

Disasters

Preparedness and Mitigation in the Americas

News and Information for the International Community

Emergency Operations Center or Situation Room: Which is best for the health sector?

Editorial

The disaster management community at large has consistently promoted the concept of the Emergency Operations Center (EOC) as a mechanism to collect post-disaster data, analyze and interpret it in operational terms, and transform it into collective action for disaster response. The concept of an EOC, promoted by the U.N. and bilateral agencies alike, implies a physical space where information and data are displayed and operational decisions are made. The physical presence of the key disaster response actors is an essential ingredient of the EOC.

For some time, the health sector has realized that well-analyzed and interpreted information is critical for daily routine health management. They have come to rely on health situation rooms for the ongoing collection and analysis of up-to-date information on epidemiology, communicable diseases and other public health risks. Unlike the EOC, a health situation room need not occupy any physical space for that matter, it can simply be virtual. Health situation rooms do not necessarily produce health interventions their role also can be as a “think tank,” helping the health sector to anticipate health risks caused by disasters and avoid strategic surprises.

However, when a major disaster occurs, Ministries of Health often clamor for a “disaster situation room” as a solution to the chaotic information environment that exists and the lack of coordination. Are EOCs and situation rooms the same? Or are we confusing concepts and tools required for information dissemination and coordination? Perhaps what Ministries of Health really want is a blend of the two: a health EOC.

Following a large-scale disaster, particularly a sudden-impact disaster that occurs with little or no warning, the health sector needs a place where managers and all stakeholders can interact and make decisions using the latest information on needs, available resources and priorities. It requires a place for coordination, not merely a place to display information. This is an EOC.

Following recent disasters, it was common to see colorful maps of the affected area and data in the form of pie charts and graphs displayed in an im-



Health situation rooms do a good job of collecting health data on a routine basis. However, for data to have an impact on life-saving decisions, health professionals must adapt collection and dissemination to the rapid and often chaotic pace of an emergency.

proved “situation room,” posted on the web or incorporated into briefings for the press and others. No doubt this visual material impressed visitors and VIPs. However, it was less clear whether it had an impact when it came to making life-saving decisions. The underlying reason for this is that traditional epidemiologists and other health managers, while excellent professionals in their field, often are unable to adjust to the rapid and sometimes chaotic pace of an emergency. This, in turn, makes it difficult to provide timely guidance to donors and humanitarian agencies on what to do and what not to do, and ultimately affects how resources are channeled to respond to public health needs. Weekly statistics based on traditional notification systems have proven to have little relevance when it comes to carrying out a humanitarian health response.



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What is needed to establish a health EOC?

The first thing that is needed is access to health data. If the Ministry of Health already has a health situation room, this will be an asset as a source of background data and analytical expertise.

The second thing that is needed is a direct link to a variety of disaster authorities, as they are the ones who will actually have data on the impact. These authorities include national, bilateral and international rapid assessment teams deployed to assess needs and provide humanitarian aid.

A health emergency operations center also must offer easy access for all stakeholders. Donors, NGOs and other institutions with an interest in the health response to the disaster must feel a welcome part of and a contributor to the health sector EOC. Without the presence of these external actors, there will be little coordination or impact.

The health EOC must also have an adequate communications infrastructure and physical space in which to display information.

Where to locate a health EOC?

There are several alternatives when considering where to locate a health EOC.

In the national EOC: Managing the health response to a disaster requires access to and the display of a considerable amount of information that is generated outside the health sector. Examples of this type of information include the number of victims, damage to roads, bridges, power plants and other infrastructure, damage to housing, assistance received or pledged, etc. Many stakeholders, donors and humanitarian agencies are interested in a much broader range of information than what the health sector traditionally produces.

Since the objectives are to influence decision-making and direct resources toward health priorities rather than to impress authorities and visitors, the health sector might benefit from having a solid physical presence in the national multisectoral EOC, where data and external resources naturally converge.

In the Ministry of Health: Should the former alternative not be feasible or convenient, the Ministry's health situation room, when one physically exists,

may provide an alternative site. However, the health sector should not lose sight of the distinct operational function and broader coordinating role of the EOC.

In the PAHO/WHO office: In some special circumstances, PAHO/WHO offices in Latin America and the Caribbean may offer the best communications, meeting rooms and a neutral environment in which to house a health emergency operations center.

The decision regarding where to locate a health emergency operations center is not, in reality, an "either—or" choice. It is a matter of balancing the presence, visibility and therefore the influence of the health sector where it counts most. Some kind of operational coordination mechanism will be required at all three levels. Even if the health sector overlooks the advantage of having a strong decisional presence at the multisectoral level (within the national EOC), it will still be necessary to identify how and where to coordinate internal operations, both in the Ministry of Health and with PAHO, in accordance with the particular role in the emergency.

In summary, in disaster situations, the health sector should maintain its leadership by taking its health situation room to the next level, as an operational/coordination tool in the form of a health emergency operations center. The primary determinant of the success of the health EOC will not be where it is located but rather how inclusive its coordination efforts are, how well it projects across sectors and, most importantly, the relevance of the health information. This transformation from a health situation room into a health emergency operations center is unavoidable if we really mean to influence events rather than simply to display our knowledge of public health.



The actual decision of where to locate a health emergency operations center is less important than the relevance of the information it provides.