

**Implementation of Health Promotion Aspects in European Basic
Officer Education and Leadership Training as an Essential
Contribution to Common Security and Defence Policy.**

Essay

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Abstract

It's been more than eighteen years since the first time an operation was conducted under the framework of the Common Security and Defence Policy. After that first one, quite a few missions and operations have followed worldwide. These actions are developed in very complex scenarios, demanding proper leadership skills and competences.

The education provides basic, advanced, pre-deployment and in-mission training for personnel to be deployed in crisis management areas. Health promotion is one of such areas that should be considered and, therefore be taken into account to be implemented in basic officer education in order to build a kind of health culture among the young officers. Needless to say, this initial education should be followed by lifelong training.

Keywords

Health promotion, leadership, training, officer, education

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1. Preface

When I was a teenager I lived one year in Bonn, the hub of the United Nations in Germany and home to many international companies and non-governmental organizations. There, I had the opportunity of going to an International Baccalaureate (IB) world school with students from more than eighty countries, a strong diversity inspiring an appreciation for different perspectives, cultures and approaches to life and learning.

The IB framework aims to ensure the students develop the real-life skill sets needed in our rapidly changing world, promoting some values that connected me with the topic of this essay: critical thinking, risk-taking and health promotion as the foundation for sustainable achievement. After reading all the proposed topics I found that the one developed in this essay might be, from the author’s point of view, a little different from the others which in some cases had been already a topic in previous Olympiads.

During that period of time, my father, a Navy Captain (OF-5¹), was working for an international organization with the goal of being a centre of excellence and the first choice in Europe for cooperative defence equipment programmes. It was my first contact with European defence workings and, in a way, it awakened my interest in this matter.

On the one hand, the Olympiad represents a great opportunity to acquire better knowledge of European Security and Defence Policy. On the other hand, this essay topic is a challenge in terms of critical thinking and risk taking.

2. Introduction

Since 2003, the European Union has been ready to go abroad within the framework of the CSDP and make its contribution to security and stability worldwide. In more than 30 missions and operations, some 150,000 personnel have been deployed, serving under the European banner². The missions and operations have been conducted in many different scenarios, each one with its own peculiarities. This fact highlights the need for the personnel to be educated and trained following a comprehensive approach.

¹ NATO code

² Jochen Rehrl and Galia Glume. (2015). Handbook on CSDP Missions and Operations. Page 7

Public health measures, being an aspect of health promotion, are essential to develop CSDP missions and operations. Even if their impact is not easy to measure, a focus on public health will contribute to the sustainability of EU personnel in operations and missions. Other aspects of health promotion also contribute to the CSDP.

Basic officer education plays a key role in preparing future officers for the tasks they will have to accomplish. The educational institutions' curricula should include all the subjects of interest in order to achieve a better performance in an operations theatre.

The aim of this essay is to assess, taking into account the research done and following a hermeneutical approach, whether the implementation of health promotion aspects in basic officer education and leadership training contributes to CSDP missions and operations.

3. Current State of Research

In order to get a better understanding of the state of the art regarding the essay topic, research was conducted into literature dealing with health promotion aspects in European basic officer education and leadership training as essential contributors to the CSDP. When it comes to health promotion aspects, the research results showed very limited sources available. Based on this fact, a change in the methodology was implemented, focusing on health from the perspective of CSDP missions and operations. The rationale behind this approach is to provide the answer to a single question: is health an important factor in CSDP missions and operations?

The Handbook on CSDP Missions and Operations identifies as a challenge the public health engagement in CSDP operations and missions in order to enhance personnel sustainability³.

Statistically, in conflicts with military personnel involved, only 20% of all hospital admissions have been from combat. The other 80% are related to disease and non-battle injuries that could be prevented by public health measures⁴. It's paramount that commanders, when making decisions, take into account not only the nature of the operation but also the health condition of the deployed personnel⁵.

³ Ibid

⁴ Ibid. Page 208

⁵ Cf.: Ibid. Page 208

When planning a mission or an operation, detailed measures should be taken into account for the prevention of physical or mental illness and injury of deployed mission personnel or military forces as a key factor of personnel sustainability.

The concept of Force Health Protection (FHP) deals with “*the conservation of the working or fighting potential of a force so that it remains healthy, mission combat capable and available to the Head of Mission or Commander*”⁶. The Head of Mission and Commanders have to consider the threats and the countermeasures to fulfil the mission’s objectives without putting the sustainability, health and well-being of personnel at risk.

Public health measures to prevent disease and non-battle injuries contribute to the sustainability of EU personnel in operations and missions⁷ and, therefore, should be considered as a key factor to successfully conduct, CSDP operations and missions.

In 2014, the European Union External Action Service (EEAS) developed the document “Comprehensive Health and Medical Concept for EU-led Crisis Management Missions and Operations”. This document aimed to set out medical support principles for the guidance of Commanders, Heads of Missions and their staff in order to optimize health and healthcare support on EU-led crisis management missions and operations.

From the author’s perspective, and taking into account what has been mentioned, health prevention aspects provide an essential contribution to CSDP implementation.

The importance of training is widely recognised by the EU authorities. Training and professional performance of people are interlinked. Better trained staff will display a better performance on the ground and will make civilian missions and military operations more effective. Training is essential to making the CSDP effective⁸. The development of training courses related to leadership and management⁹ is also identified as an emerging need. After quite a few years conducting missions and operations in the context of the EU Common Security and Defence Policy, it has been learned that leadership is the key to success¹⁰.

⁶ Ibid. Page 210

⁷ Cf.: Ibid

⁸ Cf.: Jochen Rehrl. (2021). Handbook on CSDP. Page 242

⁹ Cf.: Ibid. Page 243,

¹⁰ Cf.: Jochen Rehrl. (2014). Handbook for decision makers.

Keeping in mind the importance of leadership, an analysis on leadership and management training requirements was developed by the European Union military Staff in collaboration with the Institute of Military Aeronautical Sciences of Florence. The conclusions are documented in a report that aims to recommend guidelines for specific training programmes at political-strategic, strategic and operational level. Leadership training is considered as a top priority by the EU Member States¹¹.

4. Research Gap

The previous chapter has shown that some research has been done on the importance of health and healthcare aspects in terms of CSDP missions and operations. Nevertheless, such research does not deal with the implementation of health promotion aspects in European Basic Officer Education (EBOE) as a contribution to CSDP. This research gap will be addressed in this essay.

With regard to leadership training, it was found CSDP-related authorities have fully recognised the key role played by leadership training in achieving success when it comes to CSDP operations and mission. Based on this fact, no significant research gap is identified in relation to the contribution of leadership training to CSDP missions and operations and, therefore, this essay will not assess leadership training as an essential contribution to CSDP, as it is something that has been already proved.

5. Research Question

The key question, formulated within the European basic officer education framework, which is answered in this paper is:

Does the implementation of health promotion aspects in basic officer education contribute to the development of the Common Security and Defence Policy (CSDP) missions and operations?

In order to achieve a better understanding, the author first needs to answer the following sub-questions:

- 1) What is health promotion?

¹¹ Cf.: EUMS, Institute of Military Aeronautical Sciences of Florence. Leadership and Management Training Requirement Analysis. Final report.

- 2) Does education contribute to CSDP missions and operations?
- 3) Do health promotion aspects contribute to CSDP missions and operations?

6. Methodology

In order to define the state of the art, a thorough internet search was undertaken with the aim of compiling the required information for this essay. The main sources are officially published internet-based documents.

The aim of this essay is to answer the key question established in the previous section. Instead of trying to answer this complex question directly, it was decided to break down the key question into three simpler questions. The methodical approach of this essay is an author-based interpretation, also known as hermeneutics.

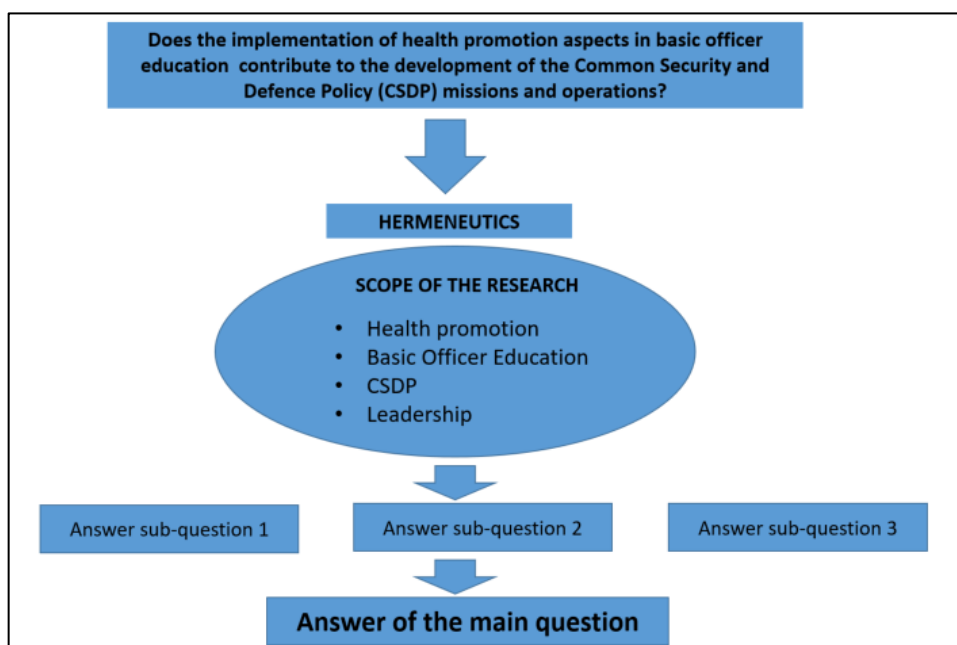


Figure 1: Flowchart of the hermeneutical approach¹²

7. Research and Results of Research

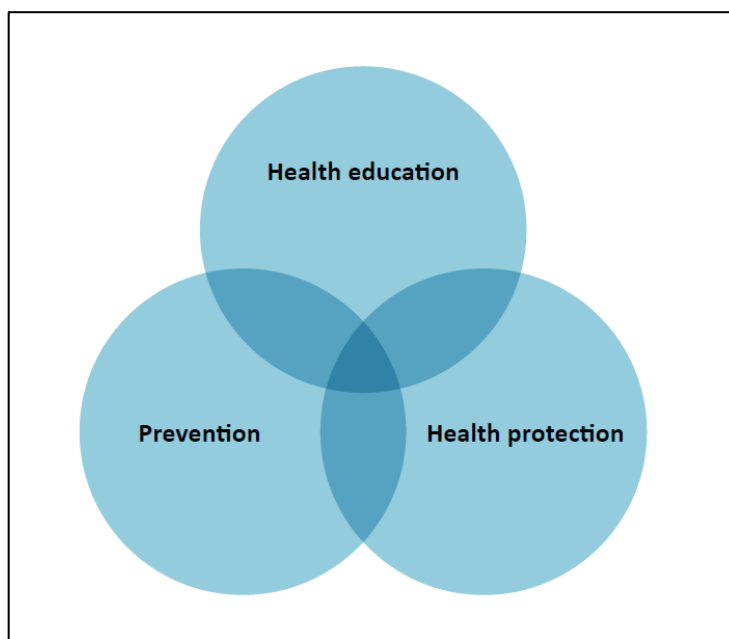
7.1 Health Promotion

The World Health Organization Constitution¹³ defines health as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity¹⁴.

¹² Figure created by the author

Health promotion is defined by the Ottawa Charter¹⁵ as the process of enabling people to increase control over and to improve their health by seeking to influence lifestyles, health services and environments, which are not limited to the physical environment but encompass as well the cultural and socioeconomic circumstances that substantially determine health status.¹⁶

There are different viewpoints related to health promotion. One of them considers that health promotion comprises three overlapping components which, in the past, were considered as separate components: health education, health protection and health prevention. Health education goes beyond increasing the knowledge of personal health behaviour and also covers the development of skills that demonstrate the political feasibility and organizational possibilities of different forms of action to address social, economic and environmental determinants of health. The combined efforts of the three components stimulate a social environment favouring the success of preventive health protection measures¹⁷.



¹³ Constitution of the world Health Organization.(1946)

¹⁴ Ibid.

¹⁵ World Health Organization. (1986). Ottawa Charter for Health Promotion

¹⁶ World Health Organization. (2012). Health education: theoretical concepts, effective strategies and core competencies: a foundation document to guide capacity development of health educators. Page 15

¹⁷ Cf.: Ibid Pages 13,15

Figure 2: A model of health promotion¹⁸

But there are other viewpoints. For example, O’Byrne states that health promotion encompasses health education and public health policy. Through health education, individuals and groups are provided with the knowledge, values and skills that encourage effective action for health. Through healthy public policy, political commitment is generated for health supportive policies and practices, as well as the provision of services and increased public interest in and demand for health¹⁹.

Another concept to be taken into account is health literacy, defined as the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life²⁰. Health literacy could be viewed as an outcome of effective health education the increases an individual’s capacities to access and use health information, make appropriate health decisions and maintain basic health²¹.

¹⁸ Ibid. Page 16

¹⁹ Cf.: Ibid. Page 16

²⁰ Cf.: Ibid. Page 13

²¹ Cf.: Ibid. Page 18

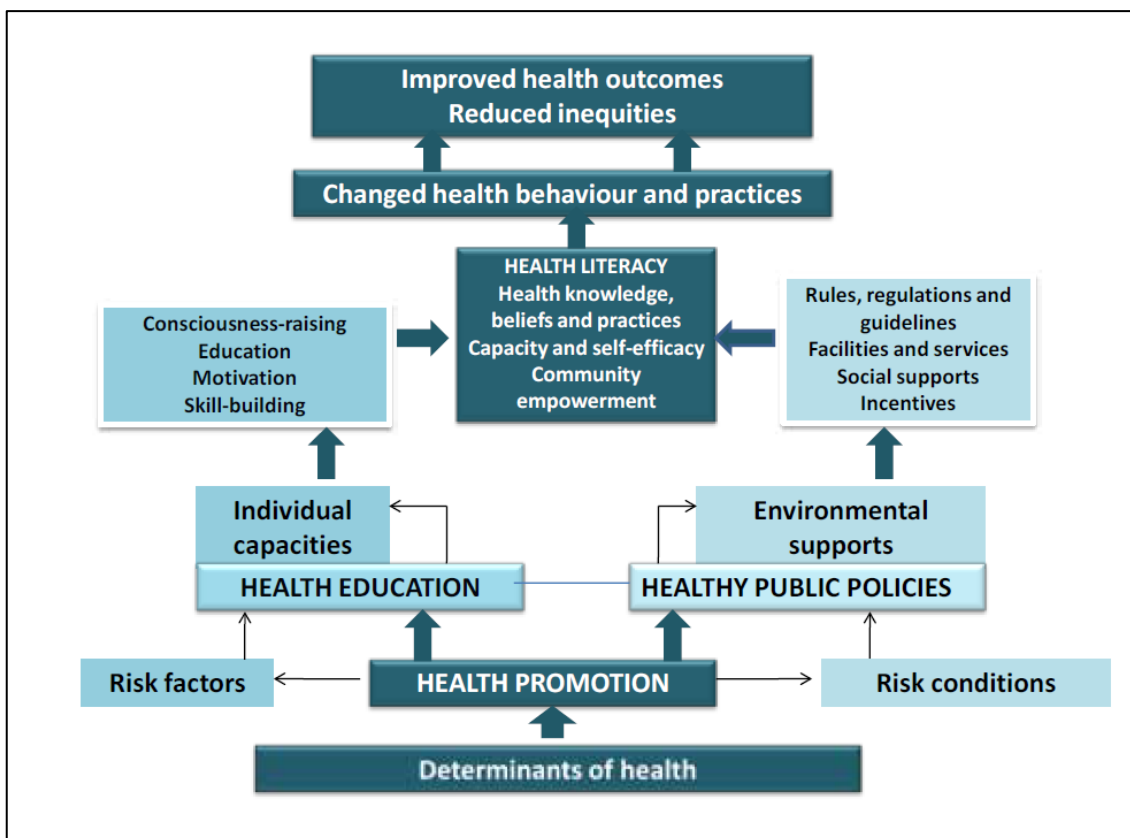


Figure 3: Relationships between major health concepts²²

So far, several health promotion-related concepts have been presented. But the research should go deeper in trying to define what could be considered as health promotion aspects. In this respect, the Ottawa Charter for Health Promotion identified five areas of action to act as a guide in the process of engaging in health promotion²³:

- Create supportive environments: ensure physical and social environments support people’s abilities to live healthy lives. Make healthy choices the easy choices.
- Strengthen community action: Support activities that increase groups’ abilities to organize around and act upon those things in their physical and social environments that affect health.
- Develop personal skills: enable people to learn throughout life and prepare themselves for all its stages. Skill areas may encompass personal/familial or group dynamics, organizing, political action and social analysis.

²² Ibid. Page 17

²³ Cf.: Ibid. Page 61

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- Build a healthy public policy: most health determinants lie outside the medical/illness sector (income, housing, environmental protection, work, agriculture). These sectors must begin to take conscious accounting of the health impacts of their policies. Health must be on the agenda of all policy-makers.
 - Reorienting health services towards health promotion: the responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

For the purpose of this essay, these areas of action will be considered by the author as health promotion aspects.

7.2 Does education contribute to CSDP?

The effectiveness of European security depends on the skills and competences of our future military leaders to understand and face common challenges, enhance the interoperability of national responses to potential threats and coordinate military instruments with civilian ones²⁴.

The attainment of such competences and skills relies, to a great extent, on the education and training provided to the officers, historically at national level but supplemented recently with new approaches.

In November 2008, the Ministers of Defence of the European Union approved a document formally launching the initiative known as the European Initiative for the Exchange of Young Officers, inspired by Erasmus. Although this initiative addresses the basic education and training of officers, that is, cadets before being commissioned as officers, the initiative itself builds on the foundation of existing basic education and training systems at national level of the EU Member States at a national level²⁵.

The active engagement of basic education and training institutes underpins the initiative and paves the way for the consolidation of a European security and defence

²⁴ Cf.: Sylvain Paile. (2014). European Education and Training for Young Officers. European Initiative for the Exchange of Young Officers, inspired by Erasmus. Page 6

²⁵ Cf.: Ibid.

culture²⁶. The annual European Military Academies Commandants’ Seminar (EMACS) is an example of such engagement.

With no doubt, education not only plays an essential role in the shift towards a more coherent and efficient CSDP, but it is also the most basic way to promote a European security and defence culture²⁷.

Federica Mogherini²⁸²⁹ stated in 2018: “*Today, our Common Security and Defence Policy already reaps the benefits of Military Erasmus on the theatres of operations, with young leaders trained to work together. We see the practical benefits of a common military culture*”. From the author’s perspective, this statement clearly endorses the education contribution to CSDP.

Another example that illustrates the importance of this education in terms of CSDP is the establishment of the European Security and Defence College in 2005. This institution provides EU-level training and education in the field of the Union’s CSDP. It aims to develop and promote a common understanding of CSDP among civilian and military personnel, and to identify and disseminate, through its training activities, good practices in relation to various CSDP issues. By doing so, the ESDC complements the national efforts in the field of training and education³⁰.

7.3 Do health promotion aspects contribute to CSDP?

The approach to answer this question will be a three-step one³¹:

1. The first step will be identifying what could be considered as health promotion aspects.
2. Secondly, CSDP missions and operations’ requirements will be assessed in terms of health
3. Finally, it will be assessed whether health promotion aspects contribute to fulfilling CSDP missions and operations’ health needs.

²⁶ Cf.: Ibid.

²⁷ Cf.: Harald Gell, Sylvain Paile-Calvo and Symeon Zambas. (2018). European Education and Training for Young Officers. European Initiative for the Exchange of Young Officers, inspired by Erasmus. 2nd Edition. Page 29

²⁸ Ibid. Page 11

²⁹ High Representative for the Common Foreign and Security Policy (2014-2019)

³⁰ Homepage of the European Security and Defence College. Page: “Who We Are”. URL: [Who we are – ESDC \(europa.eu\)](http://www.esdc.europa.eu). [16.11.21]

³¹ Approach designed by the author

The first step will be developed taking into consideration the research done in section 7.1, where it was already stated that, for the purpose of this essay, the aspects of health promotion to be considered will be the five areas of action defined in the Ottawa Charter³²:

- Create supportive environments
- Strengthen community action
- Develop personal skills
- Build healthy public policy
- Reorientate health services towards health promotion

The health-related requirements in CSDP missions and operations are not explicitly documented. Therefore, the Handbook on CSDP missions and operations will be reviewed in order to capture the requirements. In particular, chapter 2.5.4, which deals with public health engagement³³.

After conducting the analysis, the following health-related requirements were identified^{34,35}:

1. Application of public health measures to prevent disease and non-battle injuries.
2. Leaders’ education in order to include, in the making-decision process and in the planning process, health-related aspects, for instance, medical threats or health condition of the deployed personnel.
3. Awareness-raising of individual responsibility in terms of health.
4. Dissemination of accurate information to the personnel involved.

Finally, based on the definition of each area of action defined in the Ottawa Charter, a linkage is established connecting the health-related requirements and the areas of action that contribute to fulfilling each requirement. The result is showed in the following table³⁶:

³² Assessment by the author.

³³ Assessment by the author.

³⁴ Assessment by the author.

³⁵ Each requirement is identified by a number to allow traceability.

³⁶ Author’s note: Conclusions based on author’s arguments.

Area of Action	Requirement
Create supportive environments	1, 2
Strengthen community action	2, 4
Develop personal skills	2, 3
Build healthy public policy	1
Reorient health services towards health promotion	1

Table 1: Correlation between areas of action and health-related requirements³⁷

8. Discussion of Results and Personal Conclusions

The research initially done to assess the state of the art related to the topic of the essay led to a twofold conclusion. On the one hand, current CSDP-related documents highlight the importance of public health aspects in CSDP missions and operations, but no literature was found researching the potential contribution of implementing health promotion aspects in European basic officer education. On the other hand, it was made clear that leadership training is a cornerstone in achieving success when conducting CSDP missions and operations, hence any further research might be redundant as well as superfluous.

Based on these findings, the focus was placed on the potential connection between three aspects: education, health promotion and CSDP missions and operations.

The research related to the connection between education and CSDP missions and operations proved that basic officer education plays a key role in developing defence cooperation within the EU. The basic officer education has two main pillars: the education at the national level and the education at EU level. The combination of both provides the required competences and skills, improves interoperability and boosts European culture.

With regard to health promotion aspects, the lack of previous research providing some kind of connection with CSDP represented a challenge that required a different approach. Based on a three-step assessment, it was concluded that the implementation

³⁷ Table created by the author. The number identifies the requirement.

of health promotion aspects contributes to fulfilling CSDP missions and operations’ health-related requirements.

From the author’s perspective, the implementation of health promotion aspects in basic officer education contributes to improving the performance in operations within the CSDP framework.

If the basic officer education institutes add health promotion aspects to their curricula, the young officers will be able to develop skills and competences in terms of health that will support them as future CSDP operations leaders. In addition, it would be a good opportunity to build a culture of health.

But implementing health promotion aspects in basic officer education is not enough. The education and training of a military officer is a lifelong path. Therefore, from the author’s point of view, health promotion aspects should also be added to the ESDC curriculum.

Finally, I personally believe that any aspect contributing to CSDP should be developed at EU level, rather than national level, in order to reinforce the ability of the European Armed Forces to work together, as well as the interoperability of the forces.

9. Annexes

9.1 List of Abbreviations

CSDP: Common Security and Defence Policy

EBOE: European Basic Officer Education

EEAS: European Union External Action Service

EMACS: European Military Academies Commandants’ Seminar

ESDC: European Security and Defence Collage

EU: European Union

FHP: Force Health Protection

IB: International Baccalaureate

9.2 List of Figures

Figure 1: Flowchart of the hermeneutical approach

Figure 2: A model of health promotion

Figure 3: Relationships between major health concepts

9.3 List of Tables

Table 1: Correlation between areas of action and health-related requirements

9.4 List of Literature

9.4.1 List of documents

01. Jochen Rehrl and Galia Glume (2015). Handbook on CSDP missions and operations
02. Comprehensive health and medical concept for EU-led crisis management missions and operations. (2014). European External Action Service (EEAS),
03. Jochen Rehrl. (2021). Handbook on CSDP.
04. Jochen Rehrl. (2014). Handbook for decision makers. The common Security and Defence Policy of the European Union.
05. European Union Military Staff, Institute of Military Aeronautical Sciences of Florence. Leadership and Management Training Requirement Analysis. Final report.

06. Constitution of the World Health Organization. 1946.
07. World Health Organization. (1986). Ottawa Charter for Health Promotion.
08. World Health Organization (2012). Health education: theoretical concepts, effective strategies and core competencies: a foundation document to guide capacity development of health educators.
09. Sylvain Paile. (2014). European Education and Training for Young Officers. European Initiative for the Exchange of Young Officers, inspired by Erasmus.
10. Harald Gell, Sylvain Paile-Calvo and Symeon Zambas (2018). European Education and Training for Young Officers. European Initiative for the Exchange of Young Officers, inspired by Erasmus. 2nd Edition.

9.4.2 Online sources

01. Homepage of the European Union External Action Service. URL: [European Union External Action - European External Action Service \(europa.eu\)](https://european-union.europa.eu/external-action)
02. Homepage of the European Security and Defence College. URL: [ESDC – European Security & Defence College \(europa.eu\)](https://esdc.europa.eu/) .
03. Homepage of the World Health Organization. URL: [WHO | World Health Organization](https://www.who.int/).

10. Affidavit

I declare that I have written the present essay independently and on my own. I have clearly marked any language or ideas borrowed from other sources as not my own and documented their sources. The essay does not contain any work that I have handed in or have had graded as a previous scientific paper earlier on.

I am aware that any failure to do so constitutes plagiarism. Plagiarism is the presentation of another person's thoughts or words as if they were my own – even if I summarize, paraphrase, condense, cut, rearrange, or otherwise alter them.

I am aware of the consequences and sanctions plagiarism entails. Among others, consequences may include nullification of the essay, exclusion from participation in the CSDP Olympiad. These consequences also apply retrospectively, i.e. if plagiarism is discovered after the essay has been accepted and graded. I am fully aware of the scope of these consequences.



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GM 2 Francisco Antón Antón, 4th-Year Cadet

Marín, Spain, in November 2021