

Appendices

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Understanding the health-system context and evidence-support system assets for decision-making about the health and well-being of military personnel, Veterans and their families in the Five Eyes countries

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Appendix 1: Methodological details

We use a standard protocol for preparing rapid evidence profiles (REP) to ensure that our approach to identifying research evidence is as systematic and transparent as possible in the time we were given to prepare the profile.

Identifying research evidence

For this REP, we searched Health Systems Evidence, Social Systems Evidence and PubMed for:

- 1) evidence syntheses
- 2) protocols for evidence syntheses that are underway.

We searched [Health Systems Evidence](#) using an open search for the term 'military' OR 'Veteran'. We searched [Social Systems Evidence](#) using the filter for 'military.' We ran two searches in PubMed, the [first](#) for (military OR Veteran) AND (health system OR healthcare system) AND (feature OR arrangements or conditions) AND (Australia OR Canada OR New Zealand OR United Kingdom OR United States OR "five eyes"). We combined this search with a filter for the past 10 years and a filter for 'review.' The [second](#) for (military OR Veteran) AND (Australia OR Canada OR New Zealand OR United Kingdom OR United States OR "five eyes") AND (knowledge translation OR clearinghouse OR evidence act). Links provide access to the full search strategy.

Each source for these documents is assigned to one team member who conducts hand-searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid evidence profile, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages other than Chinese, English, French or Spanish. We provide any documents that do not have content

available in these languages in an appendix containing documents excluded at the final stages of reviewing. We excluded documents that did not directly address the research questions and the relevant organizing framework.

Assessing relevance and quality of evidence

We assess the relevance of each included evidence document as being of high, moderate or low relevance to the question.

Two reviewers use AMSTAR independently appraise the methodological quality of evidence syntheses that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents an evidence synthesis of the highest quality. High-quality evidence syntheses are those with scores of eight or higher out of a possible 11, medium-quality evidence syntheses are those with scores between four and seven, and low-quality evidence syntheses are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess evidence syntheses focused on clinical interventions, so not all criteria apply to those pertaining to health-system arrangements or to economic and social responses. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, an evidence synthesis that scores 8/8 is generally of comparable quality to another scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the evidence synthesis can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the evidence synthesis should be discarded, merely that less confidence can be placed in its findings and that the evidence synthesis needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1): S8.)

If applicable two reviewers independently use AGREE II to appraise the quality of the guidelines that are deemed to be highly relevant. We use three domains in the tool (stakeholder involvement, rigour of development and editorial independence) and classified guidelines as high quality if they were scored as 60% or higher across each of these domains.

Preparing the profile

Each included document is hyperlinked to its original source to facilitate easy retrieval. For all included guidelines, evidence syntheses and single studies (when included), we prepare a small number of bullet points that provide a summary of the key findings, which are used to summarize key messages in the text. Protocols and titles/questions have their titles hyperlinked, given that findings are not yet available. For this profile, we only prepared bulleted summaries of key findings for documents deemed to be of high relevance. For those classified as medium or low relevance, we list the title with a link to the primary source for easy retrieval if needed. We then drafted a summary that highlights the total number of different types of highly relevant documents identified (organized by document), as well as their key findings, date of last search (or date last updated or published) and methodological quality.

Identifying experiences from other countries and from Canadian provinces and territories

For each rapid evidence profile, we collectively decide on what countries to examine based on the question posed. For this profile we focused on each of the 'Five Eye' countries – Australia, Canada, New Zealand, United Kingdom (U.K.) and United States (U.S.). For each country, we searched government websites of departments of defence and Veterans' affairs as well as the websites of any healthcare providers for either of these populations. We also searched for publications and websites from relevant research organizations.

Appendix 2: Details about each identified synthesis

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
<ul style="list-style-type: none"> • Priority populations <ul style="list-style-type: none"> ○ Veterans • Health-system features <ul style="list-style-type: none"> ○ Financial arrangements 	<p>Evaluating pay-for-performance for Veteran care</p> <ul style="list-style-type: none"> • The study examined the harms and benefits of pay-for-performance (P4P) regarding Veteran care, and gained insight and opinions on the potential outcomes of P4P integration in health systems • Effects of P4P programs on the quality of care and health of Veterans was uncertain, with one randomized controlled trial suggesting that a combination of audit and feedback, and physician-directed incentives may have created a small, short-term positive effect on blood pressure control • However, potential unintended consequences of P4P in healthcare for Veteran populations included <ul style="list-style-type: none"> ○ potential for overtreatment ○ problems with denominator management given the subjective nature and variability in diagnoses and treatment plans ○ potential for gaming • Metrics that have been incentivized in examining P4P programs include processes of care, such as screenings, interventions/procedures and prescriptions <ul style="list-style-type: none"> ○ Patient outcome metrics in the literature typically focused on blood pressure, cholesterol, and haemoglobin A1c targets • The findings suggested larger incentives, incentivizing teams/front-line staff, creating feasible and valid metrics, framing P4P in a positive-light, transparency and reliability to improve P4P program effectiveness • The authors also suggested the following recommendations for P4P in community settings: <ul style="list-style-type: none"> ○ Targeting areas in need of improvement, such as documentation and coordination ○ Develop strong relationships with providers and health systems that make use of well-established metrics ○ Considering population-based incentives to deal with challenges such as the small number of Veteran patients per community provider 	Medium	No	7/10	2017	None	None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
	<ul style="list-style-type: none"> ○ Considering how funding expanded care in the community might affect funding for Veterans receiving care 						
<ul style="list-style-type: none"> ● Priority populations <ul style="list-style-type: none"> ○ Veterans ● Health-system features <ul style="list-style-type: none"> ○ Financial arrangements 	<p>Veterans who are denied health coverage have greater unmet health needs and have greater socio-economic disadvantages compared to those with coverage</p> <ul style="list-style-type: none"> ● The study aimed to examine the health, healthcare utilization, and social conditions of “denied” applicants of the Veteran Affairs (VA) disability compensation in the U.S. ● The study suggests that at least some of the applicants who are denied are burdened by health problems: <ul style="list-style-type: none"> ○ One study found that, regardless of their VA disability compensation status, some Veterans displayed high levels of psychiatric impairment ○ Another study found that 51% of denied unemployed Veterans reported limitations in the performance of daily living activities ● Findings also suggested that Veterans denied VA disability compensation may be isolated or suffer from a socio-economic disadvantage <ul style="list-style-type: none"> ○ For example, one study found that those denied has significantly lower employment income, higher monthly food stamp income, and less monthly housing and healthcare spending; those denied were also found to be more likely to be homeless, impoverished, and single ● Overall, the authors identified a subgroup of Veterans who are denied compensation, but are characterized by low socio-economic status, social isolations and unmet healthcare needs; their research highlighted the need for future initiatives tailored towards this subgroup 	Medium	No	3/10	2014	None	<ul style="list-style-type: none"> ● Socio-economic status
<ul style="list-style-type: none"> ● Priority populations <ul style="list-style-type: none"> ○ Veterans ● Health-system features <ul style="list-style-type: none"> ○ Delivery arrangements ○ Priority conditions <ul style="list-style-type: none"> ▪ Mental health and addictions 	<p>More research is needed to determine the effectiveness of mental health apps on the health of Veterans</p> <ul style="list-style-type: none"> ● The study aimed to assess the quality of mental-health related apps created by Veterans Affairs (VA) or the Department of Defence (DoD) in the U.S. ● The study reviewed 8 different apps; however, the literature did not find any studies that reviewed the effectiveness of these apps 	Medium	No	4/9	2017	None	None identified

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
	<ul style="list-style-type: none"> Most studies that examined companion apps relied heavily on clinician surveys, not patient responses, and as a result there is a need for more research on the effectiveness of these apps 						
<ul style="list-style-type: none"> Priority populations <ul style="list-style-type: none"> Veterans Health-system arrangements <ul style="list-style-type: none"> Delivery arrangements 	<p>Quality of care at Veterans Affairs (VA) versus non-VA facilities is largely comparable, but additional research should be completed to focus on aspects of timeliness, equity and patient-centredness</p> <ul style="list-style-type: none"> The study aimed to assess the quality of care at Veterans affairs (VA) facilities relative to non-VA facilities VA facilities generally had relatively similar mortality rates and were more likely to follow best practices in some treatments compared to non-VA facilities for Veterans (mixed results when comparing morbidity and complications) VA facilities were found to have strong outpatient care, less likely to dispense inappropriate medication to patients, and tended to avoid inappropriate care in terms of end-of-life care The study suggested comparing timeliness, equity, efficiency and patient-centredness among VA and non-VA facilities to make better conclusions on the performance of VA facilities 	Medium	No	6/9	2015	None	None identified
<ul style="list-style-type: none"> Priority populations <ul style="list-style-type: none"> Veterans Health-system features <ul style="list-style-type: none"> Delivery arrangements Priority conditions <ul style="list-style-type: none"> Mental health and addictions 	<p>Veterans seeking help are hindered by poor mental health symptomology and co-morbidity, which suggests that they often reach a crisis point before seeking support</p> <ul style="list-style-type: none"> Forty-four enablers and barriers were identified, of which 13 were regarded as being both barriers and enablers Thirty-two of the 44 were deemed to be statistically significant The most common mental health conditions found to predict help-seeking were PTSD, depression, anxiety and substance misuse Previous experience with mental health supports had the strongest enabling effect on help seeking, increasing the odds of help-seeking by up to 5.28 times Other regularly occurring enablers or barriers to help-seeking were experience of service use and perception of mental health services 	Medium	No	7/10	2021	None	<ul style="list-style-type: none"> Place of residence Socio-economic status Personal characteristics

Appendix 3: Jurisdictional scans about features of health systems for military personnel and their families in each of the Five Eyes countries

Health-system features	
Governance arrangements	<p>Australia</p> <ul style="list-style-type: none"> The Joint Health Command (JHC) administers healthcare services to Australian Defence Force (ADF), which is split into four directorates: 1) Directorate of Defence Clinical Services, 2) Directorate of Workforce Development Training, 3) Directorate of ADF Rehabilitation and Compensation, and 4) Directorate of Military Medicine The ADF Health Services Contract is in place with Bupa Health Services as the prime vendor to facilitate the delivery of health services to ADF personnel
	<p>Canada</p> <ul style="list-style-type: none"> The Constitution Act places responsibility upon the federal government to provide medical care to members of the Canadian Armed Forces that is comparable to that guaranteed to all citizens under the Canada Health Act Commanders are responsible for ensuring that the health services requirements of Canadian Armed Forces members and eligible persons are met through the Commander CF Health Services Group <ul style="list-style-type: none"> This group is led by the Commander and Surgeon General and works alongside non-governmental organizations, provinces and territories, and other federal departments (Health Canada and Public Health Agency of Canada), as well as those with health systems of their own including Indigenous Services Canada and Correctional Services Canada to ensure comprehensive coverage The Commander CF Health Services Group must be capable for providing the ‘Canadian standard’ of healthcare to all members across the full spectrum of military operations Department of National Defence (DND) is responsible for the procurement of drugs, devices and other health technologies DND is responsible for decisions related to specific programs, including: <ul style="list-style-type: none"> case management mental health services operational stress injury social support sexual misconduct DND is responsible for decisions related to specific delivery arrangements, including: <ul style="list-style-type: none"> composition of health teams and roles of contributing members complaints management population-health management resource allocation across programs
	<p>New Zealand</p> <ul style="list-style-type: none"> The Defence Health Service (DHS) within the New Zealand Defence Force (NZDF) oversees the planning, coordination and management of healthcare delivery for military personnel and their families <ul style="list-style-type: none"> The Defence Health Directorate is responsible for setting standards for the services provided to users of the DHS The Joint Operational Health Group is responsible for delivering both domestic and deployable operational health service support across the NZDF

Health-system features

United Kingdom

- The [Headquarters Defence Medical Services \(DMS\)](#) group is responsible for the following military medical governance and policymaking areas:
 - advising on medical operational capabilities for fixed and time-limited operational needs
 - delivering joint medical training for Defence
 - directing Defence medical research and innovation
 - ensuring safe, effective, and efficient healthcare services for all armed forces personnel
 - providing inputs to health, healthcare and medical operations policy
- Within the DMS, several staff are responsible for Defence's Healthcare and Medical Operational Capability
 - The director general defence medical services is the functional owner of these capabilities
 - The surgeon general is the functional leader of these capabilities and senior technical advisor on medical matters
 - The director medical personnel and training is the head of profession, responsible for the workforce, training, and meeting the skill needs for the healthcare and medical operation capabilities
- The Healthcare and Medical Operational Capability within Defence includes (but is not limited to) the following notable [functional areas](#):
 - delivering timely and appropriate healthcare services to entitled personnel
 - setting direction on clinical matters relating to the practice of military medicine
 - developing the science of military medicine to best counter threats to the health and well-being of personnel
 - setting clinical and medical policies and standards, and auditing compliance
 - ensuring coherence of health plans between Defence and the National Health Service (NHS)
 - conducting a broad range of research to prevent and treat injuries and illness from operations and improve outcomes in operational healthcare

United States

- Health systems for military personnel and their families in the U.S. are ultimately overseen by the [Office of the Secretary of Defence](#)
 - Health and health systems fall under the purview of the [under secretary of defence for personnel and readiness](#), who is a civilian appointed by the president
 - Within the under secretary's office lies the [assistant secretary of defence for health affairs](#), who oversees health policies and resources for the Department of Defence and is another civilian official appointed by the president
- The legislative arrangements that govern the health and medical capabilities and responsibilities of the Department of Defence are outlined in Title 10 of the United States Code, Subtitle A – General Military Law, [Chapter 55 – Medical and Dental Care](#)
- The responsibilities and authorities of the Assistant Secretary of Defence for Health Affairs are outlined in the [Department of Defence directive 5136.01](#)
- Three offices within the assistant secretary of defence for health affairs' portfolio manage most health policy domains within the military health system
 - The office of [Health Resources Management and Policy](#) provides direction to ensure that the system can provide cost-effective health benefit and operational readiness
 - The office of [Health Readiness Policy and Oversight](#) is responsible for medical countermeasures, preparedness, operational medicine, preventive medicine and the reserve medical programs

Health-system features	
	<ul style="list-style-type: none"> ○ The office of Health Services Policy & Oversight's responsibilities are broad but include policy development, patient safety, accessions and medical standards, information technology, human capital, medical education, quality improvement and a number of specific healthcare delivery areas ● Entities in the Military Health System alongside the assistant secretary of defence for health affairs include: <ul style="list-style-type: none"> ○ Joint staff surgeon ○ Defence Health Agency ○ Uniformed Services University of the Health Sciences ○ Military hospitals and clinics ○ Expeditionary care ○ TRICARE health plan ● The Defence Health Agency (DHA) is a Combat Support Agency that supports Army, Navy and Air Force medical services to ensure the medical readiness of personnel and a ready medical force who support military operations <ul style="list-style-type: none"> ○ Notably, the DHA is responsible for the Department of Defence's more than 400 medical facilities around the world, which it oversees via regional healthcare market structures ○ The DHA also delivers the TRICARE Health Plan, which has visibility over the direct care provided at military treatment facilities as well as contracted facilities ○ The DHA also supports military departments and Combatant Commands by overseeing 10 enterprise support activities that support medical capabilities (such as pharmacy services and public health) ● TRICARE is a healthcare program of the military health system that focuses on ensuring the availability of civilian health services for active and retired military personnel as well as their families
Financial arrangements	<p>Australia</p> <ul style="list-style-type: none"> ● Off-base service providers may bill Bupa Health Services directly ● Various emergency support schemes provide financial assistance for crisis support to the family of an ADF member <ul style="list-style-type: none"> ○ The Australian Dangerously Ill Scheme is the health-related scheme which provides financial support for transportation and accommodation to visit a hospitalized ADF member ● Death and bereavement support is available to subsidize costs associated with funerals for certain ADF members as are entitlements and benefits upon death ● The ADF Family Health Program provides financial assistance to ADF families for accessing basic health services <ul style="list-style-type: none"> ○ For general practice (GP) services, unlimited claims can be made (number and amount) including coordinated private insurance benefits ○ For allied health and specialist services, up to \$400 AUD per year can be claimed for each dependent which can be distributed among other dependents in a family (the amount not claimed by one can be claimed by another) (as of July 1, 2023, this amount will increase to \$800 AUD) <ul style="list-style-type: none"> ▪ Extra claims can be made for special diets and physical activity arrangement, as well as substance-related harm reduction ● Ambulance cover and smoking reduction therapies and programs can be claimed in the \$400 AUD amount <p>Canada</p> <ul style="list-style-type: none"> ● Canadian Armed Forces (CAF members and other eligible persons will be:) <ul style="list-style-type: none"> ○ provided comprehensive coverage, whether serving in Canada or abroad, including

Health-system features

- hospitalization and physician services
 - supplemental health benefits including drugs and health practitioner's benefits
 - occupational health services
 - dental services
 - excluded from any deductible fees or co-payments for care and services provided by or authorized by the CAF, except where otherwise specified
 - provided emergency health services from the nearest appropriate military or civilian treatment facility
 - responsible for all costs related to healthcare services not authorized, or for services from sources other than those designated and authorized by the senior Health Services authority
 - eligible persons residing in Canada will not be entitled to routine health services outside Canada
 - provided emergency health services from the nearest appropriate military or civilian treatment facility
 - responsible for all costs related to healthcare services not authorized, or for services from sources other than those designated and authorized by the senior Health Services authority. In addition, payment will not be made for treatments or therapies if they are deemed to be:
 - controversial
 - not scientifically founded or proven
 - not medically beneficial
 - provided solely for cosmetic purposes
 - Benefits for specialty care services are reimbursed for reasonable and customary charges for hospital confinement in a general or specialized hospital including coverage of any service provided by a duly registered hospital in Canada including outpatient facilities and diagnostic fees normally charged to the provincial authority and semi-private hospital accommodation whenever available and compatible with the clinical condition
 - Though spouses and family members are covered under existing provincial and territorial health systems, supplemental insurance and benefits are provided to families through the [Public Service Healthcare Plan and Canadian Forces Dental Care Plan](#)
 - Supplementary coverage includes extended health provision (e.g., drug benefit, vision care benefit, medical practitioners benefit, miscellaneous expense benefit which covers renting or purchasing products and equipment, dental benefit and out-of-province benefit, as well as a hospital provision benefit which covers additional costs for everyday of hospital confinement)
 - Reserve Force members are covered under a combination of provincial and territorial healthcare plans, the public service healthcare plan (either comprehensive medical benefits or supplementary), and the Canadian Armed Forces Health Services, if on deployment
- New Zealand**
- Healthcare services for military personnel and their families are funded by the New Zealand government through the [Defence Health Service](#)
 - NZDF has an exclusive [group medical insurance plan](#) with Southern Cross that gives service members and their families access to discounted premium rates
 - There are six tiers of the insurance benefits programme that offers life insurance, income protection, trauma insurance, and terminal illness insurance
- United Kingdom**
- The [DMS](#) has an annual budget of approximately 500 million GBP

Health-system features	
	<ul style="list-style-type: none"> • As with the NHS, service members can access DMS medical services free of charge and based on clinical need, though dental and eye care as well as prescription drugs are generally not free • The NHS, which serves as the main care provider for service members' families, is financed through general taxation and block grants <ul style="list-style-type: none"> ◦ Out-of-pocket payments in the NHS are generally quite limited and restricted to co-payments for dental care and prescription medicines (in England) as well as direct payments for private treatment, social care, ophthalmic treatments, and over-the-counter drugs • The NHS pays different providers through a variety of mechanisms (e.g., risk-adjusted capitation, top-up performance incentives, activity-based payments)
	<p>United States</p> <ul style="list-style-type: none"> • The peacetime operations of the military health system are funded through the Defence Health Program account, which has a specific Treasury Account Symbol, and is appropriated to carry out medical and healthcare programs of the Department of Defence <ul style="list-style-type: none"> ◦ The secretary of defence can use funds in this account to carry out the programs and activities outlined in Title 10 of the United States Code, Subtitle A – General Military Law, Chapter 55 – Medical and Dental Care ◦ The appropriation of the Defence Health Program account is sub-divided into operation and maintenance funds; procurement funds; and research, development, test, and evaluation funds • The 2022 unified medical program budget was projected to be \$52.32 billion USD • Through TRICARE, active service personnel and their family members receive insurance coverage for medically necessary and considered proven healthcare services as well as listed dental, pharmacy, mental health, reproductive, special needs and vision services <ul style="list-style-type: none"> ◦ The process by which the DHA collaborates with experts and stakeholders to make changes to the covered benefits involves identifying potential new benefits, ensuring their legality and compliance with regulations, conducting research to establish the safety and efficacy of the benefit, evaluating the collected research, updating policies and identifying resources to fund new benefits, updating the TRICARE manuals and updating regional healthcare support contracts ◦ Drugs must be approved by the Food and Drug Administration and considered by the Department of Defence Pharmacy and Therapeutics Committee, the Beneficiary Advisory Panel, and the Defence Health Agency Director prior to being covered by TRICARE • Payment requirements for TRICARE plans vary based on plan choice and are different for the sponsor (the service member) and their family members <ul style="list-style-type: none"> ◦ TRICARE plan features include annual deductibles, catastrophic cost caps, cost-sharing, point-of-service fees for out-of-network providers, and premiums ◦ Active-duty service members enrol in a specific TRICARE plan based on their duty station, while family members may have some choice in the plan they choose
<p>Delivery arrangements (workforce and infrastructure)</p>	<p>Australia</p> <ul style="list-style-type: none"> • The Directorate of Workforce Development and Training is responsible for ensuring the holistic development of the military health workforce • Regional health services are provided through Garrison Health facilities located throughout Australia <ul style="list-style-type: none"> ◦ Specifically, the ADF Centre for Mental Health is a military mental health asset that utilizes a hub and spoke model to extend its reach through regional teams • The ADF adopts a principles-based service delivery model as a transition away from the previous prescriptive model

Health-system features

Canada

- Canadian Armed Forces is required to have its own healthcare system to deliver care within Canadian Armed Forces clinics and operates by a combination of uniformed clinicians, public servants and contracted providers
- Canadian Forces Health Services delivers health services in two contexts: 1) deployable units and 2) units on military bases and wings (through Canadian Health Services Centres)
 - Infrastructure for deployable units currently include: one field hospital that has a complement of approximately 250 personnel representing more than 20 different clinical and support trades, and three regular force field ambulances that provide immediate care for military operations and exercises as well as medical evacuations
 - An additional 10 field ambulances and one field hospital are maintained as a reserve component
 - Infrastructure on military bases include 34 Health Services Centres (31 of which are in Canada) that provide medical and dental care to Armed Forces Members
- The Canadian Forces Health Services Group employs approximately 6,100 health services personnel who provide most aspects of care including primary care, diagnostics, surgery, medical laboratory services, mental health and psychosocial services, and dental
 - Medical personnel include approximately 48 health occupations and specialties
- In addition to their own recruitment processes, the CAF has partnered with the Canadian Federation of Medical Students to advertise the [Medical Officer Training Plan Surge](#) (MOTP Surge), which is a collaborative initiative between participating Family Medicine Residency Programs across Canada and the CAF
 - The initiative provides the opportunity for medical students who remain unmatched after the second round of the Canadian Resident Matching Service (CaRMS) to apply for a residency position in family medicine and subsidization through the CAF
- Most university-level professional clinical and scientific qualifications are [obtained at civilian universities](#), while most military specific health training takes place at the [Canadian Forces Health Services Training Centre](#), located at Base Borden, Ontario
 - This includes training for medical and dental technicians, preventive medicine technicians, physician assistants, nurses, dentists, physicians, healthcare administrators, health services operations officers and biological science officers
- All Regular Force personnel are covered from the time of enrolment to the effective date of release from the Armed Forces
 - Reserve Force personnel are covered only during specified periods of eligibility based on their duty status and relatedness of illness or injury, similar to other persons such as foreign military exchange personnel
 - Military families are wholly [dependent upon the same provincial or territorial healthcare services](#) as any other Canadian, though the 90-day waiting period traditionally applied is waived for military families
 - A critical issue that has been the subject of an ombudsman report is the [lack of coordination](#) between the release of individuals from coverage under the Canadian Armed Forces and the confirmation and start of benefits under Veteran Affairs Canada and the Service Income Security Insurance Plan
- Within Canada, pathways to healthcare, including mental healthcare, differ for Regular Force members of the CAF and Reserve Force members
 - While serving in the CAF, Regular Force members, who are full-time employees of the Canadian Armed Forces, receive their healthcare through the Canadian Forces Health Services Group, a Canadian Armed Forces-specific, federally overseen healthcare system
 - For Reserve Force members, who are primarily part-time employees of the Canadian Armed Forces, the pathway to healthcare is more complicated

Health-system features	
	<ul style="list-style-type: none"> ○ Generally, Reserve Force members receive most of their healthcare through the provincially funded healthcare systems, although they may receive healthcare via the federally funded Canadian Armed Forces healthcare system while deployed or for service-related health conditions ● Within Canada, covered services are itemized through Spectrum of Care
	<p>New Zealand</p> <ul style="list-style-type: none"> ● Health services are primarily delivered through the Defence Health Service, which operates military medical facilities and contracts civilian healthcare providers for additional service, such as: <ul style="list-style-type: none"> ○ primary care and inpatient services ○ trauma and emergency management ○ medical transportation and evacuation ○ occupational health monitoring ○ community and social services ○ preventive health and health intelligence ● Southern Cross, the New Zealand Defence Force exclusive health insurance provider, has an Affiliated Provider programme where doctors, specialists and medical facilities are contracted to provide Southern Cross members with healthcare services at agreed prices <ul style="list-style-type: none"> ○ Affiliated Providers can organize prior approval for claims before members visit them ○ Members can choose from six plans that offer varying combinations of the following healthcare services: <ul style="list-style-type: none"> ▪ consultations, imaging and diagnostics ▪ day-to-day treatments ▪ physiotherapy (day-to-day) ▪ optometrist ▪ glasses and contacts ▪ surgical treatment ▪ dental ▪ excess supplies ● The Defence Health Hub provides a wide range of tools and resources for all members of the NZDF community (including military, retired and whānua members): <ul style="list-style-type: none"> ○ self-assessment tools and guidelines are provided to help members act to improve their health ○ internal and external services and support as well as information about local services ○ tools and resources on the Defence Health Hub website ● The Royal New Zealand Army Medical Corps provides the medical needs of soldiers and works in conjunction with the Royal New Zealand Nursing Corps and the Royal New Zealand Dental Corps
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● The DMS is responsible for the healthcare of active service personnel of the U.K. armed forces <ul style="list-style-type: none"> ○ The DMS provides primary care, dentistry, occupational medicines, rehabilitation services, community mental health services, public health, travel medicine and force preparation for the armed forces via the Royal Navy Medical Services, the Army Medical Services, the Royal Air Force Medical Services and Headquarters DMS Group

Health-system features

- Active serving members are generally registered with a military GP, but will sometimes receive care through standard NHS pathways if they cannot readily access DMS services (e.g., due to living far from facilities, for out-of-hours care, for most specialist treatments, and for non-urgent and routine hospital care)
- Family members of active service personnel access NHS services the same way the public accesses these services; however, in some units with the capacity, family members may be eligible to register with a military GP
- The [DMS is staffed](#) by approximately 11,000 service personnel (7,800 regular and 3,200 reserves) and 2,600 civilian personnel to provide healthcare to roughly 148,000 service members
- The [DMS provides secondary healthcare](#) personnel to certain NHS Trusts through Joint Hospital Groups which help professionals develop skills while also ensuring military readiness
- The Ministry of Defence maintains a [Mefloquine Single Point of Contact](#) to provide information and guidance to current and former service personnel who have concerns about their use of mefloquine
- When active-duty members access NHS services, their records are generally forwarded to their DMS medical centre, and their care may be coordinated in collaboration with DMS staff

United States

- Health coverage through TRICARE enables active service military members to [access care](#) through military hospitals and clinics, a civilian network of TRICARE-approved providers, as well as non-network providers
 - For active service members, all care is generally delivered free of charge
 - Families of service members may incur out-of-pocket costs for care dependent on the type of service they use and the TRICARE plan they enrol in
 - Military facilities and network providers file claims with TRICARE directly while patients may have to pay upfront and/or file their own claims for care received from non-network providers
- The [U.S. military health system](#) is one of the largest health systems in the U.S.; as of 2022 it manages 49 inpatient hospitals and medical centres, 465 ambulatory care and occupational health clinics, and 192 dental clinic on military installations in the U.S. and around the world
- [Education and training](#) are a major priority for the military health system to ensure a medical readiness for forces and a capable medical corps
 - Training opportunities offered by the military health system include online learning, leadership and executive skills, continuing education for health professionals, and degree programs offered by the Medical Education and Training Campus
 - In addition, the [Uniformed Services University](#) is a degree-granting institution that offers free education in exchange for service requirements (akin to the military academies) across four schools: medical, nursing, dental and allied health sciences
- In addition to central health service delivery assets, the Army, Air Force and Navy each operate their own medical services
- The Department of Defence, in collaboration with the Department of Veterans Affairs, produces clinical practice guidelines to inform clinical practice
 - In addition, the DHA has developed the [Deployed Medicine](#) platform to trial new learning models for military medical personnel
- The military health system has been rolling out [MHS GENESIS](#), the system's electronic health record system, for several years
 - MHS GENESIS will eventually serve all beneficiaries of the military health system and enable greater continuity of health information for both patients and providers
 - The patient portal enables patients to access their health information, manage appointments and exchange messages with providers

Health-system features	
	<ul style="list-style-type: none"> • MHS Video Connect is a telehealth platform for beneficiaries of the military health system to access care through a secure, live video connection
Sectors	
<ul style="list-style-type: none"> • Home and community care 	<p>Australia</p> <ul style="list-style-type: none"> • No relevant information found
	<p>Canada</p> <ul style="list-style-type: none"> • Canadian Armed Forces members are eligible for home care services when an attending physician certifies that they are required and that the needs cannot be met on an out-patient basis • Appropriate home care services are provided for eligible service members in their private residence or quarters, whether at their home base or elsewhere in Canada, and may include physician services, nursing services, physiotherapy services, occupational services, speech pathologist, social worker, registered therapist, psychologist, personal support worker, medical equipment and supplies, and assistive device and adaptive equipment
	<p>New Zealand</p> <ul style="list-style-type: none"> • Defence military and civilians can access the NZDF Social Work services to receive support for health, career and work concerns as well as assistance in budgeting, service changes, grief and cultural support
	<p>United Kingdom</p> <ul style="list-style-type: none"> • No relevant information found
	<p>United States</p> <ul style="list-style-type: none"> • The Federal Long Term Care Insurance Program allows care to be provided for service members in a range of locations, one of which includes home settings <ul style="list-style-type: none"> ○ Home care coverage under this program provides informal caregivers with family care benefits for up to 500 days • With respect to home healthcare, TRICARE covers the same services offered as Medicare, which include: skilled nursing care, home health aide services, physical, speech and occupational therapy, and medical social services
<ul style="list-style-type: none"> • Primary care 	<p>Australia</p> <ul style="list-style-type: none"> • 24/7 helplines provide the first point of contact to accessing healthcare services for ADF personnel and family from which they are triaged and referred to specific services <ul style="list-style-type: none"> ○ 1800 IMSICK (ADF personnel; health; intended for after-hours or when an on-base facility is not within reach) ○ Defence Member and Family Helpline (ADF personnel and family; health and beyond) ○ All-Hours Support Line (ADF personnel and family; emphasis on mental health) ○ Sexual Misconduct Prevention and Response Office (ADF personnel and family) • Garrison Health facilities located throughout Australia provide outpatient and pathology collection services
	<p>Canada</p> <ul style="list-style-type: none"> • Primary care is delivered through Care Delivery Units, which are interdisciplinary teams of military and civilian health providers who work collaboratively to meet the needs of Canadian Armed Forces members and units, ensuring seamless continuity of care over time <ul style="list-style-type: none"> ○ All CAF personnel are rostered to a care delivery unit ○ Rosters are often organized by military units or groups to allow for specialized mission-focused care for that unit

Health-system features

- Care delivery units generally consist of two uniformed medical officers, a civilian physician, a uniformed physician assistant, a civilian nurse practitioner, a primary care nurse, three military medical technicians and two civilian administrative support staff
- Additional staff including in-house physiotherapists, pharmacists and mental health professionals may be periodically augmented by physiotherapists, pharmacists and mental health professionals who can provide care either in collaboration with the team or through direct intervention
- While CAF members are not allowed to choose their primary clinician, they are permitted to express a preference for different types of providers (e.g., nurse practitioner, physician assistant or physician) and may make reasonable requests for certain types of providers (e.g., male or female or providers with specific skills)
- Each member of the CAF is [assigned a primary clinician](#) to maintain continuity of care but has available to them the entire collaborative care team and may refer themselves directly to a pharmacist, physiotherapist or mental health provider without a requirement to wait for a prescription or referral
- Individuals who are unable to make an appointment at their care delivery unit may present to [sick parade](#) for an assessment of an acute health concern that interferes with their ability to perform their daily work
- [Treatment rooms](#) are also provided for minor acute conditions that arise outside of sick parade hours and do not warrant assessment from an emergency department, but which must be seen promptly
 - Treatment rooms consist of one nurse, one physician and two or three medical technicians
- [Calian Health](#), in partnership with [Military Family Services](#) (a social enterprise operating on behalf of the chief of the defence staff under the defence minister) has launched the [Military Family Doctor Network](#) and [Military Family Health Portal](#) which provides resources for military families looking for primary care providers willing to take on additional patients

New Zealand

- NZDF Regular Force personnel as well as personnel on leave have [access to primary healthcare](#) (including oral health) through Defence Health
 - Civil staff can only access Defence Health services in the event of a health emergency at camps and bases
- All Regular Force personnel are provided with NZDF medical boards on a periodic basis, which include a physical health screen and vision and hearing tests
 - Medical boards are used to determine the [medical grade](#) of service members, which may change if a service member is injured or has a health concern
- A [Defence Health Centre](#) should be a service member's first point of contact with the NZDF health system

United Kingdom

- The [Defence Primary Healthcare](#) (DPHC) offers advice/consults, preventative medicine, vaccinations, chemoprophylaxis and medical risk assessments to eligible military personnel
 - As of [October 2016](#), 126,000 military personnel were registered for primary care with the Defence Medical Services; this total has now increased to [148,000](#) armed forces personnel
- The [Healthcare Improvement Programme](#) is focused on modernizing patient care by reorganizing the delivery of care, enhancing the provision of primary care, and incorporating data-driven tools to boost existing and new digital technologies; this will seek to address the Defence Medical Services' Quadruple Aim

Health-system features	
	<ul style="list-style-type: none"> In situations where active serving military personnel are unable to obtain care from Defence Medical Services, they can register as a temporary resident with a NHS general practitioner to receive appropriate care in a timely manner
	<p>United States</p> <ul style="list-style-type: none"> Under the TRICARE Prime plan, military personnel do not have to pay for premiums, medical care (e.g., hospital stays, physician visits and tests) or prescriptions; however, their family members may have to pay additional enrolment fees, deductibles, cost-shares, and co-payments <ul style="list-style-type: none"> Active service members and beneficiaries receive priority access to military hospitals and clinics Active service members that are based at military installations with a hospital/clinic will be assigned a Primary Care Manager, who is required to provide services for all their medical needs Medical services that an assigned Primary Care Manager is unable to provide will require a referral to a specialist Treatment and cares services will be provided at a military treatment facility In six designated areas of the United States, families of active military personnel can choose to receive the TRICARE US Family Health Plan; this plan provides enhanced healthcare coverage at not-for-profit healthcare centres as opposed to military medical facilities
<ul style="list-style-type: none"> Specialty care 	<p>Australia</p> <ul style="list-style-type: none"> Garrison Health facilities located throughout Australia provide audiology, aviation medicine, clinical psychology, dental, emergency, inpatient, radiology, respirology, sick parade, underwater medicine and other specialty care services Other speciality care services can be coordinated if not already provided
	<p>Canada</p> <ul style="list-style-type: none"> While in Canada, most of the specialty care is accessed through civilian tertiary care centres, which often have specific beds set aside Military specialties include emergency medicine, general surgery, internal medicine, orthopaedic surgery, anaesthesiology, psychiatry and radiology, most of whom are embedded in civilian provincial or territorial health systems, but some specialists work on Canadian bases While deployed, the Canadian Armed Forces Health Services Group works with other allied nations, the United States, member countries of the North Atlantic Treaty Organization, host nation and non-governmental organizations to ensure sufficient specialty services are available; this can include deploying a full field hospital or select Armed Forces Medical Officers to work within available infrastructure
	<p>New Zealand</p> <ul style="list-style-type: none"> No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> Active service members may be referred to specialist care in the U.K. through Defence Medical Service if necessary Active military personnel will be required to return to the U.K. for emergency specialist treatment at the Royal Centre for Defence Medicine; this is the protocol for cases where they suffer a serious injury during their operation(s), or face a severe medical emergency that requires specialist care (e.g., cancer treatment) A Defence Medical Service general practitioner may refer active military personnel to routine specialist treatment in an NHS hospital should they deem it acceptable to treat them at one of their facilities as opposed to overseas In the Healthcare for the Armed Forces Community: A Forward View published in 2021, NHS England and NHS Improvement are dedicated to providing high-quality secondary care services for serving personnel and their families through a single Armed Forces team
	<p>United States</p> <ul style="list-style-type: none"> A range of specialty programs can be included under the TRICARE plans, including but not limited to: allergy and immunology, audiology, cardiology, dermatology, gastroenterology, orthopaedics and urology

Health-system features	
	<ul style="list-style-type: none"> The Cancer Clinical Trials program covers the participation and medical expenses of beneficiaries enrolled in Phase I, Phase II and Phase III of clinical trials The coverage for pregnancy and reproductive health under the TRICARE health plans vary depending on the item, test or service that needs to be provided
<ul style="list-style-type: none"> Rehabilitation 	<p>Australia</p> <ul style="list-style-type: none"> Garrison Health facilities located throughout Australia provide occupational therapy, physiotherapy and other rehabilitation services ADF Rehabilitation Program and the Rehabilitation for Reservists Program provide occupational and psychosocial rehabilitation services
	<p>Canada</p> <ul style="list-style-type: none"> Physiotherapy and other rehabilitation supports are provided either as part of specialty care following hospital admissions (e.g., for surgery) or as community-based rehabilitation as part of collaborative care through care delivery units
	<p>New Zealand</p> <ul style="list-style-type: none"> No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> Rehabilitation care is offered to military personnel through a ‘tiered network’ of Primary Care Rehabilitation Facilities and Regional Rehabilitation Units <ul style="list-style-type: none"> Primary Care Rehabilitation Facilities are station-based outpatient departments that provide physiotherapy and exercise rehabilitation therapy services In situations where military personnel require advanced treatment or long-term care (i.e., access to imaging services, podiatry and residential rehabilitation), they are transferred to Regional Rehabilitation Units A coordinated multidisciplinary team of specialists from the rheumatology, rehabilitation, sport and exercise medicine, physiotherapy and exercise rehabilitation departments all work together on assessing, operating, and treating musculoskeletal injuries The Defence Medical Rehabilitation Centre is an academic research centre and hub for care, offering a range of services for military personnel, including: <ul style="list-style-type: none"> concentrated residential rehabilitation for complex musculoskeletal disorders and injuries in-patient care for joint and soft tissue disease education and training The NHS Long Term Plan is focused on improving services for those with musculoskeletal conditions (e.g., neck and back pain), and ensuring serving personnel have direct access to first-contact practitioners and rehabilitation services
	<p>United States</p> <ul style="list-style-type: none"> A range of specialty programs can be included under the TRICARE plans, one of which includes the Chiropractic Health Care Program <ul style="list-style-type: none"> Active-duty military personnel can obtain chiropractic care for pain at designated military hospitals and clinics, upon referral from their primary care manager Family members are not covered under this plan and will need to obtain care at their own expense If individuals reside in one of 10 eligible states, the Low Back Pain and Physical Therapy Demonstration will help to waive the cost-share of three physical therapy sessions
<ul style="list-style-type: none"> Long-term care 	<p>Australia</p> <ul style="list-style-type: none"> No relevant information found

Health-system features	
	<p>Canada</p> <ul style="list-style-type: none"> • Nursing home services are available when an eligible person requires 24-hour medical supervision as well as nursing and personal care
	<p>New Zealand</p> <ul style="list-style-type: none"> • No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> • According to the Royal British Legion, there are currently six long-term care homes in operation for military personnel and their families across the country
	<p>United States</p> <ul style="list-style-type: none"> • The Federal Long Term Care Insurance Program is available to active-duty (and retired) military service members and eligible family members, and covers care for a range of conditions, including but not limited to: <ul style="list-style-type: none"> ○ Alzheimer’s disease ○ stroke ○ multiple sclerosis ○ Parkinson’s disease ○ old age • The Federal Long Term Care Insurance Program allows care to be provided in a number of settings, including, long-term care facilities, assisted living facilities and adult day care centres • Long-term care coverage is not included within traditional TRICARE health insurance plans
<ul style="list-style-type: none"> • Public health 	<p>Australia</p> <ul style="list-style-type: none"> • There is a comprehensive ADF initiative in malaria prevention, treatment and research as the disease afflicts populations in areas where the ADF operates (notably, the Asia-Pacific region)
	<p>Canada</p> <ul style="list-style-type: none"> • Public health in the military context is referred to as ‘force health protection’ and includes “all medical efforts to promote or conserve physical and mental well-being, reduce or eliminate the incidence and impact of disease, injury and death and enhance operational readiness and combat effectiveness of the forces” • Public health consists of multidisciplinary preventive medicine teams at the local (tactical) and regional (operational) levels supported by the Directorate of Force Health Protection (a group of 60 subject matter experts including both military and civilian staff) • Public health is organized into six national programs: <ul style="list-style-type: none"> ○ epidemiology ○ health promotion (called Strengthening the Forces) ○ occupational and environmental health ○ deployable health hazards ○ medical intelligence ○ communicable disease control
	<p>New Zealand</p> <ul style="list-style-type: none"> • No relevant information found
	<p>United Kingdom</p>

Health-system features	
	<ul style="list-style-type: none"> The Defence Medical Services prioritizes Medical Force Protection by employing preventive measures for serving military personnel from pre-deployment to post-deployment activities <ul style="list-style-type: none"> This includes a series of actions to counteract the negative effects of the environment, disease and special weapon systems; key features include promoting healthy behaviours, preventing disease, minimizing risk and incorporating operational equipment programs to reduce the risk of injuries The Ministry of Defence published their Defence People Health and Wellbeing Strategy 2022–2027 that highlights the nation’s strategic objective of maintaining a positive physical, mental, and social health for all military personnel; their holistic approach focuses on ‘people,’ ‘lifestyle,’ and ‘environment’ <ul style="list-style-type: none"> The health priority themes under ‘people’ include musculoskeletal health, mental well-being and resilience, addressing health inequities and suicide preventions The health priority themes under ‘lifestyle’ include nutrition and addiction and lifestyle choices The health priority themes under ‘environment’ include workplace exposures, employment policy and deployability factors and recovery support
	<p>United States</p> <ul style="list-style-type: none"> TRICARE provides several resources to help improve the public health of its members, including information on bug-borne illnesses, lead and mould exposure, and sexual health
Priority conditions	
<ul style="list-style-type: none"> Chronic diseases 	<p>Australia</p> <ul style="list-style-type: none"> No relevant information found
	<p>Canada</p> <ul style="list-style-type: none"> While we did not identify specific pathways or programs for specific chronic conditions, a range of tools, tips and sites have been developed to support CAF members to maintain healthy lifestyles and prevent chronic conditions Care for chronic conditions is largely provided through care delivery units and the collaborative care team that is available
	<p>New Zealand</p> <ul style="list-style-type: none"> No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> No relevant information found
	<p>United States</p> <ul style="list-style-type: none"> No relevant information found
<ul style="list-style-type: none"> Chronic pain 	<p>Australia</p> <ul style="list-style-type: none"> No relevant information found
	<p>Canada</p> <ul style="list-style-type: none"> No relevant information found
	<p>New Zealand</p> <ul style="list-style-type: none"> No relevant information found
	<p>United Kingdom</p>

Health-system features	
	<ul style="list-style-type: none"> The Military Almanac provides guidelines for acute pain care
	<p>United States</p> <ul style="list-style-type: none"> The Interdisciplinary Pain Management Clinic focuses on safely treating pain and restoring function of service members; treatment options include interventional pain injections, physical therapy, occupational therapy, pharmacological management, complimentary therapies (e.g., massage, yoga and meditation) and chiropractic care
<ul style="list-style-type: none"> Mental health and addictions 	<p>Australia</p> <ul style="list-style-type: none"> Helplines have been created to support the mental health and personnel and their families: 1) Defence Member and Family Helpline that provides virtual supports from social workers and psychologists for family members and 2) an all-hours support line which provides 24/7 access to psychology, medical, social work and chaplain services In 2009, ADF Mental Health Reform Program was implemented, which has since precipitated iterations of the Mental Health and Wellbeing Strategy that takes a comprehensive approach to building mental fitness within the ADF Preventative programs are in place to provide consultations, training and health promotion ADF's in-house mental health services (delivered through regional Harrison Health facilities) are supplemented by external contracted providers The ADF Suicide Prevention Program promotes mental health among defence members and has various aspects each targeting different groups within the ADF: suicide prevention awareness (for all ADF members), suicide prevention alertness (for all ADF members), suicide prevention skills training (for junior leaders, commanders, managers and chaplains), and mental health risk assessment training for mental health professionals (and for medical officers) <p>Canada</p> <ul style="list-style-type: none"> Mental health services are provided through local CAF care delivery units, where individuals will either be seen there or referred to additional specialty services Services provided on base include crisis management supports provided by a physician, social worker, or mental health nurse as well as psychosocial services CAF members wanting access to mental health department may do so by either obtaining a referral from their general duties medical officer or by walking into the psychological program CAF members also have access to range of online and telephone supports, including: <ul style="list-style-type: none"> the Member Assistance Program which provides telephone and face-to-face counselling LifeSpeak which is an online health and wellness platform that includes videos, podcasts, action plans and 'ask the experts' sessions to help manage mental health OSI Connect, which is a free mental health learning and self-management mobile app Operational Stress Injury Social Support is a peer support network for CAF members, Veterans and their families experiencing an operational stress injury Family members of CAF members have access to <ul style="list-style-type: none"> the Family Information Line, which provides 24/7 mental health supports the Military Family Resource Centre, which provides psychosocial support, counselling and access to Family Liaison Officers Helping Our Peers by Providing Empathy (HOPE) program, which provides confidential peer support to bereaved military families coping with the loss of a family member

Health-system features	
	<ul style="list-style-type: none"> ○ Operational Stress Injury Social Support Family Peer Support Coordinator helps connect family members to community resources ○ Strongest Families Institute provides evidence-based services to children and families seeking help for mental health and other issues ● In May 2022, the Department of National Defence and Veterans Affairs Ombudsman launched a systemic investigation with a focus on mental health and, in particular, access to mental health resources <ul style="list-style-type: none"> ○ Publication of the report is anticipated for 2023
	<p>New Zealand</p> <ul style="list-style-type: none"> ● In 2022, the New Zealand Defence Force conducted two wellness checks for the Defence community, rolled out a peer aid mental health training programme, and conducted a range of mental health initiatives ● NZDF has a 2017 substance harm minimization framework called Operation STAND to reduce and prevent harm from substance misuse in the armed forces
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● Mental health services are provided to military personnel through a network of 20 locations, of which 11 are departments of community mental health, six are mental health teams and three are mental health nurse teams ● A number of general and population-specific supports for military personnel and their families regarding mental health exist, including: speaking with medical officers and general practitioners from the Defence Medical Services, welfare officers, chaplains, their chain of command, and trauma risk management (TRiM) practitioners, alongside accessing combat stress (confidential support line), Togetherall and HEADfit services
	<p>United States</p> <ul style="list-style-type: none"> ● The TRICARE's insurance plans include coverage for emergency and non-emergency mental healthcare <ul style="list-style-type: none"> ○ Active service military personnel will need to receive mental healthcare at military hospitals or clinics (referral required) ○ If military personnel are enrolled in TRICARE Prime, they can schedule an appointment with a network psychiatrist or psychologist (no referral needed for outpatient visits), and can obtain outpatient care from a counsellor under the supervision of a physician ● The Military Crisis Line is a free, confidential mental health service for all service members to speak via call, text or online chat <ul style="list-style-type: none"> ○ The crisis line features trained counsellors, many of whom have military backgrounds and may be able to understand the challenges service members are undergoing ● The inTransition Program is a free, confidential mental health program that focuses on providing assistance for active-duty service members <ul style="list-style-type: none"> ○ Specialized coaching is available for those seeking mental healthcare when being relocated to a new assignment, returning from deployment, moving from active duty to the reserves, or leaving the military
Care using select treatments	
● Prescription drugs	<p>Australia</p> <ul style="list-style-type: none"> ● Garrison Health facilities located throughout Australia provide pharmaceutical services ● The ADF provides a variety of anti-malarial medications for troops deployed to regions which may be affected by malaria
	<p>Canada</p> <ul style="list-style-type: none"> ● CAF provides a wide variety of both prescription and non-prescription drugs to its members, which are laid out in a Drug Benefit List ● Drug benefits include: <ul style="list-style-type: none"> ○ drugs that normally require a prescription

Health-system features	
	<ul style="list-style-type: none"> ○ drugs which may not legally require a prescription, but which are only available at an accredited pharmacy and have known therapeutic value ○ replacement therapeutic nutrients if there is no other alternative ○ injectable drugs including allergy serum and vaccines ○ compounded prescriptions ○ drug delivery devices, such as those needed to deliver asthma medications ● Prescriptions for medications are filled at the local base pharmacy, but if the base pharmacy does not have the medication or if it is required after-hours, the prescription can be filled at a community pharmacy with a valid Blue Cross card ● The Canadian Forces Drug Exception Centre is responsible for determining whether authorization criteria are met for an exception to be issued for a drug to be covered ● CAF members whose workplace is more than 50 km away from a CAF pharmacy may opt to enrol in the over-the-counter benefit card program, which provides access to eligible personnel to certain non-prescription medications directly from civilian pharmacies
	<p>New Zealand</p> <ul style="list-style-type: none"> ● No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● Individuals with a valid war pension exemption certificate are not required to pay for certain prescriptions provided through the NHS
	<p>United States</p> <ul style="list-style-type: none"> ● Active-duty service personnel are eligible for prescription drug coverage under TRICARE health plans (with the exception of the US Family Health Plan that has separate coverage) <ul style="list-style-type: none"> ○ Most prescription drugs are covered under these plans; coverage for specific medication can be located through the TRICARE Formulary
● Devices and other assistive technologies	<p>Australia</p> <ul style="list-style-type: none"> ● No relevant information found
	<p>Canada</p> <ul style="list-style-type: none"> ● If determined to be medically necessary for treatment of disease or injury and prescribed by a physician, medical equipment and assistive technologies are covered by the CAF Health Services up to specific amounts (depending on the technology)
	<p>New Zealand</p> <ul style="list-style-type: none"> ● No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● No relevant information found
	<p>United States</p> <ul style="list-style-type: none"> ● The Department of Veterans Affairs provides eligible active-duty service members with assistive technologies <ul style="list-style-type: none"> ○ Available assistive technologies can range from electronic cognitive devices and electronic aids for daily living to wheeled mobility and seating devices ● The Computer/Electronic Accommodations Program benefit provides wounded service members with assistive technology and accommodations for dexterity impairments, hearing and vision loss, and cognitive injuries
Other priority populations that may require specific health-system considerations	

Health-system features	
<ul style="list-style-type: none"> 2SLGBTQ+ 	<p>Australia</p> <ul style="list-style-type: none"> No relevant information found
	<p>Canada</p> <ul style="list-style-type: none"> Canadian Armed Forces are in the process of reviewing and updating training resources, increasing awareness and understanding of inclusive language, continuing to define benchmarks and monitoring activities to support 2SLGBTQ+ inclusion
	<p>New Zealand</p> <ul style="list-style-type: none"> OverWatch, an organization of NZDF volunteers, provides opportunities for connection and support within the LGBTTIQ+ community (lesbian, gay, bisexual, transgender, takatāpui, intersex and queer/questioning, and + represents other identifies not captured) NZDF has a LGBTTIQ+ Inclusion Plan 2020–2025 that includes actions to create an inclusive workplace culture that supports LGBTTIQ+ people The Directorate of Diversity and Inclusion (DDI) oversees the development of an inclusive culture in the NZDF, including specific programmes that focus on gender equality, LGBTTIQ+, disability, and ethnicity
	<p>United Kingdom</p> <ul style="list-style-type: none"> No relevant information found
	<p>United States</p> <ul style="list-style-type: none"> HIV pre-exposure prophylaxis is covered by the TRICARE health plan TRICARE may cover hormone therapy and mental health services for people with a diagnosis of gender dysphoria; surgical treatment is only available for active duty service members who request a waiver for medically necessary gender-affirming surgery The DHA has released procedural instructions for gender-affirming healthcare of transgender and gender-diverse active and reserve service members
<ul style="list-style-type: none"> Indigenous peoples 	<p>Australia</p> <ul style="list-style-type: none"> No relevant information found
	<p>Canada</p> <ul style="list-style-type: none"> No relevant information found
	<p>New Zealand</p> <ul style="list-style-type: none"> No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> No relevant information found
	<p>United States</p> <ul style="list-style-type: none"> Graduates of the Uniformed Services University’s medical school may go on to be part of the U.S. Public Health Service Commissioned Corps and fill positions with the Indian Health Service
<ul style="list-style-type: none"> Women 	<p>Australia</p> <ul style="list-style-type: none"> No relevant information found
	<p>Canada</p> <ul style="list-style-type: none"> In 2022, the Canadian Forces Morale and Welfare Services’ Personnel Support Programs developed a new Women’s Physical Wellness and Fitness Program in efforts to be responsive to women and gender-diverse military personnel, which includes four key programs:

Health-system features	
	<ul style="list-style-type: none"> ○ prepare women physically for occupational and operational training ○ reduce susceptibility to musculoskeletal injury ○ accommodate women during career interruptions ○ maintain physical function through aging and gender-specific development stages ● Though sexual misconduct could affect all genders, it disproportionately affects women in the military, and the Sexual Misconduct Support and Resource Centre has been developed to provide 24/7 support, which includes advice on where to seek additional care ○ Additional programs include restorative engagement program, military sexual trauma peer support program, and an independent legal assistance program
	<p>New Zealand</p> <ul style="list-style-type: none"> ● The Wāhine Toa work programme focuses on the enhancement of women participating across the NZDF ● The NZDF produced a report called Maximising Opportunities for Military Women in the New Zealand Defence Force in 2014 that called for the expansion and recruitment and retention efforts of women in the military
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● Pregnancy and Maternity in the British Army outlines the procedures to be followed for those experiencing pregnancy and postpartum ● The Ministry of Defence JSP 760 details regulations for leave and absence for pregnant people
	<p>United States</p> <ul style="list-style-type: none"> ● Women's health is a focus for the military health system and there are woman-specific programs or services available for well woman exams and screening, pregnancy and reproductive health, pain management, mental health, sexual trauma, contraceptive care and TRICARE-covered services ● The secretary of defence released a memo about ensuring access to reproductive health care in October 2022 in response to recent Supreme Court and state-level decisions concerning reproductive healthcare and specifically abortion services <ul style="list-style-type: none"> ○ The actions laid out in this memo are intended to ensure continued access to reproductive healthcare services for beneficiaries and protections for healthcare providers who deliver reproductive health services ○ Military medical faculties are still able to provide indicated abortion services even in states where such services may be restricted ● The military health system has developed mobile applications that address women's health concerns related to deployment as well as their birth control options

Appendix 4: Jurisdictional scans about features of health systems for Veterans and their families in each of the Five Eyes countries

Health-system features	
Governance arrangements	<p>Australia</p> <ul style="list-style-type: none"> • The Department of Veterans' Affairs (DVA) provides financial support, healthcare, rehabilitation, mental healthcare, home care and housing assistance under the leadership of the Minister of Veteran Affairs <ul style="list-style-type: none"> ○ The DVA has 2,000 staff with offices located in each state and territory capital as well as smaller regional offices to provide information, advice and advocacy services to their clients • The DVA offers services and support under legislation such as the Veterans' Entitlement Act 1986, Defence Service Homes Act 1918 and Safety Rehabilitation and Compensation Act 1988 • Veterans can access a range of benefits and services through a Department of Veterans Affairs-issued Veteran Card from service providers who have been approved by the DVA • Other agencies that provide services to Veterans and their families include the Repatriation Commission, Australian War Memorial, Military Rehabilitation and Compensation Commission, Veterans' Review Board, Repatriation Medical Authority, Specialist Medical Review Council and the Office of Australian War Graves <ul style="list-style-type: none"> ○ The Repatriation Commission grants pensions, benefits and treatment for Veterans and families, and the Military Rehabilitation and Compensation Commission provides compensation and benefits for families and Veterans with injury or a disease due to service after 1 July 2004 and whose deaths was a result of service ○ These agencies are independent of the Government but administer the legislation that provides benefits and support, such as pensions • The Department of Veterans' Affairs publishes their organizational chart of the leaders and their internal structure as well as annual reports, the most recent being released in 2021 to 2022 • The Department of Veterans' Affairs released their 2022 Strategic Direction with key objectives such as continuity of care, simplified treatment pathways and legislation, self-directed care, ongoing improvement of well-being outcomes, and commemorations that are meaningful for Veterans <hr/> <p>Canada</p> <ul style="list-style-type: none"> • The Department of Veterans Affairs Act provides the authority for the department to administer legislation relating to the care, treatment or re-establishment in civilian life of Veterans • Veteran's Affairs Canada (VAC) has its own Minister and is responsible for decisions related to: <ul style="list-style-type: none"> ○ online supports (e.g., mental health) ○ case management and (less-intensive) guided support ○ rehabilitation planning (medical, psychosocial and vocational) ○ entitlement and assessments (for disability benefits) ○ wait-times management ○ complaints management ○ population-health management

Health-system features	
	<ul style="list-style-type: none"> ○ contracting with service providers (e.g., mental health professionals, long-term care homes) ● Veterans Affairs Canada partners with Medavie Blue Cross to provide financial support to qualified Veterans by registering new service providers and process claims for payment to service providers <p>New Zealand</p> <ul style="list-style-type: none"> ● Veterans' Affairs is one of four branches of the New Zealand Defence Force (NZDF) that works with other government organizations to support Veterans with qualifying service, their families and whānua but has its own minister for Veterans <ul style="list-style-type: none"> ○ Clients range from 19 to over 100 years old, and include retired people, current service members and their families ○ Support provided by Veterans' Affairs is defined in the Veterans' Support Act 2014 ● Veterans' Affairs processes claims received from Veterans but have recently experienced delays in processing due to an increased volume of claims and ongoing pressures on the health system that make it more difficult for the Veterans' Affairs to obtain medical information <p>United Kingdom</p> <ul style="list-style-type: none"> ● The U.K. Office for Veterans' Affairs is an office within Cabinet Office but with its own secretary of state (minister for Veterans' affairs) ● Almost all healthcare provision for Veterans and their families is delivered directly through the National Health Service (NHS) <ul style="list-style-type: none"> ○ The four constituent countries of the U.K. are largely independent in setting the direction and policy for the NHS in their respective countries ○ The highest-level decision-making authorities include the health ministers of each country as well as NHS England (for decision-making in England) ○ Local/regional bodies throughout the U.K. are responsible for commissioning and planning services in their respective areas that meet local needs while being aligned with national plans and/or strategies (i.e., integrated care systems in England, Health Boards in Scotland and Wales, and the Health and Social Care Board in Northern Ireland) ● Veterans may receive access to certain specialized services and treatments offered by the NHS in conjunction with the Ministry of Defence and select charities <p>United States</p> <ul style="list-style-type: none"> ● The Department of Veterans Affairs (VA) is responsible for providing healthcare to Veterans and is led by the secretary for Veterans' affairs <ul style="list-style-type: none"> ○ Veterans who choose to receive care through VA are not eligible for coverage under the Affordable Care Act ● Veterans Health Administration (VHA), which is led by the Under Secretary for Health and is part of Veterans' Affairs is responsible for managing health facilities and healthcare for Veterans ● Individuals are eligible for VA healthcare if they served in the Air Force, Navy, or Armed Forces and did not receive a dishonourable discharge ● Further eligibility requirements are available on the VA website
Financial arrangements	<p>Australia</p> <ul style="list-style-type: none"> ● The Department of Veterans' Affairs invests more than \$11.5 billion AUD per year to support 340,000 Veterans and their families

Health-system features

- The Department of Veterans' Affairs provide [financial support to Veterans and their families](#) such as economic support payments, compensation claims, income support, payment rates, disaster assistance, discounts and concessions and vehicle modification-related costs
 - Individuals can choose to be treated as a Medicare or a private patient, but the DVA will not cover costs for any out-of-pocket expenses
- The [compensation system increased by 48% per annum since 2019](#) due to greater awareness of services, improvement in the Department of Veterans' Affairs connection with the Department of Defence, increased number of Veterans serving in conflict, and the expansion of non-liability healthcare for mental health conditions
- According to their [2021–2022 annual report](#), the DVA administered \$21.25 billion AUD mainly for personal benefits such as income support (\$6.22 billion), healthcare payments (\$3.81 billion), commemorations and recognitions (\$38.93 million) and the Military Compensation Scheme (\$11.10 billion)

Canada

- Canadian service Veterans are eligible to receive health services through the province or territory in which they reside, with additional health services provided by VAC
- Veterans are supported by VAC to pay for healthcare services and costs under one of four qualifying programs: 1) disability benefit; 2) Veterans Independence Program; 3) War Veterans Allowance; and/or 4) financial aid from VAC for long-term care
- The Department has contracted a third party, Medavie Blue Cross, to manage the processing of Veterans' healthcare claims and certain services
 - As part of the arrangement, Medavie Blue Cross implemented the Federal Health Claims Processing System (FHCPS)
 - Medavie Blue Cross will also reimburse any fees associated with using provincial or territorial health systems where services are similar to the benefits, services or care described in the [Veterans Health Care Regulations](#)
- Treatment benefits including frequency of use and dollar coverage for all services are [published and updated on a weekly basis](#)
- Individuals must show a VAC healthcare card to the provider of their choice to receive benefits
 - Depending on the type of care being received, a prescription from a physician or other healthcare professional that details the requirements of the therapy and pre-authorization for the service may be needed
- To avoid out-of-pocket payments, individuals can choose a registered provider who can bill Veterans Affairs directly
- There are 14 healthcare benefit programs, also known as [programs of choice](#) (POC), that individual Veterans can select from:
 - POC 1 – Aids for daily living (coverage for assistive devices and accessories that help people do everyday tasks and live independently, such as wheelchairs or walking aids, as well as any needed repairs)
 - POC 2 – Ambulance/medical travel services (coverage for the use of ambulance services required for an emergency or a specified medical condition, however for non-emergency use, a prescription/pre-authorization is required before the service is provided)
 - POC 3 – Audio (hearing) services (coverage for equipment and accessories related to hearing impairment, such as hearing aids and telephone amplifiers)
 - POC 4 – Dental services (coverage for basic dental care and some pre-authorized comprehensive dental services, including annual basic treatments up to \$1,700 CAD annually and standard dentures once every seven years)

Health-system features	
	<ul style="list-style-type: none"> ○ POC 5 – Hospital services (coverage for treatment services in an acute care, chronic care or rehabilitative care hospital and multi-disciplinary clinics registered with VAC) ○ POC 6 – Medical services (coverage for services of a licensed physician, including medical examinations or treatments or for reports requested by VAC) ○ POC 7 – Medical supplies (coverage for medical and surgical equipment and supplies normally used by an individual in a non-hospital setting, such as bandages/dressings and diabetic supplies) ○ POC 8 – Nursing services (coverage for three distinct components: assessments, foot care and visits) ○ POC 9 – Oxygen therapy (coverage for oxygen and accessories as well as respiratory equipment and supplies such as oxygen concentrators, oxygen compressors and CPAP and BiPAP machines) ○ POC – Prescription drugs (coverage for drug products and other pharmaceutical benefits to those who have demonstrated a medical need and have a prescription from a health professional) ○ POC 11 – Prostheses and orthoses (coverage for prostheses, orthoses, and other related accessories, such as arch supports, artificial limbs, leg/arm braces and modifications to ordinary footwear) ○ POC 12 – Related health services (coverage for the services provided by approved health professionals by VAC, including occupational therapy, physiotherapy, massage therapy, chiropractic, acupuncture, speech language pathology and psychological counselling; in many cases, the service must be prescribed by a physician to be approved by VAC) ○ POC 13 – Special equipment (coverage for special equipment required for the care and treatment for eligible Veterans, such as walkers, power mobility devices and transfer/lift devices; these benefits must be prescribed by a VAC-approved health professional and in many cases supported by the recommendation of another health professional) ○ POC 14 – Vision (eye) care (coverage for eye examinations, lenses, frames and accessories to correct sight impairments as well as low-vision aids)
	<p>New Zealand</p> <ul style="list-style-type: none"> • Financial arrangements for Veterans’ healthcare in New Zealand are defined by the Veterans’ Support Act 2014, which guides Veterans’ Affairs decision-making <ul style="list-style-type: none"> ○ In 2022, Veterans’ Affairs sent out more than 10,000 payments to 6,267 clients totalling approximately \$118.6 million NZD • New Zealand Defence Force has a group medical insurance plan with Southern Cross that gives retired service members and their families access to discounted premium rates • Disablement Pension provides Veterans’ Affairs members who have a service-related injury or illness that impairs them with regular financial compensation based on their whole-person impairment rating <ul style="list-style-type: none"> ○ To qualify for Disablement Pension, a member must have either a Qualifying Service before 1 April 1974 or Qualifying Operational Service in Vietnam and have a current injury or illness related to that service ○ Members receiving War Disablement Pension can apply to transfer their accepted conditions to Disablement Pension, which may affect how much what support their family can get ○ Members can apply for a lump sum payment if they have a terminal medical condition that is service related • The New Zealand Fallen Heroes Trust provides financial assistance to anyone in the NZDF who has suffered a life-changing medical condition due to operational service <ul style="list-style-type: none"> ○ These Veterans can receive education grants as well as support for participation in the Invictus Games

Health-system features	
	<ul style="list-style-type: none"> Funded healthcare services are grouped into treatment (e.g., physician visits, diagnostic X-rays and scans, and prescription drugs), mental health treatment, and hearing aids
	<p>United Kingdom</p> <ul style="list-style-type: none"> The NHS, which serves as the main care provider for Veterans and their families, is financed through general taxation Citizens of Commonwealth countries, Gurkha citizens and Nepali citizens who served in the U.K. armed forces receive free healthcare during active service, but they are not guaranteed free healthcare from the NHS after leaving the armed forces
	<p>United States</p> <ul style="list-style-type: none"> A co-pay system is used to pay for healthcare under the VA system <ul style="list-style-type: none"> The cost an individual will cover under the co-pay system is dependent on disability, income, service record, and priority group Details about co-pay rates for urgent care for minor illnesses/injuries, outpatient care, inpatient care, medication, geriatric care, long-term care and maternity benefit are provided on the VA website Veterans who apply for Veterans Affairs healthcare are categorized in priority groups ranked from one (eligible for the greatest amount of financial assistance) to eight (least eligible for financial assistance) that determine the co-payment they are required to provide for medical services Priority is determined based on: <ul style="list-style-type: none"> military service history disability income whether the individual qualifies for Medicaid any other benefits the individual may be receiving details of each priority group can be found on the VA website Certain services do not require co-pay, including: <ul style="list-style-type: none"> counselling and mental health services related to readjusting to civilian life mental healthcare related to sexual trauma in the military health exams for potential health problems related to military service care related to combat service operations following 11 November 1998 VA claim exams care for disabilities that are a result of time in service care for cancer of the head or neck that were caused by nose/throat radium treatments in the Armed Forces weight loss or smoking programs lab tests EKGs or ECGs to diagnose heart issues public VA health initiatives As a result of new exemptions, as of April 2023, Indigenous American or Alaskan Veterans are no longer required to co-pay for certain VA healthcare services <ul style="list-style-type: none"> These services include hospital care, prescriptions and urgent care Veterans may additionally be eligible for VA disability compensation

Health-system features	
	<ul style="list-style-type: none"> ○ This is a monthly tax-free payment for Veterans who experience illness or injury because of their military service ● Veterans' Affairs healthcare benefits may be used in conjunction with alternate insurance plans ● The Veterans' Affairs health system receives an annual budget of approximately \$68 billion USD
Delivery arrangements	<p>Australia</p> <ul style="list-style-type: none"> ● The Department of Veterans' Affairs (DVA) provides a variety of health services for eligible Veterans, war widows/widowers, and dependents, such as preventive, primary care, medications, rehabilitation services, transport (including ambulance and travel assistance), mental health services, home and community care, diagnostics, physical, occupational and/or speech therapy <ul style="list-style-type: none"> ○ Medical services are subject to the requirements of the Medicare Benefits Schedule (MBS) to be rendered, with some treatments requiring approval from the DVA, or a referral (for specialist or allied health provider care) ○ The DVA will not pay for naturopathy, iridology and homeopathy ● Eligibility of health services under the Department of Veterans' Affairs depends on their Veteran healthcare cards <ul style="list-style-type: none"> ○ A Veteran Gold Card is issued to Australian Veterans for clinically required medical treatment for all medical conditions ○ A Veteran White Card is issued to provide medical treatment for accepted service-related injuries or conditions, all mental health conditions, in addition to cancer and pulmonary tuberculosis covered under non-liability healthcare ○ A Veteran Orange Card is issued for having a qualifying service from the World War II ○ Other types of cards include commonwealth seniors health card, pensioner concession card and for family members ● The DVA offer other types of services and certain reimbursements such as free transportation (e.g., free taxis or car services), hospital stays, travel expenses, ambulance transport, reimbursements for certain medical care while overseas and for injury or exposures to harmful substances ● Since 2017, the DVA have improved their services to put Veterans and their families first by improving their online portal system, telephone system, digitising paper records, info-share with Department of Defence, free medical treatment while processing claims, more access in rural and regional Australia such as Australia Mobile Service Centres (i.e., customized trucks that can be used for wi-fi- and self-service terminals, waiting area)
	<p>Canada</p> <ul style="list-style-type: none"> ● Veterans access care through provincial or territorial health systems and can be reimbursed for any fees that are incurred ● Veterans can also access care through a registered provider with VAC ● There are some sectors that have Veteran-specific healthcare facilities (e.g., long-term care), and these are detailed in the sections below
	<p>New Zealand</p> <ul style="list-style-type: none"> ● New Zealand has a case management approach to providing support to its Veterans that involves being assigned a case manager to assist them with accessing entitlement or rehabilitation services from Veterans' Affairs <ul style="list-style-type: none"> ○ Veterans must call Veterans' Affairs enquiry line as a first point of contact to connect them with case manager ○ If the Veteran only receives VIP services, the VIP Services Team assists them with arranging services ● Veterans' Affairs New Zealand provide information on support services for Veterans when they retire, require support at home or when they pass away
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● Certain NHS general practice (GP) surgeries are 'Veteran friendly' and designed to provide Veteran-specific healthcare

Health-system features	
	<ul style="list-style-type: none"> • A range of supports for physical health problems that may be caused by military service are offered by the NHS in partnership with the Defence Medical Services (DMS) <ul style="list-style-type: none"> ◦ Additional supports exist for disabled Veterans (specifically those who use prosthetics, have lost limbs or eyes, or that are blind), and all Veterans with long-term conditions can access personal care planning to meet their health and social needs • The NHS supports a variety of specialty and other services, such as RESTORE to provide specialty care to Veteran’s who have physical health problems as a result of their service, as well as Op COURAGE, which provides mental health and well-being services to Veterans and their families with mental-health concerns • Beyond healthcare-specific supports, Veterans and their families have access to Veteran-specific financial and social supports through the Ministry of Defence and various charities <p>United States</p> <ul style="list-style-type: none"> • The U.S. is composed of 18 Veterans Integrated Service Networks that provide a system of healthcare for Veterans in that region • VHA manages multiple facilities that provide healthcare to Veterans <ul style="list-style-type: none"> ◦ This includes 171 VA Medical Centers and 1,113 outpatient clinics ◦ Medical Centers provide services like those provided in a hospital including surgery, mental health and critical care, in addition to specialist services such as audiology ◦ An estimated 371,000 healthcare workers are employed by the VHA • Veterans may access VA healthcare through their community service providers <ul style="list-style-type: none"> ◦ In some areas, multiple VA facilities will collaborate to create a Veterans Healthcare System • Veterans Guide provides a list of benefits and services that are available for Veterans, many of which are related to health
Sectors	
<ul style="list-style-type: none"> • Home and community care 	<p>Australia</p> <ul style="list-style-type: none"> • Australia’s Department of Veterans Affairs offers a range of care services to help with independent living, residential aged cared, aged care support and services, home care packages and financial support • Available services include help with household tasks, personal care, gardening and maintenance, aids and equipment, and home nursing visits • The Veterans’ Home Care (VHC) program provides help at home for practical low-level tasks and can be accessed by Veterans by contacting a VHC Assessment Agency to talk with an assessor and identify their service needs <ul style="list-style-type: none"> ◦ Veterans must pay a co-payment for most home care services ◦ If the Veteran passes away, the services may be able to continue for up to 12 weeks • Additional support with household services and attendant care can be provided for Veterans who are recovering from a service-related injury or condition <ul style="list-style-type: none"> ◦ Veterans can apply to the DVA for this support, and once approved, the Veteran can select an appropriate service provider through the department who can reimburse the Veteran or pay the service provider directly up to a maximum amount per week • Department of Veterans’ Affairs also has a Home Care Respite Program that offers In-Home Respite care, Residential Respite care, and Emergency Short-Term Home Relief (ESTHR) <ul style="list-style-type: none"> ◦ Veterans can arrange an assessment for In-Home respite and ESTHR through the VHC Assessment Agency and for Residential Respite through Aged Care Assessment Services (ACAS)

Health-system features	
	<p>Canada</p> <ul style="list-style-type: none"> • The federal department of Veterans Affairs Canada provides home care services to certain Veterans when such services are not available through their province or territory as well as including home services within the ‘programs of choice’ that include nursing services and aids for daily living • Additional supports for home care available to qualifying Veterans include: <ul style="list-style-type: none"> ○ The Caregiver Recognition Benefit, which provides a monthly tax credit for caregivers ○ The Veterans Independence Program (VIP) to pay for home and community care, over and above what is available in provincial programs to cover ground maintenance, housekeeping, meal preparation, personal care and professional health and support services <ul style="list-style-type: none"> ▪ Service providers for VIP must register with Medavie Blue Cross to claim for payment for the services they provide for Veterans ▪ These additional supports are also available to spouses following the death of the Veteran if they were responsible for providing care to the Veteran for at least one year prior to the death
	<p>New Zealand</p> <ul style="list-style-type: none"> • The Veterans’ Independence Programme supports Veterans to remain independent in their homes by providing home assistance services such as gardening, home cleaning and lawn mowing <ul style="list-style-type: none"> ○ A VA case manager or Support Centre Officer completes a needs assessment over the phone to determine how best to meet the Veteran’s needs ○ Since this is a non-urgent, needs-based programme, it may take up to five months for services to begin ○ The Veteran’s spouse or partner can continue to receive these services if the Veteran is receiving treatment at a hospital, has entered long-term care for up to 12 months, or has passed away (for up to 12 months after death)
	<p>United Kingdom</p> <ul style="list-style-type: none"> • The Royal British Legion Industries offers two assisted living accommodations for armed forces Veterans and their families: the Queen Elizabeth Court and Greenwich House <ul style="list-style-type: none"> ○ Queen Elizabeth Court provides domestic care to people over 55 years who have served in the Armed Forces and their spouses ○ Greenwich House provides on-site domiciliary care for Veterans over 55 or their spouses in a 24-apartment assisted living scheme
	<p>United States</p> <ul style="list-style-type: none"> • Home care is provided to Veterans by Veterans’ Affairs through the home healthcare program where Veterans are supported as they move from a hospital or nursing home back to their homes <ul style="list-style-type: none"> ○ Services provided may include physical therapy, skilled nursing, occupational therapy, speech therapy and case management and may be complemented by community-based services ○ Home care is provided by a community-based home care health agency contracted with VA • Veterans’ Affairs can provide Veterans with a Homemaker and Home Health Aide who can come to the home of the Veteran and assist them with daily living activities <ul style="list-style-type: none"> ○ Aides are not nurses but they are supervised by registered nurses who help to assess the Veteran’s daily needs ○ Vet Centers are community counselling centres provided by the Veterans Health Administration ○ Some services are additionally available to family members of Veterans

Health-system features	
	<ul style="list-style-type: none"> • Hospice care is provided to Veterans and their families if a Veteran has a terminal condition with less than six months to live <ul style="list-style-type: none"> ◦ Hospice care can be provided to a Veteran in their home, in an inpatient setting or in an outpatient clinic • The Respite Care program of the VA pays for short-term care at home or at a nursing home when caregivers need a break or to run errands • VHA community-based outpatient clinics provide outpatient common medical services to Veterans as an alternative to large health facilities
<ul style="list-style-type: none"> • Primary care 	<p>Australia</p> <ul style="list-style-type: none"> • Primary-care services are typically obtained through civilian family physicians, with fees covered for Veteran Gold and Veteran White card holders • Veterans are eligible for a free one-off or annual Veterans' Health Check, which is a comprehensive health assessment with their primary care provider to understand their needs for improving their health and well-being, in addition to referrals for future specialized care
	<p>Canada</p> <ul style="list-style-type: none"> • Primary-care services are typically obtained through civilian family physicians with any fees linked to a disability benefit covered in Canada by another program of choice • As part of their primary care, Veterans are also provided with a case manager who is responsible for helping them to navigate local health services and services provided under the Federal Health Claims Program • Family physicians must complete VAC forms to be paid for the care services they provide
	<p>New Zealand</p> <ul style="list-style-type: none"> • Veterans can access no-cost treatment and medication for approved conditions through a treatment card issued by Veterans' Affairs • Veterans' Affairs New Zealand provides information on support services for serving members when they are injured or ill, need mental health support for themselves or their partners, and are leaving the NZDF and moving to civilian life <ul style="list-style-type: none"> ◦ Serving members are advised to contact their local camp or base Defence Health Centre to get support when they are injured or ill ◦ Veterans' Affairs are unable to help members with a condition that is unrelated to their Qualifying Service • There are two types of Qualifying Service for treatment when a serving member is injured or ill: Qualifying Routine Service and Qualifying Operational Service <ul style="list-style-type: none"> ◦ Qualifying Routine Services requires a member to have served in the Armed Forces either in New Zealand or overseas before 1 April 1974 ◦ Qualifying Operational Service requires a member to be deployed to an 'eligible' operation based on an assessed threat level • To determine if a condition is related to a member's Qualifying Service, Veterans' Affairs considers if the member already has an accepted paired organ impairment, a service-related presumption for an illness or injury, or a conclusively presumed condition from a qualifying operation <ul style="list-style-type: none"> ◦ The Statements of Principles – a decision-making tool – is used to determine if certain conditions that do not meet the above criteria can be related to Qualifying Service

Health-system features	
	<ul style="list-style-type: none"> ○ Conditions may automatically be accepted as service-related if they are recognized by treatment card, Disablement Pension, weekly compensation or War Disablement Pension ○ Members may be able to get support for a non-service-related condition if they get Weekly Income Compensation and if the condition stops them from working full-time
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● All primary care services for Veterans and their families are delivered directly by the NHS <ul style="list-style-type: none"> ○ Individuals will need to register with a general practitioner so that referrals can be made to the NHS or other Veteran specialist services as needed
	<p>United States</p> <ul style="list-style-type: none"> ● Veterans Health Administration provides healthcare to more than 9 million Veterans in the U.S. every year through over 1,200 healthcare facilities <ul style="list-style-type: none"> ○ All medical centres of the VA provide traditional hospital -based services ● Veterans Affairs community-based outpatient clinics provide subsidized fees ● Primary care is administered through Patient Aligned Care Teams (PACTs) that consist of primary care providers, care managers, medical support assistants and a broader team of clinical and non-clinical staff, with Veteran patients at the centre of the ‘team’ <ul style="list-style-type: none"> ○ The PACT model is built on the concept of patient-centred care that is coordinated through collaboration using a team-based approach ○ Veterans are assigned a primary care provider based on the VA location where they would like to get care ● Basic healthcare services covered by the VA include: <ul style="list-style-type: none"> ○ preventative care services (e.g., health exams, immunizations) ○ inpatient hospital services (e.g., surgeries, medical treatment) ○ urgent and emergency care services ○ other services and needs (e.g., mental health services, assisted living) ● Ancillary services that are needed to support medical treatment may be covered by VA, such as tests for diagnosis (e.g., blood tests, X-rays), therapy and rehabilitation services, and prosthetics ● VA also covers vision care (routine eye exams and preventive care) and dental care in certain cases ● Veterans can also receive primary care in their homes if they have difficulty making it to clinic visits ● The VA Caregiver Support Program provides clinical services for caregivers of eligible Veterans, such as one-on-one coaching, group support and coaching, online programs and community resources ● VA can reimburse Veterans and their caregivers for mileage and other travel expenses to and from approved appointments
<ul style="list-style-type: none"> ● Specialty care 	<p>Australia</p> <ul style="list-style-type: none"> ● If specialty care is required, a Veteran’s GP can provide a referral for services from a medical specialist who will assess their condition and provide advice and treatment <ul style="list-style-type: none"> ○ Prior to their appointment with the medical specialist, the Veteran should verify if the medical specialist accepts DVA Health Card/Veteran Card arrangements ○ Where clinically required, a GP may refer a Veteran for medical specialist treatment, such as audiology or cardiology services <p>Canada</p>

Health-system features	
	<ul style="list-style-type: none"> Under the Canada Health Act, all residents of a province, including Veterans, are entitled to receive specialty health services, including mental healthcare, under the terms of their provincial or territorial healthcare plan For eligible Veterans, VAC pays for various services not covered by provincial health plans <ul style="list-style-type: none"> These services can include specialized psychological care, residential treatment, and some prescribed medications
	<p>New Zealand</p> <ul style="list-style-type: none"> Veteran requests for specialist or private hospital treatment are assessed on a case-by-case basis and must apply to Veterans' Affairs for an assessment and to develop a care plan based on their care needs
	<p>United Kingdom</p> <ul style="list-style-type: none"> All Veterans and their family members are able to access specialist healthcare and support through the NHS The NHS has 'Veteran friendly' or 'Veteran aware' staff that can support Veterans throughout their journey to seek specialist care <ul style="list-style-type: none"> These trained staff members can possess a previous military background, be trained to treat common health conditions military Veterans are diagnosed with, or have specific knowledge on how to navigate healthcare services offered by both the Defence Medical Services and the NHS The Veterans Trauma Network is a service of the NHS that provides Veterans with physical health problems as a result of their service with specialist care and treatment <ul style="list-style-type: none"> Veterans can be referred to the Veterans Trauma Network by a general practitioner
	<p>United States</p> <ul style="list-style-type: none"> Specialty care services provided by Veterans Affairs through VA medical centres where a critical mass of Veterans are located
<ul style="list-style-type: none"> Rehabilitation 	<p>Australia</p> <ul style="list-style-type: none"> As of 1 October 2019, Veterans can be referred to an allied health provider by their GP to initiate an allied health treatment cycle <ul style="list-style-type: none"> This new referral system allows the allied health provider and the Veteran to collaborate and decide on treatment goals Services under the Allied Health Services treatment cycle include exercise physiology, physiotherapy, occupational therapy, speech pathology, podiatry and osteopathic services The DVA offers rehabilitation care plans and non-liability rehabilitation (medical management, social support and vocational rehabilitation), but does not include medical treatment or drug or alcohol rehabilitation
	<p>Canada</p> <ul style="list-style-type: none"> Rehabilitation services offered by Veterans Affairs Canada can include treatments for medical rehabilitation and psycho-social rehabilitation <ul style="list-style-type: none"> Once approved by VAC, a case manager will work with the Veteran to create a rehabilitation plan and coordinate care services with relevant health providers Veterans in the Armed Forces, Veterans released on medical grounds, spouse or common-law partners of these Veterans, and survivors of Veterans who die from a service-related injury on or after 1 April 2006 are eligible to receive rehabilitation or vocational assistance services VAC pays approved health professionals for rehabilitation services rendered directly
	<p>New Zealand</p> <ul style="list-style-type: none"> Veterans' Affairs provides both social and vocational rehabilitation to eligible Veterans, according to the Rehabilitation Services Eligibility policy

Health-system features	
	<ul style="list-style-type: none"> ○ A Rehabilitation Advisor is assigned to each Veteran to manage their case when receiving rehabilitation and develop the Veteran's rehabilitation plan ● Veterans' Affairs also has a rehabilitations strategy and the action plan to ensure that rehabilitation is positive and effective for its Veterans
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● A wide range of support services are available for Veterans living with a disability, including Disablement Service Centres (for prosthetic and rehabilitation support), Veteran's Prosthetic Panel, Blesma, Blind Veterans UK and Integrated Personal Commissioning for Veterans (for personalized care plans) ● Blind Veterans UK offers remote rehabilitation services for blind armed forces Veterans, wherein professionally qualified multidisciplinary teams provide support in the Veteran's place of residence <ul style="list-style-type: none"> ○ Currently, this organization supports over 4,000 Veterans in the U.K.
	<p>United States</p> <ul style="list-style-type: none"> ● Rehabilitation and Prosthetic Services provides program and policy direction related to medical rehabilitation, prosthetic and sensory aid services for Veterans with disabilities <ul style="list-style-type: none"> ○ National programs offered through Rehabilitation and Prosthetic Services comprise of audiology, low vision, chiropractic care, occupational therapy, kinesiology, speech therapy, physical therapy and other types of care
<ul style="list-style-type: none"> ● Long-term care 	<p>Australia</p> <ul style="list-style-type: none"> ● To be moved to a residential aged care facility, Veterans must arrange for a free assessment with the Aged Care Assessment team to assess their eligibility to receive residential aged care ● The Australian government pays a subsidy and supplements for residential aged care for each resident, but all Australians, including Veterans and war widow(er)s, must contribute to the cost of their aged care
	<p>Canada</p> <ul style="list-style-type: none"> ● All health systems in Canada provide some level of long-term care support in provincially licensed or regulated facilities ● Financial support from Veterans Affairs Canada may be available upon admission to 24-hour care in a community bed (available to any provincial resident) or contract bed (only available to World War II or Korean War Veterans) ● The assessment process and admission to long-term care facilities is managed by provincial, regional or local health authorities ● There are also some specific long-term care homes that reserve places for Veterans, such as The Perley in Ottawa
	<p>New Zealand</p> <ul style="list-style-type: none"> ● Family members of Veterans in long term hospital care may be eligible for financial reimbursement for travel to visit their loved one (Veteran) <ul style="list-style-type: none"> ○ The visitor must be the Veteran's spouse or partner, child or dependent and the Veteran must have been in hospital care for more than 28 consecutive days ○ There is a limit of \$2,000 NZD in a 12-month period
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● Additional long-term care facilities for Veterans include those offered by Blind Veterans UK (two well-being centres), Royal British Legion Industries, and Cobseo Care Home Cluster

Health-system features	
	<p>United States</p> <ul style="list-style-type: none"> • Long-term care services of VA include 24/7 medical and nursing care, physical therapy, comfort care and pain management, and help with daily tasks <ul style="list-style-type: none"> ○ Care settings can include nursing homes, adult day health centres, assisted-living centres, private homes supported by caregivers and Veterans' own homes • VHA Community Living Centers are nursing homes for Veterans • Domiciliary Care for Veterans provides a live-in environment for individuals who are low income or homeless, while simultaneously providing rehabilitation, mental health and other medical care • Family members of disabled Veterans who provide long term care may be able to access healthcare and benefits through the Program of Comprehensive Assistance for Family Caregivers <ul style="list-style-type: none"> ○ Other healthcare programs for family members of Veterans may be eligible for are outlined on the VA website
<ul style="list-style-type: none"> • Public health 	<p>Australia</p> <ul style="list-style-type: none"> • No relevant information found
	<p>Canada</p> <ul style="list-style-type: none"> • No relevant information found
	<p>New Zealand</p> <ul style="list-style-type: none"> • No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> • No relevant information found
	<p>United States</p> <ul style="list-style-type: none"> • No relevant information found
Priority conditions	
<ul style="list-style-type: none"> • Chronic diseases 	<p>Australia</p> <ul style="list-style-type: none"> • The Heart Health Program is a free, year-long program aimed to improve exercise, nutritional education, and lifestyle management with both individual and group-based programs • The DVA offers services related to diabetes management such as covering costs to join a diabetes organisation or pay for a diabetes educator
	<p>Canada</p> <ul style="list-style-type: none"> • No relevant information found
	<p>New Zealand</p> <ul style="list-style-type: none"> • Chronic disease care is covered for those who have Qualifying Service according to the Presumptive List of Veterans' Affairs New Zealand: <ul style="list-style-type: none"> ○ Those who served in the Gulf Conflict between 20 December 1990 and 12 April 1991 with chronic fatigue syndrome, fibromyalgia or irritable bowel syndrome ○ Those who served in Vietnam between 29 May 1964 and March 1975 with a variety of chronic conditions including, type 2 diabetes, heart diseases, Parkinson's disease and different types of cancer ○ Those exposed to nuclear radiation

Health-system features	
	<ul style="list-style-type: none"> ○ Former prisoners of war for any length of time during World War II ● Veterans' Affairs generally does not cover expenses for routine dental care unless they are related to an accepted chronic disability ● According to the Dental Treatment policy, Veterans' Affairs may pay up to a maximum of \$3,000 NZD per annum towards standard dental treatment and ancillary services for a Veteran's accepted disabilities <ul style="list-style-type: none"> ○ Standard treatment and ancillary services may include dental x-rays, extractions, fillings, and implants
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● No relevant information found
	<p>United States</p> <ul style="list-style-type: none"> ● VA disability compensation (pay) provides monthly tax-free payments to Veterans who got ill or injured while serving in the military or those whose service made an existing condition worse ● Surviving spouses, children and dependents of a service member who died in the line of duty or a service-related illness or injury may be eligible for a tax-free monetary benefit through the VA Dependency and Indemnity Compensation (VA DIC) ● The Civilian Health and Medical Program of the Department of Veterans Affairs is available to the spouse or children of Veterans who suffer(ed) from a permanent disability as a result of military service and are not eligible for TRICARE
<ul style="list-style-type: none"> ● Chronic pain 	<p>Australia</p> <ul style="list-style-type: none"> ● Physiotherapy (provided by a DVA service provider) is offered to reduce pain, stiffness, and improve mobility and can be accessed through a referral from a general practitioner, medical specialist, a doctor or a discharge planner at a hospital
	<p>Canada</p> <ul style="list-style-type: none"> ● The Chronic Pain Centre of Excellence for Canadian Veterans (CPCoE) was established to conduct research and help improve the well-being of Canadian Armed Forces, Veterans and their families suffering from chronic pain ● The Centre partners with a network of interdisciplinary pain management clinics to conduct research and improve the delivery of evidence-based pain care for Veterans across Canada
	<p>New Zealand</p> <ul style="list-style-type: none"> ● No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● General support for physical health problems for Veterans include Veterans Trauma Network and Veteran Welfare Service ● King Edward VII's Hospital in London offers a Veterans' Pain Management Programme, where Veterans must apply for this programme and request a referral from their GP
	<p>United States</p> <ul style="list-style-type: none"> ● No relevant information found
<ul style="list-style-type: none"> ● Mental Health and addictions 	<p>Australia</p> <ul style="list-style-type: none"> ● Under the Non-Liability Health Care program, the Department of Veterans Affairs provides free mental healthcare for all Veterans without having to provide evidence for conditions related to their previous service <ul style="list-style-type: none"> ○ A Veteran White Card is required to get fully funded mental health treatment ○ Treatment available through Non-Liability Health Care may include treatment for mental health conditions (e.g., PTSD) from a mental health provider, admissions to a public or private mental health facility, diagnostic services, and prescribed medication and treatment programs for mental health conditions

Health-system features	
	<ul style="list-style-type: none"> • Open Arms is a government-based program that offers counselling, treatment programs, workshops, community and peer-programs for both Veterans and their families • The Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–2023 highlighted some commitments of the DVA such as providing mental health first aid training, delivering a national program of health assessments about anti-malarial medications and people at risk, developing Veteran wellness centres, and providing grants for not-for-profits to support Veteran employment • The DVA also offers work and social support programs such as the Wellbeing and Support Program (WASP), Men’s Health Peer Education program and programs for alcohol and drug problems
	<p>Canada</p> <ul style="list-style-type: none"> • There are a wide range of mental health supports available to Veterans that include programs that are run and supported by VAC and programs supported by healthcare organizations, charitable and not-for-profit organizations, including: <ul style="list-style-type: none"> ○ Veterans Affairs Canada Assistance Service, a hotline that offers psychological support 24 hours a day (toll-free number is 1-800-268-7780) ○ Operational Stress Injury Social Support, a peer support network for Veterans, Canadian Armed Forces members, and their families who are experiencing an operational stress injury ○ Veterans Transition Network, a charity that provides supportive programs for Veterans across Canada but specifically focuses on those transitioning from military to civilian life <ul style="list-style-type: none"> ▪ The network offers transition skills programs as well as peer support, and lists a variety of resources for Veterans and their families ○ Royal Canadian Legions, which has support groups in various cities across Canada to help Veterans within their cities ○ The federally funded Centre of Excellence on Post-Traumatic Stress Disorder and Related Mental Health Conditions for Veterans, which offers a variety of supports for Veterans and their care providers ○ Lifespeak, a web-based platform designed to improve patients’ health and other aspects of well-being through educational videos, podcasts, tips, action plans and other resources <ul style="list-style-type: none"> ▪ Lifespeak is free for Veterans as part of VAC Assistance Service and can be used anonymously at any time ○ A Mental Health First Aid for the Veteran Community course offered by Mental Health First Aid Canada was created to provide Veterans and those caring for them with support for someone experiencing poor or worsening mental health; this course is free for members of the Veteran community ○ PTSD Coach Canada’s mobile app, which allows Veterans to learn about PTSD and offers resources to manage their symptoms ○ The Department of National Defence Sexual Misconduct Response Centre offers a 24/7 phone line (1-844-750-1648) where CAF members can call to receive free, confidential support from a Sexual Misconduct Response Centre counsellor who can also refer patients to resources and services for further assistance <ul style="list-style-type: none"> ▪ While the service is not tailored to Veterans, Veterans may call to receive support ○ VA Beyond MST app, a self-help tool that helps users develop coping skills and manage symptoms to improve their quality of life
	<p>New Zealand</p> <ul style="list-style-type: none"> • Mental health treatment is offered by Veterans’ Affairs to members who have Qualifying Service and have a mental health concern related to Qualifying Service

Health-system features	
	<ul style="list-style-type: none"> ○ Members can get up to four initial sessions of counselling covered while they are waiting for their application for treatment to be processed, and additional sessions are funded if recommended by the treatment provider ● The Veteran, Family and Whānau Mental Health and Wellbeing Policy Framework, released in June 2022, provides guidance on how to improve the mental health and well-being of Veterans, their families and whānau
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● Veterans can access care for mental health needs through the following services available through the NHS: <ul style="list-style-type: none"> ○ Op COURAGE provides mental healthcare to Veterans in England along with the Defence Medical Services and is supported by trained mental health professionals who have experience working with the Armed Forces community ○ The Veterans and Reserves Mental Health Programme, a Ministry of Defence specialist service that works closely with the NHS and DMS to provide assessments and treatment advice for Veterans and reservists ● Veterans can also access mental health supports through charity services: <ul style="list-style-type: none"> ○ Combat Stress is a confidential support line that is free to Veterans, family members and carers ○ Togetherall is a support service that provides anonymous, 24/7 online support from trained counsellors and free mental health resources ● HEADfit is a support service provided through the Ministry of Defence to support members in staying mentally fit
	<p>United States</p> <ul style="list-style-type: none"> ● VA offers mental health services to Veterans for PTSD, depression, anxiety, grief, psychological effects of military sexual trauma and other needs <ul style="list-style-type: none"> ○ Veterans can access these services through their primary care provider or at their nearest VA medical centre ○ Veterans can also access mental health services online through the Veteran Training self-help portal, the VA elemental health program and smartphone apps ● The range of mental health services include short-term, inpatient care for severe mental illness, outpatient care for those having trouble functioning in daily life, and rehabilitation treatment and residential programs ● The BeThere peer assistance program is also offered by the VA, in partnership with Military OneSource, to support service members and their families, as well as transitioning Veterans experiencing a separation or retirement <ul style="list-style-type: none"> ○ Peer coaches are provided for callers to talk privately
Care using select treatments	
<ul style="list-style-type: none"> ● Prescription drugs 	<p>Australia</p> <ul style="list-style-type: none"> ● A Veteran Orange Card gives a Commonwealth or Allied Veteran or mariner with a qualifying service from World War II access to prescription medicines, wound care items and nutritional supplements at a concession rate ● Veterans with a Veteran Gold Card buying prescriptions items must pay \$7.30 AUD per item until they reach their Safety Net Threshold ● Veterans with a Veteran White Card buying prescriptions items for conditions that are covered by the White Card must pay \$7.30 AUD per item until they reach their Safety Net Threshold
	<p>Canada</p> <ul style="list-style-type: none"> ● Prescription drugs are covered under the VAC Prescription Drug Program and include:

Health-system features	
	<ul style="list-style-type: none"> ○ Standard benefits, which include many over-the-counter prescription drugs, plus medical devices that are considered to represent common therapies ○ Special authorization benefits, which provide eligible clients with less common or higher cost therapies as part of a managed healthcare approach ○ Exceptional approvals to individuals with a medical need for a product that offers specific and necessary therapeutic value in the most reasonable and medically appropriate fashion ● Prescription drugs are covered under program of choice 10 and clients must have a VAC Health Care Identification Card (A or B) under the heading Program Number 10 ● Blue Cross administers the VAC Prescription Drug Program
	<p>New Zealand</p> <ul style="list-style-type: none"> ● Veterans are provided with a treatment card that gives them access to no-cost treatment and medication for approved conditions
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● Individuals with a valid war pension exemption certificate are not required to pay for certain prescriptions
	<p>United States</p> <ul style="list-style-type: none"> ● Veterans enrolled in VA healthcare can refill VA prescriptions and track the delivery of their medications online using the VA's Prescription Tool
<ul style="list-style-type: none"> ● Devices and other assistive technologies 	<p>Australia</p> <ul style="list-style-type: none"> ● To be eligible for assistive communication devices and assistive listening devices, tinnitus devices and hearing devices, DVA clients must have an assessed clinical need along with a Veterans Gold Card or a Veterans White Card with an accepted condition related to the clinical need
	<p>Canada</p> <ul style="list-style-type: none"> ● Devices and other assistive technologies are provided under packages of care one, three and 13, and provide comprehensive access to needed medical devices and technologies alongside ongoing repairs should they be needed
	<p>New Zealand</p> <ul style="list-style-type: none"> ● Funding for hearing aids and other appliances is available for Veterans who have hearing loss or tinnitus because of their Qualifying Service <ul style="list-style-type: none"> ○ Veterans' Affairs can fund an assessment by an audiologist and range of options for hearing devices and support ○ A Battery Allowance may also be available to Veterans who have a hearing aid approved by VA
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● Disablement Service Centres managed by the NHS provide support for prosthetics and rehabilitation, including applying to the Veteran's Prosthetic Panel for funding on behalf of the patient <ul style="list-style-type: none"> ○ To qualify for funding from the Veteran's Prosthetic Panel, Veterans must have lost a limb during their time in the military because of an injury sustained during their service ● Blesma is a charity dedicated to supporting Veterans who have lost limbs by fitting them for prosthetics <ul style="list-style-type: none"> ○ This charity works in conjunction with the NHS and Ministry of Defence ● The Veterans Hearing Fund provided by the Royal British Legion assists Veterans in receiving hearing devices and therapies that were unavailable through the NHS

Health-system features	
	<p>United States</p> <ul style="list-style-type: none"> • Prosthetic and Sensory Aids Services provides prosthetic and orthotic services, medical equipment, sensory aids, and support services
Other priority populations that may require specific health-system considerations	
<ul style="list-style-type: none"> • 2SLGBTQ+ 	<p>Australia</p> <ul style="list-style-type: none"> • No relevant information found
	<p>Canada</p> <ul style="list-style-type: none"> • Veterans Affairs Canada has a 2SLGBTQ+ Veteran hotline for those with service-related injuries • Rainbow Veterans is a Veterans group that offers support to members who experienced discrimination while in the CAF because of their sexual orientation
	<p>New Zealand</p> <ul style="list-style-type: none"> • No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> • Fighting with Pride is a charity specific to Veterans who are members of the 2SLGBTQ+ community
	<p>United States</p> <ul style="list-style-type: none"> • Lesbian, Gay, Bisexual, and Transgender Veteran Care is provided by VA Healthcare-VISN 4 • As of March 2016, every VA facility has a local LGBT Veteran Care Coordinator who is responsible for connecting LGBT Veterans to services and promoting best practices
<ul style="list-style-type: none"> • Indigenous peoples 	<p>Australia</p> <ul style="list-style-type: none"> • The DVA indicates that people do not have to identify as Aboriginal or Torres Strait Islander to make a claim and healthcare is based on military service <ul style="list-style-type: none"> ○ Veterans who identify as Aboriginal or Torres Strait Islanders are entitled to services offered by the DVA
	<p>Canada</p> <ul style="list-style-type: none"> • No relevant information found
	<p>New Zealand</p> <ul style="list-style-type: none"> • No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> • No relevant information found
	<p>United States</p> <ul style="list-style-type: none"> • No relevant information found
<ul style="list-style-type: none"> • Women 	<p>Australia</p> <ul style="list-style-type: none"> • The DVA released a Gender Equity Action Plan for 2022–2026 to ensure all leaders at all levels are accountable for gender equitable and inclusive behaviour, shifting gender norms, normalizing workplaces with flexibility and embedding gender equality and inclusion
	<p>Canada</p> <ul style="list-style-type: none"> • The Office of Women and 2SLGBTQI+ Veterans was created by VAC in July 2019 to act as a central coordination hub to:

Health-system features	
	<ul style="list-style-type: none"> ○ Influence research as well as policy and program development and implementation ○ Sensitize and prepare staff for the equitable delivery of gender-inclusive programs and services ○ Provide ongoing advice to advance equal outcomes for all Veterans ○ Lead gender-based analysis for the VAC
	<p>New Zealand</p> <ul style="list-style-type: none"> ● No relevant information found
	<p>United Kingdom</p> <ul style="list-style-type: none"> ● Salute Her UK is a charity that provides mental health support for women who experienced sexual trauma or harassment while serving in the military
	<p>United States</p> <ul style="list-style-type: none"> ● Women's Health Clinics provide comprehensive women's primary care with dedicated primary care providers and program managers <ul style="list-style-type: none"> ○ Health services offered include gynaecological care, birth control, cardiac fitness, maternity care and mammograms

Appendix 5: Sources of global evidence that can be drawn upon in providing timely, demand-driven evidence support

Sources of global evidence	Scope (jurisdictional and/or substantive)	Focus (military personnel, Veterans and families)
Continuum of Evidence (from the Clearinghouse for Military Family Readiness) – ‘level’ of evidence available about program effectiveness	U.S. lens	Families
VA Evidence Synthesis Program – evidence syntheses prepared to support VA leaders (with a separate tab for ones in progress)	U.S. lens	Veterans
McMaster Health Forum – evidence syntheses prepared in response to requests from Department of National Defence (DND) and Veterans Affairs Canada (VAC)	Canada lens	Use filter for military and Veterans (as a topic of interest)
ACCESSSS – evidence syntheses meeting minimum quality criteria (when the ‘review’ filter is applied)	Clinical programs, services and products	Add search terms to limit to military or Veterans
Health Evidence – evidence syntheses with a quality appraisal	Public-health programs and services	Add search terms to limit to military or Veterans
Health Systems Evidence (HSE) – evidence syntheses with a quality appraisal and ‘best’ filter	Health-system arrangements and implementation strategies	Use filter for military and Veterans (as a population of interest)
Social Systems Evidence – same as HSE	Sectors other than health	Same as HSE (and note that ‘Military’ is also a filter under ‘Public safety and justice’)
Evidence Aid – evidence syntheses	Humanitarian emergencies	Add search terms to limit to military or Veterans (little available)
PubMed – evidence syntheses (when the ‘systematic review’ filter is applied after running a search)	Health	Add search terms to limit to military or Veterans

Appendix 6: Jurisdictional scan about evidence-support system assets that enable informed decisions related to the health and well-being of military personnel, Veterans and their families

Evidence-support system assets	Five Eye countries
Frameworks that guide evidence use	<p>Australia</p> <ul style="list-style-type: none"> • Joint Health Command adopted a health research framework that aims to provide a consistent approach to health research to meet the strategic priorities of defence, optimize Australia’s relative advantages in health research expertise, deliver high-quality and timely research, and support continuous improvement of health service systems delivery, policy and programs • Department of Defence also maintains the Australian Defence Science and Universities Network, which connects the department with researchers • The Department of Veterans’ Affairs also has a Strategic Research Framework that sounds out principles, objectives and priorities to facilitate research and evaluation in areas of strength or need, as well as the Applied Research Program that supports the procurement of research for the department <ul style="list-style-type: none"> ○ The central objective of the framework is to ensure that commissioned research results in measurable benefits in terms of policy, program and service impact • Departments of Defence and Veterans’ Affairs maintains the Military and Veteran Research Study Roll, which enables researchers to get in touch with military personnel and Veterans about becoming involved in research
	<p>Canada</p> <ul style="list-style-type: none"> • Defence and Security Science and Technology Strategy lays out priorities in defence research but does not provide a framework to guide the use of evidence
	<p>New Zealand</p> <ul style="list-style-type: none"> • The Veterans’ Health Advisory Panel gives advice about Veterans’ health matters and the research to support it, in particular deciding how income from the Veterans’ Medical Research Trust Fund is to be applied for research grants and awards and provide advice comments and guidelines to the minister for Veterans on matters relating to Veterans’ health • Veterans’ Medical Research Trust Fund has established eight guiding principles that are used to determine transparent investment decisions • Making Sense of Evidence: A Guide to Using Evidence in Policy, published by the Department of the Prime Minister and Cabinet, provides information and guidance about: <ul style="list-style-type: none"> ○ using different types and sources of evidence ○ what types of evidence can inform which types of questions ○ how to appraise the quality of evidence ○ how to select and use evidence ○ how to contextualize evidence for different cultural values and knowledge systems ○ how to be transparent about how evidence has been considered in policy development work

Evidence-support system assets	Five Eye countries
	<ul style="list-style-type: none"> • Making Sense of Evaluation: A Handbook for Everyone, published by the Department of the Prime Minister and Cabinet, provides guidance about how to measure and understand the effectiveness of programmes, and includes their principles for selecting and using evidence effectively: <ul style="list-style-type: none"> ○ appropriateness ○ credibility ○ transparency
	<p>United Kingdom</p> <ul style="list-style-type: none"> • Ministry of Defence maintains a list of areas of research interest, some of which touch on health and well-being (which is part of a cross-government effort to elicit department-level areas of research interest) • Veterans’ Strategy Action Plan lays out research priority areas and commitments to a range of research organizations • Data and Research Framework from the Office of Veteran’s Affairs sets out research priorities including those relating to health for the 2022–2028 period <ul style="list-style-type: none"> ○ Guiding principles as part of this strategy include partnerships, alignment and coordination, and knowledge mobilization ○ In particular, the framework lays out the importance of working across existing government, charity and research institutions to reduce duplication and streamline efforts • ROAMEF cycle (Rationale, Objectives, Appraisal, Monitoring, Evaluation, Feedback) is the cycle the UK civil service uses to guide policy design and implementation and is outlined in the Treasury department’s Green Book <ul style="list-style-type: none"> ○ A Monitoring and Evaluation Strategy builds on the ROAMEF cycle • Engaging with Evidence Toolkit: A Practical Resource to Strengthen Capabilities for Evidence Use and Expert Engagement was developed by the Capabilities in Academic Policy Engagement project funded by Research England to help support civil servants’ use of research evidence in policymaking
	<p>United States</p> <ul style="list-style-type: none"> • Military Health System Research grant program, which provides a list of priority topic areas • Department of Veterans Affairs Strategic Plan (2022–2028), which includes four stewardship goals with the fourth being: “VA ensures governance, systems, data and management best practices improve experiences, satisfaction, accountability and security” <ul style="list-style-type: none"> ○ Two objectives under stewardship goal 4 are relevant to evidence support: <ul style="list-style-type: none"> ▪ Stewardship objective 4.2: “(Data is a Strategic Asset) VA will securely manage data as a strategic asset to improve VA’s understanding of customers and partners, drive evidence-based decision-making and deliver more effective and efficient solutions” ▪ Stewardship objective 4.4: “(Evidence Based Decisions) VA will improve governance, management practices and make evidence-based decisions to ensure quality outcomes and experiences and efficient use of resources” • Strategic priorities for VA research include: <ul style="list-style-type: none"> ○ increase Veterans’ access to high-quality clinical trials ○ increase the substantial real-world impact of VA research (this is noted as being “a core component of the response on the part of VA Research to the Foundations for Evidence-based Policymaking Act (Evidence Act, Public Law 115-435), notably through the

Evidence-support system assets	Five Eye countries
	<p>development of a learning agenda, and through technical assistance to other Veterans Health Administration (VHA) program offices on evidence-building activities and evaluation plans”</p> <ul style="list-style-type: none"> ○ put VA data to work for Veterans by harnessing the rich datasets held by the VA ○ actively promote diversity, equity, and inclusion within our sphere of influence ○ build community through VA research <ul style="list-style-type: none"> ● VA Health Services Research & Development have a toolkit for Veteran engagement in research
Evidence-demand coordination mechanisms	<p>Australia</p> <ul style="list-style-type: none"> ● Lead member of the Office of Veterans Affairs Academic Advisory Group sits on the Veterans Affairs Academic Advisory Group (which is chaired by the minister of Veterans’ affairs) has a mandate to: advise on priorities, opportunities and challenges for Veterans in society; share their expertise and insight for the benefit of Veterans; help the U.K. government understand future changes across society and business to enable the evolution of Veterans support in the U.K.; use their networks to support delivery of the Government’s vision; and help improve the public perception of Veterans in society. ● Australian Defence Science and Universities Network connects the department with researchers in universities and industry and coordinates the supply of evidence ● The Applied Research Program in the Department of Veterans’ Affairs is the funding mechanism for research and ensures that research activities are funded on the basis of need by procuring through open tender <p>Canada</p> <ul style="list-style-type: none"> ● Director General Military Personnel Research and Analysis has been engaging in regular priority-setting processes within their scope of evidence support and is now adding more regular touchpoints with key decision-makers to prioritize evidence needs ● Defence and Security Science and Technology program prioritizes eight strategic focus areas for commissioning and partnering research <p>New Zealand</p> <ul style="list-style-type: none"> ● None identified <p>United Kingdom</p> <ul style="list-style-type: none"> ● Government department Areas of Research Interest are documents that set out the most important research questions facing each department ● The Knowledge Exchange Unit, housed within the Parliamentary Office of Science and Technology (POST), supports the exchange of information and expertise between researchers and the U.K. Parliament, working with higher education and beyond to facilitate and strengthen this exchange of knowledge <p>United States</p> <ul style="list-style-type: none"> ● The Defence Health Agency Research and Engineering “gathers, consolidates, and prioritizes needs and gaps in research areas and clinical practice; partners with academic institutions, private industry, research organizations, and government to undertake research and clinical investigations; and translates research results into practical/clinical knowledge for products and policy recommendations to improve care” and includes two divisions, of which one is focused on evidence-demand coordination <ul style="list-style-type: none"> ○ The Research Portfolio Management Division manages and develops research investment strategies for funding that supports science and technology projects and facilitates research translation, surveillance, education, prevention and clinical care initiatives, and has centres of excellence in extremity trauma and amputation, hearing, psychological health, traumatic brain injury and vision

Evidence-support system assets	Five Eye countries
	<ul style="list-style-type: none"> • The Office of Enterprise Policy and Governance (EPG) “...oversees the VA’s policy research and collaboration activities with strategic partners (other federal agencies, academia, think tanks, and ally countries)” • The Office of Planning and Performance Management (PPM) “leads the Department’s strategic future foresight and assessment; coordinates business strategy development; integrates mission requirements; conducts forward-thinking strategic planning to address long-range issues; and ensures integration of business requirements and aligning the planning and execution activities of the Department’s programs and initiatives” • The Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE) initiative encourages collaboration between researchers and clinical and operational partners to maximize the utility and impact of research results • Mental Illness Research and Treatment Psychology Fellowship Program (MIRECC)/CoE Education Group widely disseminates mental health research findings to Veterans, caregivers, clinicians and community stakeholders with the goal of improving the quality of Veterans’ lives and daily functioning • The Health Services Research and Development (HSR&D Rapid Response Project) was a nine-month project funded through a request for applications in spring 2020 to investigate and address impacts of the COVID-19 pandemic and response on clinical care and delivery, patient and provider outcomes, and the VA healthcare system (project list is available here)
Evidence-supply coordination mechanisms	<p>Australia</p> <ul style="list-style-type: none"> • Military and Emergency Services Health Australia hosts a Service Families Research Consortia which aims to consolidate research efforts among the Australian academic community in efforts to ensure that research is used to its full potential • Five Eyes Mental Health Research and Innovation Collaboration is bringing together research organizations from the Five Eyes to advance research and treatment for serving military, Veterans and their families <p>Canada</p> <ul style="list-style-type: none"> • Canadian Institute for Military and Veteran Health Research (CIMVHR) distributes requests for proposals to researchers through its network of universities <p>New Zealand</p> <ul style="list-style-type: none"> • None identified <p>United Kingdom</p> <ul style="list-style-type: none"> • Office of Veterans’ Affairs brings together research organizations within the ecosystem to identify opportunities for collaboration and remove potential duplication of effort <ul style="list-style-type: none"> ○ Established an advisory group of academics and researchers to share their work, knowledge and understanding in their areas of expertise and to bring together findings to ensure robust academic contribution to the work of the Office of Veterans’ Affairs • Defence Research Institute connects defence research taking place at seven U.K. universities/research institutes to better coordinate responses to practice and policy challenges <p>United States</p> <ul style="list-style-type: none"> • The Defence Health Agency Research and Engineering “gathers, consolidates, and prioritizes needs and gaps in research areas and clinical practice; partners with academic institutions, private industry, research organizations, and government to undertake research and clinical investigations; and translates research results into practical/clinical knowledge for products and policy recommendations to improve care” and includes two divisions, one of which is focused on evidence-supply coordination

Evidence-support system assets	Five Eye countries
	<ul style="list-style-type: none"> ○ The Research Support Division supports and enables enterprise-wide scientific studies, research activities and analyses to advance research priorities; performs research support functions in joint clinical investigations, research protections and implementation science, as well as sponsoring health system research about the Military Health System and preserving medical and biomedical historical assets; and is composed of five branches (of which the three most relevant to evidence support are listed below) <ul style="list-style-type: none"> ▪ The Clinical Investigations Program Branch has five functions (management support, policy support, process support, resource support and contracting support) ▪ The Implementation Science Branch is a support function within the Research and Engineering Directorate with a mission to transition mature, priority research into practice ▪ The Military Health System Research Branch generates critical evidence and actionable insights about health economics/costs, quality, variation, outcomes, health system reform and health readiness ● Omnibus IV “supports a broad base of DOD requirements owners engaged in medical R&D and related activities and provides an opportunity to procure services in four main areas, called Market Segments,” which includes translational science support and services and supports migrating new technologies into medical practice ● The Office of Research and Development includes research services that are coordinated in four areas (note that specific evidence-support units within each are documented in the section below): <ul style="list-style-type: none"> ○ The Biomedical Laboratory Research and Development “supports and conducts preclinical research to understand life processes from the molecular, genomic, and physiological levels for the purpose of advancing science and the understanding of how diseases affect Veterans” ○ The Clinical Science Research and Development supports the conduct of interventional and effectiveness studies, clinical, epidemiological and technological studies, and includes scientific program managers for many specific population or disease-focused research areas ○ The Health Services Research and Development Service focuses on identifying, evaluating, and rapidly implementing evidence-based strategies that improve the quality and safety of care delivered to Veterans across an array of topics (e.g., suicide prevention, opioid management, mental health, complex chronic diseases, health informatics and implementation science) ● The Resource Centers and Centralized Service Program provide support to central office leadership and field investigators by disseminating findings generated through Health Services Research and Development; providing information and consultation about VA data; and connecting researchers with each other through ongoing education and symposia <ul style="list-style-type: none"> ○ Includes four centres that support evidence supply in four areas: <ul style="list-style-type: none"> ▪ Health Economics Resource Center (HERC) ▪ VA Information Resource Center (VIREC), which supports capacity to use data effectively for research and quality improvement and fosters communication between research data users and the VA healthcare community ▪ Center for Information Dissemination and Education Resources, which develops publications and manages dissemination efforts ▪ Centralized Transcription Service Program (CTSP), which provides qualitative transcripts, methods expertise for proposal and quality improvement projects, infrastructure for transcription services for investigators and privacy and security requirements ● The Centers of Innovation (COIN) program “rewards research innovations and partnerships to ensure that research has the greatest possible impact on VHA policies, healthcare practices, and health outcomes for Veterans”

Evidence-support system assets	Five Eye countries
	<ul style="list-style-type: none"> ○ The COIN program includes one or more focused areas of research that addresses questions of significance to VHA clinical and operational partners, and these partners will be engaged in the research activities of the COINs ● The VA Quality Enhancement Research Initiative (QUERI) is a national program that partners with VA providers, leaders and Veterans to scale-up and spread effective practices across the U.S. <ul style="list-style-type: none"> ○ QUERI focuses on “matching evidence to solve healthcare problems, designing innovative strategies and tools to support providers and organizations in overcoming barriers, and continuously evaluating implementation efforts to ensure sustained improvements in care” ○ It conducts priority setting from across the VA, invites interdisciplinary teams to submit proposals for scientific review and helps teams’ partner with leaders, providers, staff and Veterans to accelerate system-wide care improvements ● COnsortia of REsearch (COREs) focuses on accelerating research that will lead to measurable improvements in the care delivered to Veterans in priority areas (access, pain/opioid use, suicide prevention and virtual care) and supports this by: <ul style="list-style-type: none"> ○ “Reviewing the current HSR&D research portfolio, research agendas and solicitations from other Federal partners; ○ Developing an inclusive network of researchers collaborating to further evidence in these areas; ○ Coordinating with partners to identify data resources, data needs, and potential research priorities; ○ Facilitating the development and execution of research to address priority goals with a view to implementation and working with QUERI to identify best practices; and ○ Developing annual milestones noted in an annual report, and disseminating the progress and impacts of research in the designated priority areas”
<p>Timely, demand-driven evidence-support units</p> <ul style="list-style-type: none"> ● By form of domestic evidence ● Approach to global evidence ● Inclusion of other types of information ● Contracting approaches and performance standards 	<p>Australia</p> <ul style="list-style-type: none"> ● By form of domestic evidence <ul style="list-style-type: none"> ○ Data analytics <ul style="list-style-type: none"> ▪ Australian Defence Force – Data analytics related to service, which draws on the Defence census ○ Health technology assessments <ul style="list-style-type: none"> ▪ Four groups undertaking Health Technology Assessments, including Therapeutic Goods Administration, Medical Services Advisory Committee, Pharmaceutical Benefits Advisory Committee and Prostheses List Advisory Committee (however, there is no searchable database of all health technology assessments) ○ Domestic research studies and other types of information <ul style="list-style-type: none"> ▪ Department of Defence – Military Health Outcomes Program ▪ Department of Defence – Mental Health Research and Evaluation ▪ Department of Veterans’ Affairs – Health and social research studies ▪ Australian Military Medicine Association – Journal articles <p>Canada</p> <ul style="list-style-type: none"> ● By form of domestic evidence <ul style="list-style-type: none"> ○ Technology assessment/cost-effectiveness analysis <ul style="list-style-type: none"> ▪ Canadian Agency for Drugs and Technologies in Health (sometimes turned to by the Canadian Armed Forces and Veterans Affairs Canada) ○ Guidelines

Evidence-support system assets	Five Eye countries
	<ul style="list-style-type: none"> ▪ Canadian Armed Forces’ members provide input to immunization recommendations and travel-related health advice ○ Domestic research studies and other types of information <ul style="list-style-type: none"> ▪ Canadian Institute for Military and Veterans Health Research – ‘Heat map’ of primary studies (no link found) ▪ Defence Research and Development Canada – Research reports (with most focus on innovations, not evidence ready for application) ▪ Atlas Institute for Veterans and Families – Knowledge hub ▪ Canadian Institute for Military and Veterans Health Research (CIMVHR) – reports, journal and stakeholder reports ▪ Chronic Pain Centre for Excellence for Canadian Veterans - Publications
	<p>New Zealand</p> <ul style="list-style-type: none"> • No timely, demand-driven evidence supports identified
	<p>United Kingdom</p> <ul style="list-style-type: none"> • By form of domestic evidence <ul style="list-style-type: none"> ○ Evaluation <ul style="list-style-type: none"> ▪ The Armed Forces Covenant Trust conducts evaluations of programs it has funded, some of which pertain to health and well-being ○ Guidelines <ul style="list-style-type: none"> ▪ National Institute for Health and Care Excellence (NICE) provides guidance, advance and quality standards about health and social care ○ Health technology assessments <ul style="list-style-type: none"> ▪ National Institute for Health and Care Excellence (NICE) provides guidance, advance and quality standards about health and social care ○ Domestic research studies and other types of information <ul style="list-style-type: none"> ▪ Forces in Mind Trust (FiMT) Research Centre – Knowledge repository ▪ King’s Centre for Military Health Research – Publications ▪ National Institute for Health and Care Research – Policy research units
	<p>United States</p> <ul style="list-style-type: none"> • By form of domestic evidence <ul style="list-style-type: none"> ○ Data analytics: <ul style="list-style-type: none"> ▪ Veterans Affairs – National Center for Veterans Analysis and Statistics, many reports from which are available at VA Open Data ▪ Veterans Affairs – VA Information Resource Center (to support those engaged in data analytics) ○ Behavioural/implementation research <ul style="list-style-type: none"> ▪ Department of Defence – Implementation science branch (no searchable content) ▪ Veterans Affairs – quality enhancement research initiative (QUERI and its network of centres; no searchable content) ○ Guidelines <ul style="list-style-type: none"> ▪ Veterans Affairs and Department of Defence – Clinical practice guidelines ○ Domestic research studies and other types of information

Evidence-support system assets	Five Eye countries
	<ul style="list-style-type: none"> ▪ Veterans Affairs (VA) Health Services Research and Development – Studies and implementation projects (undertaken by VA HSR&D centres) ▪ Veterans Affairs (VA) Office of Research and Development – Cooperative Studies Program focused on large, multi-centre evaluations (e.g., randomized controlled trials) ▪ VA Health Services Research and Development – Funded research consortia focused on key priorities (access, pain/opioids, suicide prevention and virtual care) ▪ VA Mental Illness Research, Education and Clinical Centers and Centers of Excellence – Education and clinical products (undertaken by MIRECCs/CoEs)
Evidence portals, living evidence syntheses, partnerships with other national or global initiatives, and other evidence sources drawn upon in providing timely, demand-driven evidence support	<p>Australia</p> <ul style="list-style-type: none"> • Australian Defence Science and Technology Group maintains a listing of all the outputs of their research program • Journal of Military and Veterans’ Health is maintained by the Australasian Military Medicine Association • Australian Department of Veterans’ Affairs maintains a listing of their health research and social research publications
	<p>Canada</p> <ul style="list-style-type: none"> • CIMVHR has created a heat map to describe the breadth and gaps in Canadian military and Veteran research • Defence Research and Development Canada maintains a database of scientific and technical research that has been produced by or for them
	<p>New Zealand</p> <ul style="list-style-type: none"> • None identified
	<p>United Kingdom</p> <ul style="list-style-type: none"> • Knowledge Network from the Armed Forces Covenant Fund Trust provides access to the learning and best practice from grants of the Armed Forces Covenant Fund • Forces in Mind Trust (FiMT) Research Centre provides a knowledge repository of military, Veterans and families research, resources and literature • House of Commons and House of Lords library briefing notes provide politically impartial publications produced by Commons Library researchers, covering legislation, policy areas and topical issues
	<p>United States</p> <ul style="list-style-type: none"> • Military Health System Medical Library • Military Department OpenAthens Libraries • Department of Veterans Affairs Open Data Portal • Health Services Research and Development provides for searchable databases for managers: <ul style="list-style-type: none"> ○ Publication briefs ○ Research studies and implementation projects ○ Citations database with citations from journals, meetings, conferences and reports that were credited to HSR&D researchers ○ Directory that can be searched for researchers and co-workers within HSR&D • PTSD Trials Standardized Data Repository (PTSD-Repository) is a database that contains information pulled from almost 400 published randomized controlled trials of PTSD treatment

Evidence-support system assets	Five Eye countries
	<ul style="list-style-type: none"> • Clinical Trials Database: PTSD-Repository • PTSDpubs Database provides access to the worldwide literature on PTSD and other mental health consequences of exposure to traumatic events • MIRECC/CoE Education and Clinical Products database is searchable by topics related to mental health and addictions, target audience and treatment type • www.covid19reviews.org (discontinued after September 2022) • Dimensions for VA is a database for published research on Veterans maintained by Veterans Affairs
<p>Complementary processes</p> <ul style="list-style-type: none"> • Standards for expert groups • Standards for stakeholder and citizen engagement • Approaches to elicit people’s lived experiences • Approaches to incorporate Indigenous ways of knowing 	<p>Australia</p> <ul style="list-style-type: none"> • Joint Health Command maintains the Military and Veteran Research Study Roll, which is a list of current contact details to enable researchers to get in touch with serving and ex-serving members to participate in ongoing research • The National Health and Medical Research Council of Australia maintains ethical guidelines for research with Aboriginal and Torres Strait Islander peoples • The Australian Defence Force establishes external advisory panels including the External Advisory Panel to oversee the implementation of the Defence Strategic Review recommendations • Defence Families of Australia is an advisory body to the minister for defence, personnel and chief of the defence force on matters affecting Australian Defence Force members and their families and to provide a recognised forum for defence families <p>Canada</p> <ul style="list-style-type: none"> • Expert panels (or expert groups) within Department of National Defence (DND) and Veterans Affairs Canada (VAC) (e.g., External Advisory Council on Sexual Misconduct, Canadian Armed Forces Seamless Transition Taskforce, Ministerial Advisory Groups) as well as across the Five Eyes, but few standards have been identified • Veterans Affairs Canada maintains six ministerial advisory groups to improve transparency and seek consultation on issues of importance to Veterans and their families – members are appointed by the minister of Veterans affairs <p>New Zealand</p> <ul style="list-style-type: none"> • Ministerial Advisory Panel provides external advice to the minister for defence on matters related to Defence Policy Review and its policy products, but no standards for appointment were identified • A public survey to provide feedback on the proposed defence policy is currently open • The New Zealand Health Research Framework outlines standards for both settler and Māori funders, research providers and research teams, emphasizing the importance of engagement and relationship building, including with local Māori, community stakeholders and industry when designing and funding research • The New Zealand Health Research Framework aims to encourage funders to actively support Māori-led health research, following Vision Mātauranga, which emphasizes the science and innovation potential of Māori knowledge, resources and people <p>United Kingdom</p> <ul style="list-style-type: none"> • NHS England Armed Forces Patient and Public Voice group is a committed group of individuals from the Armed Forces Community and the Families Federations that works closely with the Armed Forces commissioning team <ul style="list-style-type: none"> ○ This work is guided by the patient and public voice partners policy

Evidence-support system assets	Five Eye countries
	<ul style="list-style-type: none"> • Forces in Mind Trust (FiMT) regularly convenes stakeholders and experts in conversations to influence policy, using the evidence base generated through our grants • Code of Practice on Consultation sets out guidelines about when and how to consult, as well as how to structure consultation documents and ensure clarity and responsiveness
	<p>United States</p> <ul style="list-style-type: none"> • Veterans Affairs has created a toolkit for research centres and investigators entitled Strengthening Excellence in Research through Veteran Engagement <ul style="list-style-type: none"> ○ The goal of the toolkit is to provide guidance to support the development of opportunities for Veterans to be successfully and ethically engaged

Appendix 7: Documents that were excluded at the final stages of review

Document type	Hyperlinked title
Evidence synthesis	Interprofessional healthcare teams in the military: A scoping review (last year literature searched 2017)
	Impact of deployment on military families with young children: A systematic review (last year literature searched 2014)
	Interservice physician assistant program: Educators for an expanding profession (year of publication 2017)
	Intimate partner violence, suicide, and their overlapping risk in women Veterans: A review of the literature (last year literature searched 2016)
	Longitudinal associations of psychological resilience with mental health and functioning among military personnel: A meta-analysis of prospective studies (year of publication 2019)
	Military posttraumatic stress disorder: A qualitative systematic review of the experience of families, parents and children (last year literature searched 2018)
	Military use of point care ultrasound (year of publication 2019)
	Post-traumatic growth in (ex-) military personnel: Review and qualitative synthesis (last year literature searched 2016)
	Prevalence of self-reported intimate partner violence victimization among military personnel: A systematic review and meta-analysis (last year literature searched 2019)
	Sex-specific changes in physical performance following military training: A systematic review (last year literature searched 2015)
	Systematic review of lessons learned from delivering tele-therapy to Veterans with post-traumatic stress disorder (year of publication 2018)
	The efficacy of mindfulness-based interventions for soldiers and Veterans (last year literature searched 2016)
The prevalence of military sexual trauma: A meta-analysis (year of publication 2018)	

Waddell K, Wilson MG, Bhuiya A, Bain T, Alam S, Sharma K, Phelps A, Chen K, DeMaio P, Ali A, Kahn Z, Lavis JN. Rapid evidence profile #52: Understanding the health-system context and evidence-support system assets for decision-making about the health and well-being of military personnel, Veterans and their families in the Five Eyes countries, 4 August 2023.

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