

Understanding the Health-Security Nexus for Building Societal Resilience

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The global security environment is evolving rapidly, with rising geopolitical tensions and persistent conflicts straining existing institutions, driving a reassessment of defence investments. At the same time, interconnected threats to human security are increasing, as highlighted by the COVID-19 pandemic, which demonstrated that infectious disease outbreaks pose serious risks to military readiness, national security, and society as a whole.

At the 2025 NATO Summit in The Hague, Member States committed to allocate 5% of GDP annually to core defence requirements and broader defence-and security spending by 2035. Of this, 1.5% is to be directed towards activities to protect critical infrastructure, defend networks, ensure civil preparedness and resilience, innovate, and strengthen the defence industrial base.^[1]

It is currently not clear if health spending and supporting health security infrastructure fits within this 1.5% target, however health systems remain among the most vulnerable critical infrastructures in Europe. Pandemics, antimicrobial resistance (AMR), climate-related health issues, supply chain fragility, the direct impact of armed conflict on civilian populations pose significant threats to domestic health systems and highlight the need to embed health resilience into modern security frameworks and society resilience structures.

These connected human security challenges present a strategic opportunity to better link health and security, and channel increased defence spending into dual-benefit investments that strengthen both civilian infrastructure and health systems through closer civil–military collaboration. Enhancing civilian and military interoperability in medical preparedness and response can significantly reduce preventable morbidity and mortality from infectious diseases, disasters, and conflict by ensuring faster, more coordinated, and better resourced interventions. Identifying investments with dual civilian and military benefit is especially important at a time of constrained resources and heightened security challenges. Proceeding in this way will need to be done carefully, to ensure there are no risks of ‘militarising’ civilian health investments and to bring a broad range of stakeholders along.

Five priority areas require immediate action to connect defence and health communities and embed health as a core pillar of resilience and security:

1. Common Taxonomy and Shared Metrics

Civil–military dual-benefit investments lack common definitions and indicators. The EU and NATO should work towards a better understanding and greater alignment on a **shared taxonomy and measurable standards** so that health preparedness, medical capacity, and infrastructure are formally recognised as defence-relevant resilience investments. A broad group of stakeholders should be involved in developing this taxonomy, to tackle sensitive questions and to secure broad support.



2. Peacetime Resilience with Dual Civil-Military Impact

Resilience must be designed and financed in peacetime, not only activated during crises. Clear criteria are needed to define what ‘resilience’ means under normal conditions, such as hospital surge capacity, protected supply chains, cyber-secure health systems, trained workforces, and anticipatory infrastructure. Framing these capabilities as dual Civil-Military impact assets strengthens the investment case by showing how the same spending supports civilian health delivery and military readiness, enabling prioritisation under constrained budgets.

3. Clear, Security-Focused Strategic Communication and Public Awareness

Health threats are security threats, but they are not communicated as such. Defence and health actors should adopt a shared narrative that frames health risks in national security terms, when appropriate. Targeted messaging and public engagement are essential to secure political support for sustained preparedness funding and build systems that are resilient in both peacetime and conflict. Civil society and non-profit organisations can be valuable partners to bridge gaps between policymakers and the public, underlining the need to have clear guidelines around these concepts.

4. Governance

Efforts should be made to strengthen discussions between all key stakeholders: countries that are members of both the EU and NATO, the four EU non-members of NATO and the EU institutions should all be invited to participate in (or observe) these exchanges. A whole-of-society approach should integrate health, defence, and civil protection, with shared priorities around One Health, CBRN preparedness, comprehensive trauma care, workforce, training, and interoperability, as well as stockpiling.

5. Structured Civil-Military Collaboration

Civil-military collaboration is not an ad hoc arrangement but must be predictable and rules-based. Clear governance, shared standards (language and metrics), and defined protocols are required for both peacetime and crisis and conflict operations. Priority areas of focus must include AMR, health impacts of armed conflict, and medical supply-chain fragility.

From Strategy to Action

In 2026, the priority is to make the civil-mil interface interoperable in practice, through shared standards, pilots, and funding alignment – true dual-use capabilities – so that ‘peacetime co-benefits’ become measurable preparedness outputs. This will unfold through timelier prophylaxis and treatment, protected surge capacity and preparedness, and fewer catastrophic outcomes when outbreaks and crises hit.

Health resilience must be treated as a core security capability, not a supporting function. Embedding health into security frameworks and structuring effective, long-term civil-military collaborations are essential to preparedness in peacetime, crisis, and conflict. Resilience in health will not improve without closing the divide between defence and health through tighter coordination, clear mandates, a shared operational language, and targeted investments that deliver measurable civilian and military benefit,



respecting guardrails identified as part of the process of collaboration. Now is the time for deeper understanding and cooperation between these two vital sectors.

Looking ahead, strengthening public communication, embedding preparedness into training and education, and exploring whether the EU's crisis coordination model needs further evolution will be essential next steps. To move beyond convenings and conversations, tangible opportunities should be mapped out for 2026 to drive targeted, practical action, using co-benefit in peacetime as the most effective entry point for collaboration.

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^[1] NATO. Defence expenditures and NATO's 5% commitment. 18 December 2025.
<https://www.nato.int/en/what-we-do/introduction-to-nato/defence-expenditures-and-natos-5-commitment>

