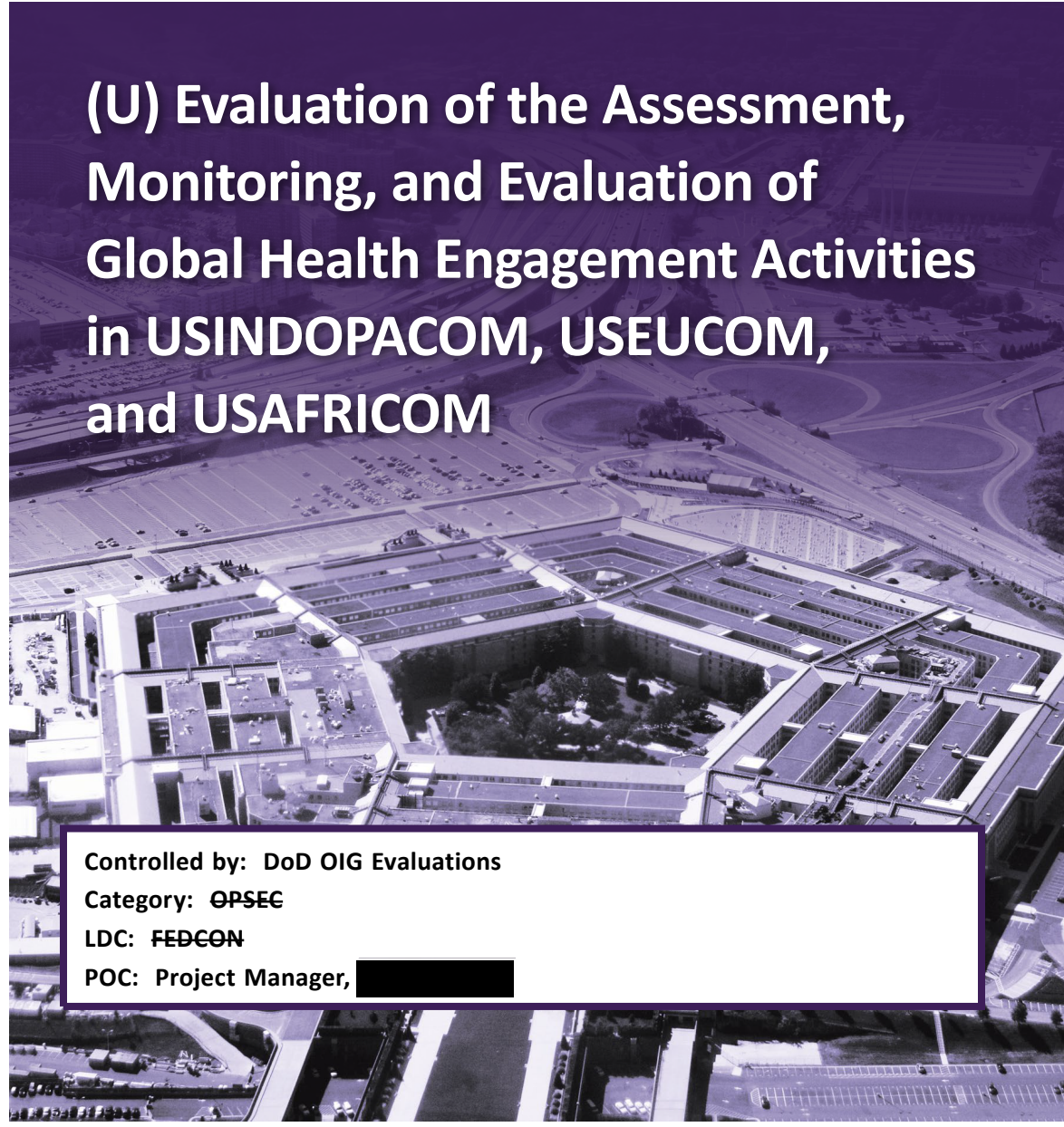CUI

INSPECTOR GENERAL
U.S. Department of Defense

JANUARY 25, 2024

(U) Evaluation of the Assessment, Monitoring, and Evaluation of Global Health Engagement Activities in USINDOPACOM, USEUCOM, and USAFRICOM

Controlled by: DoD OIG Evaluations
Category: ~~OPSEC~~
LDC: ~~FEDCON~~
POC: Project Manager, ████████

INTEGRITY ★ INDEPENDENCE ★ EXCELLENCE

CUI

(U) Results in Brief

(U) Evaluation of the Assessment, Monitoring, and Evaluation of Global Health Engagement Activities in USINDOPACOM, USEUCOM, and USAFRICOM

January 25, 2024

(U) Objective

(U) The objective of this evaluation was to determine the extent to which the DoD assessed, monitored, and evaluated global health engagement (GHE) activities, as required by DoD Instruction (DoDI) 2000.30. Our evaluation included GHE activities conducted by the U.S. Indo-Pacific Command, U.S. European Command, and U.S. Africa Command from July 1, 2018, through June 30, 2022.

(U) Background

(U) The DoD conducts GHE activities in support of U.S. national security policy and defense security cooperation strategy. Consistent with the National Security Strategy, this includes cooperating with like-minded partners on shared challenges, such as biodefense and pandemics (including COVID-19). DoDI 2000.30 requires that the Geographic Combatant Commanders (GCCs) measure the effectiveness and evaluate the outcomes of their GHE operations in accordance with another instruction, DoDI 5132.14. GCCs are also required to use the security cooperation system Socium to record GHE activities, identify appropriate links among campaign objectives, and de-conflict campaign plan activities.

(U) Findings

(U) The GCCs conducted assessment, monitoring, and evaluation (AM&E) of GHE activities as required by DoDI 2000.30, but the AM&E requirement applied to only one GHE activity out of more than 500 activities conducted by the GCCs. Read together, DoDI 2000.30 and DoDI 5132.14 do not expressly require AM&E of GHE activities for activities that are not determined by the DoD to be "significant security cooperation activities."

(U) Additionally, the GCCs did not enforce the use of Socium, the security cooperation system of record, to record GHE activities, and Socium lacked the functions needed to link GHE activities to campaign objectives and de-conflict campaign plan activities.

(U) As a result, the DoD's ability to assess the outcomes of GHE activities and aggregate data related to GHE activities to determine their larger strategic effect is degraded. Furthermore, the DoD lacks the ability to observe how GHE activities achieve unity of effort toward U.S. national security goals.

(U) Recommendations

(U) We recommend that the Under Secretary of Defense for Policy issue policy that establishes criteria to determine which GHE activities require AM&E, the roles and responsibilities for conducting AM&E, and identifies which GHE activities are also security cooperation activities and subject to security cooperation requirements.

(U) We also recommend that the Director of the Defense Security Cooperation Agency implement functions into Socium that align GHE activities to campaign plan objectives, and establish a common operating picture that includes GHE activities and serves as a repository for AM&E of GHE activities.

(U) Results in Brief

(U) Evaluation of the Assessment, Monitoring, and Evaluation of Global Health Engagement Activities in USINDOPACOM, USEUCOM, and USAFRICOM

(U) Management Comments and Our Response

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy, responding for the Under Secretary of Defense for Policy, agreed with the recommendations and described the actions they plan to take.

(U) Therefore, the recommendations are resolved and will remain open until we verify that the actions were taken. Please see the Recommendations Table on the next page for the status of recommendations.

(U) Recommendations Table

(U) Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Under Secretary of Defense for Policy	None	A.1.a, A.1.b, A.3.a, A.3.b, A.3.c, A.3.d	None
Deputy Assistant Secretary of Defense for Global Partnerships	None	A.2, B.1	None
Director of the Defense Security Cooperation Agency	None	B.2	None (U)

(U) Note: The following categories are used to describe agency management's comments to individual recommendations.

- **(U) Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.

- **(U) Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.

- **(U) Closed** – DoD OIG verified that the agreed upon corrective actions were implemented.

OFFICE OF INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500

January 25, 2024

MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR POLICY
DIRECTOR, DEFENSE SECURITY COOPERATION AGENCY
DEPUTY ASSISTANT SECRETARY OF DEFENSE (GLOBAL PARTNERSHIPS)

SUBJECT: (U) Evaluation of the Assessment, Monitoring, and Evaluation of Global Health
Engagement Activities in USINDOPACOM, USEUCOM, and USAFRICOM
(Report No. DODIG-2024-037)

(U) This final report provides the results of the DoD Office of Inspector General's evaluation.
We previously provided copies of the draft report and requested written comments on
the recommendations. We considered management's comments on the draft report when
preparing the final report. These comments are included in the report.

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for
Policy, responding for the Under Secretary of Defense for Policy, agreed to address all the
recommendations presented in the report; therefore, we consider the recommendations
resolved and open. We will close the recommendations when you provide us documentation
showing that all agreed-upon actions to implement the recommendations are completed.
Therefore, please provide us within 90 days your response concerning specific actions
in process or completed on the recommendations. Send your response to either
█████████████████████████████████████ if classified SECRET.

(U) We appreciate the cooperation and assistance received during the evaluation. If you have
any questions, please contact ████████████

FOR THE INSPECTOR GENERAL:

Maurice L. Foster
Acting Assistant Inspector General for Evaluations
Programs, Combatant Commands,
    and Overseas Contingency Operations

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(U) Management Comments

(U) Acronyms and Abbreviations

(U) Glossary

(U) Introduction

(U) Objective

(U) The objective of this evaluation was to determine the extent to which the DoD assessed, monitored, and evaluated global health engagement (GHE) activities in the U.S. Indo-Pacific Command (USINDOPACOM), U.S. European Command (USEUCOM), and U.S. Africa Command (USAFRICOM), as required by DoDI 2000.30.[1]

(U) Background

(U) The 2022 National Security Strategy identifies that our National Defense Strategy relies on integrated deterrence.[2] A component of integrated deterrence entails investments in interoperability and joint capability development, cooperative posture planning, and coordinated diplomatic and economic approaches with allies and partners. The National Security Strategy also reaffirms cooperating on shared challenges, such as biodefense and pandemics (including COVID-19). This is done by engaging with all countries and international institutions to cooperate on shared challenges and deepen our cooperation with like-minded partners. The 2022 National Defense Strategy identifies that mutually beneficial alliances and partnerships are our greatest global strategic advantage.[3]

(U) GHE Roles and Responsibilities in DoDI 2000.30

(U) DoDI 2000.30 instructs the DoD to use GHE as a tool to promote and enhance partner nation stability and security; develop capacity and capabilities; build trust, confidence, and resilience; and support the achievement of U.S. Government national security objectives. The DoD Instruction states that it is DoD policy to conduct GHE activities in support of U.S. national security policy and defense security cooperation strategy.

(U) DoDI 2000.30 defines DoD global health engagement as:

> (U) interaction between individuals or elements of DoD and those of a PN's [partner nation's] armed forces or civilian authorities, in coordination with other U.S. Government departments and agencies, to build trust and confidence, share information, coordinate mutual activities, maintain influence, and achieve interoperability in health-related activities that support U.S. national security policy and military strategy. GHE activities establish, reconstitute, maintain, or improve the capabilities or capacities of the PN's [partner nation's] military or civilian health sector, or those of the DoD.

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[1] (U) DoD Instruction 2000.30, "Global Health Engagement (GHE) Activities," July 12, 2017.

[2] (U) The White House, "National Security Strategy," October 12, 2022.

[3] (U) DoD, "2022 National Defense Strategy," October 27, 2022.

(U) The purpose of DoDI 2000.30 is to establish policy, assign responsibilities, and prescribe procedures for the conduct of GHE activities with partner nation entities; establish the DoD GHE Council; and establish the definition of GHE. The DoD GHE Council serves to ensure that DoD health engagements align with U.S. national security goals.[4] DoDI 2000.30 also defines the roles and responsibilities for organizations involved in GHE activities. The Under Secretary of Defense for Policy (USD[P]) provides guidance and oversight for GHE through the Assistant Secretary of Defense (Special Operations and Low-Intensity Conflict) (ASD[SO/LIC]). DoDI 2000.30 requires the ASD(SO/LIC) to provide policy guidance for conducting assessment, monitoring, and evaluation (AM&E) of GHE activities, in accordance with DoDI 5132.14, "Assessment, Monitoring, and Evaluation Policy for the Security Cooperation Enterprise."[5]

(U) The Assistant Secretary of Defense (Health Affairs) (ASD[HA]) is responsible for developing and overseeing human and animal health and force health protection GHE policies, programs, and activities. This responsibility also includes developing and overseeing the policies on the required competencies of Military Health System personnel in planning, conducting, assessing, monitoring, and evaluating DoD GHE activities.

(U) In addition, the geographic combatant commanders (GCCs) plan and execute DoD GHE activities in their area of responsibility. The GCCs ensure GHE activities conform to U.S. policy guidelines by establishing appropriate policies for component commands and the office of security cooperation.

(U) Other DoD components also have responsibilities in DoDI 2000.30.

- (U) The Director of the Defense Security Cooperation Agency (DSCA) is responsible for ensuring applicable GHE is incorporated into the full spectrum of security cooperation planning.

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[4] (U) According to DoDI 2000.30, the GHE council consists of three groups: a Senior Group, Deputy Group, and Action Officer Group. The Senior Group consists of the ASD(SO/LIC), ASD (Homeland Defense and Global Security), Assistant Secretary of Defense (Health Affairs), ASD (Nuclear, Chemical, and Biological Defense Programs), and the Joint Staff Director for Strategic Plans and Policy. The Deputy Group consists of seven Deputy Assistant Secretaries, the Defense Security Cooperation Agency, the Joint Staff Deputy Director for Global Policy and Partnerships [now known as the Joint Staff Deputy Director for Counter Threats and International Cooperation], the Joint Staff Surgeon, and Army, Navy, Marine Corps, Air Force, and National Guard Bureau representatives. The Action Officer Group consists of the Deputy Group members' action officers, representatives from the GCCs, DoD agencies (such as the Defense Health Agency), academic institutions (such as the Uniformed Services University of the Health Sciences), and other DoD members invited to participate on an ad-hoc basis.

[5] (U) The roles and responsibilities of ASD(SO/LIC) were transferred to the Assistant Secretary of Defense for Strategy, Plans, and Capabilities (ASD(SPC)) with subject matter expertise delegated to the Deputy Assistant Secretary of Defense (Global Partnerships) (DASD[GP]); however, the charter formalizing the change of responsibility has not been signed as of July 2023, when we rter. According to the USD(P) website, the DASD(GP) is recognized as the focal point for security cooperation and building partnership capacity subject matter expertise and the DASD(GP) office will prioritize, integrate, and evaluate bilateral and multilateral security cooperation activities.

(U) DoDI 5132.14, "Assessment, Monitoring, and Evaluation Policy for the Security Cooperation Enterprise," January 13, 2017.

- (U) The Chairman of the Joint Chiefs of Staff is responsible for monitoring the execution of DoD GHE operations and activities by the GCCs.

- (U) The Secretaries of the Military Departments are responsible for preparing budget and programming requests, allocating approved funds for DoD GHE activities to the GCCs, and integrating proficiency capabilities into DoD GHE pre-deployment training and preparation.

(U) Assessment, Monitoring, and Evaluation of Global Health Engagement

(U) DoDI 2000.30 states that the ASD(SO/LIC) provides policy guidance for conducting AM&E of GHE activities in accordance with DoDI 5132.14. DoDI 2000.30 also requires that the GCCs measure the effectiveness and evaluate the outcomes of their GHE operations in accordance with DoDI 5132.14. DoDI 2000.30 also states that the ASD(HA) will develop and oversee the policies for required competencies of Military Health System personnel planning, conducting, assessing, monitoring, and evaluating DoD GHE activities.

(U) DoDI 5132.14 provides guidance on the roles and responsibilities of those involved in the AM&E process and an AM&E framework and standard. AM&E is required for all significant security cooperation initiatives (SSCIs) and such initiatives are generally led by the GCCs.[6]

(U) DoDI 5132.14 defines an SSCI as a series of activities, projects, and programs planned as a unified, multi-year effort to achieve a single desired outcome or set of related outcomes. An SSCI involves the application of multiple security cooperation tools over multiple years to achieve country — or region-specific — objectives of a theatre campaign plan. SSCI proposals go through a "two-gate" review and approval process, and eventually prioritization by the Under Secretary of Defense for Policy (USD[P]). During gate one, the GCCs submit draft SSCIs to be reviewed by the Office of the Deputy Assistant Secretary of Defense (Global Partnerships) (ODASD[GP]). Following the gate one review, the ODASD(GP) provides the GCCs with a list of SSCIs approved for gate two consideration. During gate two, the GCCs update their submissions for SSCIs, submit a capability-based 5 year plan, and collaborate with the DSCA and ODASD(GP) to strengthen program designs and ensure USD(P) AM&E requirements are met. USD(P) then reviews and prioritizes the SSCI submissions, leading to USD(P)'s final decision on SSCI approval and resource allocation.

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[6] (U) DoDI 5132.14 does not apply to programs administered by the DoD that are funded by title 22, United States Code, which are supervised by the State Department, and include foreign military sales and peacekeeping operations.

(U) DoDI 5132.14 states that it is DoD policy that the AM&E of security cooperation programs will foster accurate and transparent reporting to stakeholders on the outcomes and sustainability of security cooperation and track, understand, and improve returns on DoD security cooperation investments. The AM&E prescribed in the DoDI will identify and share best practices and lessons learned for security cooperation implementation to inform decisions on security cooperation policy, programs, resources, and the security cooperation workforce.

(U) Systems of Record for GHE Activities

(U) DoDI 2000.30 states that the GCCs will ensure GHE activities are synchronized into theater campaign plans and should use the Global-Theater Security Cooperation Management Information System (G-TSCMIS) to record GHE activities, identify links to campaign objectives, and de-conflict campaign plans. DoDI 5132.14 added the requirement that security cooperation initiatives be appropriately assessed and monitored and that appropriate data is entered into the G-TSCMIS. However, the DSCA published a memorandum that retired the unclassified version of G-TSCMIS on December 31, 2020, and the DSCA replaced it with Socium. The guidance in the DSCA memorandum supplemented all documents that reference G-TSCMIS, such as DoDI 2000.30, until those references are updated.

(U) Global Health Engagements Conducted in USINDOPACOM, USEUCOM, and USAFRICOM

(U) USINDOPACOM, USEUCOM, and USAFRICOM conducted over 500 GHE activities within their respective areas of responsibility (AORs) between July 1, 2018, and June 30, 2022.[7] We selected these three GCCs for this evaluation because the DoD relies heavily on activities conducted in these AORs to maintain security and counter Chinese and Russian influence.

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[7] (U) Based on the total number of activities, as self-reported by USINDOPACOM, USEUCOM, and USAFRICOM between July 1, 2018, and June 30, 2022.

(U) Figure 1. GHE Activities for USINDOPACOM, USEUCOM, and USAFRICOM

(U)

USINDOPACOM

- The AOR covers more of the globe than any other GCC, and encompasses two of the three largest economies and the most populous nation in the world.
- GHE objectives include: supporting U.S. Government efforts to increase regional capacity, integrating health capabilities within and across partners, and enhance Joint Force medical readiness and capacity.
- Examples of GHE activities in the AOR: a Mental Health Subject Matter Expert Exchange and a Mass Casualty Humanitarian Assistance and Disaster Relief Field Training Exercise involving an overview of triage and Tactical Combat Casualty Care. These activities were conducted in support of the Balikatan Exercise, an annual, bilateral joint exercise with the Philippines led by Marine Forces Pacific, with support from USINDOPACOM.

USEUCOM

- The AOR encompasses 50 countries and territories, including a large part of the Arctic region, the north and central Atlantic, the Mediterranean Sea, and multiple strategic chokepoints.
- The USEUCOM Command Surgeon supports the USEUCOM Command Campaign Plan through efforts such as COVID-19 mitigation assistance to allies and partners, building medical capabilities to support NATO and key partners, and developing interoperability among medical forces.
- Example of a GHE activity in the AOR: U.S. Army Europe and Africa's surgical subject matter exchange engagement with Armed Forces Ukraine in February 2020, to synchronize the Armed Forces Ukraine Medical Department Surgeons' advanced surgical techniques and achieve interoperability with US and NATO Forces.

USAFRICOM

- The AOR consists of a land mass of 11.2 million square miles (three-and-a-half times the size of the United States), and nearly 19,000 miles of coastland that includes 53 African states, more than 800 ethnic groups, and over 1,000 languages.
- To support USAFRICOM's Campaign Plan, the USAFRICOM Command Surgeon uses three lines of effort: health service support, force health protection, and global health engagement.
- Example of a GHE activity in the AOR: a training program led by the United States Air Force Africa to develop self-sustainable aeromedical evacuation team training program within the Rwandan Defense Forces that meets United Nations Contingent Owned Equipment manual requirements and standards to deploy in support of United Nation Peacekeeping Operations.

(U)

(U) Source: The DoD OIG based on information provided by USINDOPACOM, USEUCOM, and USAFRICOM.

(U) Funding for Global Health Engagements

(U) The DoD does not have a dedicated source of funding for global health engagement activities; rather, the GCCs use multiple different sources of funding to support GHE activities. The DoD requests funding for Title 10, Security Cooperation Programs and Activities, as part of the DoD's annual budget request. Title 10, Security Cooperation Programs and Activities, include the following authorizations used to support GHE activities.

- (U) Sections 311-312, title 10, United States Code (10 U.S.C. §§ 311-312), Military to Military engagements

- (U) 10 U.S.C. §§ 321-322, Training with Foreign Forces
- (U) 10 U.S.C. § 331, Support to Operations
- (U) 10 U.S.C. §§ 332-333, Capacity Building

(U) The CCMDs also leverage Title 10 Overseas Humanitarian, Disaster, Civic Aid (OHDACA) authorities, and the Title 10 Humanitarian and Civic Assistance Program authority to fund military-to-civilian activities. The intent of the OHDACA program is to enhance U.S. military access in selected countries, build relationships with critical partners, and demonstrate a sustainable, long-term commitment of the United States. The intent of the HCA program is to promote operational readiness skills of the Armed Forces of the United States, while carrying out humanitarian assistance projects for partner nation civilians.

(U) CCMDs also use congressional appropriations to support U.S. national security goals. Congress has appropriated funding for the Asia Pacific Regional Initiative to enable USINDOPACOM to execute activities such as humanitarian assistance. USEUCOM uses European Deterrence Initiative funds appropriated annually by Congress to enhance the U.S. presence in Europe and deter Russian aggression. Other funding sources that CCMDs use to support GHE activities include the Combatant Commander's Initiative Fund, a program under the Joint Staff Direct Operation and Maintenance funding, and the Traditional Combatant Commander Activity Funding, which Military Services provide with both Operations & Maintenance and military personnel appropriations. The CCMDs also use title 22, United States Code, to support GHE activities, such as the African Peacekeeping Rapid Response Partnership (APRRP) in USAFRICOM.[8]

(CUI) ███

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[8] (U) Title 22 funds are used to execute security assistance programs, which are supervised by the State Department, and include foreign military sales and peacekeeping operations.

(U) Finding A

(U) The OUSD(P) Did Not Establish Requirements or Prescribe Procedures in DoDI 2000.30 for the AM&E of GHE Activities That Are Not Determined to Be Significant Security Cooperation Initiatives

(U) The DoD assessed, monitored, and evaluated GHE activities in USINDOPACOM, USEUCOM, and USAFRICOM, as required by DoDI 2000.30. However, the DoDI 2000.30 requirement to conduct AM&E applied to less than 1 percent (only 1 of over 500) of GHE activities conducted in the three GCCs we visited.[9] DoDI 2000.30 did not establish requirements or prescribe procedures for the AM&E of GHE activities, aside from a direct reference to the AM&E policy requirements in DoDI 5132.14. DoDI 5132.14 requires the GCCs to conduct AM&E of GHE activities that the GCCs determine to be "significant security cooperation initiatives" (SSCIs). The single GHE SSCI we found met the assessment requirements in DoDI 5132.14, but the activity has only completed the assessment phase, and the DoD has not begun executing the initiative.

(U) The OUSD(P) did not establish requirements or prescribe procedures for the AM&E of GHE Activities that are not SSCIs in DoDI 2000.30 because of the following.

- (U) During the coordination of DoDI 2000.30 in 2017, officials from the OUSD(P) stated that detailed policy for AM&E of GHE activities would come from DoD guidance on AM&E via the issuance of DoDI 5132.14. However, this was not realized because DoDI 5132.14 only required AM&E for SSCIs.

- (U) There is no dedicated funding for the AM&E of GHE activities. Based on our review of comments provided by stakeholders during the coordination of DoDI 2000.30 in 2017, we determined that by relying on the AM&E security cooperation policy guidance in DoDI 5132.14 to be applicable to GHE activities, the OUSD(P) was also relying on the availability of funding for the AM&E of GHE activities.

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[9] (U) Based on the total number of activities, as self-reported by USINDOPACOM, USEUCOM, and USAFRICOM between July 1, 2018, and June 30, 2022. The funding authorities for some reported GHE activities — for example activities using Title 22 funds to execute security assistance programs supervised by the State Department—contain unique requirements for assessment, monitoring, and evaluation; however, we did not assess whether the DoD adhered to these requirements, as they are not included in GHE policy as defined by DoDI 2000.30.

- (U) The relationship between GHE and security cooperation is unclear. Based on our review of stakeholder correspondence during the coordination of DoDI 2000.30, interviews with GHE stakeholders, and a review of DoDI 2000.30, we determined that there is no consensus among GHE and security cooperation stakeholders, or within DoDI 2000.30, about the link between GHE activities and security cooperation. Therefore, it is unclear which GHE activities are also considered security cooperation activities, and would therefore be subject to security cooperation AM&E requirements.

(U) Without a requirement in GHE policy for the AM&E of GHE activities other than SSCIs, there is an increased risk that the DoD may not be able to fully assess the outcomes of GHE activities and aggregate data related to GHE activities to determine their larger strategic effect. In addition, there is an increased risk that GCCs may provide different guidance, use different methods, and capture varying amounts of data in different formats when assessing, monitoring, and evaluating GHE activities.

(U) Lack of AM&E Requirements and Procedures in DoD GHE Policy for Activities Not Determined to Be Significant Security Cooperation Initiatives

(U) The DoD assessed, monitored, and evaluated GHE activities in USINDOPACOM, USEUCOM, and USAFRICOM, as required by DoDI 2000.30. However, the OUSD(P) did not establish requirements or prescribe procedures for the AM&E of GHE activities in DoDI 2000.30, aside from a direct reference to the AM&E policy requirements in DoDI 5132.14, which only requires AM&E for SSCIs. The three GCCs provided us with a list of more than 500 GHE activities conducted between July 2018 and June 2022, but the AM&E requirements in DoDI 5132.14 only applied to one of those activities.[10]

(U) AM&E Was Conducted for the One GHE Activity Determined to be an SSCI

(U) GHE activities that are determined by the GCCs to be SSCIs, and approved as SSCIs by the DSCA and the ODASD(GP), are required to conduct AM&E in accordance with DoDI 5132.14. DoDI 5132.14 clearly defines the required AM&E procedures for significant security cooperation initiatives within its AM&E framework.

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[10] (U) The number of activities, as self-reported by USINDOPACOM, USEUCOM, and USAFRICOM. We requested a list of all GHE activities in which each GCC participated between July 1, 2018 and June 30, 2022. USINDOPACOM only provided a list of activities it participated in during FY 2021 and FY 2022.

(U) In the three GCCs we visited, the only GHE SSCI out of over 500 GHEs was the Baltic Military Medical initiative with Lithuania and Estonia in USEUCOM. As of May 2023, USEUCOM only completed the assessment phase of the initiative, as it awaits funding to begin implementation. We compared the assessment for this GHE SSCI to the required AM&E procedures in DoDI 5132.14 and determined that USEUCOM assessed the GHE SSCI in accordance with DoDI 5132.14 assessment requirements. Specifically, USEUCOM met the requirements by determining whether the partner nation shared relevant strategic objectives with the United States, identified partner capability gaps, capacity gaps, and political will, and identified the economic and political conditions that may impact implementation of the initiative.

(U) DoDI 2000.30 Does Not Require AM&E for over 500 GHE Activities Not Determined to Be SSCIs

(U) For GHE activities that do not meet the criteria of an SSCI, DoDI 2000.30 does not require AM&E of GHE activities.

(U) Based on interviews with OUSD(P) officials and our review of GHE and Security Cooperation policy we determined that only requiring AM&E for GHE activities that are SSCIs represents a gap in policy. A senior official from the ODASD(GP) responsible for GHE policy stated that they see the absence of an AM&E requirement for all GHE activities as a gap and would like to see AM&E required for all GHE activities in the next revision of DoDI 2000.30.

(U) The National Defense Authorization Act (NDAA) for FY 2017 required the DoD to develop an AM&E framework for security cooperation to ensure accountability, foster best practices, and measure security cooperation efforts toward meeting objectives and outcomes. A senior ODASD(GP) official responsible for Security Cooperation AM&E policy stated that the DASD(GP)'s intent is for AM&E to be required for all security cooperation activities, in addition to SSCIs, and DoD Directive (DoDD) 5132.03 is being revised to clearly establish the AM&E requirement for all security cooperation activities.[11] The official further stated that lessons learned from the COVID-19 pandemic indicated a need to understand the AM&E requirements for different types of GHE activities, and the ODASD(GP) intends to gain this understanding during the DoDI 2000.30 revision process. However, the official also stated that many GHE activities are not related to security cooperation and those activities would not be subject to security cooperation AM&E requirements.

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[11] (U) DoDD 5132.03, "DoD Policy and Responsibilities Relating to Security Cooperation," 2017.

(U) DoDI 2000.30 requires the ASD(SO/LIC) to provide policy guidance for conducting assessment, monitoring, and evaluation of GHE activities, in accordance with DoDI 5132.14. However, we determined that there is no separate AM&E guidance for GHE activities. However, we also determined that the requirement in DoDI 2000.30 for the ASD(SO/LIC) to "provide policy guidance" for AM&E does not require an official issuance of policy or guidance, as the policy language allows for the guidance to be communicated in other ways, such as a in a memorandum or through oral guidance. Additionally, according to DASD(GP) officials, the roles and responsibilities of the ASD(SO/LIC) within DoDI 2000.30 were transferred in November 2021 to the Assistant Secretary of Defense for Strategy, Plans, and Capabilities (ASD(SPC)) and to the DASD(GP). However, as of July 2023, the charter formalizing the change of responsibility has not been signed.

(U) DoDI 2000.30 Does Not Require the GCCs to Capture Standardized AM&E Data Elements

(U) DoDI 2000.30 also does not require AM&E data elements for GHE activities to be documented in a standardized format or a system of record. Current methods for capturing AM&E information in a central location at USINDOPACOM, USEUCOM, and USAFRICOM include documenting AM&E information in a Command-directed data system, collecting information in Word documents and Excel workbooks, and collecting information on a SharePoint site. The 2018 GHE Capabilities Based Assessment and associated DoTmLPF Change Recommendation also identified the lack of a GHE database of record as a shortfall, finding that the Joint Force lacks a singular platform to identify, collect, analyze, and report data for GHE activities.[12] A senior ODASD(GP) official responsible for security cooperation policy stated that in the revised version of DoDI 2000.30, ODASD(GP) intends to propose that DoD components track GHE activities in the appropriate data management system, which may or may not include Socium, the system that DoDI 2000.30 currently requires the GCCs to use to record all GHE activities.

(U) GCCs and Service Component Commands Expressed Varying Opinions About GHE AM&E Requirements

(U) Officials that conduct and manage GHE activities at the GCCs and Service Component Commands (SCCs) we visited expressed varying opinions about GHE AM&E requirements, including that AM&E is not a requirement, that there needs to be clarity in DoDI 2000.30 about which activities require AM&E, and that an activity's funding authority drives AM&E requirements. The senior ODASD(GP) official responsible for GHE stated that in addition to SSCIs, some GHE activities

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[12] (U) DoTmLPF is a framework for developing design solutions and stands for Doctrine, Organization, Training, Materiel, Leadership and Education, Personnel, and Facilities.

(U) are required to conduct AM&E in accordance with funding authority requirements, such as activities funded by the Overseas Humanitarian Disaster Assistance and Civic Aid (OHDACA) appropriation, but those funding authority requirements are not specifically stated in DoDI 2000.30.

(U) DoDI 2000.30 Does Not Assign Responsibilities to Develop Policies on Competencies for Conducting AM&E of GHE Activities

(U) DoDI 2000.30 assigns the ASD(HA) with the responsibility of developing policies on required competencies, professional conduct, and standards of Military Health System (MHS) personnel in the planning, conduct, assessment, monitoring, and evaluation of DoD GHE activities. However, according to a senior OASD(HA) official, personnel conducting AM&E of GHE activities at the GCCs and SCCs are not MHS personnel; therefore, the DoDI 2000.30 does not assign responsibilities to develop policies on competencies, conduct, and standards for all personnel. A senior ODASD(GP) official stated that they need to consider the minimum competencies individuals should have based on the mission they are involved in, and determine whether the AM&E responsibilities lie at the GCC or the unit level. Another senior ODASD(GP) official stated that in the DoDI 2000.30 update, ODASD(GP) will recommend that GHE stakeholders, including the OASD(HA), review policies on personnel qualification requirements for health professionals that conduct and oversee GHE activities, incorporating policies for personnel outside of the MHS.

(U) The OUSD(P) Anticipated that DoDI 5132.14 Would Provide Detailed Policy for AM&E of GHE Activities

(U) During coordination of DoDI 2000.30, the OUSD(P)—the office of primary responsibility for DoDI 2000.30—stated that detailed policy for AM&E of GHE activities would come from DoDI 5132.14; however, DoDI 5132.14 only required AM&E for SSCIs. Therefore, the Under Secretary of Defense for Policy should issue policy for the AM&E of GHE activities that establishes criteria to determine which GHE activities require AM&E and identifies the roles and responsibilities for the required AM&E of GHE activities.

(U) There Is No Dedicated Funding for the AM&E of GHE Activities

(U) There is no dedicated funding for the AM&E of GHE activities. By relying on detailed AM&E policy guidance from DoDI 5132.14 to be applicable to GHE activities, the OUSD(P) was also relying on the availability of funding for the AM&E of GHE activities.

(U) Funding for the AM&E of security cooperation exists beyond the funding used to conduct the security cooperation activity itself. Section 1205 of the FY 2017 NDAA requires that the assessment, monitoring, and evaluation framework for security cooperation be sufficiently resourced. We concluded that there was $91.9 million dedicated to instituting AM&E of security cooperation programs in 2022. This included $15.4 million allocated to the Security Cooperation Workforce Development Program to manage and certify the workforce responsible for actions such as planning, assessing, monitoring, and evaluating. DoDI 5132.14 requires the DoD to ensure sufficient funds are available to support AM&E functions and AM&E policy implementation. However, DoDI 5132.14 only requires the AM&E of SSCIs, and this is reflected in the limited GCC capacity to conduct AM&E for security cooperation activities other than SSCIs. A senior official from the Air Force Medical Service stated that while a GHE activity itself may be funded, it is extremely difficult to get funding to do assessments or to perform aspects of monitoring and evaluation. An official from the ODASD(GP) stated that due to the lack of funding for AM&E, GCCs cannot plan or see improvements over time for an activity.

(U) We determined that the limited resources devoted to AM&E of security cooperation activities at the GCCs could make it difficult to conduct AM&E for GHE activities that are also identified as security cooperation, but are not determined to be SSCI's. An official from the USINDOPACOM Command Surgeon's Office stated that they do not have the capacity to conduct assessment, monitoring, and evaluation for GHE activities, while an official in the USINDOPACOM J5 security cooperation AM&E directorate stated they are only resourced to support SSCIs. An official in the USAFRICOM J5 security cooperation AM&E Directorate also stated that they do not have the capacity to do assessments, aside from SSCIs. A USEUCOM AM&E official stated that it would be helpful to mandate manpower for the AM&E of security cooperation activities that are not SSCIs. Finally, a senior official at the Uniformed Services University of the Health Sciences Center for GHE, stated that funding is a barrier to conducting AM&E for GHE activities.

(U) The Relationship Between GHE and Security Cooperation Is Unclear

(U) We determined that a lack of consensus about the relationship between GHE and security cooperation makes it difficult to determine which GHE activities are subject to security cooperation AM&E policy. ODASD(GP) officials stated that the DoD has been incrementally expanding AM&E requirements of security cooperation programs since 2017; although, neither GHE nor Security Cooperation AM&E policy has been updated to expand AM&E requirements for GHE activities. ODASD(GP) officials stated that a draft revision of the DoD security cooperation directive, DoDD 5132.03, is being written to clearly establish the AM&E requirement for all security cooperation activities.

(U) However, we determined that there was a lack of consensus among GHE and security cooperation stakeholders about the link between GHE and security cooperation, and therefore, whether GHE activities are subject to follow security cooperation requirements or would be funded by security cooperation AM&E funding. The lack of consensus existed in 2017 when DoDI 2000.30 was published and continued during our evaluation. Specifically, during our evaluation, we identified the following examples.

- (U) During the coordination of DoDI 2000.30, an OUSD(P) official stated that GHE activities supported DoD security cooperation programs and strategy and GHE activities are part of the overarching security cooperation defense strategy. In the Consolidated DoD Issuance Comment Matrix for DoDI 2000.30, an official from Joint Staff J-5, Global Policy and Partnership stated that "not all GHE is security cooperation;" however, the OUSD(P) official at the time disagreed with the Joint Staff perspective that "not all GHE is security cooperation." The OUSD(P) official went on to state that:

    > (U) in the global view, [...] and in consideration of all past, present and future engagement and partnering operations with PNs [partner nations], these [GHEs] constitute security cooperation activities that aim to advance USG [U.S. Government] national security objectives and interests.

    (U) Despite the OUSD(P)'s position, we determined that the GHE framework presented in DoDI 2000.30 still does not clearly identify what types of GHE activities are also security cooperation.

- (U) In responses to our requests for information and during interviews for this evaluation, we continued to find a lack of consensus about the link between GHE and security cooperation. Contrary to the OUSD(P) position in 2017, an OUSD(P) official in the ODASD(GP) stated that many GHE activities

(U) are not related to security cooperation, and those activities would not be subject to security cooperation AM&E requirements. A senior official at the Air Force Medical Readiness Agency stated that the vast majority of GHE activities are security cooperation activities and, although they see GHE as part of security cooperation, historically, GHE and security cooperation have often been considered separate. The GCCs and SCCs also had different opinions about the link between GHE and security cooperation. For example, officials at USAFRICOM and Pacific Fleet noted that GHE activities are part of security cooperation, while officials at USEUCOM noted that some GHE activities are within security cooperation initiatives and some are not.

(U) In response to our draft report an official with the Joint Staff stated that, based on the definition of security cooperation, not all GHE activities are security cooperation. DoDD 5132.03 defines "security cooperation" as:

> (U) all DoD interactions with foreign defense establishments to build defense relationships that promote specific U.S. security interests, develop allied and partner nation military and security capabilities for self-defense and multinational operations, and provide U.S. forces with peacetime and contingency access to allied and partner nations. This also includes DoD-administered security assistance programs.

(U) The Joint Staff official noted that programs that are not permitted to interact with foreign security establishments should not be considered security cooperation programs, such as Humanitarian and Civic Assistance Programs. However, other comments in response to our draft report highlighted the continued confusion and disagreement about which GHE activities are also security cooperation, and therefore subject to security cooperation guidance and requirements. For example, a senior GHE official from a Service Component Command in USEUCOM stated that from the perspective of any DoD organization all GHE activities are security cooperation. The official suggested refining the definition of GHE to align with the security cooperation definition by adding language that states GHE is part of security cooperation.

(U) The DoD Lacks the Ability to Aggregate Data to Show the Strategic Effect of GHE Activities

(U) As a result of DoDI 2000.30 and DoDI 5132.14 not specifically requiring AM&E for all GHE activities other than SSCIs, the GCCs assessed, monitored, and evaluated GHE activities in their areas of responsibility to varying extents using different guidance. Without a requirement and standard guidance for AM&E the DoD lacks the ability to aggregate data to show the larger strategic effect of GHEs' ability to advance readiness, build interoperability, and support the U.S. security cooperation strategy.

(U) In the absence of an AM&E requirement in DoDI 2000.30 for activities other than SSCIs, the GCCs provided varying levels of guidance for conducting assessment, monitoring, and evaluation of GHE activities. For example, USAFRICOM's Campaign Orders state that assessments are regularly conducted through proper assessment, monitoring, and evaluation approaches for GHE activities using after-action reports, but it did not provide requirements or procedures for conducting monitoring or evaluation. Further, a senior official in the USAFRICOM Command Surgeon's Office said that activities have different templates for AM&E and there is no standard for AM&E. USINDOPACOM did not provide any command-specific assessment, monitoring, and evaluation guidance for GHE activities in their GHE Strategic Guidance. Instead, USINDOPACOM officials stated that they conducted AM&E as a requirement to receive funding.

(U) Additionally, the Military Departments provided varying levels of guidance for conducting assessment, monitoring, and evaluation to their SCCs. The Air Force tactical doctrine on GHE and international health specialist teams provides guidance on assessment, monitoring, and evaluation. Moreover, the Air Force Medical Readiness Agency is in the initial phases of gathering data from Air Force SCCs about AM&E plans for a subset of GHE activities. Conversely, the Army Medical Command and Navy's Bureau of Medicine of Surgery do not provide policy guidance for conducting AM&E of GHE activities to their SCCs.

(U) We also determined that there was variation in how the GCCs conducted assessment, monitoring, and evaluation of GHE activities within and across GCCs. For example, USEUCOM internally developed end-of-year surveys for GHE activities, which were captured in a command-specific information system. However, the amount of information collected for different activities varied. For example, one activity defined activity objectives and milestones, identified whether those milestones were achieved, and provided a comprehensive and descriptive narrative about the effectiveness and efficiency of the activity. In contrast, another activity with similar objectives documented minimal information about activity objectives and whether they were achieved.

(U) We determined that the lack of requirements and procedures for the AM&E of GHE activities affects the DoD's ability to assess GHE processes, monitor GHE activities, assess the operational outcomes of GHE activities, and determine the strategic effect of GHE activities. These shortfalls were identified in a 2018 GHE Capabilities-Based Assessment that found a lack of a standardized and prioritized operational framework and methodology to assess the effectiveness of GHE. In addition, the GHE Capabilities-Based Assessment identified the lack of standardization, actionable metrics and assessment tools, and a lack of standardized guidance on GHE measures of effectiveness and measures of

(U) performance as a shortfall in the DoD's ability to assess the operational outcome of GHE activities. During our evaluation, an official from the Center for GHE stated that without standard AM&E guidance, there are varying interpretations and processes for AM&E, and it is currently impossible to identify the larger strategic effect.

(U) Recommendations, Management Comments, and Our Response

(U) Revised Recommendations

(U) As a result of management comments, we revised Recommendation A.3.b. to clarify the specific requirements applicable to GHE activities that are also identified as security cooperation activities. Also, as a result of management comments, we revised Recommendation A.3.d. to require that GHE policy identify the component responsible for ensuring the GHE workforce is appropriately sized to conduct assessment, monitoring, and evaluation of GHE activities, in addition to maintaining the required competencies to assess, monitor, and evaluate GHE activities.

(U) Recommendation A.1

(U) We recommend that the Under Secretary of Defense for Policy:

   a. **(U) Issue a memorandum formalizing the transfer of responsibility for global health engagement from the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict to the Assistant Secretary of Defense for Strategy, Plans, and Capabilities.**

(U) Under Secretary of Defense for Policy Comments

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy, responding for the Under Secretary of Defense for Policy, agreed with the recommendation stating that they will formalize the transfer of responsibility for GHE from the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict (ASD(SO/LIC)) to the Assistant Secretary of Defense for Strategy, Plans, and Capabilities (ASD(SPC)).

(U) Our Response

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy addressed all the specifics of the recommendation; therefore, the recommendation is resolved, but will remain open. We will close the recommendation once we verify that responsibility for GHE is formally transferred to the (ASD(SPC)).

b. **(U) Update DoDI 2000.30 to reflect the roles and responsibilities of the Assistant Secretary of Defense for Strategy, Plans, and Capabilities for global health engagement and their role on the Global Health Engagement Council.**

(U) Under Secretary of Defense for Policy Comments

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy, responding for the Under Secretary of Defense for Policy, agreed with the recommendation stating that they will update DoDI 2000.30 to reflect the roles and responsibilities of the ASD(SPC) for GHE and on their role on the GHE Council.

(U) Our Response

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy addressed all the specifics of the recommendation; therefore, the recommendation is resolved, but will remain open. We will close the recommendation once we verify that DoDI 2000.30 has been updated to address the recommendation.

(U) Recommendation A.2

(U) We recommend that the Deputy Assistant Secretary of Defense for Global Partnerships, in coordination with the DoD Global Health Engagement Council, provide a written proposal to the Under Secretary of Defense for Policy detailing its recommendations about how to implement Recommendations A.3.a-d.

(U) Deputy Assistant Secretary of Defense for Global Partnerships' Comments

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy, responding for the Deputy Assistant Secretary of Defense for Global Partnerships, agreed with the recommendation stating that the DASD(GP) in coordination with the DoD Global Health Engagement Council, will provide a written proposal to the USD(P) detailing their recommendations about how to implement Recommendations A.3.a through A.3.d.

(U) Our Response

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy addressed all the specifics of the recommendation; therefore, the recommendation is resolved, but will remain open. We will close the recommendation once we verify that the DASD(GP) has provided a written proposal to the USD(P) detailing their recommendations about how to implement Recommendations A.3.a through A.3.d.

(U) Recommendation A.3

(U) We recommend that the Under Secretary of Defense for Policy issue policy for the assessment, monitoring, and evaluation of global health engagement activities that includes the recommendations from the Deputy Assistant Secretary of Defense (Global Partnerships) proposed in response to Recommendation A.2. The policy should:

   a. (U) Establish criteria to determine which global health engagement activities require assessment, monitoring, and evaluation, and identify the DoD entities, roles, and responsibilities for the required AM&E of GHE activities.

(U) Under Secretary of Defense for Policy Comments

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy, responding for the Under Secretary of Defense for Policy), agreed with the recommendation stating that they will issue policy that establishes the criteria to determine which GHE activities require AM&E and identify the DoD entities, roles, and responsibilities for the AM&E of GHE activities.

(U) Our Response

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy) addressed all the specifics of the recommendation; therefore, the recommendation is resolved, but will remain open. We will close the recommendation once we verify that the USD(P) has issued policy that establishes the criteria to determine which GHE activities require AM&E and identifies the DoD entities, roles, and responsibilities for the AM&E of GHE activities.

   b. (U) Define which global health engagement activities are security cooperation activities and subject to the requirements in DoD Directive 5132.03, "DoD Policy and Responsibilities Relating to Security Cooperation."

(U) Under Secretary of Defense for Policy Comments

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy, responding for the Under Secretary of Defense for Policy, agreed with the recommendation, and stated that they will define which GHE activities are security cooperation activities and make them subject to DoD Security Cooperation policy.

(U) Our Response

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy addressed all the specifics of the recommendation; therefore, the recommendation is resolved, but will remain open. We will close the recommendation once we verify that the USD(P) has defined which GHE activities are security cooperation activities and subject to DoD Security Cooperation policy.

> **c. (U) Identify the sources of funding available for the required AM&E of GHE activities.**

(U) Under Secretary of Defense for Policy Comments

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy, responding for the Under Secretary of Defense for Policy, agreed with the recommendation and stated that they will issue policy that identifies the sources of funding available for the required AM&E of GHE activities.

(U) Our Response

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy addressed all the specifics of the recommendation; therefore, the recommendation is resolved, but will remain open. We will close the recommendation once we verify that the USD(P) has issued policy that identifies the sources of funding available for the required AM&E of GHE activities.

> **d. (U) Identify the component(s) responsible for ensuring the global health engagement workforce is appropriately sized and has the required skills, training, and competencies to plan, conduct, assess, monitor, and evaluate global health engagement activities.**

(U) Under Secretary of Defense for Policy Comments

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy, responding for the Under Secretary of Defense for Policy, agreed with the recommendation stating that they will issue policy that identifies the component responsible for ensuring the GHE workforce is appropriately sized and has the required skills, training, and competencies to conduct assessment, monitoring, and evaluation of GHE activities.

(U) Our Response

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy addressed all the specifics of the recommendation; therefore, the recommendation is resolved, but will remain open. We will close the recommendation once we verify that the USD(P) has issued policy that identifies the component responsible for ensuring the GHE workforce is appropriately sized and has the required skills, training, and competencies to conduct assessment, monitoring, and evaluation of GHE activities.

(U) Finding B

(U) The GCCs Did Not Enforce the Use of Socium for GHE Activities

(U) USINDOPACOM, USEUCOM, and USAFRICOM did not enforce the use of Socium to record GHE activities and to identify appropriate links among campaign objectives or to de-conflict campaign plan activities, as required by DoDI 2000.30.[13]

(U) This occurred because the DSCA, the lead for Socium, did not implement the Socium functions needed by the GCCs to use Socium for GHE activities, as required by DoDI 2000.30. Specifically, based on our analysis of available Socium functions and evidence provided by the GCCs, we determined that Socium lacked the following functions needed by the GCCs to enforce the use of Socium for GHE activities:

- (U) alignment of GHE activities to campaign objectives,

- (U) a common operational picture that includes GHE activities,

- (U) interfacing with the Concept and Funding Request (CFR) system and the Overseas Humanitarian Assistance Shared Information System (OHASIS), and

- (U) functions that enable the AM&E of GHE activities.[14]

(U) The DSCA stated that actions have been taken to add the functions listed above into Socium. For example, the DSCA released additional AM&E functionality on February 22, 2023, with Socium Release 3.8. However, some functions are pending with no estimated start dates.

(U) As a result of the GCCs not enforcing the use of Socium for GHE activities, and the inability for the DoD to track GHE activities in Socium, the DoD as a whole lacks the ability to make informed decisions on future global health engagements and GHE policies. Specifically, the DoD needs:

- (U) a common operational picture that includes GHE activities to plan strategically and observe how the GHE activities across the different programs achieve unity of effort toward U.S. national security goals, and

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[13] (U) DoDI 2000.30, "Global Health Engagement (GHE) Activities," July 12, 2017, paragraph 2.12.d. requires the GCCs to ensure the use of Socium to record GHE activities and to identify appropriate links among campaign objectives and de-conflict campaign plan activities.

[14] (U) The "DoD Dictionary of Military and Associated Terms," August 2022, defines common operational picture as a single, identical display of relevant information shared by more than one command that facilitates collaborative planning and assists all echelons to achieve situational awareness. The CFR system is the system of record for GHE operations, activities, and initiatives in USEUCOM. The OHASIS is the system of record for activities funded by DoD OHDACA.

- (U) a central repository of lessons learned and after-action reports to improve future GHE activities and capabilities.

(U) The GCCs Did Not Enforce the Use of Socium for GHE Activities, as Required by DoDI 2000.30

(U) USINDOPACOM, USEUCOM, and USAFRICOM did not enforce the use of Socium to record GHE activities and to identify appropriate links among campaign objectives and de-conflict campaign plan activities, as required by DoDI 2000.30.[15] This DoDI requirement ensures a united effort for all GHE activities by synchronizing GHE operations and activities with theater campaign plans.

(U) For example, a senior official from U.S. Air Forces in Europe stated that they knew about Socium, but were not informed that they had to use it for GHE activities. However, the USEUCOM Combatant Commander's Campaign Plan states, "All Components and implementing organizations of GHE O/A/Is [operations, activities, and initiatives] will document in the applicable System of Record. Starting in FY21, all Security Cooperation activities will be documented with Defense Security Cooperation Agency's Socium."[16]

(U) Similarly, a senior Pacific Fleet official stated that they do not use Socium. The official stated that it is required, but no one enforced the use of Socium. Also, a senior official from the U.S. Army Europe and Africa stated they did not have the ability to write or edit in Socium. We determined that although the GCCs require the use of Socium for GHE activities, the actual use of Socium was not enforced.

(U) Socium Lacked the Functions Needed to Link GHE Activities to Campaign Objectives and Deconflict Campaign Plan Activities

(U) The GCCs did not enforce the use of Socium for GHE activities because the DSCA did not implement the Socium functions needed by the GCCs to link GHE activities to campaign objectives and de-conflict campaign plan activities. Specifically, we concluded that Socium lacked the following functions that should be included in Socium based on its funding justification:

1. (U) alignment of GHE activities to campaign objectives,
2. (U) a common operational picture that includes GHE activities,

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[15] (U) DoDI 2000.30 requires the GCCs to ensure the use of Socium to record GHE activities and to identify appropriate links among campaign objectives and de-conflict campaign plan activities. According to the initial assessment standards for the AM&E Framework in DoDI 5132.14, initial assessments should include clear linkage to goals or objectives in the theater campaign plan or other higher-level guidance.

[16] (U) Headquarters USEUCOM, "CDRUSEUCOM Combatant Command Campaign Plan 2020: Global Health Engagement," Appendix 10 to Annex Q, May 4, 2021.

3. (U) interfacing with the CFR and the OHASIS systems, and

4. (U) functions that enable the AM&E of GHE activities.

(U) Socium Was Funded to Replace G-TSCMIS and Add Basic Functions That the Security Cooperation Enterprise Needed

(U) Socium is currently operational, and based on the funding justification document, it was funded to replace G-TSCMIS.[17] The G-TSCMIS Program was an initiative from the Office of the Secretary of Defense to develop and deploy a common web-based, centrally hosted management information system that would be the information focus point for security cooperation efforts with the ability to view, manage, assess, and report security cooperation activities and events. However, the G-TSCMIS lacked basic functionality that the security cooperation enterprise has called for since 2010. The needed functions include the alignment of activities to strategic guidance, institutionalizing a common operational picture, and interfacing with other security cooperation data sources. The funding justification stated that the successor system, Socium, must perform these functions, including AM&E. On February 11, 2019, the Office of the Secretary of Defense assigned the DSCA as the lead for G-TSCMIS and any successor comprehensive security management information system.

(U) According to the funding justification for Socium, the DSCA used a phased approach to develop the successor system, and the final phase would be completed in FY 2021. According to a 2020 DSCA memorandum, Socium would replace G-TSCMIS on the unclassified network on December 31, 2020, and Socium would replace G-TSCMIS on the classified network in early summer of 2021.[18] The DSCA's FY 2024 guidance for significant security cooperation initiatives required the GCCs to submit all FY 2024 new SSCI proposals through Socium.

(U) We also received demonstrations on how Socium functions, and we reviewed the Socium system to determine what AM&E information was stored in the databases. Based on our review and the required use of Socium, we determined that Socium was operational.

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[17] (U) Defense Security Cooperation Agency, "Department of Defense Fiscal Year (FY) 2021 Budget Estimates — Research, Development, Test & Evaluation, Defense-Wide," February 2020, Defense-Wide Justification Book Volume 5 of 5.

[18] (U) DSCA Memorandum, "Interim Guidance for the Phase Out Of Global - Theater Security Cooperation," December 14, 2020.

(U) Socium Lacked the Function to Align GHE Activities to Campaign Objectives

(U) Based on demonstrations and our review of the Socium database, we determined that Socium lacked the function to align GHE activities to campaign objectives. During a demonstration of Socium on September 30, 2022, we did not identify a capability to align activities to campaign objectives. We also accessed the Socium database directly, and did not find any data entry fields or links in Socium that tied an activity to a campaign objective.

(U) In contrast, during the demonstration of USEUCOM's CFR system, we observed multiple "Health Line of Activity" fields connected to specific country-level objectives. According to a senior USEUCOM official, the CFR system is able to align GHE activities to campaign objectives. The official stated that within the CFR system, the GHE office develops objectives for each country with a Health Line of Activity within the Strategy of Active Security Plan system.[19] For each Health Line of Activity Objective, the GHE office creates a timeline with milestones. The Health Line of Activity tasks, which include GHE activities, are aligned with the milestones and assigned by Service component commands. The CFR system has algorithms that assign weights to the task's Line of Activity based on its alignment with Command objectives to assist in prioritizing funding and execution. The USEUCOM official stated that the CFR system serves as an integrated platform to evaluate whether the events and engagements achieved the Health Line of Activity Objective since CFR links the engagements and events to the objectives.

(U) According to DSCA officials, Socium does not align activities to campaign objectives because campaign objective data is not available in Socium. The DSCA is in the process of integrating Socium with Command and Control of the Information Environment (C2IE) system for Socium to receive structured campaign plan data.[20] This integration is expected to be completed in the July 2023 timeframe, based on the latest constraints communicated by the C2IE program office.

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[19] (U) According to the Headquarters USEUCOM, "CDR USEUCOM Combatant Command Campaign Plan 2020: Global Health Engagement," Appendix 10 to Annex Q, May 4, 2021, the Health Line of Activity is included in Country Plans, which are documented within the Strategy of Active Security Plan system. There are Health Line of Activity Objectives and associated milestones in support of Country Goals and Campaign Plan Objectives, which align with the Combatant Commander's Campaign Plan Lines of Effort.

[20] (U) According to the Joint Staff, "Fiscal Year (FY) 2020 President's Budget Operation and Maintenance, Defense-Wide," March 2019, the C2IE provides mission management of activities and information objectives by enabling structured planning and employment of shaping activities such as military exercises, public affairs, key leader engagements, and information operations. C2IE enables combatant commands, Services, agencies, and DoD leadership to detect, monitor, understand, and jointly act in a timely manner to achieve DoD goals in response to the new strategic information environment.

(U) Socium Did Not Establish a Common Operational Picture That Includes GHE Activities

(U) Socium did not establish a common operational picture that includes GHE activities. The senior officials from the OASD(HA) stated that there was no centralized database yet for GHE activities, and they were not sure whether there would be a code in Socium to designate activities as related to GHE. An official also stated that in the past they used keyword searches and reviewed the funding authorization to determine whether an activity was related to GHE.

(U) During a demonstration of Socium, the DSCA official stated that when an activity is created in Socium, Socium has a common required field that identifies whether the activity is an SSCI. However, Socium does not have a similar field that identifies GHE activities. We determined that it would be difficult to establish a common operational picture that includes GHE activities without such a common required field.

(U) A senior DSCA official was skeptical when we asked if Socium has the capability to establish a common operational picture. The official stated that Socium is more of a workflow repository database and can link to other systems to provide a common operational picture.

(U) According to the DSCA, Socium has the capability to provide an integrated view of security cooperation programmatic data at the initiative and activity level through the Socium geographic information system.[21] The DSCA plans to expand Socium's capability to include Global Campaign Plan data around August 2023, following initial integration with C2IE. However, the DSCA officials stated that Socium does not have the capability to establish a common operating picture with mission command or operations data, because Socium is only required to capture security cooperation programmatic data, not operational data.[22]

(U) The DSCA officials also stated that Socium has the capability to provide operational data now, but Socium adoption is dependent on supporting policy requirements in place to specify its use. DSCA officials stated that Socium is currently integrating with authoritative data sources and Common Operating Picture systems already in use by regional and component commanders to provide

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[21] (U) According to the DSCA's response to our request for information, security cooperation programmatic data is hierarchical program design, planning, proposal, prioritization, funding, approval, assessment, monitoring, and evaluation information in support of Title 10 and DoD administered Title 22 activities. Programmatic data contains over 200 data fields in Socium.

[22] (U) According to the DSCA's response to our request for information, operations is the integration and sequencing of tactical actions with a common purpose or unifying theme for military operations. Examples of operational data include a) Echeloned Friendly, Allied, Partner, and Adversary unit task organization, strength, composition, and disposition as of a specified date time group within a designated Area of Operations and or Area of Responsibility; and b) Commander's Critical Information Requirements with respect to a military operation.

(U) a more holistic view of security cooperation activities in operational contexts. The DSCA officials stated that the biggest limitation is the need for Office of the Secretary of Defense policy requirements mandating use of the system, and tasking requests from the Joint Staff mandating use at the GCCs and their subordinate elements. A DSCA official stated that representatives from the Office of the Secretary of Defense, CCMDs, and the DoD GHE Council are scheduled to meet on July 25, 2023, to discuss the GHE requirements for Socium that will allow the GHE community to design, plan, monitor, and assess activities in the context of strategic plans and objectives.

(U) Socium Did Not Interface with the CFR System and OHASIS

(U) We concluded that Socium did not interface with the CFR system and OHASIS, as required by the funding justification for Socium. The CFR system is the system of record for GHE operations, activities, and initiatives in USEUCOM. OHASIS is the system of record for activities funded by the DoD OHDACA appropriation. We determined that both systems are security cooperation-relevant authoritative data sources that should be interfaced with Socium.

(U) A senior DSCA official stated that they are in the process of linking CFR data with Socium. According to the Socium Application Roadmap, CFR interface was scheduled to start and finish in the third quarter of FY 2023. We reviewed e-mail correspondence between USEUCOM and DSCA officials, and confirmed that the process to link the CFR data started on September 20, 2022. In July 2023, the DSCA officials stated that they signed the memorandum of agreement with USEUCOM to integrate CFR into Socium. Furthermore, the DSCA officials stated that USEUCOM started feeding live data to Socium on July 12, 2023.

(U) However, the DSCA official initially stated that the integration of Socium with OHASIS data is planned in the out years with no estimated start date due to funding constraints, development priorities, and the development team's capacity to start new work given current levels of effort. We reviewed the Socium Product Development Roadmap, and confirmed that "OHASIS Integration" was scheduled for the out years. In July 2023, the DSCA officials stated that the integration of Socium with OHASIS data is planned to begin in 2023, with integration likely established by early FY 2024. DSCA officials said the first session to define the requirements with GHE stakeholders is scheduled for July 25, 2023.

(U) Socium Functions for AM&E Were Not Fully Operational

(U) We determined that the Socium functions that enable AM&E were not fully operational. We reviewed the Socium database and found that the Activity Evaluation tab in Socium had text fields to capture data elements and comments for AM&E. However, the Activity Evaluation tab was not available for all types of activities in Socium.

(CUI) In a 2021 study conducted by the Uniformed Services University of the Health Sciences Center for GHE and the Henry M. Jackson Foundation for the Advancement of Military Medicine, the report stated that ████████████████████ ██ ██ ██████████.[23] A response to our request for information from the ODASD(GP) stated that the DSCA is currently developing Socium, which will provide a complete life cycle program management of security cooperation activities, including security cooperation GHE related activities, and enable data-driven AM&E. According to the response, Socium will enable oversight and AM&E of security cooperation GHE programs once fully operational.

(U) Furthermore, a senior DSCA official stated that there is a gap in AM&E functionality, and the DSCA is in the process of developing the AM&E capability in Socium. Socium's AM&E functionality is limited to the file manager where users can upload AM&E documents into the archive in Socium. According to DSCA officials, the Objective Tree functionality was released on February 22, 2023, with Socium Release 3.8.[24] The DSCA plans to add six additional AM&E functions to Socium in future-years pending availability of funding. For example, the Socium capability for lessons learned will allow users to track who has actioned which recommendations within AM&E products. It will also allow users to see all recommendations emanating from AM&E products pertaining to a particular country, authority, or timeframe.

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[23] (U) The Uniformed Services University of the Health Sciences Center for GHE and the Henry M. Jackson Foundation for the Advancement of Military Medicine, "Framing Tactical-Level DoD Global Health Engagement," September 2021.

[24] (U) According to the U.S. Agency for International Development website, an Objective Tree is a graphic tool for displaying a hierarchy of results, which transforms problem statements into a vision of how things would be if that problem were reduced or eliminated, and what it would take to achieve that vision.

(U) The DoD Lacks the Ability to Make Informed Decisions on Future GHEs and Associated Policies

(U) As a result of the GCCs not enforcing the use of Socium for GHE activities, and the inability for the DoD to track GHE activities in Socium, the DoD as a whole lacks the ability to make informed decisions on future GHEs and GHE policies. Specifically, the DoD needs:

- (U) a common operational picture that includes GHE activities to plan strategically and see how the GHE activities across the different programs achieve unity of effort toward the U.S. national security goals, and

- (U) a central repository of lessons learned and after-action Reports to improve future GHE activities and capabilities.

(U) The DoD Lacks the Ability to Plan Strategically and See How the GHE Activities Achieve Unity of Effort

(U) We determined that the DoD needs a common operational picture that includes GHE activities to plan strategically and holistically observe how the GHE activities world-wide across the different programs achieve unity of effort toward the U.S. national security goals. According to DoDI 2000.30, the DoD GHE Council serves to ensure that health engagements conducted by the DoD are aligned with U.S. national security goals; and according to USAFRICOM policy, efforts of GHE operations, activities, and investments must be synchronized to ensure unity of effort.[25] An official from the USAFRICOM Security Cooperation Directorate stated that they should have more involvement with programs, such as GHE so they could see how the different programs achieve the bigger objectives to adequately measure the impact of an activity on the country-level objectives. Likewise, a senior DSCA official stated that without a central database, it is difficult for leadership and decision makers to do strategic planning and see what is happening.

(U) The DoD Lacks the Ability to Improve Future GHE Activities and Capabilities Based on Past GHE Activities

(U) We determined that the DoD needs a central repository of lessons learned and after-action reports to improve future GHE activities and capabilities. A senior official from the ODASD(GP) stated that lessons observed from GHE activities were not learned. The official stated that to convert "Lessons Observed" into "Lessons Learned," we need to execute lessons learned, and that requires a standard repository for the lessons from all GHE activities that allows a holistic view and sharing of best practices. Another senior official from the ODASD(GP) added that

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[25] (U) USAFRICOM, "USAFRICOM Campaign Order FY23-24, Medical Services," Annex Q, August 1, 2022.

(U) the central repository needs to be current, sustained, and funded. According to senior officials at the OASD(HA), since there is no record of AM&E of GHE activities, they tried to be aware of what is happening to determine the need for updates to policy. Similarly, officials from the Uniformed Services University of the Health Sciences Center for GHE stated that they tried, but they could not find a repository of standardized data of good quality. The data they accessed was incomplete. It was primarily spending data at the proposal stage, and the data did not say whether the activity was conducted or not.

(U) An official at the USINDOPACOM Surgeon's Office stated that lessons learned and after-action reports were shared and used to make informed decisions on future global health engagements. However, the after-action reports were stored on the network drive in the country folder. We determined that if the personnel who maintained the documents left, then the information could be lost.

(U) Recommendations, Management Comments, and Our Response

(U) Recommendation B.1

(U) We recommend that the Deputy Assistant Secretary of Defense for Global Partnerships, in coordination with the DoD Global Health Engagement Council, provide a written proposal to the Director of the Defense Security Cooperation Agency detailing the specific requirements needed in Socium to address the four functions listed in Recommendation B.2 for global health engagement activities.

(U) Deputy Assistant Secretary of Defense for Global Partnerships' Comments

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy, responding for the Deputy Assistant Secretary of Defense for Global Partnerships, agreed with the recommendation. The senior official stated that the Deputy Assistant Secretary for Global Partnerships, in coordination with the DoD GHE Council, formed a working group with the Defense Security Cooperation Agency to adopt a written proposal to address the specific requirements needed in Socium to support GHE activities. The DASD(GP) plans to continue these efforts.

(U) Our Response

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy addressed all specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that the DASD(GP) has provided a written

(U) proposal to the Director of the Defense Security Cooperation Agency detailing the specific requirements needed in Socium to address the four functions listed in Recommendation B.2 for global health engagement activities.

(U) Recommendation B.2

(U) We recommend that the Director of the Defense Security Cooperation Agency, informed by the written proposal from the Deputy Assistant Secretary of Defense for Global Partnerships developed in the response to Recommendation B.1, develop and implement the following four f**unctions for global health engagement activities into Socium:**

- **(U) Alignment of global health engagement activities to campaign objectives;**

- **(U) A common operational picture that includes global health engagement activities;**

- **(U) Interfacing with the Concept and Funding Request system and the Overseas Humanitarian Assistance Shared Information System; and**

- **(U) Functions that enable assessment, monitoring, and evaluation of global health engagement activities.**

(U) Director of the Defense Security Cooperation Agency Comments

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy, responding for the Director of the Defense Security Cooperation Agency, agreed to ensure the development and implementation of the four functions for global health engagement activities in SOCIUM, in coordination with other DoD components.

(U) Our Response

(U) The senior official Performing the Duties of the Deputy Under Secretary of Defense for Policy addressed all specifics of the recommendation; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that the Director of the Defense Security Cooperation Agency has developed and implemented all four functions for global health engagement activities into Socium.

(U) Appendix

(U) Scope and Methodology

(U) We conducted this evaluation from June 2022 through July 2023 in accordance with the "Quality Standards for Inspection and Evaluation," published in December 2020, by the Council of the Inspectors General on Integrity and Efficiency. Those standards require that we adequately plan the evaluation to ensure that objectives are met and that we perform the evaluation to obtain sufficient, competent, and relevant evidence to support the findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient, competent, and relevant to lead a reasonable person to sustain the findings, conclusions, and recommendations.

(U) Documentation Review

(U) To address the objective for this evaluation, we reviewed the following documents.

- (U) Section 301, title 10, United States Code
- (U) DoDI 2000.30, "Global Health Engagement (GHE) Activities," July 12, 2017
- (U) DoDI 5132.14, "Assessment, Monitoring, and Evaluation Policy for the Security Cooperation Enterprise," January 13, 2017
- (U) The White House, "National Security Strategy," October 2022
- (U) The DoD, "2022 National Defense Strategy," October 27, 2022
- (U) Public Law 112-239, "National Defense Authorization Act for Fiscal Year 2013," section 715, "Requirement to Ensure the Effectiveness and Efficiency of Health Engagements," January 2, 2013
- (U) Public Law 116-283, "William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021," section 732, "Department of Defense Pandemic Preparedness," January 1, 2021
- (U) The DSCA, "Department of Defense Fiscal Year (FY) 2021 Budget Estimates – Research, Development, Test & Evaluation, Defense-Wide," February 2020, Defense-Wide Justification Book Volume 5 of 5

(U) Interviews with Officials

(U) Additionally, we interviewed or received information from personnel from the following offices.

- (U) The Uniformed Services University of the Health Sciences Center for Global Health Engagement;

- (U) The Defense Security Cooperation Agency;
- (U) Navy Bureau of Medicine and Surgery;
- (U) Army Office of the Surgeon General;
- (U) The Assistant Secretary of Defense for Health Affairs;
- (U) The Joint Staff;
- (U) The Deputy Assistant Secretary of Defense for Global Partnerships;
- (U) Air Force Medical Readiness Agency;
- (U) USEUCOM, Office of the Command Surgeon;
- (U) USAFRICOM, Office of the Command Surgeon;
- (U) USINDOPACOM, Office of the Command Surgeon;
- (U) U.S. Army Europe and Africa, Office of the Command Surgeon;
- (U) U.S. Air Force Europe and Africa, Office of the Command Surgeon;
- (U) U.S. Naval Forces Europe and Africa, Force Medical Activity;
- (U) U.S. Air Force Pacific, Office of the Command Surgeon;
- (U) U.S. Army Pacific, Office of the Command Surgeon;
- (U) 18th Medical Command;
- (U) U.S. Pacific Fleet, Fleet Health Services; and
- (U) Marine Forces Pacific, Office of Force Surgeon.

(U) To determine the extent to which the DoD assessed, monitored, and evaluated GHE activities, as required by DoDI 2000.30, we obtained a list of GHE activities conducted in USINDOPACOM, USEUCOM, and USAFRICOM AORs from July 1, 2018, to June 30, 2022, from GCC officials. We obtained and analyzed AM&E documents from EUCOM related to the Baltic Military Medical SSCI with Lithuania and Estonia within USEUCOM to determine whether USEUCOM followed the DoDI 5132.14 criteria, since it is the only SSCI conducted by the GCCs within the specified period. We obtained and analyzed documentation of assessment, monitoring, and evaluation of GHE activities that were selected by GCC officials who conduct and provide oversight of GHE activities, to determine type and amount of information documented, and determine if the information was collected in a standardized way. DSCA provided a demonstration on how the Socium and CFR systems function so we could better understand the systems' capabilities. We also reviewed the Socium and CFR systems to determine what AM&E information is stored in the databases.

(U) This report was reviewed by the DoD Components associated with this oversight project to identify whether any of their reported information, including legacy FOUO information, should be safeguarded and marked in accordance with the DoD CUI Program. In preparing and marking this report, we considered any comments submitted by the DoD Components about the CUI treatment of their information.

(U) If the DoD Components failed to provide any or sufficient comments about the CUI treatment of their information, we marked the report based on our assessment of the available information.

(U) Use of Computer-Processed Data

(U) We did not use computer-processed data to perform this evaluation.

(U) Prior Coverage

(U) During the last 5 years, RAND issued one report related to Assessment, Monitoring, and Evaluation of Army Security Cooperation, the Congressional Research Service released one In Focus Brief on DoD Global Health Engagement, and the DoD Office of Inspector General (DoD OIG) issued one report related to Assessment, Monitoring, and Evaluation of DoD Regional Centers.

(U) Unrestricted RAND Corporation reports can be accessed at https://www.rand.org/pubs/online.html.

(U) Unrestricted Congressional Research Service reports and briefs can be accessed at https://crsreports.congress.gov/.

(U) Unrestricted DoD OIG reports can be accessed at http://www.dodig.mil/reports.html/.

(U) RAND

(U) Report No. RR-2165-A, "Assessing, Monitoring, and Evaluating Army Security Cooperation," 2018

> (U) This report found that all security cooperation activities require some level of monitoring and evaluation (M&E) and the M&E provides substantial benefits through learning, activity improvement, and accountability measures. Consistency and interoperability in monitoring allow auditing, reporting, and comparability across activities and the performance evaluations can identify if the activities are implemented as planned and whether objectives are being met. However, due to a lack of systematic AM&E across Army security cooperation activities it is impossible to examine individual and aggregated activities. This reflects both the inherent challenges that exist in evaluating security cooperation and the lack of robust AM&E processes throughout the Army and the DoD more broadly.

(U) Congressional Research Service

(U) Report No. IF11386, "Department of Defense Global Health Engagement," January 16, 2020

(U) The brief states what DoD policy defines GHE activities as, ranging from promoting partner nation stability, developing capacity, building trust, subject matter expert exchanges and more. The CRS noted that when the DoD uses GHE in the context of stability operations mission creep can occur. It states that the geographic combatant commanders conduct most of the DoD's GHE as part of their theater campaign plans with support of other DoD components. The DoD began using GHE as a part of its implementation strategy for stability operations in accordance with National Security Presidential Directive 44. Shortly after other U.S. national security policy documents incorporated global health such as the National Security Strategy, the National Military Strategy, the National Biodefense Strategy, and the National Health Security Strategy.

(U) DoD OIG

(U) Report No. DODIG-2020-090, "Evaluation of the Department of Defense Regional Center for Security Studies," June 10, 2020

(U) The report found that the DoD Regional Centers (RCs) did not have measures of effectiveness to indicate progress toward achievement of the RCs' stated goals, objectives, or strategic outcomes. That occurred because the RCs did not request, and the RCs were not provided with technical assistance and subject matter expertise as required by DoDI 5132.14 to develop, use, and report measures of effectiveness. As a result, the RCs could not quantify their contributions to DoD strategic objectives, and the DoD did not assess RC progress in supporting DoD and GCC priorities.

(U) Controlled Unclassified Information

(U) This report was reviewed by the DoD Components associated with this oversight project to identify whether any of their reported information, including legacy FOUO information, should be safeguarded and marked in accordance with the DoD CUI Program. In preparing and marking this report, we considered comments submitted by the DoD Components about the CUI treatment of their information. If the Components did not provide any, or sufficient, comments about the CUI treatment of their information, then we marked the report based on our assessment of the available information.

(U) Management Comments

(U) Under Secretary of Defense for Policy

UNDER SECRETARY OF DEFENSE
2000 DEFENSE PENTAGON
WASHINGTON, DC 20301-2000

POLICY

JAN 1 1 2024

MEMORANDUM FOR ROBERT P. STORCH, INSPECTOR GENERAL, DEPARTMENT OF
DEFENSE OFFICE OF INSPECTOR GENERAL

SUBJECT: Department of Defense Office of Inspector General Draft Final Report - Project
Number D2022 – DEV0PB-0144.000 "Assessment, Monitoring, and Evaluation of
Global Health Engagement Activities in USINDOPACOM, USEUCOM, and
USAFRICOM"

Thank you for the opportunity to review the Department of Defense (DoD) Office of
Inspector General's draft Final Report for Project Number D2022-DEV0PB-0144.000:
*Evaluation of Assessment, Monitoring, and Evaluation of Global Health Engagement
Activities in USINDOPACOM, USEUCOM, and USAFRICOM.*

This memorandum is an updated version of the memorandum signed on October 20,
2023, that includes our comments to the recommendations in the draft Final Report. Our
comments are intended to add clarification and accuracy to the Final Report.

Regarding recommendation A.1. a – b and A.2: Concur

Regarding recommendation A.3. a – d:

A.3. That the Under Secretary of Defense for Policy, issue policy for the assessment,
monitoring, and evaluation of global health engagement activities that includes the
recommendations from the Deputy Assistant Secretary of Defense for Global Partnerships
proposed in response to Recommendation A.2. The policy should:

A.3.a. Establish criteria to determine which global health engagement activities
require assessment, monitoring, and evaluation, and identify the DoD entities, roles,
and responsibilities for the required assessment, monitoring, and evaluation (AM&E)
of Global Health Engagement (GHE) activities.

A.3.a. Recommendation: Concur.

A.3.b. Clarify which global health engagement activities are also security cooperation
activities, and subject to security cooperation requirements.

A.3.b. Recommendation: Modify to "Define which GHE activities are security
cooperation activities and make them subject to the AM&E requirements of 10 U.S.C.
383, DoDD 5132.03, *DoD Policy and Responsibilities Relating to Security
Cooperation*, and DoD Instruction 5132.14, *Assessment, Monitoring, and Evaluation
for the Security Cooperation Enterprise.*"

(U) Under Secretary of Defense for Policy (cont'd)

Rationale: The proposed language is too vague. It is unclear which security cooperation (SC) requirements are being referenced. It is also unclear how this recommendation fits under the overarching framework of AM&E. Referencing 10 U.S.C. 383, DoDD 5132.03, and DoDI 5132.14 clarifies which requirements DoD should apply to GHE activities that are SC activities.

A.3.c. Identify the sources of funding available for the required AM&E of GHE activities.

A.3.c. Recommendation: Concur

A.3.d. Identify the component responsible for developing the required competencies for personnel in the planning, conduct, assessment, monitoring, and evaluation of global health engagement activities, including those who are not Military Health System personnel.

A.3.d. Recommendation: Modify to "Identify the component or components responsible for ensuring the global health engagement workforce is appropriately sized, properly assigned, and has the requisite skills and training to plan, conduct, assess, monitor and evaluate GHE activities."

Rationale: DoDI 5132.14, *Assessment, Monitoring and Evaluation Policy for the Security Cooperation Enterprise*, addresses the intent of this recommendation. Any revision to DoDI 2000.30, *Global Health Engagement (GHE) Activities* should model and be consistent with this language.

Regarding recommendation B.1.:

B.1. That the Deputy Assistant Secretary of Defense for Global Partnerships, in coordination with the DoD Global Health Engagement Council, provide a written proposal to the Director of the Defense Security Cooperation Agency detailing the specific requirements needed in Socium to address the four functions listed in Recommendation B.2 for global health engagement activities.

B.1. Recommendation: Modify to "The Deputy Assistant Secretary of Defense for Global Partnerships, in coordination with the DoD Global Health Engagement Council, has formed a working group with the Defense Security Cooperation Agency to adopt a written proposal to address the specific requirements needed in Socium, the security cooperation knowledge management system of record, to support the implementation of the following four functions for GHE activities:
  - Alignment of GHE activities to campaign objectives;
  - A common operational picture that includes GHE activities;
  - Interfacing with the Concept and Funding Request system and the Overseas Humanitarian Assistance Shared Information System (OHASIS); and
  - Functions that enable AM&E of GHE activities.

The Deputy Assistant Secretary of Defense for Global Partnerships, the DoD Global Health Engagement Council, and the Defense Security Cooperation Agency should continue these efforts."

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(U) Under Secretary of Defense for Policy (cont'd)

Rationale: To better reflect the already ongoing process.

Regarding recommendation B.2.:

B.2. That the Director of the Defense Security Cooperation Agency, informed by the proposal from the Deputy Assistant Secretary of Defense for Global Partnerships developed in the response to Recommendation B.1, develop and implement the following four functions into Socium:
   - Alignment of GHE activities to campaign objectives;
   - A common operational picture that includes GHE activities;
   - Interfacing with the Concept and Funding Request system and OHASIS; and
   - Functions that enable AM&E of GHE activities.

B.2. Recommendation: Modify to "The Director of the Defense Security Cooperation Agency, informed by the written proposal developed in response to Recommendation B.1., seeks development and implementation of the following four functions for global health engagement activities in Socium, in coordination with DoD components, as appropriate:
   - Alignment of GHE activities to campaign objectives;
   - A common operational picture that includes GHE activities;
   - Interfacing with the Concept and Funding Request system and the OHASIS; and
   - Functions that enable AM&E of GHE activities.

Rationale: To better reflect the already ongoing process.

Thank you for your review and recommendations for DoD Global Health Engagement.

Sasha N. Baker
Acting

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(U) Acronyms and Abbreviations

AM&E	Assessment, Monitoring, and Evaluation
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD(SO/LIC)	Office of Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict
C2IE	Command and Control of the Information Environment
CCMD	Combatant Command
CFR	Concept and Funding Request
ODASD(GP)	Office of Deputy Assistant Secretary of Defense for Global Partnerships
DOTmLPF	Office of Deputy Assistant Secretary of Defense for Global Partnerships Doctrine, Organization, Training, Material, Leadership, and Education, Personnel, and Facilities
DSCA	Defense Security Cooperation Agency
GCC	Geographic Combatant Command
GHE	Global Health Engagement
G-TSCMIS	Global-Theater Security Cooperation Management Information System
MHS	Military Health System
NDAA	National Defense Authorization Act
OHASIS	Overseas Humanitarian Assistance Shared Information System
OHDACA	Overseas Humanitarian, Disaster, and Civic Aid
SCC	Service Component Command
SSC	Significant Security Cooperation Initiative
USAFRICOM	U.S. Africa Command
OUSD(P)	Office Of The Under Secretary of Defense for Policy
USEUCOM	U.S. European Command
USINDOPACOM	U.S. Indo-Pacific Command

(U) Glossary

(U) Assessment. Systematic analysis to provide an understanding of the context, conditions, partner capabilities, and requirements to inform security cooperation planning and implementation. Assessments are generally conducted in advance of security cooperation activities, but may be repeated to update analysis and identify mid-course corrections of security cooperation activities.

(U) Evaluation. A systematic collection and analysis of information and evidence about the characteristics and outcomes of an ongoing or completed initiative, and its design, implementation, and results. Evaluations determine relevance, value, effectiveness, efficiency, sustainability, and impact as a basis for improving effectiveness and to inform decision makers on future plans, programs, and activities. Evaluation, distinct from assessment and monitoring, focuses on documenting the achievement of outcomes and results, and in some cases, the value of continuing the investment.

(U) Monitoring. A continuous process designed to provide regular feedback on the extent to which expected outputs and outcomes are being achieved to inform decisions or corrective actions. In general, results measured in monitoring are the direct and near-term consequences of initiative activities that provide opportunities to validate the theory of change throughout implementation and an early indication of the likelihood that expected results will be attained.

(U) Security Cooperation. All DoD interactions with foreign defense establishments to build relationships that promote specific U.S. security interests, develop allied and partner nation military and security capabilities for self-defense and multinational operations, and provide U.S. forces with peacetime and contingency access to allied and partner nations. This also includes DoD-administered security assistance programs.

(U) Significant Security Cooperation Initiative. The series of activities, projects, and programs planned as a unified, multi-year effort to achieve a single desired outcome or set of related outcomes. Such initiatives are generally planned by the geographic combatant commands and involve the application of multiple security cooperation tools over multiple years to realize a country-or region-specific objective or functional objective as articulated in the country-specific security cooperation sections of a theater campaign plan.

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