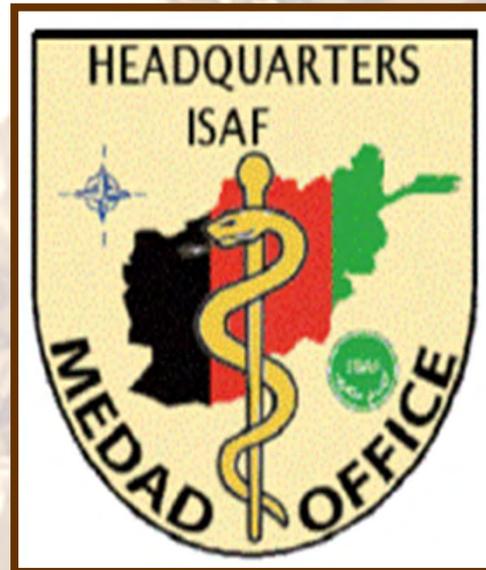




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ISAF HEADQUARTERS

Kabul, Afghanistan



ISAF OVERVIEW BRIEF

MHS Conference

January 2011

NATO / ISAF UNCLASSIFIED

Report Documentation Page

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OUTLINE



I. Theater and Organizational Constructs

II. ISAF Campaign Plan and Theater Health Strategy

III. CJMED Lines of Operation

A. Care for the Coalition

B. Enable ANSF Health System Development

C. Support Health Sector Development

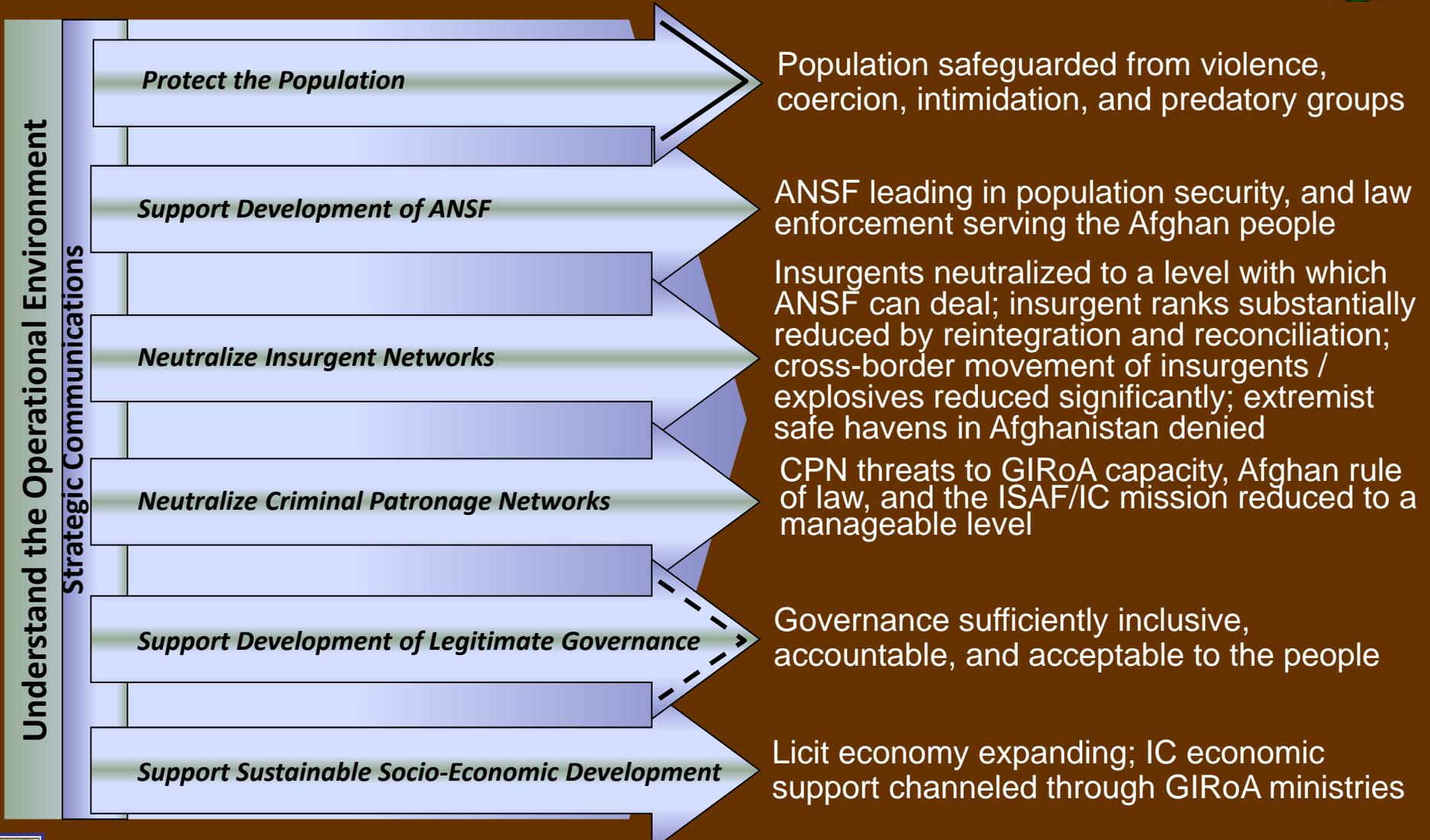
IV. ISAF Health Sector Engagement Focus, 2011

V. Questions / Discussion





ISAF CAMPAIGN DESIGN





JOINT CAMPAIGN PLAN DESIGN



COMPREHENSIVE CIVIL-MILITARY APPROACH

Security

Governance

Development

Partner



Conditions Based Transitions

Support



Conditions Based Transitions

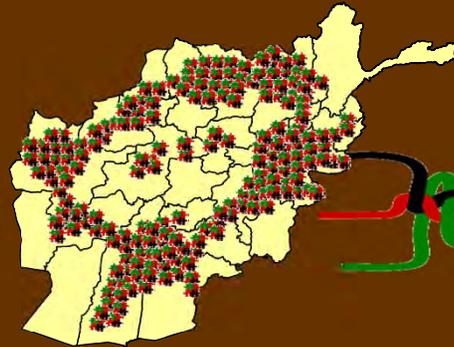
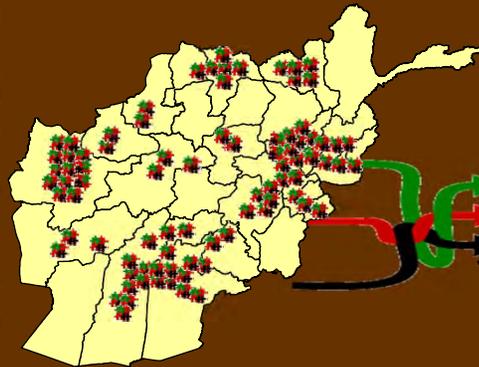
Enable



NEAR TERM

INTERMEDIATE TERM

LONG TERM



Supporting Activities

Reintegration/Reconciliation

Transition

Rule of Law

Borders & Customs

Strategic Communications

Reduction of corruption that undermines security and governance





BUILDING TO MEDICAL TRANSITION (ISAF MEDICAL LINES OF OPERATION)



TRANSITION

GIRoA Capable of Assuming and Sustaining Execution of Medical Operations

CARE FOR THE COALITION

- Sustain Theater Public Health Services
- Provide Medical Care (Including Evacuation)

ASSESSMENT:

Force Health Protection

ENABLE ANSF HEALTH SYSTEM DEVELOPMENT

- Develop Afghan Vision for ANSF
- Provide Effective Advisors and Partners Across ANP / ANA

ASSESSMENT:

An Effective and Sustainable ANSF

SUPPORT CIVIL HEALTH SECTOR DEVELOPMENT

- Improve Coalition Effectiveness and Coordination of Resources
- Provide Clear Guidance to Coalition
- Increase Overall Resources Applied to Determinants of Health (CERP, Donors)

ASSESSMENT:

Improved Public Health

BUILDING THE MEDICAL "HOUSE" OVERALL ASSESSMENT:

Theater Medical Campaign

FOUNDATIONAL PRINCIPLES

(Success depends on a solid foundational "Mix")

Governance

Development

Nutrition

Clean Water

Security

Education / Literacy

Sanitation

OPERATIONAL BATTLE SPACE





LINE OF OPERATION #1

Care for the Coalition

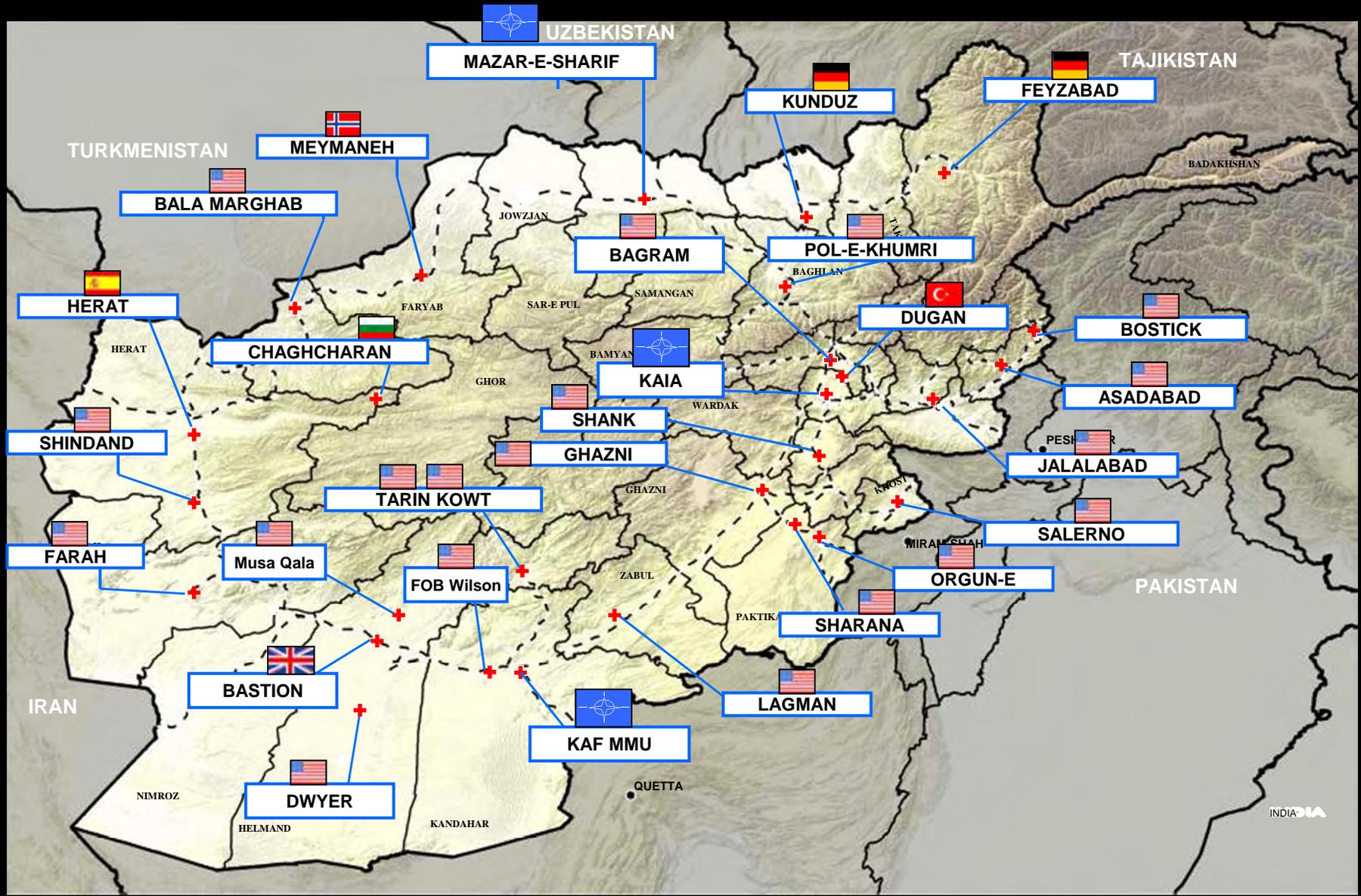


- Capability
- Advances in Care
 - JTTR Data
 - TCCC
 - JTTS - 32 CPGs
 - Worldwide Grand Rounds
- MEDEVAC
- STRATEVAC
- mTBI: Concussion protocol and recovery centers

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COALITION HEALTHCARE FACILITIES

ISAF

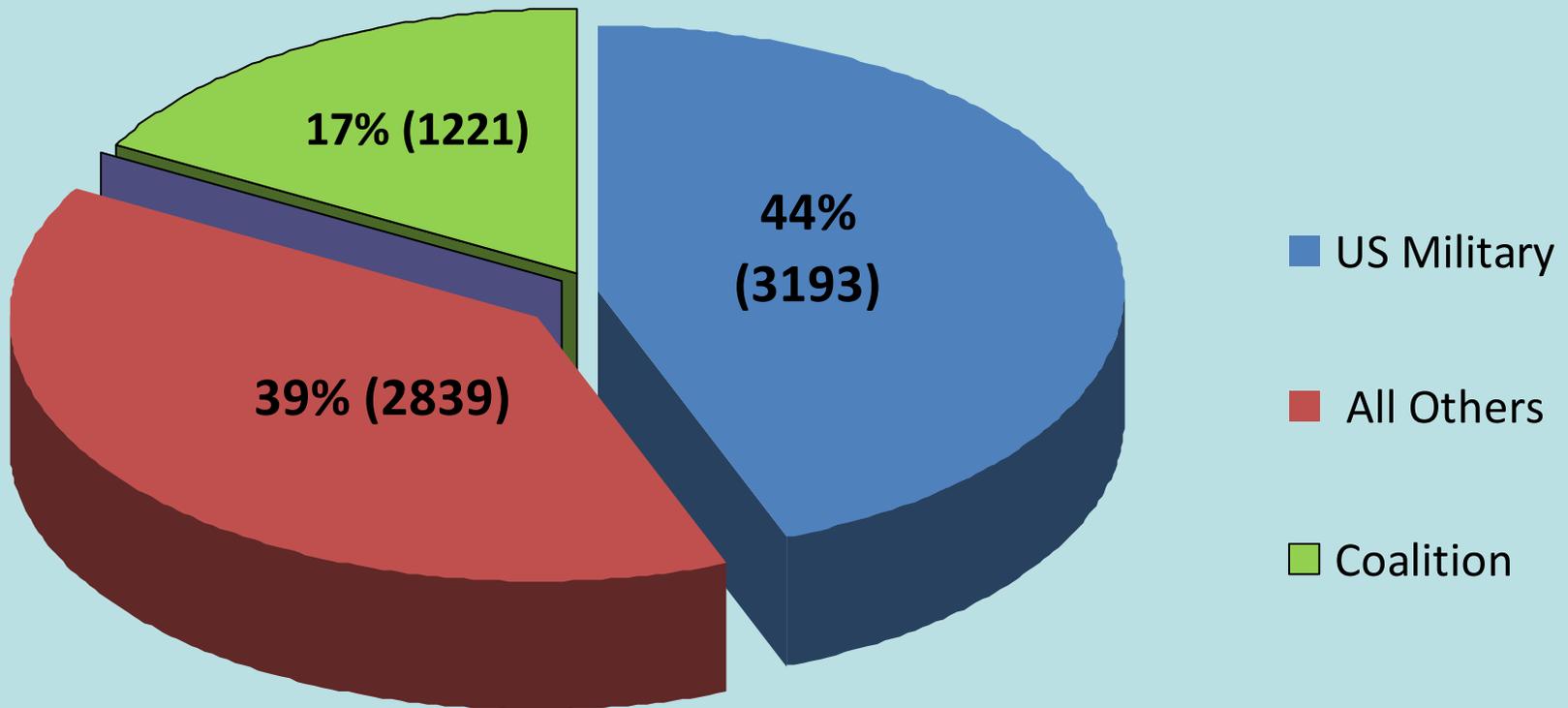




OEF ADMISSIONS



Total Admissions (n=7254)



Rolling 12 months: Nov 09 – Oct 10

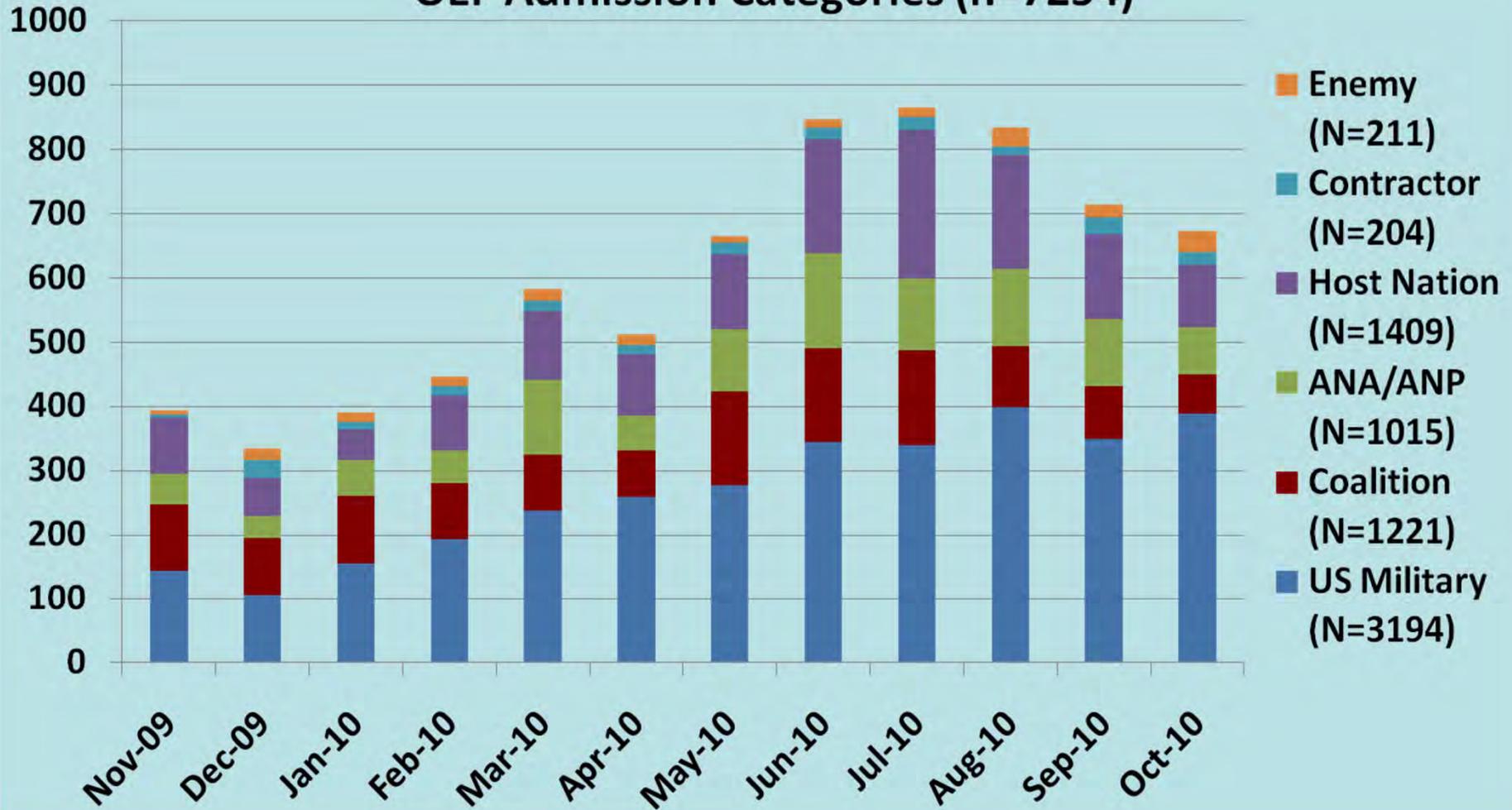




OEF ADMISSIONS (By Category)



OEF Admission Categories (n=7254)

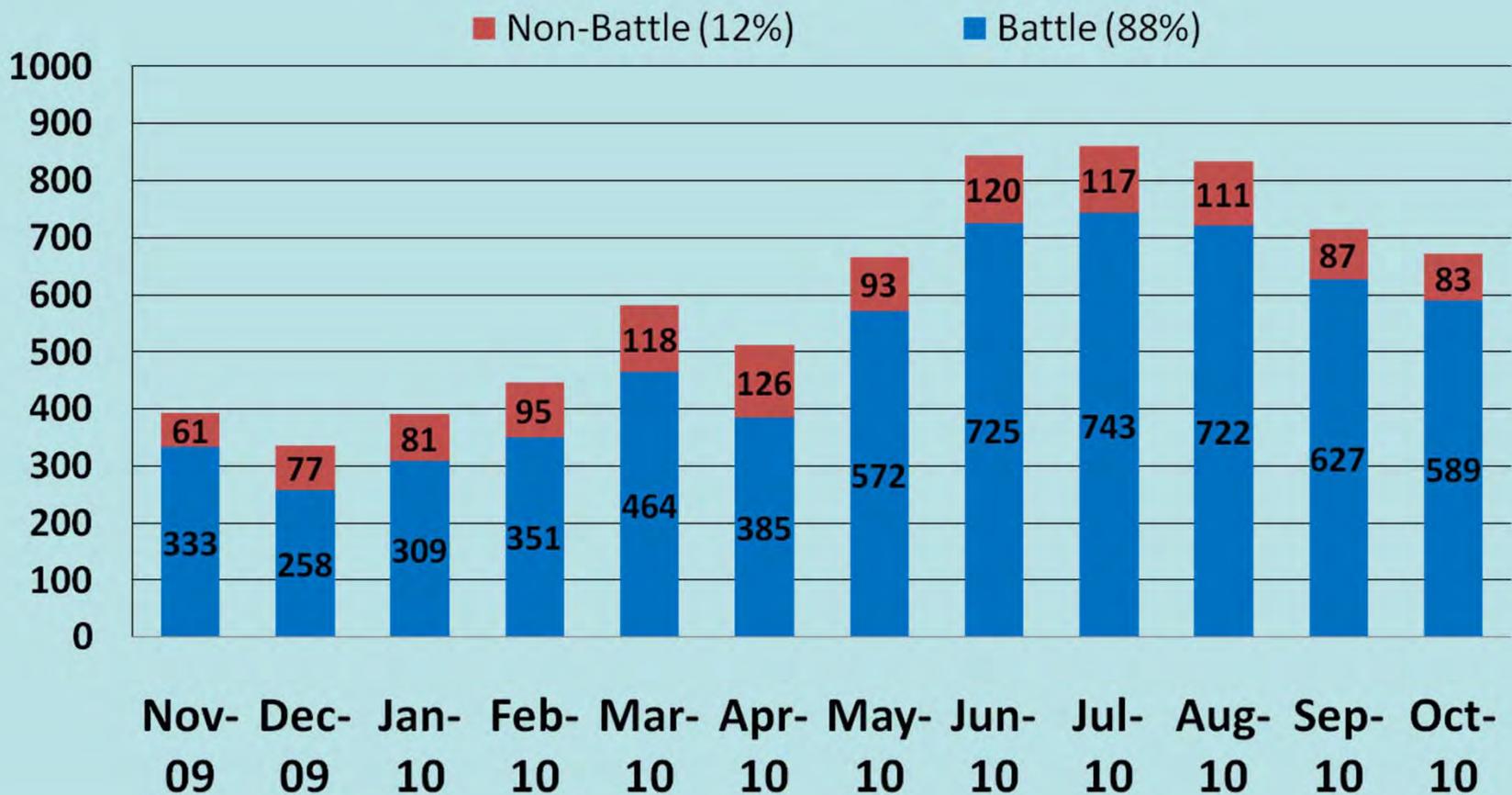




OEF BATTLE V. NON-BATTLE INJURY (1-Year)



OEF Battle vs. Non-Battle Injury – 1 Year

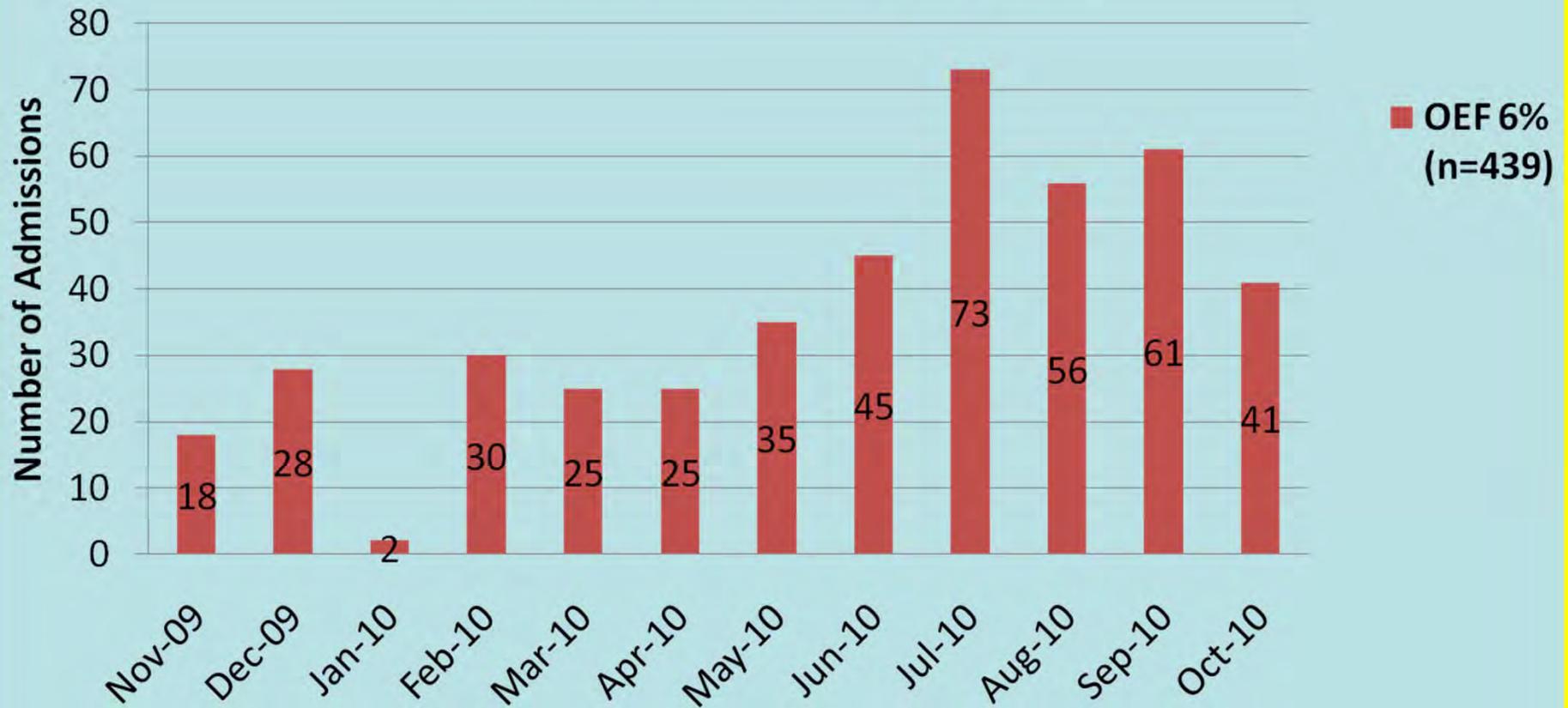




PEDIATRIC ADMISSIONS (<15 Years)



Pediatric Admissions (<15 years)



1 Year's Data: Rolling 12 Months

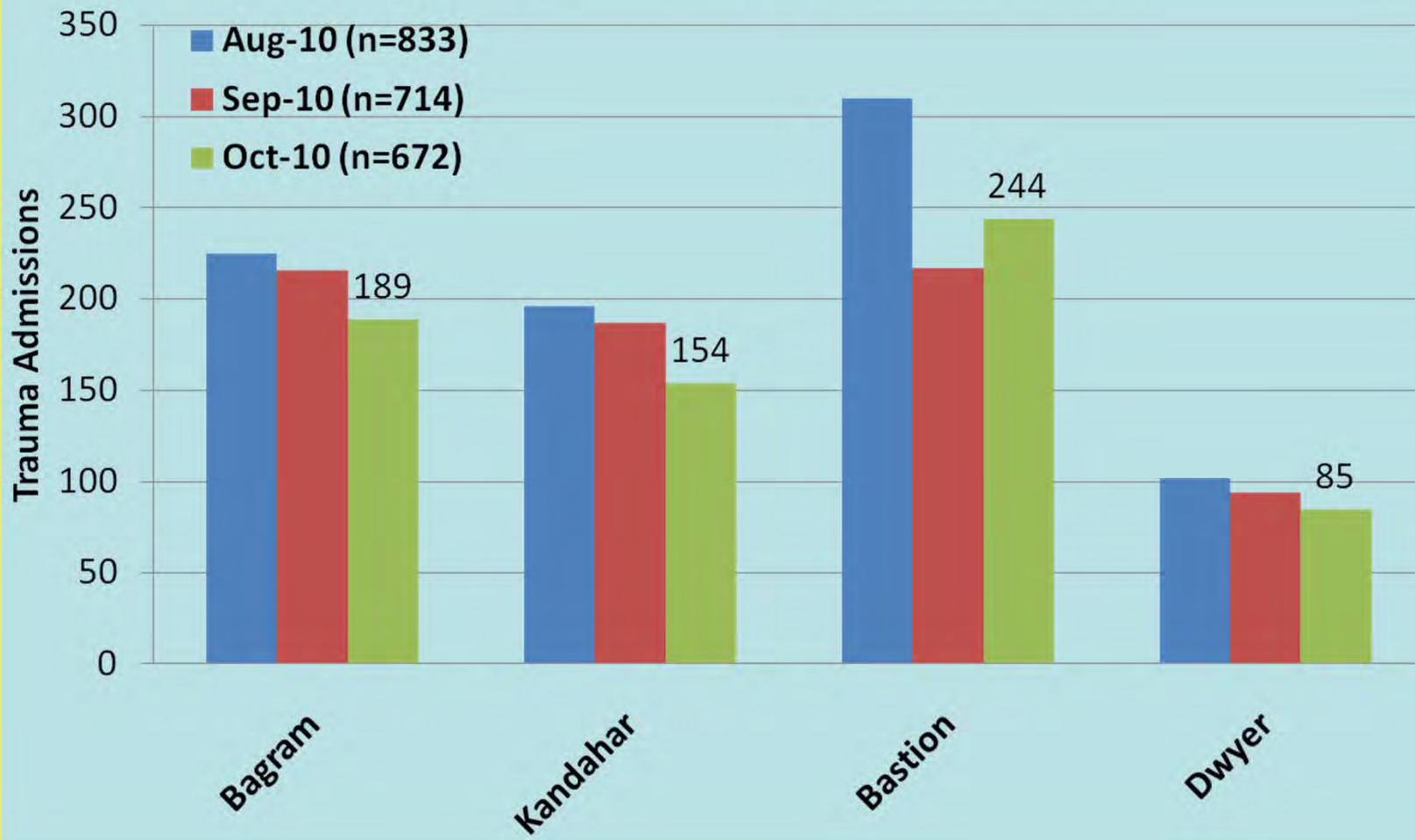




MONTHLY TRAUMA ADMISSIONS (By Facility)



Admissions: 3-Month Snap Shot

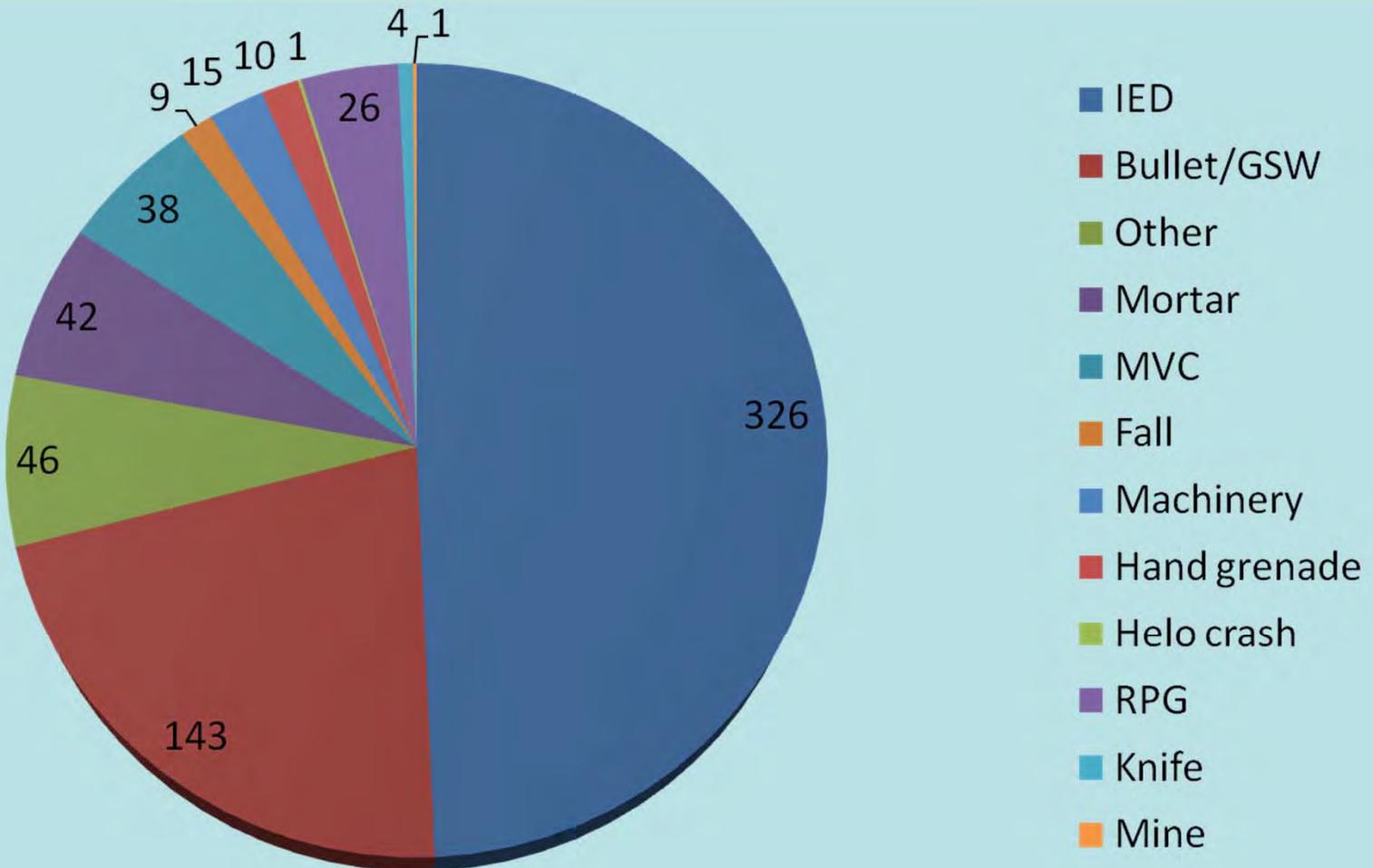




CAUSE OF INJURY (October 2010)



N= 715



**Includes both battle and non-battle injury*





TACTICAL COMBAT CASUALTY CARE (TC3)



- Battlefied trauma care is different than civilian trauma care
- TC3 focuses on preventable causes of death
 - **Bleeding**
 - **Pneumothorax**
 - **Airway Obstruction**
- CLS Training is being incorporated into all initial entry training

**Care under fire:
Combat Lifesaver,
Corpsmen or Medic**



Protect self & casualty
Stop major bleeding
Move casualty to cover

Tactical Field Care



Rapid trauma assessment
Treat preventable causes of death
Stabilize and prepare for evacuation

**Combat Casualty
Evacuation Care**



Stabilization and treatment (dependant on evacuation mode)



Goals of TC3:
Treat the casualty.
Prevent additional casualties.
Complete the mission.





JOINT THEATER TRAUMA SYSTEM



- Institute of Surgical Research Clinical Practice Guidelines
- Weekly World-Wide Grand Rounds

Joint Theater Trauma System Clinical Practice Guideline

Management of Pain, Anxiety and Delirium in Injured Warfighters

Original Release/Approval	23 Nov 2010	Note: This CPG requires an annual review.
Reviewed:	Oct 2010	Approved: 22 Nov 2010
Supersedes:	This is a new CPG and must be reviewed in its entirety.	
<input type="checkbox"/> Minor Changes (or)	<input type="checkbox"/> Changes are substantial and require a thorough reading of this CPG (or)	
<input type="checkbox"/> Significant Changes		

- Goal.** To provide an evidenced based framework for the management of pain, anxiety and delirium in injured combat casualties. To provide state of the art pain services to combat casualties and to reduce the incidence of chronic pain syndromes, PTSD and chronic narcotic dependency.
- Background.**
 - Pain is universally present in combat casualties. Adequate early pain control has been

Joint Theater Trauma System Clinical Practice Guideline

AMPUTATION

Original Release/Approval:	1 Mar 2010	Note: This CPG requires an annual review
Reviewed:	Feb 2010	Approved: 1 Mar 2010
Supersedes:	This is a new CPG and must be reviewed in its entirety.	
<input type="checkbox"/> Minor Changes (or)	<input type="checkbox"/> Changes are substantial and require a thorough reading of this CPG (or)	
<input type="checkbox"/> Significant Changes		

- Goal.** To provide standardization of care for the performance of wound management and life saving amputations that will provide maximum limb length preservation, promote healing of viable tissues, and facilitate optimal rehabilitative function.
- Background.** The notion of the "zone of injury" is dependent upon the mechanism of injury i.e. blast, gunshot and crush injuries, as well as co-morbidities and physiologic status of the

Joint Theater Trauma System Clinical Practice Guideline

MANAGEMENT OF PATIENTS WITH CATASTROPHIC, NON-SURVIVABLE HEAD INJURY

Original Release/Approval:	1 Mar 2010	Note: This CPG requires an annual review
Reviewed:	Feb 10	Approved: 1 Mar 2010
Supersedes:	This is a new CPG and must be reviewed in its entirety.	
<input type="checkbox"/> Minor Changes (or)	<input type="checkbox"/> Changes are substantial and require a thorough reading of this CPG (or)	
<input type="checkbox"/> Significant Changes		

- Goal.** Provide useful guidelines for the management of casualties with catastrophic, non-survivable head injury at Level II and Level III facilities.
- Background.**
 - Catastrophic head injury, for the purpose of this guideline, is defined as any head injury that is expected after imaging evaluation and /or clinical exam to result in the permanent loss of all brain function above the brain stem level. **NOTE: For patients with potentially survivable but severe Traumatic Brain Injury, refer to CENTCOM JTTS CPG, Management of Patients with Severe Head Trauma.**
 - The intent of this guideline is to provide clinically useful recommendations that will allow providers at all echelons who encounter these injuries to optimize the opportunity for these patients to be transported safely and appropriately to the next echelon of care.
 - It is not the purpose of this guideline to address the complexities of brain death.

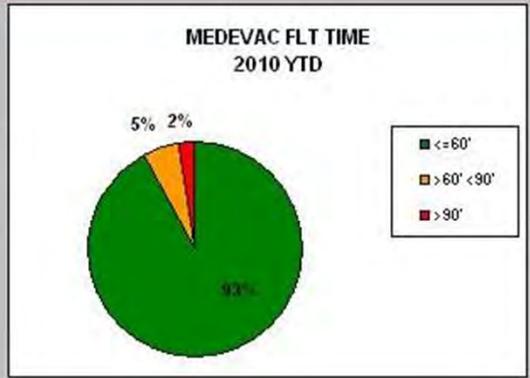
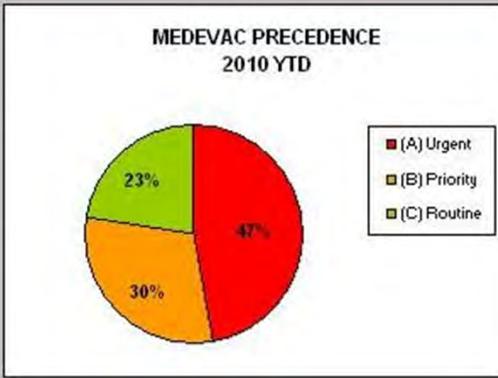
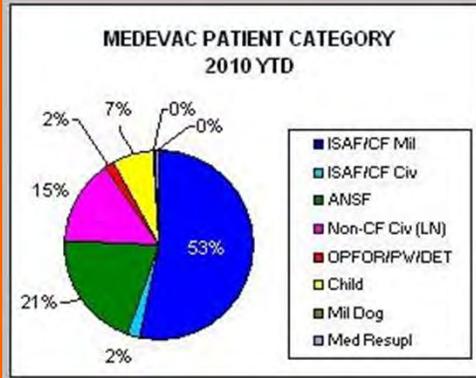
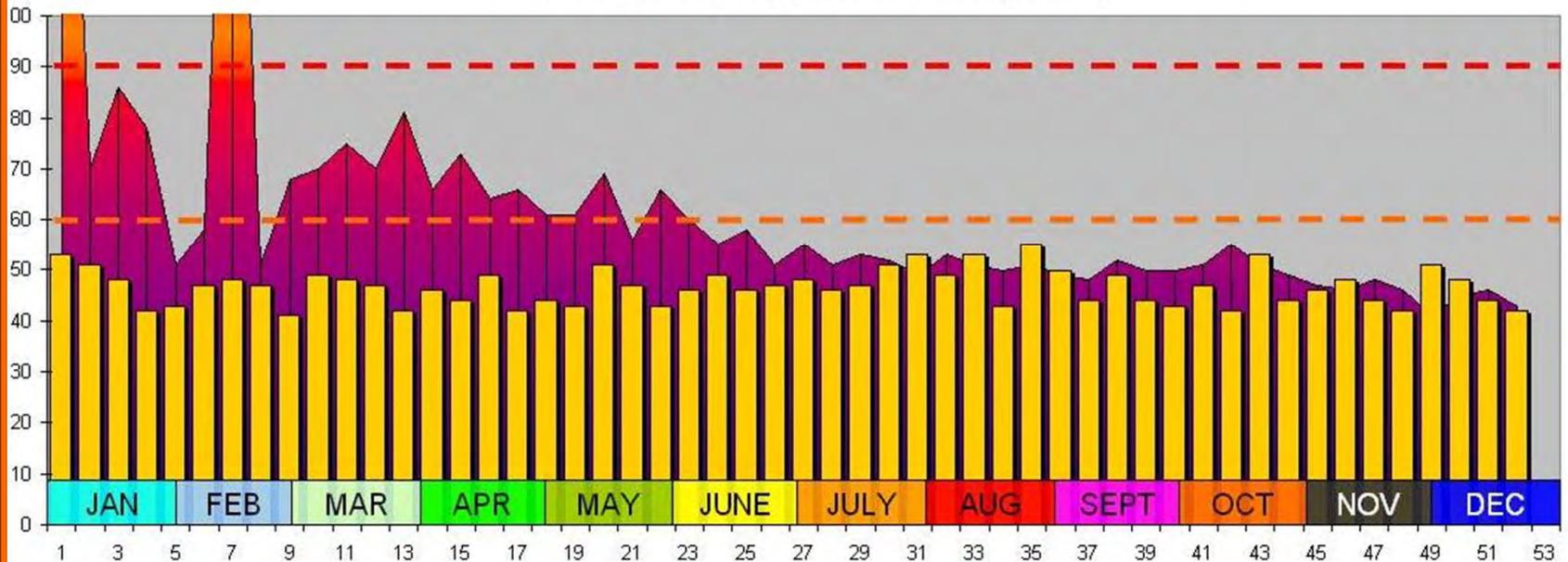




MEDEVAC PERFORMANCE



Average Flight Time (in Minutes)
for Missions with "Urgent (A)" Patients in 2010 (vs. 2009)







Trauma Bay

2010

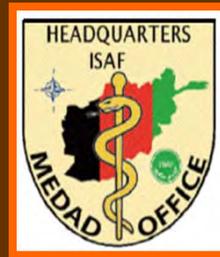
US Mil	857
Coalition	209
ANA/ANP	257
Afghan LN	497
Detainee	72
Contractor	65







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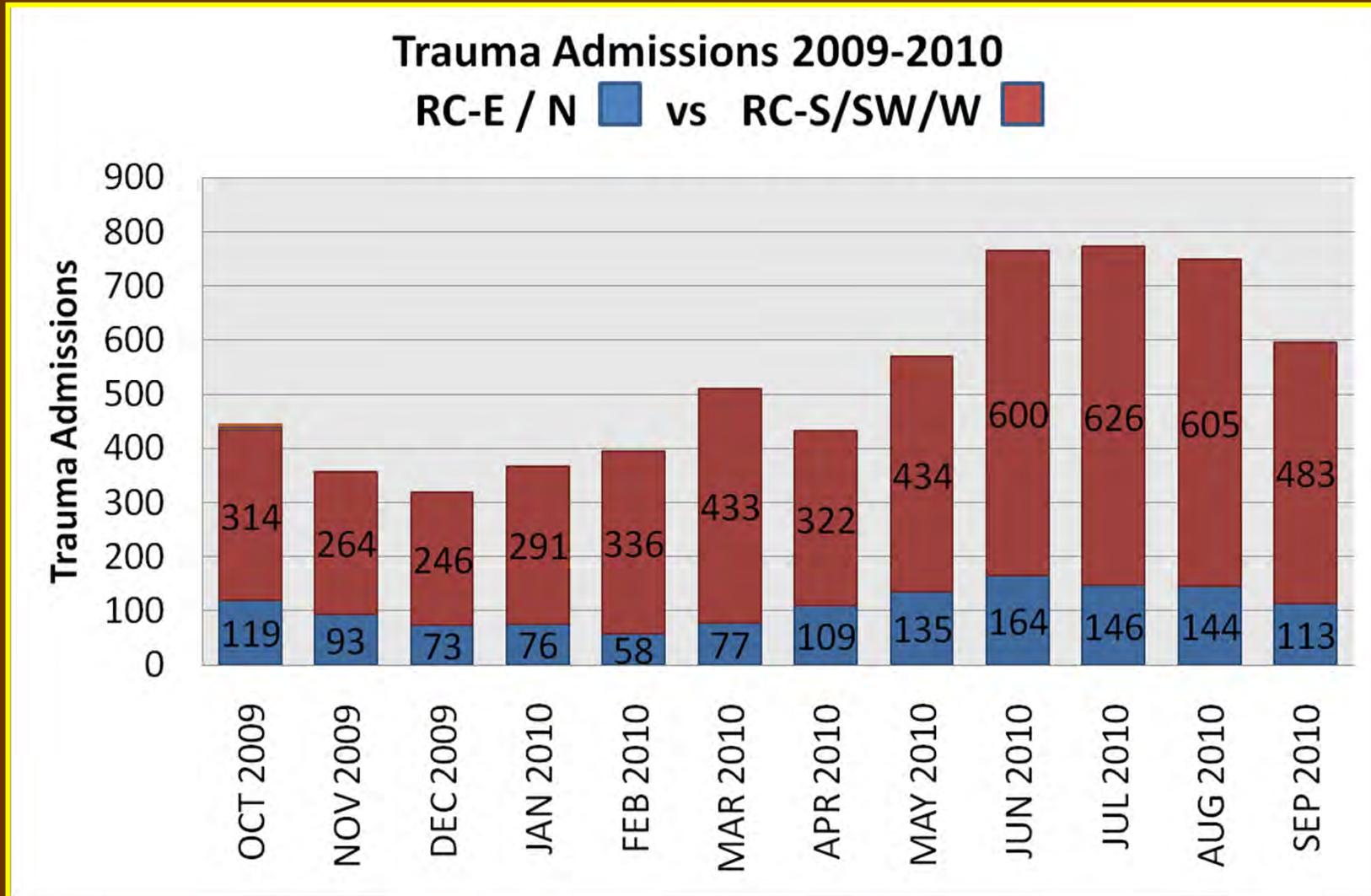


STRATEVAC





TRAUMA ADMISSIONS (2009-2010)



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PROPOSED STRATEVAC CONOPS

Tactical Air MEDEVAC

Strategic Air MEDEVAC

Landstuhl GE

Landstuhl GE

BAGRAM



HTF BASTION



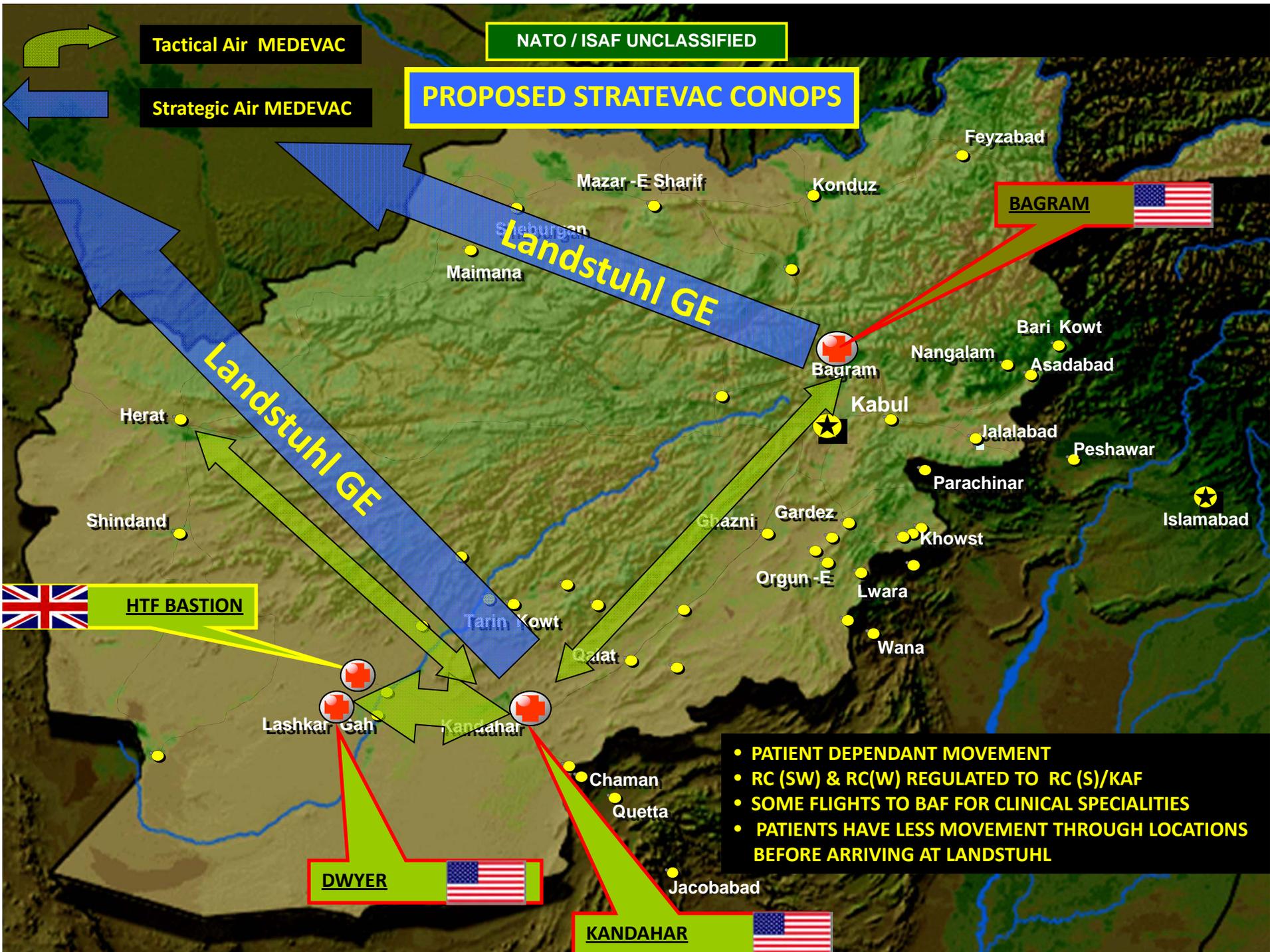
DWYER



KANDAHAR



- PATIENT DEPENDANT MOVEMENT
- RC (SW) & RC(W) REGULATED TO RC (S)/KAF
- SOME FLIGHTS TO BAF FOR CLINICAL SPECIALITIES
- PATIENTS HAVE LESS MOVEMENT THROUGH LOCATIONS BEFORE ARRIVING AT LANDSTUHL



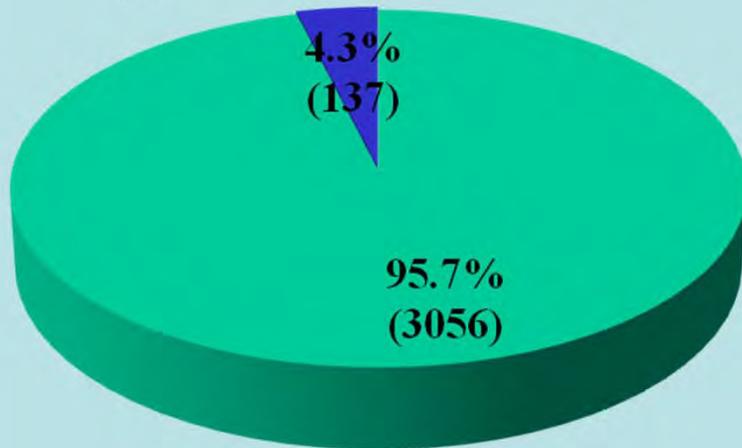


OEF IN-THEATER SURVIVAL

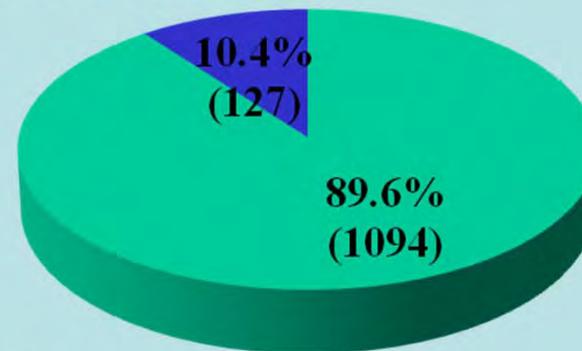


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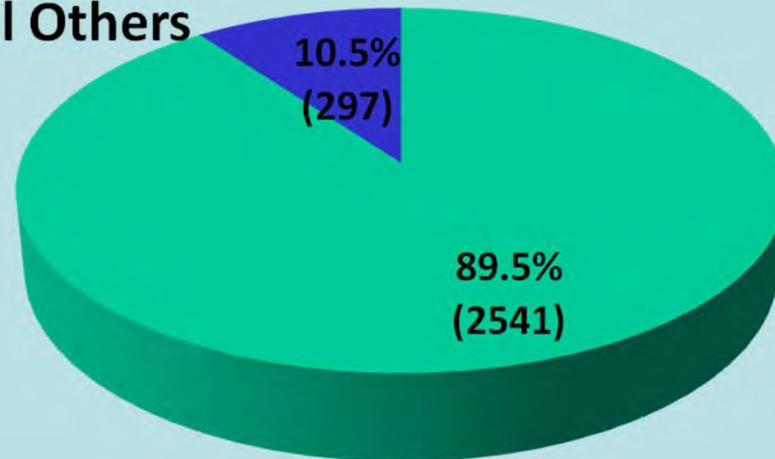
US



Coalition



All Others



*Level III Discharge Status
1- Year's Data: Nov 09 – Oct 10*





CONCUSSION CARE (mTBI Initiative)



Pre-Role I / Role I

FACILITIES	<ul style="list-style-type: none"> • 5 increasing to 8 rest centers (RC-E, RC-S, RC-SW) • Core staffing: OT, OT Tech • Supported by unit PA / provider
MISSION	<ul style="list-style-type: none"> • Facilitate rest in a controlled environment • Early ID of Red Flags • Appropriate symptomatic management • Appropriate referrals to higher level care
CHALLENGES	<ul style="list-style-type: none"> • Ensure appropriate medical oversight of soldiers/sailors at rest centers • Continuity of medical care • Timely assessment / feedback regarding care
BEST PRACTICES	<ul style="list-style-type: none"> • Active Surgeon involvement • ADOBE Connect sessions between Role I and Role II providers • Open lines of communication with neurologist



CONCUSSION CARE (mTBI Initiative)



Role III

BAF (RC-E)

KAF (RC-S)

LNK / Bastion
(RC-SW)

<p>FACILITIES (RC-E)</p>	<ul style="list-style-type: none"> • Recurrent concussion evaluation and management • Tertiary neurology care 		<ul style="list-style-type: none"> • Concussion Restoration Care Center (CRCC)
<p>MISSION</p>	<ul style="list-style-type: none"> • Neurologist • Neuropsychologist • PT • NCO • Post concussion quarters 	<ul style="list-style-type: none"> • Neurologist • Neuropsychologist • OT / OT tech • PT / PT tech • Family medicine • LNO for quarters 	<ul style="list-style-type: none"> • Sports medicine • Psychiatrist (inpatient LNO) • Family medicine • Psychologist • Nurse • OT / PT • 0.5 FTE FM (data entry) • 5 x corpsmen • Rely on CASF / step-down unit
<p>BEST PRACTICES</p>	<ul style="list-style-type: none"> • Near daily multi-disciplinary rounds • SNCO involvement 	<ul style="list-style-type: none"> • OT military specific functional assessment (warrior tasks) 	<ul style="list-style-type: none"> • Inpatient liaison • Data capture • Corpsmen on team





LINE OF OPERATION #2

Enable ANSF Health System Development



- Afghanistan National Army (ANA)
- Afghanistan National Police (ANP)



MTAG FUNCTIONS AND KEY INITIATIVES



- Leader Development – Advise the ANSF Surgeons General on matters of leadership and policy development.
- Clinical Advising – Develop Critical Warfighter Medical Capabilities: Preventive Medicine, Trauma Surgery, Emergency Medicine, Intensive Care, Physical Therapy/Rehabilitation.
- Standard of Care Development - Elevate Standards of Care through daily advising to healthcare workers and the healthcare leadership.
 - Formalize Standard of Care policies and procedures.
- Military Medical Training:
 - Combat Medics/Trauma Assistance Personnel
 - Nurses
 - Doctors
 - Allied Health and Technicians (Lab, Radiology, BioMed)
- Key Initiatives:
 - Preventive Medicine Tech
 - Physician Assistants (PA)





MTAG SUPPORTED KEY INSTITUTIONS



Regional ANA Hospitals and Depots

Hospital ETTs:	53
DynCorp:	4
Regional combat medics:	24

ANP Medical Facilities

MTAG Medical Advisors:	17
Regional ANP Advisors:	6
MPRI:	4



Kabul	
National Military Hospital:	25
AHPI:	4
MTAG Staff & Advisors:	22
MEDCOM Warehouse:	2
DynCorp:	8
CJSOR (French)	10

MTAG Training Courses

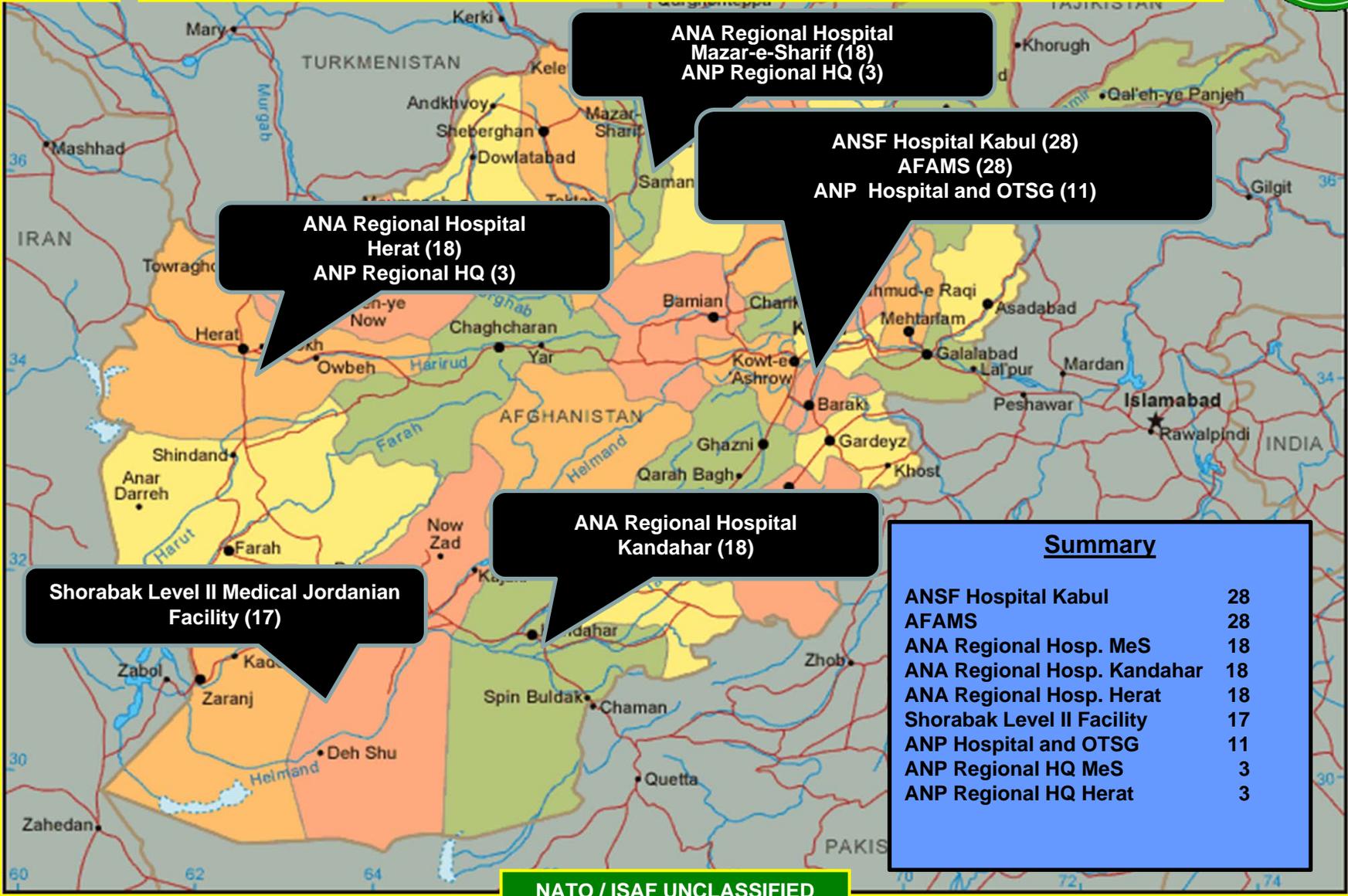
2 week courses	
Combat Medic instructor *	
Med Logistics *	
8 week courses	
Basic Officer Course *	
Combat Medic *	
NCO course *	
52 week courses	
Preventive Medicine	
Biomedical Repair	
Laboratory	
Nursing	
X-ray	
PA start : 1 OCT	
*Afghan Led As of 1 OCT	

179 Advisors (68% fill) Throughout Afghanistan:



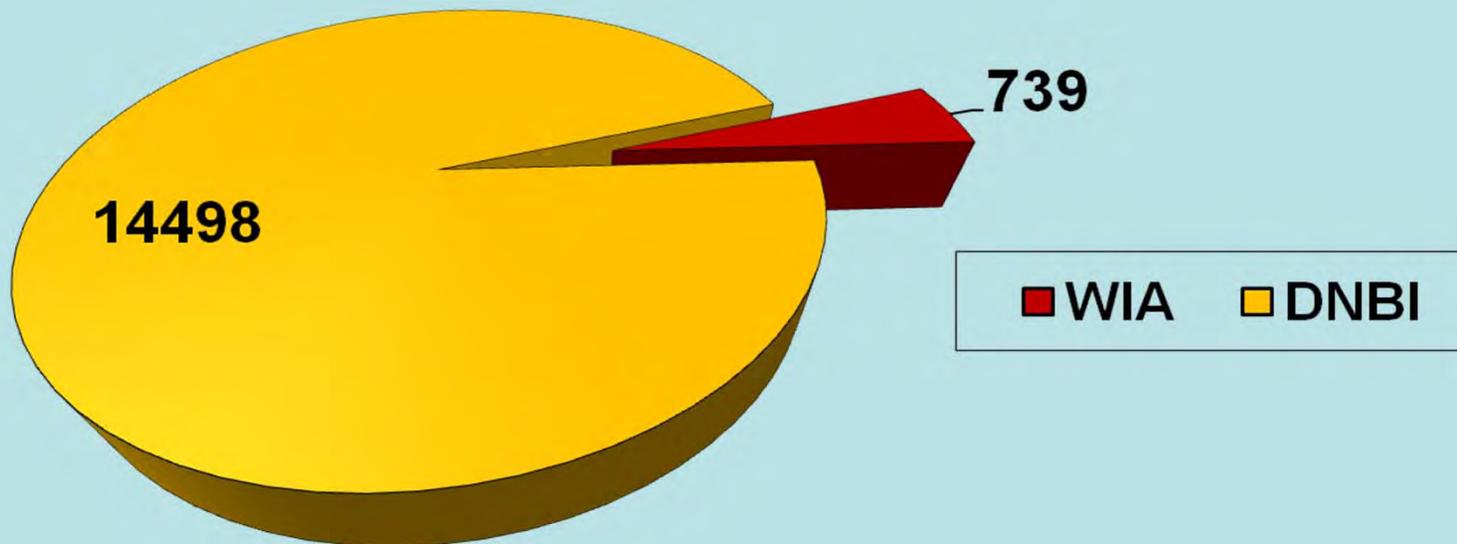


CJSOR: MTAG





ANA CASUALTIES



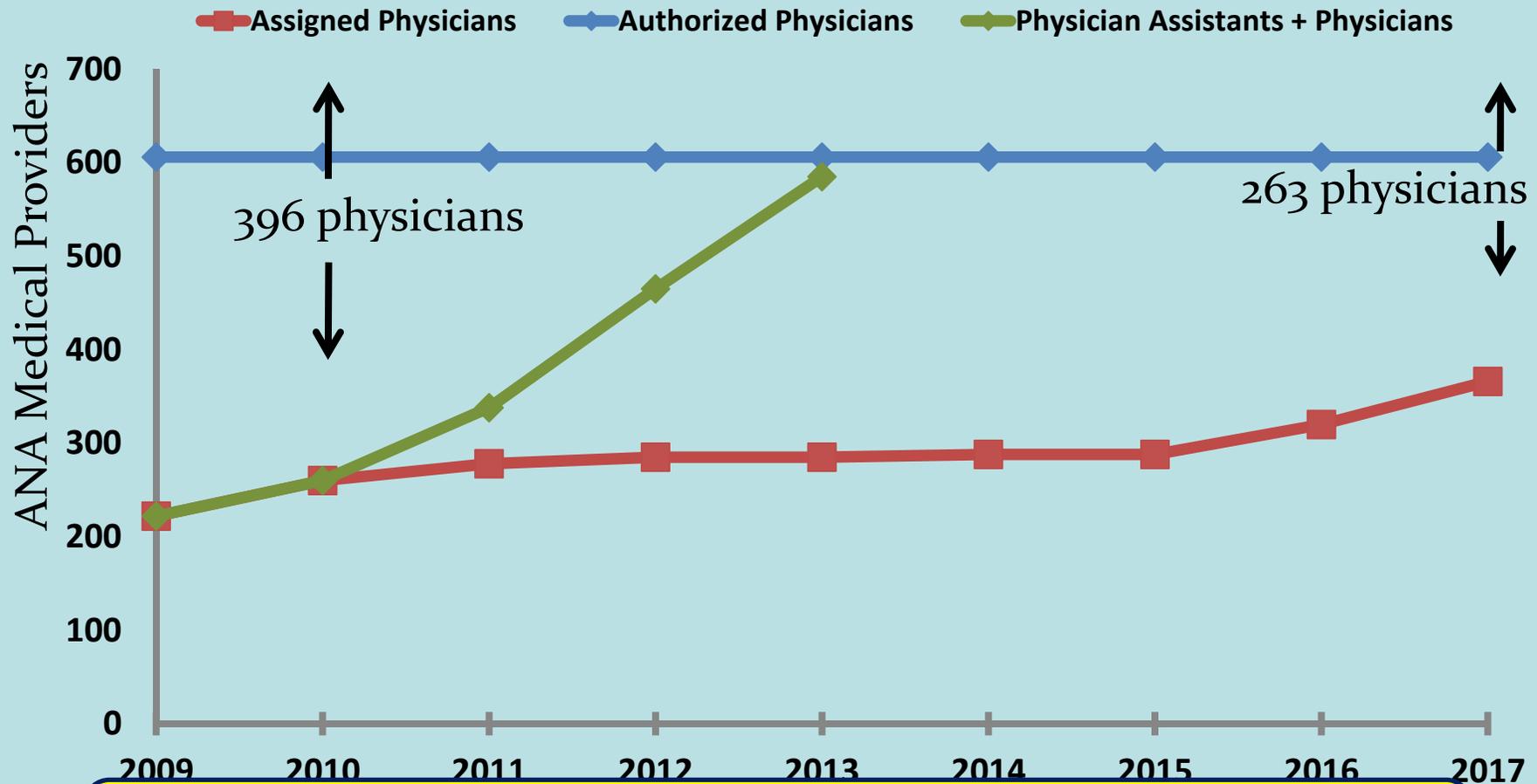
**~20 Disease, Non-Battle Injury (DNBI) casualties
for every 1 combat casualty**

**Preventive Medicine = Force Protection
Conserve the Fighting Force**





BRIDGING THE PROVIDER GAP



**PA Initiative Will Resolve Physician Shortage
7 Years Sooner**





NEW PA STUDENTS



Mentoring Eager Afghans





ANSF MEDICAL DEVELOPMENT



Challenges for Transition

- Attrition, Leader deficit, Literacy
- Shortage and distribution of physicians (56%) and nurses (25%) enterprise-wide
- Delegation of authority / accountability
- Medical logistics
- Need to define clear end-state
- Unfilled mentor requirements and problematic fit to fill process
- MoPH, MoHE, MOD, MOI coordination and sharing





LINE OF OPERATION #3

Support Civil Health Sector Development



- Afghan Development Strategy
- ISAF Guidance
- Focus for 2011 Engagement



AFGHAN NATIONAL HEALTH POLICY



ANDS (MDGS)

Islamic Republic of Afghanistan

AFGHANISTAN
National Development Strategy

1387 - 1391 (2008 - 2013)

A Strategy for Security, Governance,
Economic Growth and Poverty Reduction

HNSS

Islamic Republic of Afghanistan
Afghanistan National Development Strategy

Health & Nutrition Sector Strategy
1387 - 1391 (2007/08 - 2012/13)

Volume II
Pillar V, Health & Nutrition

Implementing SOPs

The Essential Package
of Hospital Services
for Afghanistan

Islamic Republic
of Afghanistan
Ministry of Public Health
2009/1384

Islamic Republic of Afghanistan
Ministry of Public Health

A Basic Package of Health Services for Afghanistan - 2009/1383

Revised July 2009

**BPHS and EPHS
Comprise
Afghanistan's Entire
Referral System**





AFGHAN HEALTH AND NUTRITION STRATEGY



Health & Nutrition Sector Strategy Vol. 2

- Desired results (Health Indicators)
- Vision
- Goals
- Objectives
- Programs



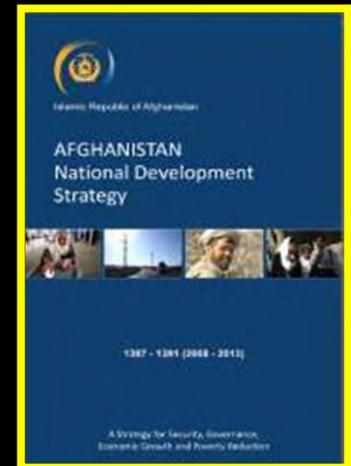
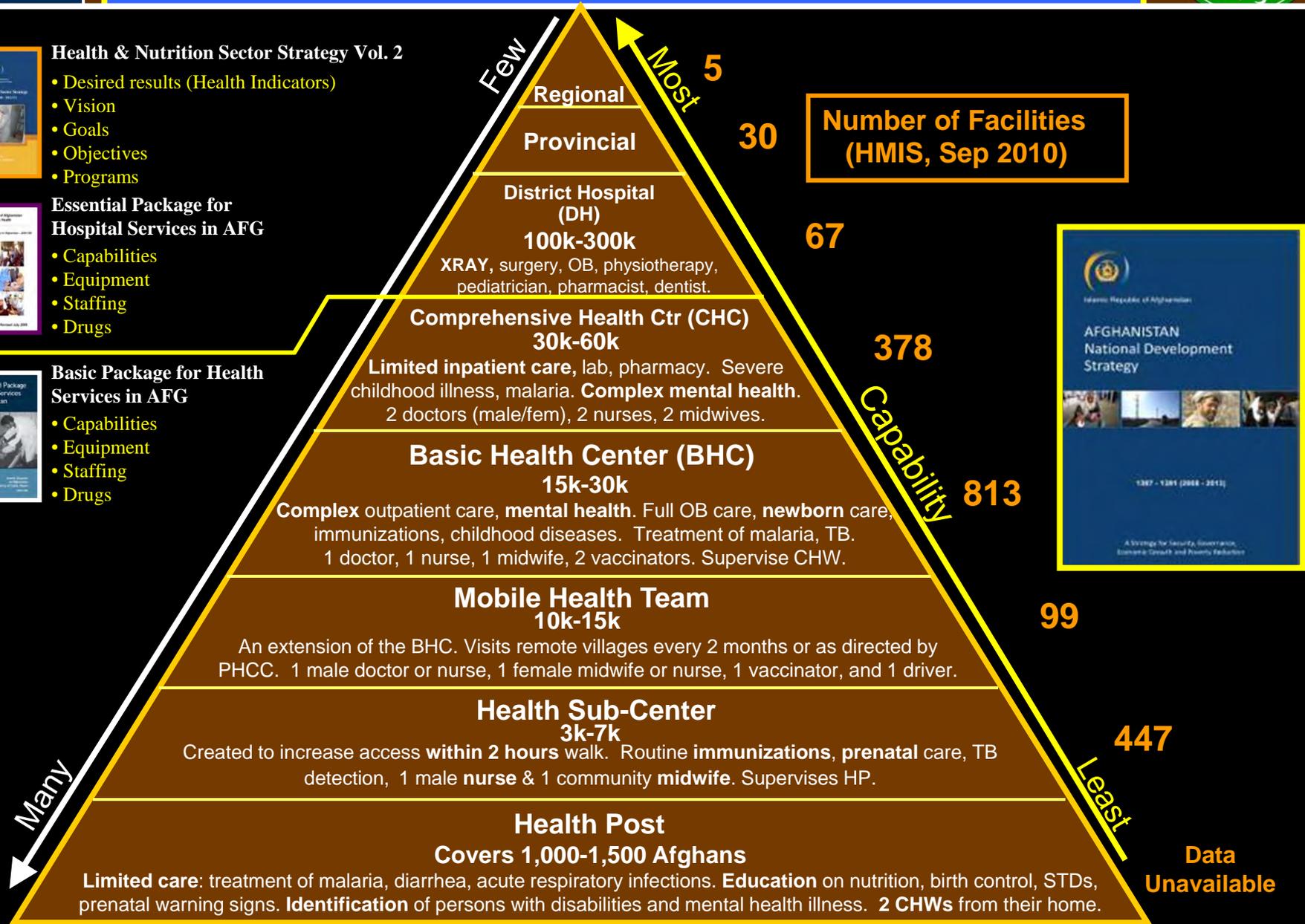
Essential Package for Hospital Services in AFG

- Capabilities
- Equipment
- Staffing
- Drugs



Basic Package for Health Services in AFG

- Capabilities
- Equipment
- Staffing
- Drugs





MoPH STRATEGY



- Focused on reducing maternal and child mortality as the key element
- Delivers a basic, not comprehensive, health package (BPHS)
- Secondary care, but minimal tertiary care (EPHS), e.g., no publicly funded ICU capability
- NGOs contracted to provide BPHS throughout the country
- MoPH's role is steward of the health system (far from perfect, but it works)



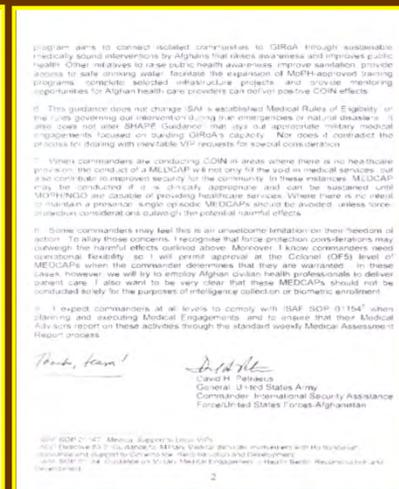
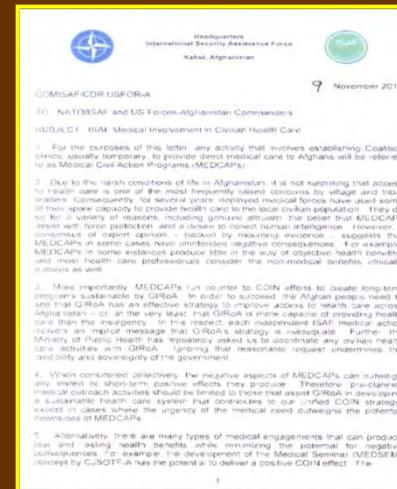
ISAF DIRECTION AND GUIDANCE



ISAF Standing Operating Procedures 01154: ISAF Guidance on Military Medical Engagement in Health Sector Reconstruction and Development

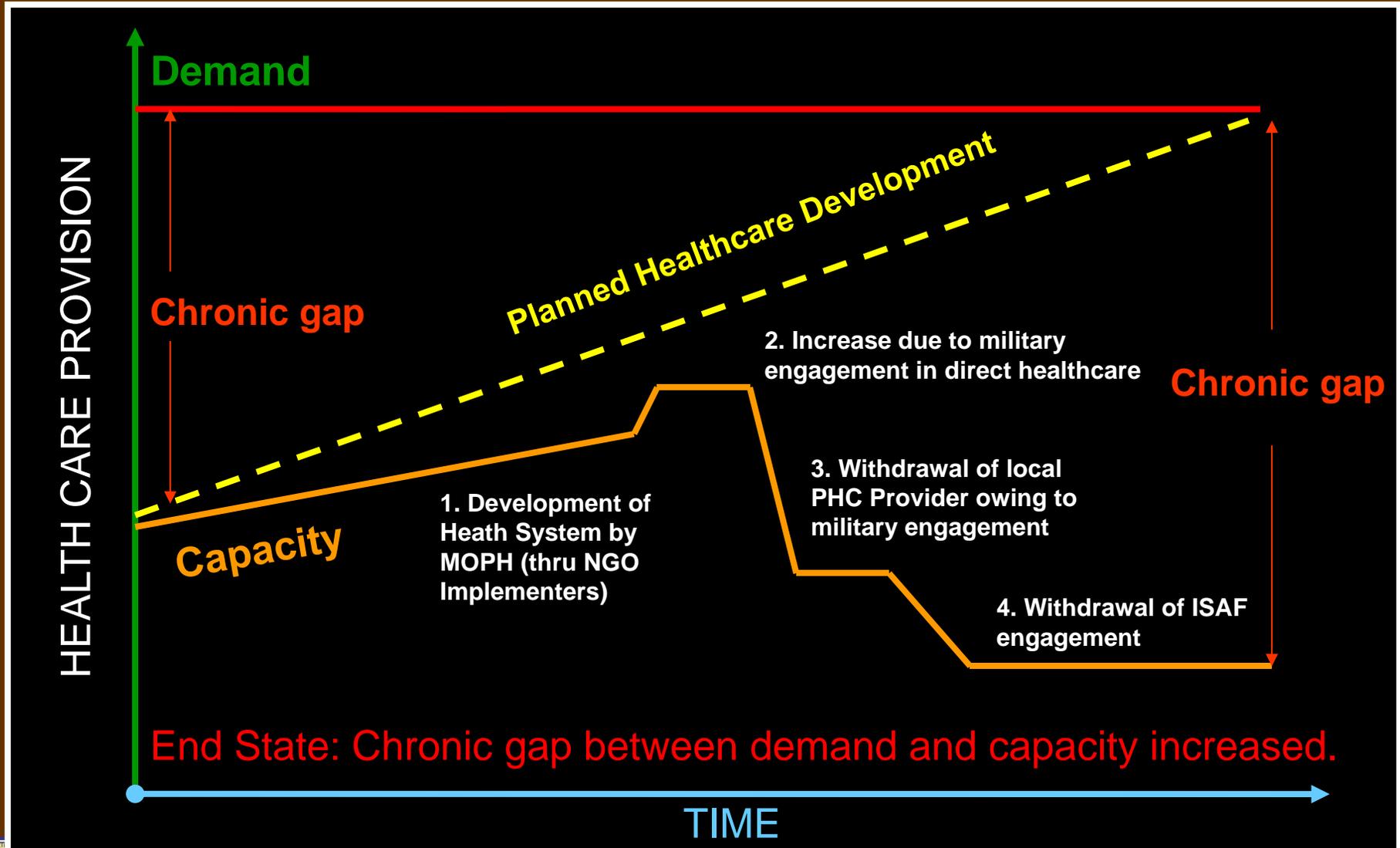


COMISAF DIRECTIVE, 09 NOV 10: ISAF Medical Involvement in Civilian Health Care





UNINTENDED CONSEQUENCES THE PERFECT STORM SCENARIO





Focus for ISAF Engagement 2011





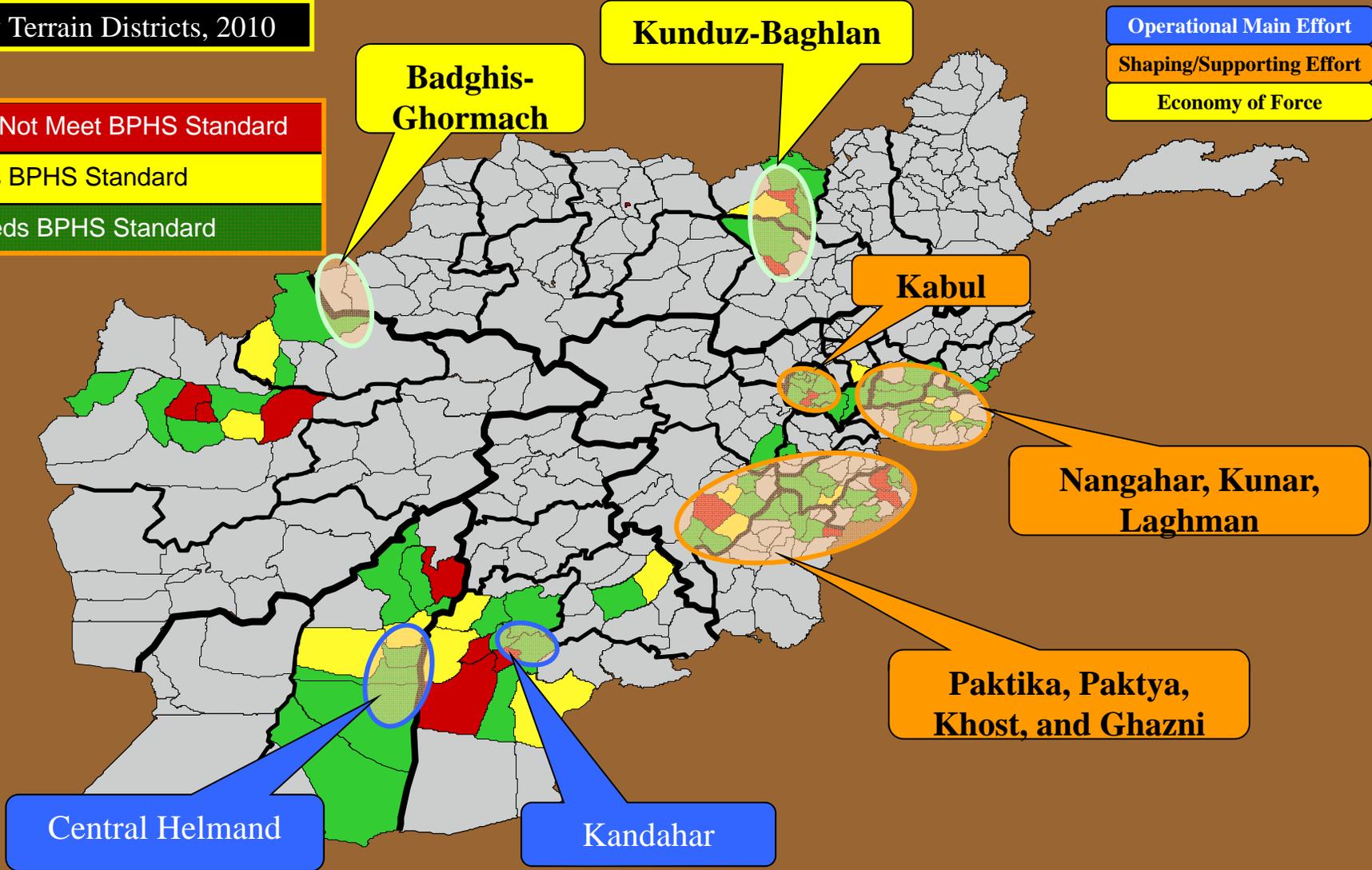
EXISTING HEALTH FACILITIES COMPARED TO BPHS BENCHMARKS



Key Terrain Districts, 2010

- Does Not Meet BPHS Standard
- Meets BPHS Standard
- Exceeds BPHS Standard

- Operational Main Effort
- Shaping/Supporting Effort
- Economy of Force





HUMAN CAPACITY BUILDING



Civil Sector Mentoring/Training

- Agreed with MOPH and BPHS/EPHS implementer
- Do not conduct if civilians able to provide training
- Use only MOPH approved standards and curricula
- Focus on training the Afghan trainer

ANSF Mentoring/Training

- Main effort for spare capacity
- Pivotal to security sector reform
- Competent and self-sustained medical service capable of supporting independent ANSF operations
- Significant challenges: shortage of mentors, weak leadership





WIDER DETERMINANTS OF HEALTH



- Average life expectancy is 42 ((regional average (RA) is 64))
- 1 in 5 children will die before the age of 5 (RA is 1/11)
- Improving the wider determinants of health (clean water, sanitation, nutrition, and vector control) will enhance public health
- Access to safe drinking water is assessed at 27% (low: 5%; high: 56%)
- Access to adequate sanitation facilities (urban: 21%; rural: 1%)

Source: National Risk and Vulnerability Report 2007/08





PASSIVE SUPPORT TO POLIO ERADICATION CAMPAIGN



- Promulgate the national and sub-national immunization days to all regional commands
- Further FRAGO issued prior to each NID and SNID in order to 'de-conflict' where possible
- Joint USAID / WHO Brief to COMISAF 11 January 11 (tentative)



Guidance Provided

- Do not offer direct support
- Do not intervene
- Do not prevent or direct vaccination
- Distance themselves from the program
- Appreciate importance of the program



FINAL THOUGHTS



“It is better to let them do it themselves imperfectly than to do it yourself perfectly. It is their country, their way, and our time is short.”

- T E Lawrence

“When confronted with heartbreaking situations, we must choose the hard right rather than the easy wrong”

LTCs Rice and Jones, US Army





Questions?

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THEATER MEDICAL C2 OVERVIEW

