

**NATO STANDARD**

**AJMedP-3**

**ALLIED JOINT MEDICAL DOCTRINE  
FOR MEDICAL INTELLIGENCE**

**Edition A Version 2  
AUGUST 2020**



**NORTH ATLANTIC TREATY ORGANIZATION**

**ALLIED JOINT MEDICAL PUBLICATION**

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**NORTH ATLANTIC TREATY ORGANIZATION (NATO)**

**NATO STANDARDIZATION OFFICE (NSO)**

**NATO LETTER OF PROMULGATION**

31 August 2020

1. The enclosed Allied Joint Medical Publication AJMedP-3, Edition A, Version 2, ALLIED JOINT MEDICAL DOCTRINE FOR MEDICAL INTELLIGENCE, which has been approved by the nations in the Military Committee Medical Standardization Board, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2547.
2. AJMedP-3, Edition A, Version 2, is effective upon receipt and supersedes AJMedP-3, Edition A, Version 1 which shall be destroyed in accordance with the local procedure for the destruction of documents.
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**RECORD OF SPECIFIC RESERVATIONS**

[nation]	[detail of reservation]
FRA	The French doctrine provides for the separation, within the concept of “Medical Intelligence”, of health risk assessment, shared responsibility between the health experts and other subject-matter experts and intelligence of a medical nature strictly falling under the intelligence chain.
GRC	Medical Information and Medical Intelligence collection and analysis is carried out according to the National Medical Support Doctrine.
<p>Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.</p>	

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## PREFACE

Historically Disease Non-Battle Injuries (DNBI) have had significant impact on military operations. More hospitalization and lost man-days have been caused by DNBI than combat casualties. Recent real-world DNBI data shows a reduction from the historical rates which can be attributed to improved force health protection measures.

Throughout history, the outcome of military operations has often been affected by the lack of medical information and/or medical intelligence<sup>1</sup> (Medintel). At times, with enhanced awareness of disease threats, environmental hazards and enemy's medical capabilities, significant personnel losses could have been prevented. For instance, those involved in the following events would have most likely benefited from a Medintel programme.

The world situation and NATO's new role, the NATO Response Force (NRF), have markedly changed the utilization of forces. Expeditionary operations will become more frequent with smaller forces facing longer and more frequent deployments. The variety of theatres will include challenges which may include increased disease exposure, unknown environmental situations and the possible exposure to hazards associated with weapons of mass destruction, even for asymmetric purposes, such as terrorist actions. All of these challenges must be identified and prepared for before the first troops are deployed. Medical intelligence contributes to fill this critical role as part of the overall intelligence picture.

Accurate, timely, and relevant medical intelligence is a pre-requisite for, and supports the conduct of all NATO military operations. The objective of AJMedP-3(A) is to set out how medical intelligence supports the commander and staffs at all levels of command and across the spectrum of conflict. Although AJMedP-3(A) is intended primarily for use by NATO forces, it is equally applicable to operations conducted by a Coalition of NATO and non-NATO nations within the framework of a NATO-led Combined Joint Task Force (CJTF) or for European-led operations using NATO assets and capabilities.

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<sup>1</sup>In this document the term MEDINT is avoided in order to prevent confusion with specific intelligence collection methods like OSINT, COMINT etc. Medical intelligence (Medintel) is an all-source activity, not confined to the intelligence services.

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## FOREWORD

The purpose of this publication is to implement STANAG 2547. This agreement articulates the policy for a medical intelligence Program in NATO and provides medical intelligence personnel with an overview of implementing NATO's Medical Intelligence Program. Allied Joint Medical Publication [AJMedP]-3 contains a more focused approach of medical intelligence doctrine and its application. This document provides the guidance and policies for medical intelligence to support NATO forces and their medical and intelligence staffs in the operational planning and conduct of campaigns and operations<sup>2</sup>. It also defines in more detail how medical intelligence is organized in the NATO command structure and in the deployed operational headquarters in NATO operations.

The aim of this document is to set out the Committee of the Chiefs of Military Medical Services [COMEDS] agreed guidelines and principles for medical intelligence applicable to NATO military activities and exercises using the policy and direction as stated in both policy [MC 65-7] and capstone [AJP 4.10, chapter on medintel] documents. This document also considers the cross-divisional relationship within the NATO structure. Additional to this document there is SRD-1 to AJMedP-3, the 'Guide to medical intelligence handbook'. The SRD elaborates on the framework set out in the AJMedP-3.

This publication is principally for use by NATO commanders and their medical and intelligence staffs in the planning and conduct of campaigns, operations, and exercises. It will introduce the commanders to the significance of medical intelligence in making decisions based on the force health threat and associated risk that may affect military personnel. It will also have utility for a wide range of other users, especially for medical personnel at every level of command. The publication addresses all levels of command, but is primarily focused on the operational level as principal interface between individual Alliance and multinational forces.

The interface between medical intelligence and the intelligence community may be organised differently within the NATO member nations. This publication will provide guidance on how medical intelligence is organised within the NATO command structure and also applies to the deployed headquarters and NRF structure.

AJMedP-3 is a living document and will be reviewed regularly in accordance with established standardisation procedures. Under the delegated tasking authority of the Military Committee Medical Standardisation Board [MCMedSB], and ACT Custodianship, the Medical Intelligence Panel with project management by COMEDS Military Medical Structures, Operations and Procedures (MMSOP) Working Group will assess and update AJMedP-3 as deemed appropriate.

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<sup>2</sup>See also AJP-4.10 chapter on MedIntel

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**CHAPTER 1 AN INTRODUCTION TO NATO MEDICAL INTELLIGENCE**

1. Out of Area operations and expeditionary operations may expose forces to a range of health hazards that are not present in their home base. Unmitigated hazards such as environmental factors, infectious diseases and gaps in health infrastructure can interfere with operations. In addition, emerging or evolving issues can have medical implications of strategic importance. Planning informed by medical intelligence is therefore a critical factor in the success or failure of any mission.
2. Medical intelligence is “Intelligence derived from medical, bio-scientific, epidemiological, environmental and other information related to human or animal health. This intelligence, being of a specific technical nature, requires medical expertise throughout its direction and processing within the intelligence cycle.”<sup>3</sup>
3. Medical intelligence serves several essential purposes at the strategic and operational and tactical levels of planning<sup>4</sup>. First, it is important to the intelligence and operational staffs for formation of strategic assessments. Second, it is important to the medical planning, preventive medicine, and operational staffs. Medical intelligence is used in:
  - a. The assessment of health risks
  - b. The formation of medical estimates
  - c. The development and execution of preventive medicine actions and necessary prophylactic measures
  - d. The planning of more detailed health risk and operational risk assessments
  - e. The ongoing management of medical support services
  - f. Force protection and defence
4. In a somewhat broader context, medical intelligence is useful in the following areas of military planning<sup>5</sup>:
  - a. Strategic intelligence assessments
  - b. Analysis of enemy capabilities.
  - c. Operational planning and execution.
  - d. Civil-military medical planning and operations.
5. In the NATO command structure, medical intelligence supports the FHP program and the planning of proper countermeasures by FHP experts to protect and maintain the health of deploying forces through all phases of the operation.

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<sup>3</sup> NATOTerm

<sup>4</sup> AJP-4.10

<sup>5</sup>AJP-4.10

6. Medical intelligence provides a basis for action throughout the range of military medical operations. Throughout the operation, deployed forces will be required to notify the unit medical staff of any intelligence which may affect medical readiness. This will then be reported up to the theatre level for appropriate command advice on risks and recommended response.

## CHAPTER 2 THE ALLIANCE CONCEPT FOR MEDICAL INTELLIGENCE

### 2.1 PURPOSE

The purpose of this publication is to describe to both commanders and staff what medical intelligence can do for them and what they can expect. It will illustrate to medical and intelligence professionals how medical intelligence is integrated into the Intelligence Cycle, Operational Planning Process (OPP), and Joint Intelligence Preparation of the Operating Environment (JIPOE) to support decision-making.

### 2.2 OBGLIATIONS AND DUTIES

1. The Geneva Convention may have implications for protected personnel involved in medical intelligence if they are to maintain their status.
2. NATO member nations will not collect medical intelligence on other NATO members. Medical information and/or medical intelligence relating to NATO nations and their capabilities will be collected and shared using established procedures and liaison channels.

### 2.3 GENERAL

1. NATO's commitment to respond beyond its traditional boundaries has increased the demands for comprehensive, timely, and cohesive medical intelligence that is integrated into a Joint Intelligence Assessment supporting policy formulation in the field of Crisis Response Operations [CROs], as well as scientific and technological development. Medical intelligence is needed to support NATO's decision-making bodies and military commanders before, during, and after operations. This includes the ability to meet the medical intelligence requirements of the Joint Force Commanders, Combined Joint Task Force (CJTF), Deployable Joint Task Force (DJTF), NRF, High Readiness Force (HRF) Headquarters, and other units assigned to support the various missions within and outside of the traditional boundaries.
2. As NATO refines policies and procedures for out of area operations and NRF missions, the need for medical intelligence will most likely increase. Thus the overall scope of the NATO intelligence requirements can no longer be defined purely geographically, as it must now consider trans-national issues. This new approach requires commanders at all levels to establish and improve situational awareness beyond previously designated geographical areas and the ability to focus in detail on "potential trouble spots" and 'areas of interest'. In particular, NATO will require an early estimate of the developing crisis. As a consequence, the operational intelligence effort at all levels has to be flexible to allow for short-term prioritization. This improved situational awareness includes medical preparations for potential deployment of forces. The Area of Intelligence Interests (All) is defined by the wide variety of those interdependent regional and trans-national factors pertaining to NATO's security interests.

3. Given the organizational changes stemming from the new NATO Command Structure and NATO Force Structure and broader missions, NATO is faced with an increased requirement to provide medical intelligence support to deployed forces and operational headquarters.
4. Medical intelligence must be able to support the full spectrum of operations ranging from Article V to non-Article V operations, to include cross spectrum operations.

## **2.4 THE RELATIONSHIP OF AJMEDP-3 TO OTHER DOCTRINE**

1. MC 326 sets the role of medical intelligence in supporting all the phases of an operation by offering the bases for qualified recommendations as an integral part of the force protection concept.
2. Bi-SC Directive 65-7 provides the conceptual background and guidance for medical intelligence management and the production of doctrine and training within NATO in order to ensure comprehensive support to commanders at all levels of command. It clarifies the medical intelligence production management process within Allied Command Operations (ACO) including the responsibilities of the individual commands.
3. AJP-2.0 sets the NATO intelligence guidance and policy. It presents the concept, the principles, the key functions on which the intelligence process is based; defines how the Intelligence cycle works; and sets out the doctrine, the architecture, the procedures and the levels across which the intelligence process is conducted.
4. AJP 4.10 sets the overall NATO medical guidance and policy. It lays down the principles on which medical service and support is based and sets the doctrine that determines the way in which medical intelligence should be conducted to support NATO operations.
5. This publication, AJMedP-3, provides guidance on how NATO medical intelligence is to be conducted, including a procedural and informative approach of interpreting both the NATO medical and intelligence references and how medical intelligence is employed within the NATO command structure.

## **2.5 APPLICABILITY**

1. This publication is principally for use by NATO commanders and their medical and intelligence staffs in the planning and conducting of campaigns, operations and exercises.
2. The main focus is to establish an interface between individual Alliance and Multinational forces at the operational level. In dealing with all levels of command, the publication will have a wide utility in describing to commanders and staff how

medical intelligence can contribute to their decision making and planning processes and enable interoperability at all levels.

## **2.6 KEY DEFINITIONS<sup>6</sup>**

1. Intelligence is “The product resulting from the directed collection and processing of information regarding the environment and the capabilities and intentions of actors, in order to identify threats and offer opportunities for exploitation by decision-makers.”
2. Medical intelligence is “Intelligence derived from medical, bio-scientific, epidemiological, environmental and other information related to human or animal health. Notes: This intelligence, being of a specific technical nature, requires medical expertise throughout its direction and processing within the intelligence cycle.”
3. Medical Information is “a collection of data relating to human or animal health, including medical, bio-scientific, epidemiological, environmental, infrastructure and other data, that has not been analysed for intelligence purposes.”
4. Health Hazard is "any element, within a defined space and time, with the potential to cause harm to health".
5. Health Threat is "a circumstance that can cause harm to health and that is linked to an adversary's intent and/or capability, as well as a target's vulnerability".
6. Health Risk is "the combination of the probability of an incident and any health consequences it may have".

## **2.7 MEDICAL INTELLIGENCE STAFF AND OVERVIEW OF TASKS**

1. In the NATO Command Structure, the Medical Intelligence Officer ensures the integration of medical intelligence and medical information into NATO planning and operations. Medical intelligence in NATO is under the lead of the responsible medical staff officers and in coordination with J2 staffs which requires active dialogue and collaboration between both.
2. ACO/SHAPE and JFC will have a dedicated full-time medical intelligence/information post while at the tactical command/service command level this function may be assigned as an additional duty. The incumbent filling the medical intelligence post should have a background from either the medical, scientific or bio-engineering communities and have basic training and an understanding of intelligence principles and procedures.
3. The ACO Medical Intelligence and Information Staff Officer will serve as a coordinator for facilitating dialogue between various NATO elements (throughout ACO, JFCs, ACT, DHSC of NATO MILMED COE) to improve the awareness and utilization

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<sup>6</sup> All from NATOTerm

of medical intelligence/information throughout the Alliance. The Medical Intelligence and Information Staff Officer will leverage the medical intelligence and information capabilities of the individual nations, recognizing national programs may be able to provide unique contributions that can inform NATO planning and operations at all levels to protect against both enduring and emerging health threats. The Nation's Medical Intelligence and Information Staff Officer should actively share their knowledge regarding medical intelligence and information as much as possible with ACO/SHAPE. The ACO Medical Intelligence and Information Staff Officer can facilitate medical intelligence Requests for Information (RFIs) through the J2 process and assist in the dissemination of medical intelligence products to/from the nations.

4. Medical Intelligence requires a comprehensive and holistic approach informed by multidisciplinary expertise.

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