The Emergence of National Health Operations Centres: Time for a Reset of Humanitarian Health Response Architecture?

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The management of the health effects of disasters and outbreaks in Low and Middle-Income Countries (LIMCs) has for some organizations remained fairly predictable over the last 2-3 decades, yet for others, particularly National responders and those working with Regional entities there has been nothing short of a revolution in approaches to emergency management in Health. Perhaps it's time to re-examine some of the humanitarian architecture, designed with best intentions at the time, and to fulfill specific needs and gaps years ago, and see if they take into account national coordination and response capacity. Perhaps they should now be reserved for specific conflict-related circumstances, rather than attempt to transpose them on emergency response frameworks already used by countries and regions not suffering conflict situations.

The foundations of the current international humanitarian coordination system were set by UN General Assembly resolution 46/182 in December 1991. Almost 15 years later, in 2005, a major reform of humanitarian coordination, known as the Humanitarian Reform Agenda, introduced a number of new elements to enhance predictability, accountability, and partnership. The Cluster Approach was one of these new elements. While it was first used in the Pakistan Earthquake and with varying success since, its use in health response, particularly in countries with a coherent Health ministry, and one with an existing Health Emergency Operations Centre (H-EOC) is increasingly fraught.

The Nepal Earthquake in April 2015 was an example where a National H-EOC had been in place and been supported by partners for many years, and was effectively activated and managed by the MoHP (Ministry of Health and Population) within hours of the Earthquake, yet a Health Cluster was also activated and hosted in the offices of WHO several kilometers away. Emergency Medical Teams (EMTs) were initially attempting to be registered, understand local needs, and be tasked to areas of greatest need at the Health Cluster with no effective deployments occurring,

but this misunderstanding was corrected on the arrival of an EMT coordinator, and moved to the MOHP EMT coordination center, working to the H-EOC, and under a National leader. Similar methodology has been used throughout the last five years in Ecuador, Bahamas, Fiji, Vanuatu, Indonesia, Liberia, and many other countries. Increasingly the initial response is best coordinated, at least for Health, within the existing, even if temporarily overwhelmed, National or district level H-EOC. This ensures local leadership, local systems preservation, and ultimately less reliance on the International response for future events.

This concept is the true embodiment of the localization agenda and the premise of valuable programs such as the International Disaster Response Law programs from the IFRC. The author would argue the localization agenda does not mean making the international response architecture more localized but instead empowering local coordination in its stead. To re-quote part of Resolution 46/182 “the affected State has the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory”. As more and more countries develop this capacity, we must ensure International response agencies do not undermine but rather support this approach, and not set up parallel systems with notional “co-leadership”.

We should increasingly draw on those with direct experience within their own emergency response centers to be seconded in support of other regions and countries as many within the International Humanitarian system have never worked in an H-EOC. EOC methodology is not currently taught on UN disaster coordination courses, ensuring the next generation of responders will not be able to support national EOCs. Let’s ensure that Health responders can support H-EOCs, by teaching relevant Health Incident management and H-EOC methodology to all our Team leaders and coordination support staff that may be deployed to serve others at the local, national, or international level.