



**BRUSSELS  
RESILIENCE  
FORUM**

**HEALTH · SECURITY · PREPAREDNESS**

The inaugural Brussels Resilience Forum (BRF) brought together over 100 leading policymakers, defence and health officials, civil society organisations, industry partners, and researchers to explore the evolving landscape of European resilience focused on health security and preparedness.

In a world marked by accelerating geopolitical uncertainty, digital disruption, and the persistent threat of pandemics and climate disaster, the Forum provided a platform to examine how Europe can strengthen its collective capacity to anticipate, absorb, and adapt to crises.

To stay updated on BRF activities, visit our [website](#), follow us on [LinkedIn](#) and subscribe to our [YouTube](#) channel.



# 1 OPENING SESSION

## SETTING THE STAGE



### Eloise Todd

EXECUTIVE DIRECTOR & FOUNDER,  
RANI (RESILIENCE ACTION  
NETWORK INTERNATIONAL),  
BRF CO-FOUNDER



### Laura Batchelor

MANAGING DIRECTOR,  
FIPRA PUBLIC AFFAIRS,  
BRF CO-FOUNDER

Eloise Todd and Laura Batchelor opened the Forum by underlining the urgent need for a whole-of-society, cross-sectorial approach to resilience in Europe and beyond. Resilient healthcare systems and healthy societies are foundational for Europe's resilience. Eloise Todd highlighted the unprecedented pressures from geopolitical tensions, war, shifting power dynamics, rapid decision-making in security and defence, and the fragility of economic, technological, health, and societal systems. Today's interconnected threats - ranging from the threat of conflict, pandemics and climate disasters to cyberattacks and risks from artificial intelligence - cannot be addressed in isolation. Foundational reports from both the EU and NATO, including those by former ECB chair and Italian Prime Minister Mario Draghi, and Finnish President Sauli Niinistö reinforce the strategic importance of preparedness and resilience for societal well-being.

Eloise called for breaking down silos between sectors, and strengthening cooperation across government, civil society, academia, industry, philanthropy, and international institutions. The Brussels Resilience Forum (BRF) created through the partnership between rani and FIPRA, aims to bring forward a sustainable resilience agenda, ensuring civilian benefit from Europe's investments in security and defence.

Building on this, Laura Batchelor emphasised that resilient health systems are the foundation for resilient societies, especially in the face of natural, man-made, and hybrid crises. She identified key priorities: economic and supply chain stability, energy security, and the importance of robust global partnerships and international institutions to manage transnational crisis response.

The BRF will work across biotechnology, life sciences, trauma and blood systems, biodefence & CBRN preparedness, antimicrobial resistance, cybersecurity of health infrastructures, and pandemic preparedness. Its multi-stakeholder work will produce evidence-based preparedness recommendations, advanced risk modelling, and economic assessments of defence spending, aiming to inform European and NATO policymaking and embedding health, security and preparedness priorities in Europe's security and defence agenda.



## 2 KEYNOTE

# NATIONAL & GLOBAL PUBLIC GOODS PERSPECTIVE



**Heidi Rombouts, PhD**

DIRECTOR-GENERAL, DEVELOPMENT  
COOPERATION AND HUMANITARIAN AID,  
BELGIAN MINISTRY OF FOREIGN AFFAIRS

Heidi Rombouts brought a global perspective to the conversation by emphasising the need for viewing resilience through the lens of global public goods - particularly health, climate, and stability. These three domains are inseparable and must be safeguarded collectively. She noted that international development cooperation is under mounting pressure, with financing levels decreasing despite growing global risks

Reflecting on the COVID-19 pandemic, Dr Rombouts reiterated that **NO ONE IS SAFE UNTIL EVERYONE IS SAFE**. National resilience depends on international resilience, and vice versa. Belgium's development cooperation strategy focuses on strengthening health systems in partner countries, investing in pandemic prevention and response, and supporting geographically diversified pharmaceutical manufacturing. These measures help protect both partner regions and Europe itself by more stable and predictable global health landscapes.

Dr Rombouts highlighted the value of Belgium longstanding "3D model"- development, diplomacy, and defence - for international engagement, and argued that Europe now needs to apply this model to its own internal resilience strategies. Instability abroad can quickly translate into health risks, migration pressures, and political disruption within Europe. Climate-related threats, including the need for drought-resilient crops and sustainable agriculture, further demonstrate the interconnectedness between domestic and international resilience.

Finally, she emphasised that resilience is not merely about recovery or returning to previous conditions. It must involve forward movement, transformation, and building systems capable of anticipating and withstanding the shocks of the future.



### 3 KEYNOTE

## MILITARY–CIVILIAN INTERDEPENDENCE

## HEALTHCARE



**Major General (rtd) Professor Timothy Hodgetts,  
CB, CBE, KHS, DL**

FORMER NATO **COMMITTEE OF THE CHIEFS OF MILITARY  
MEDICAL SERVICES (COMEDS)** CHAIR AND CHAIR OF THE BRF  
ADVISORY BOARD

Major General (rtd) Professor Timothy Hodgetts, CB, CBE, KHS, DL explored the interdependence between civilian and military healthcare systems. He argued that healthcare readiness is not only a humanitarian necessity but also a strategic deterrent.

### **STRONG HEALTH SYSTEMS CONVEY PREPAREDNESS AND REDUCE THE RISK OF ADVERSARIES EXPLOITING VULNERABILITIES.**

Prof. Hodgetts reminded the audience that military medicine has historically been a driver of medical innovation. Advances in trauma care, infection control, and emergency medicine often originate in military contexts before transitioning into civilian healthcare. Yet despite this long-standing synergy, both systems are grappling with a shared crisis: workforce shortages, driven by burnout, demographic trends, and the aftershocks of COVID-19. Major General Hodgetts further underlined the importance of empowering the public as “zero responders.” Drawing on the CitizenAid example, he underscored that the greatest opportunity to save lives occurs in the minutes immediately following an injury or attack - before professional responders arrive. Building resilience therefore requires equipping civilians with the skills to act confidently in emergencies.

Hodgetts described the rise of hybrid threats - cyberattacks, disinformation campaigns, sabotage, and CBRN risks - which increasingly target healthcare infrastructure directly. He posed a series of critical questions: Could hospitals operate without electricity, digital systems, water, or connectivity? Are civilian hospitals prepared to integrate into mass-casualty exercises that military planners routinely conduct? How can trauma care guidelines be aligned across both systems?

He concluded that preparing for large-scale conflict or crisis requires seamless coordination across the continuum of care - from the battlefield to civilian hospitals and long-term rehabilitation. The Brussels Resilience Forum, he argued, is uniquely positioned to drive a shared civil–military resilience agenda grounded in strategic planning, policy development, and the promotion of dual-use innovation.



## 4 KEYNOTE

# CIVIL PREPAREDNESS, HEALTH SECURITY & WHOLE-OF-SOCIETY READINESS



**Sandra Gallina**

DIRECTOR-GENERAL, DIRECTORATE-GENERAL FOR HEALTH & FOOD SAFETY (DG SANTE), EUROPEAN COMMISSION

Sandra Gallina addressed Europe's need to strengthen health security amid hybrid threats and rising expectations.

### **CIVILIAN HEALTH SYSTEMS NOW PLAY A CRITICAL ROLE IN SECURITY, FACING CHALLENGES FROM PANDEMICS, CYBERATTACKS, DISINFORMATION, AND GEOPOLITICAL PRESSURES.**

Today's environment is unstable, requiring collaboration between institutions that previously operated separately – including public health authorities, military, and civil society – despite their differing structures and mandates.

Health systems now serve as strategic assets essential for economic and social stability. The COVID-19 pandemic demonstrated the far-reaching consequences of failing to protect public health. Currently, European health systems face persistent cyberattacks, CBRN preparedness gaps, changing public trust, and increasing antimicrobial resistance.

Resilience, Gallina argued, means anticipating and adapting before crises hit, not just responding reactively. She emphasized that waiting until an emergency occurs is too late.

She also discussed dual-use biotechnology innovation, noting both its potential and risks. Regulatory frameworks must evolve to ensure security while enabling progress, especially regarding pathogens, biosecurity, and medical countermeasures.

Gallina outlined new EU initiatives like improved cross-border threat regulations, mandatory preparedness plans, and closer cooperation between military and health sectors – though NATO countries have engaged more slowly than non-NATO ones.

Other efforts include joint procurement, EU stockpiling mechanisms, strengthening labs and bio surveillance, investing in CBRN medical countermeasures, and addressing AMR as a security threat, especially following drug-resistant infections among Ukrainian military casualties.

Trust remains central. Bridging gaps between civilian and military sectors requires transparency and shared understanding. Gallina concluded that resilience demands unity, foresight, and sustained investment across prevention, protection, preparedness, and transformation, asserting that **HEALTH SECURITY IS INTEGRAL TO NATIONAL SECURITY.**



## 5 PANEL 1

# HEALTH SECURITY & PREPAREDNESS AS PILLARS OF RESILIENCE

ASSESSING READINESS FOR THE FUTURE – R&I, DUAL-USE, CRISIS  
PREPAREDNESS & HEALTH SYSTEM RESILIENCE



**Petter Iversen**

BRIGADIER GENERAL  
CHAIR NATO COMMITTEE OF  
THE CHIEFS OF MILITARY  
MEDICAL SERVICES (COMEDS)



**Ask Eirik Storsve**

HEAD OF INTERNATIONAL  
GOVERNMENT AFFAIRS  
EMERGENT BIOSOLUTIONS



**Veli-Mikko Niemi**

PERMANENT SECRETARY  
FINNISH MINISTRY OF SOCIAL  
AFFAIRS AND HEALTH



**Eloise Todd**

EXECUTIVE DIRECTOR & FOUNDER  
RANI – RESILIENCE ACTION  
NETWORK INTERNATIONAL  
BRF CO-FOUNDER

The first panel brought together perspectives from NATO, national government, industry, and civil society through contributions from Brigadier General Peter Iversen (Chair of NATO COMEDS), Veli-Mikko Niemi (Finnish Ministry of Health), Ask Eirik Storsve (Emergent BioSolutions), and Eloise Todd (rani).

Brigadier General Petter Iversen warned that Europe must be prepared for the possibility of large-scale war - an event that would constitute a major public health disaster. Resilience requires both mental preparedness and strong structural systems capable of absorbing and responding to shocks.

**HEALTHY POPULATIONS ARE INTEGRAL TO NATIONAL DEFENCE, AND THE CAPACITY OF HEALTH SYSTEMS PLAYS A DIRECT ROLE IN A NATION'S ABILITY TO WITHSTAND CRISIS.**

Iversen emphasised the need to enhance civil-military clarity, shared situational awareness, and coordination mechanisms. Nations, he argued, must be ready to confront parallel crises such as pandemics, armed conflict, and hybrid attacks simultaneously.

Veli-Mikko Niemi described Finland's well-established whole-of-society approach, which is grounded in long traditions of civil-military cooperation. Finland has developed joint planning groups, shared threat-picture governance, and legislation that enables the reallocation of health workers and resources during emergencies. He emphasised the importance of hardened health infrastructure - a lesson reinforced by the war in Ukraine - and noted that **WHILE VOLUNTARY COOPERATION IS IMPORTANT, TRUE PREPAREDNESS REQUIRES COMPULSORY LEGAL STRUCTURES AND RIGOROUS EXERCISES TO ENSURE OPERATIONAL READINESS.**



Ask Eirik Storsve highlighted the industry perspective, drawing attention to **THE NEED FOR PREDICTABLE LONG-TERM DEMAND SIGNALS AND STABLE PARTNERSHIPS BETWEEN GOVERNMENT AND THE PRIVATE SECTOR**. He argued that the US BARDA model provides an excellent framework for Europe: multi-year contracts, full R&D underwriting, and transparent, threat-based requirements. Without such predictability, companies struggle to sustain the development and manufacture of medical countermeasures (MCMs). He suggested that Europe's HERA must continue evolving to provide consistent funding, joint procurement, and scalable manufacturing capacity.

Finally, Eloise Todd reiterated the need to connect the interlinked crises facing society. Rani's 3A+ framework - anticipate, absorb, adapt, with equity at its core- offers a lens through which resilience can be understood and operationalised. She stressed that vulnerable populations experience overlapping risks from climate, conflict, and health shocks, and that policies must take these interactions into account. Todd argued that issues such as **AMR, BIOSECURITY, CLIMATE CHANGE AND PANDEMIC PREPAREDNESS MUST BECOME CENTRAL COMPONENTS OF NATIONAL SECURITY STRATEGIES**.

## 6 PANEL 2

# CIVILIAN & MILITARY HEALTH SECURITY: FINANCING & INNOVATION

## THE VALUE OF FINANCING INNOVATIONS FOR HEALTH, SECURITY AND PREPAREDNESS



**Christian Haggemiller**

COMMANDER (DEU NAVY)  
MEDICAL ADVISER  
EUROPEAN UNION  
MILITARY STAFF (EUMS)  
EUROPEAN EXTERNAL  
ACTION SERVICE (EEAS)



**Florika Fink-Hooijer**

DIRECTOR-GENERAL, HEALTH  
EMERGENCY PREPAREDNESS AND  
RESPONSE (DG HERA)  
EUROPEAN COMMISSION



**Elizabeth Thompson**

EXECUTIVE  
DIRECTOR  
POLICY &  
PARTNERSHIPS  
WELLCOME



**Felicitas Riedl**

DIRECTOR OF  
INNOVATION &  
COMPETITIVENESS  
EUROPEAN  
INVESTMENT  
BANK (EIB)



**Jo Taylor**

VICE PRESIDENT  
CORPORATE  
AFFAIRS  
SHIONOGI  
EUROPE



The second panel brought together Commander Christian Haggenmiller (European External Action Service), Dr Florika Fink-Hooijer (DG HERA), Felicitas Riedl (European Investment Bank), Dr Elisabeth Thompson (Wellcome), and Jo Taylor (Shionogi) to discuss the financing, governance, and innovation required to strengthen civil–military health security.

Commander Haggenmiller addressed the implications of NATO’s commitment to allocate 1.5% of GDP to defence-adjacent resilience measures. While transformational in scope, he noted that health must compete with many other sectors, such as energy and infrastructure, for access to these funds, as well as navigating regulatory complexities - including multilingual labelling of stockpiles - and public sensitivities around the perceived “militarisation of health.” He proposed **exploring A “MEDICAL SCHENGEN” CONCEPT THAT COULD FACILITATE RAPID CROSS-BORDER MOVEMENT OF MEDICAL SUPPLIES, PERSONNEL, AND CAPABILITIES DURING CRISES.**

Dr Florika Fink-Hooijer outlined HERA’s expanding mandate and highlighted that dual-use medical countermeasures have been an integral part of HERA’s mission from its inception. Renewing CBRN stockpiles, investing in broad-spectrum MCMs, and strengthening “ever-warm” manufacturing facilities are key priorities.

### **PREPAREDNESS REQUIRES MORE THAN PRODUCTS: IT DEMANDS STRONG HEALTH INFRASTRUCTURE, AN ADEQUATELY STAFFED WORKFORCE, AND HIGH LEVELS OF PUBLIC TRUST.**

In an era marked by disinformation and hybrid threats, trust building and communication must become central pillars of resilience policy.

Representing the European Investment Bank (EIB), Felicitas Riedl described the EIB’s as the “resilience bank.” The EIB finances R&D for medical countermeasures, health infrastructure, cybersecurity for essential systems, and logistics capabilities. She stressed the importance of blended financing - combining grants with loans - and **THE NEED FOR ROBUST ECONOMIC AND TECHNICAL ASSESSMENT TO ENSURE INVESTMENTS SUPPORT STRATEGIC AUTONOMY AND LONG-TERM RESILIENCE.**

Dr Elisabeth Thompson highlighted the crucial role of research and innovation in resilience. However scientific breakthroughs alone are insufficient; social and behavioural research is essential to ensure the uptake and effectiveness of new technologies and interventions. Rising defence budgets, she noted, will reshape research funding landscapes, and funders must adapt accordingly. **OPEN SCIENCE REMAINS A CORNERSTONE, BUT RESPONSIBLE OVERSIGHT OF DUAL-USE RISKS IS IMPERATIVE.** She also described how research collaboration can serve as a diplomatic bridge during periods of geopolitical strain.

Lastly, Jo Taylor stressed that building true medical readiness-whether for pandemics, AMR threats, or emerging biological risks - requires long-term, predictable investment. Developing new antibiotics or antivirals is a complex, multi-year endeavour, and manufacturing them requires globally interdependent supply chains. She argued that NATO’s defence-adjacent investment could be directed towards broad-spectrum antivirals, trauma care related AMR countermeasures, advanced diagnostics and surveillance systems, and modernised stockpile management.

### **DUAL-BENEFIT INVESTMENTS STRENGTHEN BOTH CIVILIAN AND MILITARY SECTORS WITHOUT MILITARISING HEALTH.**



## CLOSING REFLECTIONS



### **Eloise Todd**

EXECUTIVE DIRECTOR & FOUNDER,  
RANI (RESILIENCE ACTION  
NETWORK INTERNATIONAL),  
BRF CO-FOUNDER



### **Laura Batchelor**

MANAGING DIRECTOR,  
FIPRA PUBLIC AFFAIRS,  
BRF CO-FOUNDER

In their closing statements, the Brussels Resilience Forum's co-founders, Eloise Todd and Laura Batchelor reiterated that preparedness is not merely a policy niche - it is a strategic priority essential to Europe's safety, economic resilience, and long-term autonomy, and essential to societal resilience across our interconnected world. The Forum's aims to become a permanent platform for cross-sector collaboration, knowledge development, and policy influence.

The next steps include developing the BRF work plan with the Advisory Board, expanding partnerships, securing long term funding, and preparing for the next edition of the Forum on 3 December 2026. The Forum represents the beginning of a journey toward a more resilient Europe.

### **Brussels Resilience Forum Inaugural Symposium (4 December 2025) – Outcomes and recommendations for the Forum's 2026 agenda**

#### **ADVOCATE FOR WHOLE-OF-SOCIETY PREPAREDNESS**

Investment in health systems should be recognised as a critical component of European defence strategy. With that shared understanding, we will work to align objectives across sectors, governments, EU institutions, and international partners to create policies that are coherent, resilient, and capable of addressing complex, cross-sectoral challenges without leaving gaps between mandates. Effective preparedness requires mutually reinforcing efforts across public and private sectors, fostering collaboration between civilian and military actors. This approach builds the capacity of societies to not only withstand crises, but to anticipate, absorb, adapt, and transform. This ambition must remain outward facing, and the Forum will promote an approach that remains open to the world and future strategic partnerships.

#### **IDENTIFY CIVILIAN-MILITARY OPPORTUNITIES FOR COLLABORATION TO STRENGTHEN SOCIETAL RESILIENCE**

Fora that bring together the perspectives of civilian stakeholders, military, industry and civil society, are essential to ensure decisions are informed by a comprehensive understanding of risks and competing priorities. The ability to tackle challenges as a joint civilian and military endeavour with shared objectives will reduce duplication, burden-share resources, amplify intellectual capacity.

#### **DEFINE DUAL-(OR MULTIPLE-) BENEFITS PATHWAYS THAT DELIVER BENEFITS ACROSS CIVILIAN AND MILITARY ENVIRONMENTS**

Supporting investments, policies and innovation that contribute to both civilian and military objectives through targeted investments will lead to the strengthening of healthcare



systems. This can enhance the development and roll out of, for example, innovative therapeutics, medical devices, and digital infrastructure. This approach supports governments to protect civilian populations both in peace and crisis, while in parallel ensuring military readiness and addressing hybrid threats that blur civil–military boundaries. This requires scaling up and investing in innovative technologies that serve both civilian and military purposes through robust public / private partnerships.

## ADVOCATE FOR RESILIENCE IN SPENDING AND POLICIES

A strong, sustained commitment to advocacy ensures that the Forum’s findings inform policymaking, creating durable political and institutional support for resilience. Working with our BRF partners through a networked approach, we will help ensure that preparedness remains a fixture in long-term strategic planning. This will reinforce the value of health, security, and crisis readiness as core components of societal stability. It is a core intent to ensure that resilience remains a political priority beyond moments of crisis.

---

The Brussels Resilience Forum, in partnership with academia, will develop a **Preparedness Compendium** to promote multi-stakeholder collaboration and provide guidance for European policymakers and their partners. The Compendium will build the case of the economic value of funding and policies for health, security, and preparedness and for integrated strategies that address the diverse threats of AMR; biosecurity; pandemic and emerging disease preparedness; cybersecurity; blood product availability; and large-scale combat operations. Through collaboration with EU and NATO Member States and active participation in leading international fora, the Brussels Resilience Forum will promote increased action in health, security, and resilience. In addition, by engaging with upcoming EU Council Presidencies, the forum will further advance its objectives by supporting Council Conclusions focused on implementing a comprehensive, whole-of-society approach to preparedness.

---

*The Brussels Resilience Forum Secretariat is managed by FIPRA International and rani (Resilience Action Network International).*



*The Brussels Resilience Forum Inaugural Symposium was made possible with the support of Emergent BioSolutions and Shionogi.*

