BY ORDER OF THE
SECRETARY OF THE AIR FORCE

AIR FORCE INSTRUCTION 44-162

28 MARCH 2019

Health Services

INTERNATIONAL HEALTH SPECIALIST (IHS) PROGRAM AND GLOBAL HEALTH ENGAGEMENT (GHE)

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RELEASABILITY: There are no releasability restrictions on this publication.

OPR: AF/SG3/5XI

Certified by: AF/SG3/5
(Maj Gen Robert I. Miller)

Supersedes: AFI 44-162, 26 Nov 14

Pages: 21

This Instruction implements the guidance portion of Department of Defense Instruction (DoDI) 6000.16, *Military Health Support for Stability Operations*, DoDI 2000.30 *Global Health Engagement Activities*, and the policy in Air Force Policy Directive (AFPD) 44-1, *Medical Operations*. This instruction is also consistent with guidance portion of DoDI 6200.07 *Delivery of Direct Health Care to Non-Detainee Host Nation (HN) Civilians*. It establishes procedures for utilization, organization, and training of IHS for Stability Operations and GHE. This instruction applies to all Air Force personnel, including Air National Guard and Air Force Reserve personnel. It may be supplemented at any level, but all direct supplements must be routed to the Office of Primary Responsibility of this publication for coordination prior to certification and approval. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("**T-0**, **T-1**, **T-2**, **T-3**") number following the compliance statement. See Air Force Instruction (AFI) 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the requestor's commander for non-tiered compliance items. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional chain of command. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule located in the Air Force Records Information Management System.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. The title is changed to include GHE to reflect the operational and tactical guidance contained within the document. Guidance regarding Defense Institute for Medical Operations (DIMO) added. This document incorporates expanded roles and responsibilities and clarifies each area of management throughout. This revision redefines the ten core competencies that characterize the IHS professional regardless of Air Force Specialty Code (AFSC).

This change reflects the evolution of the IHS Program.

Chapter 1

GHE AND THE USAF IHS PROGRAM OVERVIEW

1.1. Overview.

1.1.1. Per DoDI 2000.30, it is DoD policy to promote and enhance partner nation stability and security; develop military and civilian partner nation capacity; build trust, confidence, and resilience; share information; coordinate mutual activities; and maintain influence to enable implementation of the Guidance for the Employment of the Force and to support the achievement of US Government (USG) national security objectives. GHE activities establish, reconstitute, maintain, or improve the capabilities or capacities of the partner nation's military, civilian health sector, or partner nation ministry or agency in order to achieve USG national security objectives and DoD security cooperation objectives**.**

1.1.2. Air Force (AF) GHE seeks to improve the health support capabilities of the Air Force Medical Service (AFMS) and partner nation personnel to enhance the readiness of AF medical forces and sustainably improve the operational skills of partner nation personnel. GHE also seeks to improve interoperability in combined activities or operations, promote stability and security, and establish and maintain a level of health and a state of preparedness conducive to healthy populations. The complexity of deployed and multinational operations requires the AFMS to identify and train members with IHS core competencies (**paragraph 4.1.1**). Globalization and security considerations are not just limited to the issues within an individual partner nation but also to trans-border health threats which affect global security, transport, trade, and policy. Addressing these health challenges requires multidisciplinary perspectives from multiple stakeholders.

1.2. Value of the AF IHS.

1.2.1. Value to Expeditionary Medical Operations. Cross-culturally proficient, operationally diversified medical professionals are a powerful force multiplier in an expeditionary setting where insight into the cultural, geopolitical, military, and economic characteristics of a region's health issues and systems is an essential operational requirement. IHS professionals possess these desired characteristics and can assist in establishing initial partnerships by interacting with military and civilian health care personnel and institutions of other countries. Additionally, IHS professionals enhance interoperability with partner nations, strengthen international relationships, respond to civilian emergencies when authorized and funded, and play a vital role in combat or stability operations throughout the world.

1.2.2. Value to the Geographic Combatant Command (GCC), Component Major Command (C-MAJCOM) and Component Numbered Air Force (C-NAF) Commanders. Warfighting commanders should evaluate the health dimensions of the operational and security cooperation environments within a cultural context to appreciate their implications to the mission. That context is optimally understood when regional expertise and liaison capabilities are available on the command medical staff. IHS professionals are essential to AFMS support to regional combatant commanders (CCDR), as well as effective AFMS interaction with joint and coalition medical support, foreign health systems, government agencies, and non-governmental/private volunteer organizations that support population health internationally and globally.

1.2.3. Value to the AF. The IHS program provides the primary mechanism within the AFMS for providing health security cooperation expert, which contribute to the Air Force Security Cooperation Flight Plan's key themes of strengthening alliances, attracting new partners, and promoting interoperability. The AF GHE mission contributes to posture and force projection, force health protection, attainment of individual and collective training requirements, and Operations and Contingency Plan (OPLAN/CONPLAN) support.

1.3. The IHS Program.

1.3.1. AFMS expeditionary missions call for IHS teams or liaisons to be assigned to C-NAFs, C-MAJCOMs, combatant commands (CCMD), Joint Headquarters, Deputy Under Secretary of the Air Force for International Affairs, Uniformed Services University (USU), National Guard Bureau Joint Surgeon's Office, Defense Security Cooperation Agency (DSCA), Department of State (DoS), United States Agency for International Development (USAID), and USG agencies critical to DoD GHE. IHS professionals interact with a wide-range of organizations such as the United Nations and its subordinate organizations, other international organizations, alliance and coalition forces and their respective governments, non-government organizations, and private voluntary organizations. Effective AFMS coordination among these structures requires sustained relationships for which cross-cultural competencies, regional and global health insight, and diversified knowledge of expeditionary medicine disciplines and practices play key roles.

1.3.2. Vision. To be the DoD's go-to global health resource.

1.3.3. Mission. To optimally shape conditions through health-related opportunities that align with the National Security Strategy, National Defense Strategy, and National Military Strategy as expressed in CCMD campaign plans throughout all phases of conflict.

1.3.3.1. Support to GCC. IHS professionals fill advisory, liaison, and action officer roles through direct assignment to a GCC Surgeon's staff and/or via AF component commands. Duties range from advising GCC staff on effective utilization of AFMS GHE human resource capabilities to planning, coordinating, and conducting: joint expeditionary operations; peacetime security cooperation activities; country and region specific health system assessments; concept of operations development; and building partnerships.

1.3.3.2. Support to AF C-MAJCOMs and C-NAFs. A team of IHS professionals are assigned to serve as regional experts to advise respective Commanders and Surgeons in support of: Force Health Protection, establishing cooperative relationships with host nation partners, and planning and coordination of operational missions. Additionally, IHS professionals advise on security cooperation, aviation enterprise development, humanitarian and medical outreach, coalition building, stability operations, and multinational/multiagency exercises to ensure productive collaboration with partners and allies across the range of operations.

1.3.3.3. Support to Regional Security Cooperation. IHS professionals support AF and GCC plans, activities, and exercises that build, expand, and strengthen regional partnership, collaboration, and health systems capacity.

1.3.3.4. Foster International Collaboration. IHS professionals facilitate, optimize, and leverage interactions between the DoD and partner nations, focusing on military-to-military engagements. In certain circumstances, IHS professionals directly support partner

nation civilian institutions in order to enable and strengthen the military-to-military relationship. IHS professionals also serve as health liaisons for the command with international organizations, non-governmental organizations, and private volunteer organizations working in the area of operations and force health protection. IHS professionals will not initiate nor conduct negotiation of any agreements with foreign governments or with an international organization without prior written approval by the DoD officer who is assigned approval responsibility. See DoDD 5530.3, *International Agreements* and AFI 51-403, *International Agreements*.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Air Force Surgeon General (AF/SG) will:

2.1.1. Establish doctrine, leadership, and policy for GHE and employment of IHS.

2.1.2. Execute responsibilities as outlined in AFPD 16-1.

2.1.3. In accordance with (IAW) DoDI 6000.16, as USAF senior medical department:

2.1.3.1. Champion Medical Stability Operations (MSO) initiatives.

2.1.3.2. Develop MSO capabilities by organizing, training, and equipping medical personnel to effectively execute MSOs.

2.2. Air Force Surgeon General, Medical Operations and Research Directorate (AF/SG3/5) will:

2.2.1. Serve as AF SG General Officer participating member on the DoD GHE Council Deputy Group IAW DoDI 2000.30.

2.2.2. Serve as AFMS GHE Corporate Board (GHECB) Senior Officer.

2.2.3. Serve as Senior IHS Program Advisor.

2.3. Corps Chiefs of the Biomedical Sciences Corps, Dental Corps, Enlisted Corps, Medical Corps, Medical Services Corps, and Nursing Corps will, within their respective professional Corps:

2.3.1. Advocate for and facilitate development of IHS skills to include global health education, foreign language proficiency, cross-cultural expertise, and operational skills diversification.

2.3.2. Identify promising personnel for IHS opportunities.

2.3.3. Vector and encourage qualified personnel to serve an IHS tour whenever it is in the best interests of the AF.

2.4. Enlisted Career Field Managers (CFMs) will:

2.4.1. Promote and facilitate development of IHS skills within their respective career fields.

2.4.2. Work with the IHS Senior Enlisted Advisor to guide promising enlisted personnel into IHS educational opportunities and service through career timing mentorship.

2.5. Corps Directors, Associate Corps Chiefs, and Consultants will: release personnel from their respective Corps/specialty areas, as justified by AF strategic priorities, to fill IHS positions and participate in IHS developmental opportunities.

2.6. Air Force Personnel Center will:

2.6.1. Ensure that the designated IHS billets at Air Force Medical Support Agency (AFMSA) and other commands are maintained on the master Unit Manpower and Personnel Roster (UMPR) with an IHS specific title, coded with a language designation.

2.6.2. Advertise IHS officer team positions through officer corps-specific assignment processes. Enlisted team positions will be listed on the EQUAL PLUS board as appropriate (see AFI 36-2110 for more information on this program).

2.6.3. Validate Officer and Enlisted Assignment Selection (O/EAS) for IHS billets.

2.6.4. Fill Special Experience Identifier (SEI) and language-coded billets with IHS qualified personnel or with otherwise highly qualified personnel IAW SEI waiver policy in collaboration with the IHS Program Office.

2.7. AFMSA will:

2.7.1. Fund IHS program education and training requirements. **(T-1)**

2.7.2. Advocate for funding of IHS operations not directly funded by deployments and/or exercises.

2.8. IHS Program Office (AFMSA/SG3XI). The IHS Program Office is established within AFMSA to manage the IHS Program. The IHS Program Office is responsible for oversight of the IHS Program and associated directives, instructions and information systems; assisting AF-CVXO, AFPC, AFMS Corps Chiefs, Medical Officer Assignment Managers and CFMs in full-time IHS assignment actions; and assisting the Directorate of Aerospace Expeditionary Force (AEF) Operations to meet IHS operational tasking.

2.8.1. IHS Program Office interprets AF policy and guide organizations where full-time IHS members are assigned or attached in carrying out such policies.

2.8.2. Additional full-time IHS personnel may be assigned to AFMSA but attached through MOU to other organizations to support a functional AF or DoD organization, or in academic positions.

2.9. IHS Program Director will:

2.9.1. Function as the IHS/GHE Consultant to AF/SG on IHS Program strategy, current operations, and other pertinent IHS issues to support the IHS force development process and represents the AF/SG in matters related to the IHS program, as requested.

2.9.2. Provide management and policy oversight of all AFMS GHE activities, IHS program, budget, and personnel development. **(T-1)**

2.9.3. Provide representation at the DoD GHE Council Action Officer Group IAW DoDI 2000.30.

2.9.4. Oversee the IHS Special Experience Identifier (SEI) award process and serve as the sole approval and waiver authority for award of an experience set. (**T-1**)

2.9.5. Prepare biennial Program Objective Memorandum (POM) for the IHS Program. **(T-1)**

2.9.6. Complete inventory of IHS Unit Manpower Document positions to determine those requiring language aptitude and proficiency coding NLT 31 Dec of each calendar year. **(T-1)**

2.9.7. Advise Air Force Personnel Center on IHS requisition requirements to identify, develop, track, and sustain IHS personnel for assignment actions. **(T-1)**

2.10. IHS Senior Enlisted Advisor. This senior non-commissioned officer serves as advisor to the IHS Program Director in all aspects of program management, development and administration.

Particularly he/she advises program office and Senior AFMS leadership on enlisted issues and serves as primary liaison with the Chief, Enlisted Force Development and enlisted CFMs.

2.11. C-MAJCOM/C-NAF SG shall:

2.11.1. IAW agreed upon Memorandum of Understanding (MOU), transfer Tactical Control (TACON) to the unit to which the IHS member is physically assigned (e.g. C- NAF IHS member detailed to support CCMD SG, then CCMD SG has TACON).

2.11.2. Provide POM data to AFMSA/SG3XI for consolidation and submission as appropriate. **(T-1)**

2.11.3. Coordinate/consult with AFMSA/SG3XI on IHS requisition actions at least 12 months in advance.

2.11.4. Consult with AFMSA/SG3XI to address IHS issues that cannot be resolved locally.

2.11.5. Ensure IHS team members' medical readiness and skills maintenance training. **(T-1)**

2.11.6. Ensure IHS team members' AFSC-specific and/or additional duties do not interfere with their primary responsibilities as defined by their assigned IHS duty positions. **(T-1)**

2.12. Defense Institute for Medical Operations (DIMO) will:

2.12.1. Coordinate missions with the respective Area of Responsibility (AOR) assigned IHS teams from initial concept/pre-planning through mission execution/after action review close-out.

2.12.2. Maximize IHS and Navy Global Health Specialist (GHS) personnel on its missions by sourcing language and culturally competent instructors for the respective country.

2.12.3. Comply with **paragraphs 2.11.2.**, **2.11.3.**, **2.11.5.**, and **2.11.6.**

2.13. Other AFMS Organizations conducting GHE will:

2.13.1. Notify the component IHS team (i.e. AFCENT, AFSOUTH, PACAF, USAFE, etc.) at least 30 days in advance when conducting an engagement with a foreign partner in the respective AOR.

2.13.2. Strive to include at least one person holding a current/valid IHS SEI and/or language appropriate for the partner nation on the mission/activity.

2.14. IHS Liaisons at COCOM, Other DoD and Non-DoD Organizations and Agencies will:

2.14.1. Ensure IHS teams and the IHS Program Office are aware of international issues under the purview of COCOM, other DoD and non-DoD organizations.

2.14.2. Maintain focus on GHE activities at the strategic level. As an example, execution of GHE activities is typically not appropriate for COCOM assigned IHS personnel and should be tasked to the service component level.

2.14.3. Promote and facilitate utilization and training of Air Force IHS resources.

2.14.4. Collaborate with organization planners and/or program directors to determine utilization of IHS capability for mutual benefit and USG interest.

2.14.5. Establish annual and long-term objectives for IHS liaison activities and solicit support from organization program managers. **(T-1)**

2.15. IHS Team Lead will:

2.15.1. Oversee, manage, and guide IHS/GHE efforts. **(T-1)**

2.15.2. Balance duties between the tactical execution of activities and operational and strategic level functions such as strategic and operational planning; developing lines of effort; and conducting monitoring, evaluations, and assessments.

2.15.3. Focus on the priorities of the component and/or CCDR in the activities it executes or sponsors.

2.15.4. Delegate and task execution activities to subordinate or collateral units as appropriate.

2.15.5. Follow AF sourcing procedures for personnel selected to participate in GHE missions. If GHE mission permits, prioritize sourcing of non-full-time IHS personnel (field SEI holders) for GHE missions over non-SEI holders, irrespective of assigned MAJCOM. **(T-1)**

2.15.6. Ensure IHS team members maintain AFSC-specific currency (i.e. clinical privileges) as well as medical readiness and IHS skills training currency to support IHS Unit Type Code (UTC) taskings. **(T-1)**

2.15.7. Serve as primary rater or additional rater for all personnel assigned to the IHS team. If local leadership chooses to matrix personnel to other organizations, the rating chain will be determined by written agreements with an understanding that, at a minimum, the team lead will review performance reports for all IHS team members.

2.15.8. Ensure team members complete IHS orientation training within one year of assignment to a full-time billet. **(T-1)**

2.15.9. Promote, develop, and facilitate utilization of IHS resources among other AFMS members in the assigned AOR.

2.15.10. Identify and coordinate projected IHS position vacancies, candidate identification, and hiring processes to AFMS/SG3XI at least 12 months in advance. **(T-1)**

2.15.11. Ensure GHE activity lessons learned are collected and entered into applicable systems of record such as Global Theater Security Cooperation Management & Information System. **(T-1)**

2.15.12. Collaborate with medical operations and exercise planners at respective headquarters, and ensure IHS team members supplement medical planning staff during military contingencies and surge operations. **(T-1)**

2.15.13. Liaise with medical service participants in the AF Military Personnel Exchange Program.

2.15.14. Coordinate with the regional Unified Command/SG, Joint Staff Surgeon, DoS, other government agencies, and non-governmental organizations concerning GHE operations, activities, and actions.

2.15.15. Provide the assigned Command Surgeon with relevant GHE policy, program, and technical guidance to support Unified Commands, Joint Task Forces, Mobile Medical Units, and remote sites/medical operations assigned within their commands. **(T-1)**

2.15.16. Collaborate with Public Affairs offices at IHS operating locations to broadcast GHE activities as defined in AFPD 16-1, *International Affairs*, and AFI 10-403, *Deployment Planning and Execution*.

2.15.17. Maintain situational awareness of other AFMS entities engaging with partner nations in their respective AOR.

Chapter 3

IHS PROGRAM MANAGEMENT

3.1. Global Health Engagement Corporate Board (GHECB). GHECB will function as the pinnacle forum to provide senior leader guidance and governance to the AFMS GHE enterprise. It will serve to adjudicate and validate program management at an institutional level. The IHS Program Office will brief the GHECB on relevant topics and serve as Action Officer to coordinate GHECB recommendations as needed. Membership consists of the following positions or offices: AF/SG3/5 (Board Chair), IHS Program Director, Corps Directors, Enlisted CFMs, SG3/5X (delegable to AFMSA/SG3X), and others as deemed necessary by the board chair.

3.2. Resources. As a general rule, expenses for medical participation in CCMD exercises and activities in foreign countries may not be funded with Defense Health Program appropriations. Rather, they must be funded with appropriations specifically provided for such purposes, i.e., O&M funds available for humanitarian and civic assistance, such as Overseas Humanitarian, Disaster and Civic Assistance funds (10 Unites States Code Section 401); Combatant Commander's Initiative Funds (10 United States Code Section 166a) or other funds deemed appropriate in accordance with applicable fiscal law and policy.

Chapter 4

IHS CONCEPT OF OPERATIONS AND UTILIZATION

4.1. Developing and Sustaining IHS and GHE Skills

4.1.1. IHS Competencies**.** IHS core competencies are acquired via personal experience, self-study, web-based training, and formal education usually over a significant period of time. Core competencies should be maintained by continuous learning and ongoing participation in relevant activities. IHS professionals become fully capable by mastering the following ten core competencies:

4.1.1.1. Cross-Cultural/Geo-Political Competence. Possess and develop the aptitude to quickly understand and adapt to different cultures internationally, particularly in regards to health systems, practices, and beliefs. Knowledge of international affairs and the geopolitical context of each country/region is a basis for this competency. This involves the ability to communicate with partners with mutual respect that fosters productive engagements. May also become a dedicated asset to a specific region or country with deep regional expertise. Universal Joint Task List (UJTL): Tactical (TA) 7.4.3.5, Strategic Theater (ST) 2.4.4, ST 7.2.5. Operational (OP) 4.4.3.6, Air Force Operational (AFOP) 4.4.3.9.

4.1.1.2. Foreign Language Proficiency. Demonstrate and maintain bilingual/multilingual aptitude and proficiency. The competency offers significant advantages to overall cross-cultural aptitude, in addition to direct communication in countries that speak the specific language. In the international arena, the competency supports any global contingency requiring personnel to communicate with our allies, partners, and the local populations, as well as with our adversaries to mitigate threats. UJTL: TA 7.4.3.4, ST 7.2.5, OP 4.4.3.6, AFOP 4.4.3.9.

4.1.1.3. Global Health and Health Systems. Knowledgeable of public health principles, to include individual and population preventive health. Understands the growing discipline of global health that applies public health principles in a multidisciplinary and cooperative manner to address health threats that transcend international borders. This also includes knowledge of the geopolitical context for a given country or region and the role of the health sector for both military/security and civilian impact. Use this competency to advise, direct, design, and execute DoD GHE that achieves best outcomes for CCDR and U.S. interests. UJTL: ST 7.2.5, OP 4.4.3.6, AFOP 2.4.11, AFOP 4.4.3.9.

4.1.1.4. Joint Operational Planning. Do not have to be designated joint medical planners but must have working knowledge of the joint planning process and system in order to engage intelligently in helping to guide and design missions. This competency also includes knowledge of USG interagency planning and considerations. UJTL: ST 2.4.2, ST 8.2.1, ST 8.2.10, ST 8.2.3, ST 8.2.4, ST 8.2.6, ST 8.2.8, ST 8.5.3.3, ST 8.5.3.4, ST 8.6.2, OP 4.4.3.6, AFOP 4.4.3.1, AFOP 4.4.3.2, AFOP 4.4.3.3, AFOP 4.4.3.4, AFOP 4.4.3.5, AFOP 4.4.3.7, AFOP 4.4.3.8, AFOP 4.4.3.9.

4.1.1.5. Joint Operations. Will have had expeditionary and international experiences that allow them to comfortably apply their other competencies in support of a team, assigned command, and interagency and multinational collaboration. Preferred experience includes

expeditionary deployment and/or joint operational deployment in a leadership role. However, an accumulation of applicable life experiences in international settings working in joint/coalition and interagency health, humanitarian, or other military operations is valued. UJTL: OP 4.4.3.6, OP 5.4.5, OP 5.7, ST 5.4.3, ST 8.1.3, ST 8.2.10, AFOP 4.4.3.9.

4.1.1.6. Security Cooperation. Personnel will be trained, educated, and experienced in security cooperation and the use of health capabilities to attain CCDR security cooperation endstates. Military-military engagement, particularly Enterprise Development of partner forces and health aspects of Foreign Military Sales (FMS), is an emphasis but the role of health in all aspects of improving security and stability are included in this competency. UJTL: OP 4.4.3.6, OP 7.3; OP 4.7, OP 4.71, ST 5.4.4, ST 8.1, ST 8.1.1, ST 8.1.2, ST 8.2.1, Air Force Strategic National (AFSN) 8.1, AFOP 4.4.3.9.

4.1.1.7. Civil-Military Operations (CMO). Personnel will be trained, educated, and experienced in CMO. They will understand and appreciate the roles of the various agencies and actors involved in short and long-term humanitarian assistance; health sector disaster preparedness, relief, and response; and health sector reconstruction, stabilization, and capacity building. UJTL: TA 5.9.1, TA 5.9.4, OP 4.4.3.6, OP 4.72, OP 4.7.3, ST 5.6.3, ST 8.2, ST 8.2.11, ST 8.2.12, ST 8.2.2, ST 8.4, ST 8.4.3, ST 8.5, AFOP 4.4.3.9.

4.1.1.8. Health Diplomacy. Understands USG and DoS policy and guidance on the application of health initiatives to attain USG foreign policy goals, as well as the realm of health advocate efforts to shape cooperative global policy. Competency in health diplomacy requires knowledge of DoS regional and specific country objectives. Attempts to synergize DoD health engagement with other USG agencies such as DoS, USAID, and Department of Health and Human Services in order to achieve diplomatic and CCDR objectives. UJTL: OP 4.4.3.6, OP 4.7, ST 5.6.3, ST 8.3, ST 8.3.2, ST 8.5.1, ST 8.5.3, ST 8.5.3.2, AFOP 4.4.3.9.

4.1.1.9. Monitoring and Evaluation. Incorporates monitoring and evaluation of health engagement activities for long-term health and programmatic outcomes. Serves as an expert in health system assessment, health sector common operating picture development, design of appropriate metrics for health engagements and programs, and analyzing outputs and outcomes to guide decision making on health engagement planning. UJTL: OP 4.4.3.6, ST 8.5.3.3, ST 8.5.3.4, AFOP 4.4.3.9.

4.1.1.10. Strategic Communication. Trained and educated to help transmit the messages of the mission and the health activities within that mission. Collaborates with communications experts and planners to ensure the messages are included in the development of health engagements and relayed to the pertinent audiences with accurate, culturally appropriate health information for optimized impact. UJTL: OP 4.4.3.6, ST 8.5.2, AFOP 4.4.3.9.

4.1.2. Basic IHS/GHE Training. IHS professionals serving in full-time team positions are required to possess a fundamental understanding of the planning and execution of AF and joint expeditionary medical operations. In order to satisfy the basic requirements, the following courses, unless accomplished previously, must be completed within one year of assignment into an IHS full-time position.

4.1.2.1. *Knowledge of IHS roles and missions.* Air Advisor A Course (AAAC)/IHS Orientation.

4.1.2.2. *Security Cooperation Training.* Defense Institute for Security Cooperation Studies (DISCS) Security Cooperation Management Familiarization Course (online – SCM-FA-OL) and Security Cooperation Management Policy, Programs, and Planning Course (SCM-P3), or other appropriate level of training.

4.1.2.3. *Humanitarian Assistance Training*. The Joint Humanitarian Operations Course (JHOC) or other related courses, such as the Center for Excellence in Disaster Management and Humanitarian Assistance's (CFE-DMHA) Humanitarian Assistance Response Training (HART), United Nations Office for the Coordination of Humanitarian Affairs Civil-Military Coordination course, the Health Emergencies in Large Populations (HELP) course, etc.

4.1.2.4. *Region-Specific Geo-Political-Military Training***.** Regional orientation course offered through the U.S. Joint Special Operations University or Regional Security Center (in AOR).

4.1.3. Advanced IHS/GHE Training. Some IHS personnel engage in security cooperation activities in uncertain environments consistent with intermediate level air advisors. In these situations, IHS personnel should also receive:

4.1.3.1. *Evasion Conduct After Capture* (ECAC) training. USAF Expeditionary Operations School.

4.1.3.2. *Field Craft Uncertain (FCU).* USAF Expeditionary Operations School.

4.1.4. Language Development & Sustainment Programs. Maintenance of language proficiency is an IHS professional's responsibility. IHS professionals are encouraged to pursue language self-study programs and programs through the Air Force Culture and Language Center (AFCLC), such as the Language Enabled Airman Program (LEAP), to maintain and improve foreign language skills.

4.1.4.1. Foreign Language Proficiency Bonus. Full-time IHS professionals regularly use their foreign language skills to carry out their primary duties. All full-time IHS positions are Language Designated Positions. Refer to AFI 36-4002, *Air Force Foreign Language Proficiency Bonus Program,* and AFI 36-2605, *Air Force Military Personnel Testing System,* for additional guidance.

4.2. IHS Special Experience Identifier (SEI) Categories. IHS professionals are organized into three SEI categories of increasing capability: 1. H8A/451 – Familiarized; 2. H8B/452 – Enabled; and 3. H8C/457 – Senior Global. SEI holders combine a strong foundation in AF and joint expeditionary medical operations and doctrine with extensive knowledge of international geopolitical military affairs and global health systems. They provide a nuanced understanding of health factors' influence on political, social, economic, and international stability. Consistent with Force Development, qualified AFMS members are assigned to designated full-time IHS positions. Selected individuals must possess, at minimum, the Familiarized IHS SEI. Fully qualified senior officer and enlisted IHS SEI holders will fill rank appropriate IHS program leadership, team lead, and regional team senior enlisted policy positions.

4.3. IHS SEI.

4.3.1. SEI Criteria. All full-time IHS team members must have an IHS SEI. IHS specialty descriptions are identified in the AF Officer Classification Directory and the AF Enlisted Classification Directory. General information regarding USAF personnel management of SEIs can be found in AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted).*

4.3.2. SEI Board. The IHS Program Office convenes a quarterly SEI board comprised of representatives from the IHS Program Office and outside members. Application packages are validated, approved, or disapproved by the Board. The IHS Program Director may waive SEI requirements during the board for individuals whose overall record shows alignment with the ten IHS competencies despite lacking a specific requirement. Applicants are individually notified of board results. SEI awards are coordinated with AFPC for official update.

4.4. IHS Assignments.

4.4.1. Enlisted personnel and officers must meet all SEI requirements to be considered for IHS positions. Officers must also obtain approval from their respective functional consultant to fill a full-time IHS assignment. To maximize distribution of GHE experience within the AFMS, individuals will typically return to a traditional career field assignment at the end of an IHS tour of duty. A limited number of IHS positions require personnel with previous full-time IHS experience. Approved extensions or back-to-back IHS assignments will be determined by the IHS Program Director and the member's functional chain/higher authority (Headquarters Air Force consultants/functional managers). Tour length is generally three to four years, with exceptions based on AFPC guidance.

4.4.2. IHS professionals are typically assigned to AF billets at a C-MAJCOM, C-NAF, AFMSA, DIMO, or other AF commands. They may support the regional AF component, CCMD, or other staff positions in the AOR or elsewhere if the commander of the assigned unit concurs through a MOU between the commander and the requesting organization. IHS professionals may also be directly assigned on the Joint Manning Document (JMD) of a joint command. The gaining organizationmust affirmatively agree to maintain the training and sustainment of attached IHS personnel in accordance with the standards established in this Instruction and associated publications. All MOUs should document that the assigned commander retain administrative control of assigned IHS professionals, but releases direct supervision to the partnering command or agency. Organizations to which IHS personnel are assigned or attached will appropriately manage IHS responsibilities and IHS activities to ensure employment in accordance with program intent, this instruction, and the operational utilization of the full spectrum of IHS core competencies. Each organization will foster further development of IHS core competencies and the maintenance of the IHS SEI.

4.4.3. IHS Program Office Staff. IHS Program Office staff members must have an IHS SEI. The IHS Program Director is a colonel who has been awarded the Enabled or Senior Global SEI and has previously filled a full-time IHS billet, applied IHS skills in a substantial expeditionary deployment, or OCONUS staff experience.

4.4.4. IHS Geographic Team. Team members must hold at least the Familiarized IHS SEI. IHS personnel report to the IHS Team Leader at their operating location. IHS teams are structured to meet assigned command requirements. Due consideration must be given to the inherent benefits of diversity, such that teams strive to include at least one member from Medical Corps, Medical Service Corps, Nurse Corps, Dental Corps, Biomedical Sciences Corps, and Enlisted Corps.

4.4.4.1. IHS Team Lead will be in the rank of lieutenant colonel or colonel who, at a minimum, has been awarded the Enabled SEI and has previously filled a full-time IHS billet, applied IHS skills in substantial expeditionary deployment, or OCONUS staff experience.

4.4.4.2. IHS Team Manager is the senior ranking enlisted team member who must possess Enabled SEI, as a minimum.

4.4.5. Other Primary IHS Duty Locations. IHS professionals with the Enabled and/or Senior Global SEI with prior IHS experience, prior application of IHS skills in substantial expeditionary deployment, or OCONUS staff experience may serve in selective IHS duty assignments in support of the following (and other) organizations as need and opportunity arise:

4.4.5.1. Office of the Secretary of Defense (OSD).

4.4.5.2. The Joint Staff.

4.4.5.3. DSCA.

4.4.5.4. National Guard Bureau Bilateral Affairs Officer Program.

4.4.5.5. Deputy Under Secretary of the Air Force for International Affairs.

4.4.5.6. Security Cooperation Organizations and U.S. Embassies.

4.4.6. Assignments Outside the Structure of DoD. If the IHS member is a liaison to a non-DoD agency such as Department of Health and Human Services, USAID, or DoS, direct supervision may be delegated for activities; however, AFMSA, through the IHS Program Office, maintains administrative control, and operations control unless the AF transfers the billet to the other agency completely. The IHS Program Office, in collaboration with other AF stakeholders, would still be the POC for the AF on selecting and arranging qualified candidates for such positions.

4.4.7. Uniformed Services University (USU). Hosts full-time IHS faculty members assigned to AFMSA to serve as the focal point for curriculum development, for officer and enlisted education and training issues in the IHS program, and for advocacy of IHS skills at the university and DoD. Because of its key role in educating IHS personnel, USU collaborates with the IHS Program Office to develop the AFMS Health Professions Education Requirements Board (HPERB) submissions for advance degree student billets in global health within the USU Preventive Medicine and Biometrics Division of Global Health. The IHS Program Office works with the USU IHS team, other IHS teams, and the Air Staff Development Teams to project needs and select the right candidates for these advanced degrees. Graduates typically fill one of the full-time IHS billets as their follow-on assignment. The IHS Program Office works closely with the USU IHS office for other education and training requirements that contribute to building and maintaining IHS skills and expertise in military medicine core disciplines.

4.4.7.1. Faculty Member. IHS members may be appointed as faculty at the USU. Prior IHS experience is highly desirable. IHS faculty members are essential to providing educational instruction within the USU Global Health program. These members are officers who meet the university's credentialing requirements for appointment as an instructor or professor at the appropriate rank determined by the university. IHS

professionals assigned as full-time USU faculty are assigned to a specific authorized billet on the AFMSA Unit Manpower Document.

4.4.7.2. Center for Global Health Engagement (CGHE). The CGHE is created under the authority of the President of USU. The mission of the CGHE is to lead, integrate, and synchronize Uniformed Services University's GHE contributions to the Joint Force, CCMDs, Services, Military Health System (MHS) and national security objectives. The aim of USU is to be the lead information clearinghouse on GHE fostering information sharing, improved collaboration, redundancy elimination, increased efficiency, and best practices for GHE across the DoD. AFMS personnel assigned to USU may be called upon to support CGHE in a full or part-time capacity. The CGHE does not have tasking authority over AFMS personnel.

4.4.8. DIMO. DIMO is a partnership between the AF, Navy, and DSCA to develop and provide world class healthcare training to foreign partners around the world, delivered primarily via Mobile Training Teams (MTTs). DIMO places emphasis on providing courses in disaster preparedness, communicable disease prevention, and other current and critical health topics. AF personnel assigned to DIMO are IHS professionals (minimum SEI Familiarized for officers and enlisted); however, priority to subject matter expertise may take precedence over language and cross-cultural skills in certain circumstances. In these circumstances waiver policies and guidance will still apply.

4.4.9. Air Reserve Component (Guard and Reserve). ARC IHS professionals may be assigned to the unit or utilized from other units, as needed. ARC IHS professionals must possess the core competencies outlined in **Paragraph 4.1.1**., and meet all required credentialing criteria.

4.4.9.1. Members can participate in missions conducted as unit training or under AEF, humanitarian and civic assistance, or Medical Innovative Readiness Training missions using man-days. ARC personnel can serve as long term subject matter experts. IHS activities should be coordinated through the C-MAJCOM, C-NAF, Air Force Reserve Command or Air National Guard IHS liaison.

4.4.9.2. ARC IHS professionals should identify themselves to their Medical Readiness Office, commander, and C-MAJCOM as an asset who might fill an IHS UTC or deployment requiring IHS skills.

4.4.9.3. Utilization of IMAs in the IHS role is determined primarily through the unit where attached or secondarily through advertisements on the Air Reserve Personnel Center web page. The IMA supervisor in the unit of attachment and ARC IMA Program Manager must approve ARC manpower support for IHS missions. With the required coordination and approval, IMA reserve members may deploy with IHS teams for annual training. IMA IHS personnel may also volunteer for other special tours with regular AF in support of the IHS program on man-days provided by the Active or Reserve Component.

4.5. IHS Support to Contingency Operations and Exercises.

4.5.1. AEF medical operations require interaction with allies, foreign partners, and international agencies and organizations on a wide variety of medical and health support matters. Such operations benefit from the presence of AFMS members with IHS skills and experience.

4.5.2. IAW DoDI 2000.30 and DoDI 6200.07, limit direct health care to partner nation populations, except when as directed by proper authorities and during humanitarian civic assistance activities designed for the purposes of individual and unit-level training of DoD personnel. **(T-0)**

4.5.2.1. Activities involving direct health care to partner nation populations should be undertaken with caution. These activities shall augment, not replace, the partner nation health systems Additionally, these activities require extensive planning and coordination with U.S. departments and agencies, as well as partner nation medical authorities and international civilian health professionals, as applicable. **(T-0)**

4.5.2.2. Direct health care planning will emphasize partner nation autonomy and include:

4.5.2.2.1. An assessment of the capabilities of the local healthcare system.

4.5.2.2.2. A clear statement of desired clinical outcomes.

4.5.2.2.3. Steps to minimize disruption of the local healthcare system, in compliance with U.S., partner nation, and international laws;

4.5.2.2.4. Measures to maximize long-term effects and promote sustainability of care with the partner nation health systems. **(T-0)**

4.5.3. For more information on IHS Support to Contingency Operations and Exercises, see Air Force Tactics, Techniques and Procedures (AFTTP) 3-42.9, *Global Health Engagement and International Health Specialist Teams;* UTC Regional Health Specialist Team (FFHSR) Mission Capability (MISCAP) descriptions; and Air Force Special Operations Command UTC MISCAPs; and Air Force Special Operations Command Instruction 16-101, *Combat Aviation Advisor Training*.

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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

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Joint Publication 1, *Doctrine for the Armed Forces of the United States,* 25 Mar 13

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Prescribed Forms

None

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AEF—Aerospace Expeditionary Force

AF—Air Force

AFI—Air Force Instruction

AFMS—Air Force Medical Service

AFPC—Air Force Personnel Center

AFPD—Air Force Policy Directive

AFSC—Air Force Specialty Code

AOR—Area of Responsibility

ARC—Air Reserve Component

AFTTP—Air Force Tactics, Techniques and Procedures

C-MAJCOM—Component Major Command

C-NAF—Component Numbered Air Force

CCMD—Combatant Commands

CFM—Career Field Manager

CGHE—Center for Global Health Engagement

DoS—Department of State

DSCA—Defense Security Cooperation Agency

DoDI—Department of Defense Instruction

GCC—Geographic Combatant Command

GHE—Global Health Engagement

GHECB—Global Health Engagement Corporate Board

IHS—International Health Specialist

IMA—Individual Mobilization Augmentee

MSOs—Medical Stability Operations

POM—Program Objective Memorandum

SEI—Special Experience Identifier

SG—Surgeon General

UJTL—Universal Joint Task List

USAF—United States Air Force

USAID—United States Agency for International Development

USU—Uniformed Services University

UTC—Unit Type Code

Terms

Administrative Control (ADCON)—See definition provided by Joint Publication 1 (JP 1).

Building Partnerships (BP)—The ability to set the conditions for interaction with partner, competitor or adversary leaders, military forces, or relevant populations by developing and

presenting information and conducting activities to affect their perceptions, will, behavior, and capabilities. (Joint Capability Area definition). BP is one of twelve AF core functions.

Global Health Engagement (GHE)—One of the means the AF uses to conduct stability operations and partner with other nations to strengthen security cooperation, build partnerships and partner capacity through health related activities and exchanges. GHE builds trust and confidence between DoD medical services and Partner nation armed forces, foreign civilian authorities or agencies. The trust leads to sharing of information, coordination of activities of mutual benefit and achieving coalition and interoperability with Partner nations.

Operational Control (OPCON)—See definition provided by Joint Publication 1 (JP 1).

Medical Stability Operations (MSOs)—A core U.S. military mission that the DoD Military Health System (MHS) shall be prepared to conduct throughout all phases of conflict and across the range of military operations, including in combat and non-combat environments (DoDI 6000.16).

Stability Operations—Encompasses various military missions, tasks, and activities conducted outside the US in coordination with other instruments of national power to maintain or reestablish a safe and secure environment, provide essential governmental services, emergency infrastructure reconstruction, and humanitarian relief (DoDI 3000.05)

Tactical Control (TACON)—See definition provided by Joint Publication 1 (JP 1).