### **Peer Review Report**

## Review Report on Evidence-based Policy Recommendations for Public Health Emergency Operation Centers (PHEOC) in Regional Settings : A Case Study in Indonesia

Policy Brief, Public Health Rev

Reviewer: Oyeladun Okunromade Submitted on: 12 Jul 2022 Article DOI: 10.3389/phrs.2023.1604899

#### **EVALUATION**

#### **Q1** What are the main findings and conclusions reported in this manuscript?

Public health emergency operation center PHEOC is existing at the National level operation center only and there exist a lot of gaps in the PHEOC structure in the Indonesia. Three different policy structure for the PHEOC was recommended for Indonesia to adopt to bridge the gaps identified

Q 2 Please highlight the limitations and advantages.

The author did not give a full description of how the PHEOC structure of Indonesia work, under which government does it exist and how does it operate, which other diseases have they used the Indonesia PHEOC to respond to, and how did the PHEOC performed during these other response actions. More description details into Indonesia PHEOC structure is required.

#### Q 3 Are there objective errors or fundamental flaws? If yes, please detail your concerns.

Yes, the evidence section is not evidence enough – there should be a vivid description of the past response to outbreaks, description of the time the outbreak started, how it was reported, how long did it take for the report to be made, how long for it to be confirmed and how long did it take Indonesia government to mount effective response and how long did it take to put the outbreak under control.

The structure of health system in Indonesia will also help to understand the gaps better and lack of policy that exist within the health system

The authors gave example of Malaysia, Uganda and Vietnam but no example from Indonesia

Kindly give a description of any previous outbreaks Indonesia PEHOC has responded to in terms of To properly identify the gap that exist in Indonesia PHEOC and determine how strong the country epidemic preparedness is, you should be able to highlight – no of days it takes to detect any outbreaks, no of days it takes to notify the public health authorities, no of days to mount an effective response.

There is also need to include whether the country has conducted any after action review following any outbreaks to evaluate what went well during an outbreak, what didn't go well and what the country need to improve upon

There is need to include details of this as well to justify your points

#### Q 4 Check List

Is the English language of sufficient quality? No.

Does the manuscript provide an appropriate context for a non-technical audience? No.

Does the manuscript use language that can be understood by a non-technical audience? No.

- Is the quality of figures and/or tables satisfactory? No.
- Is the evidence presented appropriate, sound and objective? No.
- Are the action points provided based on the evidence? No.
- Are the action points provided reasonable and feasible? No.
- Are there any ethical issues with the recommendations provided? No.

# **Q** 5 Please provide your detailed review report to the editor and authors (including any comments on the Q4 Check List):

Dear Author,

This manuscript has potential but needs more work. There is need to include more details of the PHEOC structure in Indonesia, AAR done before for any outbreaks and describe any outbreaks that the PHEOC has responded to in the past before you can arrive at the existing gaps.

Also importantly, i will suggest to also add any information on the gap assessment for the PHEOC. Without gap assessment analysis of the PHEOC, the policy recommendations are just your personal wishes. Ensure this is included. Also include model structure of the existing incident command system

