reviewed as required to ensure it remains relevant to the changing context and continues to be focused on the ADF's future requirements.





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