

Strengthening Health Security in Kenya through an Effective Public Health Emergency Operations Center.

Abstract

This document outlines the key concepts and essential requirements for developing and managing a public health emergency operations centre (PHEOC), in the context of a mixed health system, drawing from experiences in Laos PDR, Myanmar and Cambodia. It also highlights the potential benefits of the PHEOC towards strengthening the country's health system, and suggests possible roles of the private sector in supporting the PHEOC.

Introduction

Kenya continues to face numerous threats to public health including infectious disease outbreaks, natural hazards, consequences of climate change, conflict within and beyond the country's borders with attendant displacement of populations, pollution by chemical, biological and radiation agents as a corollary to industrialization, *inter alia*. (1)

Most recently, the COVID 19 pandemic and threats of Ebola Virus Disease and Polio from the neighboring countries demonstrate the significance of these public health threats and their potential to disrupt livelihoods, disrupt and strain health systems, interrupt economic activities and resultant diversion of resources to response activities. These remain a threat to the realization of the nation's development aspirations in Vision 2030 as well as deter attainment of the Sustainable Development Goals.

For such emergencies, a multi-agency, multi-jurisdictional, well-coordinated and timely health system response is required, working with the national disaster management agency. An emergency operations center (EOC) thus provides a crucial platform for coordinating information and resources to support incident management activities. This facilitates improved health system capacity for timely and effective detection of, and response to high priority health emergencies with a view to mitigating the health threats and fostering health security.

Core components of a PHEOC

Drawing from WHO's Framework for Public Health Emergency Operations Centre (1) and the PSI experience in Laos, Cambodia and Myanmar (3), the following stand out as essential for a PHEOC: a) Legal authority and strong political commitment; b) a coordinating/ steering committee; c) Emergency response plan; and d) a coordinating system such as an Incident Management System. These should be supported by the following components:

- a. Plans and procedures
- b. Physical infrastructure that is secure, accessible and survivable in any emergency
- c. Information and communication technology (ICT) infrastructure to support real-time communications
- d. Information systems and data standards to increase the availability, accessibility, quality, timeliness, and usefulness of emergency operations data

Key Messages

Kenya continues to face threats to public health their potential to disrupt livelihoods, strain health systems, and threaten attainment of development goals.

A Public Health Emergency Operations Center (PHEOC) provides a crucial platform that facilitates improved health system capacity for timely and effective detection of, and response to high priority health emergencies with a view to mitigating the health threats and fostering health security.

Legal authority, competent coordinating team, tailored response plans and procedures and an incident management system are essential components of the PHEOC.

Given the complementary role the private sector plays within the country, coupled to contextual insight it bears, it can support the PHEOC across all these core components.

- e. Adequate, competent, and trained staff.

Role of the Private Sector

Given the complementary role the private sector plays within the country, coupled to contextual insight it bears, it can support the PHEOC through: a) Capacity development of EOC teams for effective public health emergency response; b) support for country teams in aligning emergency preparedness plans and procedures to global best practice while tailoring them to reflect country realities; c) Strengthen equipment, infrastructure, technology and surveillance systems at national and county level; d) Support country teams in the review and strengthening of the legal framework for the Emergency Operations Center in the context of a mixed yet devolved health system; e) facilitate collaborations between the state and other stakeholders; and f) mobilizing resources for PHEOC responses.

Conclusion

Establishing an effective PHEOC and leveraging collaborations with the private sector bears the potential towards improving health system capacity for timely and effective detection of, and response to high priority health emergencies.

References

1. **Ministry of Health.** *Kenya Public Health Emergency Operations Center (KPHEOC) Handbook*. Nairobi : Government of Kenya, 2021.
2. **World Health Organization.** *Framework for a Public*. Geneva : WHO, 2015.
3. **Population Services International (PSI).** *Strengthening Health Security; Public Health Emergency Operations Centers in Cambodia, Laos and Myanmar- Annual Report, April 2020-March 2021*. 2021.

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