**Sdama region Public health emergency operation center (PHEOC) state of affairs**

**Background**

In general the objectives of any PHEOC include: Coordination of the response to public health events emergencies with all relevant stakeholders, Mobilization and deployment of resources, including surge capacity, services and supplies to support all PHEOC functions, Timely, event-specific operational decision-making using available information, policy, technical advice and plan, Collection, collation, analysis, presentation and utilization of health event data and information to guide the response and Designing appropriate health messages for creation of public awareness, community engagement and social mobilization.

The Sidama regional Public Health Emergency Coordination Center (PHECC) is based at regional public health institute (SPHI). The organized regional PHEOC and IMS structure was established early before covid-19 pandemic due to previous experience of emergency activities including coordination of polio supplementary immunization activities and AWD emergencies and strengthend throught the pandemic meetting its objectives.

Following the establishment of regional public heath institute(SPHI) the EOC furthermore reorganized allining with the newly organizational structure as wel as in cocideration with demands to fit the change circumstances of emergency situation. The PHEOC organization is modular, adaptable and scalable to allow elements to be escalet or descalet as the needs of the emergency or disaster change over time. The structure Was organised using IMS model and it incoropert major IMS functions. Sections includs Coordination and Collaboration, Planning and resource mobilization, Risk Communication and Community Engagement (RCCE), Case management and facility readiness, Logistics and supply chain management, Human workforce and Early warning and Surveillance (Epidemiological and laboratory Surveillance). Following are discussed major elements of PHEOC as concerning the regional EOC.

**Policies, Planning and procedures**

The core objective of the plans and procedures should describe standards, regulations, planning frameworks, guidelines, plans and procedures related to public health emergency operations centres (PHEOCs).

At a minimum, EOCs should include roles responsible for command; operations; planning; logistics; finance/administration; intelligence; investigations; information management; communication (internal, inter-agency and risk communication); reporting/briefing; staff safety; and security. Depending on the type of emergency, public health functions – such as surveillance, data collection and analysis, epidemiology, laboratory, and disease control – ¬should also be included. More research is required into the best way to incorporate these public health functions into a traditional incident management system.

planning frameworks for health emergencies should incorporate the following  
approaches and characteristics: risk management; all-hazards planning (plus hazard-specific planning where necessary. comprehensive approach incorporating risk prevention/mitigation, preparedness, detection (when communicable diseases are involved), response and recovery.The cycle of emergency planning and preparedness should include assessment of an agency’s capacity (resources) and capabilities (such as training and credentialing) to respond; building and maintaining the necessary capacities and capabilities; testing them in exercises and real events; and reporting on the response in after action reviews, ensuring that lessons learned are incorporated into emergency plans effectiveness of a public health emergency operations centre.

**Physical infrastructure**

The PHEOC facility can be housed in a dedicated, purpose-built space, or set up in a multipurpose space. It must be physically and environmentally secure. It should be able to survive the most probable hazards identified through a tailored risk assessment. In the case of potential technological and other failures, alternatives should be available, and a backup physical location should be ready in case the primary PHEOC becomes unusable. The PHEOC must be easily accessible with adequate parking for both staff and private vehicles.

In this regard the regional PHEOC realized most of the requrments having the following facilities: Adequate space for staff – this includes both open common areas and closed workspaces suitable for meetings, conference calls and small group activities. The configuration of the space should cater for both meeting areas and relatively quiet working spaces. External venues necessary for media briefings, interviews, press conferences, and coordination of external partners. Sufficient size to accommodate all its functions with reasonable comfort. Concerning issues in this regared is that the absence alternatives location that should be available, as a backup and ready in case the primary PHEOC becomes unusable. And there is also some sort of restraints concerning furnitures both in quantity and quality.

**Information and communication technology infrastructure**

Information and Communication Technology (ICT) infrastructure enable data management and both internal and external communications. It consists of hardware, software and communication equipment. ICT Hardware The hardware components consist of equipment that facilitate communication, data capture and analysis, and presentation and dissemination of information for decision-making. The regional EOC have some of Suggested hardware for the PHEOC are: Smart television sets Telephones, Computers, Video and teleconferencing facilities Internet switch and Wi-Fi access points and Server. Existing substantial gabs in this areas are under optimal installation and utilization of the available ICT equipment mainly due to training and skill gaps and unavailability of some other equipment. Furthermore there is absence and limitation of appropriate software components for the operationalization of the ICT Such as software like Data analysis and visualization software. There is also absents and shortage of some office equipments and supplies at EOC such as copiers, scanners, fax and stationeries.

**Information systems and standards**

The goal of an effective PHEOC information system is to increase the availability, accessibility, quality, timeliness, and usefulness of emergency operations information for public health action. Such an information system should support all the functions of the PHEOC, and have the capacity to: Ensure data security, privacy, and confidentiality.

Coordination of information on PHEs is crucial. The PHEOC should serve as a hub for reporting PHEs, and coordination of information. All information on PHEs must systematically flow to the PHEOC. Despite their inherent utility, the technologies that support telecommunications, data analysis, event information management and visualization of operational information are evolving rapidly and can be prone to failures. Consequently, the information that the systems contain requires frequent, routine backup to mitigate the potential impact of a technological and other failure resulting in loss of data. In the event of communication breakdown, a backup communication system should be installed to enable continuity of operations. In this regard the regional EOC has extensive gaps as such the EOC data are not beibg well organized, managed, used for decision making, communicated and securely stored.

**Human resources**

A PHEOC requires competent and trained persons to achieve its objectives and function successfully. Ideally, PHEOC staff should be familiar with the structure and systems for a public health response. Human resource needs for maintaining and operating a PHEOC include both routine/ permanent and surge staff. During full activation, the PHEOC will co-opt surge staff from other departments, agencies, organizations, partners and volunteers among others based on their competencies and skills. They must: Be trained in the functions and operations of a PHEOC and Have relevant subject matter expertise. The regional EOC have relatively adequate permanent EOC staff. The existing gaps is that there is no mechanisms for the development and mobilization of surge staff. PHEOC should maintain a database of multi-disciplinary and multi-sectoral experts who can be mobilized and deployed to the PHEOC during occurrence of an incident/ emergency. The other gap is absence or limited training to EOC staff. The capacity and skills of PHEOC staff are a key factor for effective management of public health emergencies PHEOC should organize regular training of SME and conduct simulation exercises to test the PHEOC plans, procedures, and systems regularly.