World Health Organization

IMPLEMENTATION GUIDANCE FOR ASSESSMENTS OF FRONTLINE SERVICE READINESS

Strengthening real-time monitoring of health services in the context of the COVID-19 pandemic

1 July 2021

WHO continues to monitor the situation closely for any changes that may affect this implementation guidance. Should any factors change, WHO will issue a further update. Otherwise, this implementation guidance document will expire 2 years after the date of publication.

Contents

Abbreviations

COVID-19	novel coronavirus 2019 disease
CSV	comma-separated values
IMST	incident management support team
IPC	infection prevention and control
MoH	Ministry of Health
PPE	personal protective equipment
WHO	World Health Organization

1. Introduction

1.1 Context

Countries face a multitude of questions and decisions that must be addressed to prepare for and respond to the COVID-19 (novel coronavirus 2019 disease) pandemic while simultaneously maintaining the delivery of other health services. Key decisions made and actions taken to mitigate the risk of potential health system collapse must be informed by accurate and real-time data collected through ongoing monitoring during all phases of the COVID-19 pandemic. Against this rapidly evolving situation, many countries are facing challenges in ensuring the availability of accurate and timely data on the capacities of frontline health providers and facilities to deliver essential COVID-19 tools. At the same time, routine data systems are falling short in their ability to detect and track the extent of disruptions across essential health services that could inform mitigation strategies and responses to evolving community needs and barriers to accessing care. In such contexts, countries should consider implementing regular and rapid assessments in facilities and communities to prioritize needs for service availability; workforce capacities, training and protection; the availability of essential health products and supplies; vaccine readiness; infection prevention and control (IPC) capacities; and safety measures.

1.2 Tools

To address the dual-track challenge of responding to COVID-19 while maintaining the delivery of essential health services, the World Health Organization (WHO) has developed the Suite of health service capacity assessments in the context of the COVID-19 pandemic, a new collection of tools for health facilities and communities to support rapid and accurate monitoring of current, surge, and future frontline service capacities throughout the different phases of the COVID-19 pandemic. The suite consists of modules that can be used to prioritize actions and decision-making at the health facility, subnational and national levels. The suite includes three core modules.

- **COVID-19 case management capacities: diagnostics, therapeutics, vaccine readiness and other health products for COVID-19 – facility assessment tool**. This tool aims to assess health facilities' capacities for COVID-19 case management, including the availability of diagnostics, therapeutics and other essential health products, such as oxygen and personal protective equipment (PPE), as well as cold chain capacities.
- **Continuity of essential health services: facility assessment tool**. This tool aims to assess the capacities of primary care and hospital facilities to deliver essential health services (including the availability of health workers and their infection rate, isolation and triage capacities, adherence to IPC standards, and the availability of essential medicines and supplies) and helps to track changes in service utilization and modifications to service delivery.
- **Community needs, perceptions and demand: community assessment tool**. This tool aims to collect information on unmet health needs, changes in care-seeking behaviours, and barriers to care affecting service demand using information from interviews with key community informants.

When implemented regularly, the tools can help alert authorities and other stakeholders to modifications needed in service delivery or investment, or both, to guide the response of health systems. The suite also includes additional modules that can be used for one-time or recurrent in-depth assessments, which countries may select and customize according to their context and needs. The modules have been developed based on WHO's guidance on COVID-19 preparedness and response, facility readiness for COVID-19 case management and on ensuring the continuity of essential health services during the COVID-19 outbreak, including Maintaining

essential health services: operational guidance for the COVID-19 context (*1*). The complete set of modules is listed in Annex 1.

1.3   Objectives and recommended approach

The primary objective of the assessment (or survey) is to rapidly detect and monitor bottlenecks in health systems and health service capacity as well as gaps in readiness to ensure that essential health services continue to be provided while health systems respond to the rapidly changing context of the COVID-19 pandemic. As such, the surveys must respond to urgent needs for regular, real-time data, and they must be implemented rapidly, efficiently and safely in the emergency setting of the pandemic (e.g. surveys must be implemented in a manner that respects social distancing and travel restrictions and makes use of limited resources that have a high return, thus reducing the burden on facilities to the greatest extent possible).

The recommended method of implementation is to use an electronic questionnaire delivered rapidly and regularly through telephone interviews to a sample of sentinel facilities. (These types of surveys are also referred to as computer-assisted telephone interviews.) While such a survey will not necessarily be fully representative of the national context, sentinel facilities can nonetheless provide early evidence of changes in the provision and utilization of health services, and findings can be used to inform strategies for modifications to service delivery and to guide investments of resources. A single round of data collection should be completed in a short time frame (approximately 1 week) to enable the use of real-time data.

Telephone interviews also have the potential to save costs, as travel is not required and a greater number of people in a greater number of facilities can be interviewed during a given day. Nevertheless, compared with in-person interviews, the method carries its own unique complexities, and so clear governance structures, coordination and planning, operational protocols, and trainings to build skills to address the challenges of telephone interviews (see Section 4) are needed.

2. Core modules

2.1 COVID-19 case management capacities: diagnostics, therapeutics, vaccine readiness and other health products – facility assessment tool

This tool was developed to assess capacities for COVID-19 case management, and it focuses on ensuring the provision of health products for COVID-19 patients to facilities designated to serve these patients. The tool allows regional or national governments, or both, and health facilities (if it is used for self-assessment) to evaluate the availability of and status of stock-outs of critical COVID-19 medicines, equipment and supplies at each site and to identify areas that need further attention to enable the facility to respond effectively to the pandemic. It is intended for use in health facilities treating moderate, severe and critical cases of COVID-19, including hospitals and designated COVID-19 treatment facilities. See Tables 1 and 2 for further details on the module's objectives, use, content areas and key performance indicators.

Table 1. COVID-19 case management capacities module: objectives, use and content areas

Assessment	Description
Objective	Assess current and surge capacities of health facilities for COVID-19 management (i.e. clinical tools and essential supplies)
Use	Guide rapid deployment and scale up of essential COVID-19 clinical tools and supplies
Target audience	- Incident management and emergency operations officers - Facility managers - Pharmacists - Biomedical engineers - Infection prevention and control officers - Planning officers - Procurement officers - Laboratory staff
Respondents	Facility managers or facility management team members, or both, in hospitals and COVID-19 treatment centres
Content	Section 1: Health facility identification and description Section 2: Hospital incident management support team Section 3: Case management and bed capacities for COVID-19 Section 4: Selected medicines and supplies for COVID-19 case management Section 5: Personal protective equipment and infection prevention and control Section 6: COVID-19 laboratory diagnostics Section 7: Medical equipment for diagnosis, patient monitoring and case management Section 8: COVID-19 vaccine readiness (optional) Section 9: Interview results
When to use	From the early stages of the emergency to early recovery

Table 2. COVID-19 case management capacities module: questions this module helps to answer and key performance indicators

	Sections	Key questions	Key performance Indicators
1	**Health facility type and description**	• What are the facility's characteristics?	• All key performance indicators can be disaggregated by facility type, residence area (rural/urban) and managing authority (public/private)
2	**Hospital IMST**	• Have facilities adopted and activated IMST protocols?	• Percentage of facilities with IMST protocols adopted and activated
3	**Case management and bed capacity**	• Do facilities have sufficient beds and space to manage COVID-19 patients?	• Total no. of beds for COVID-19 patients for care for moderate, severe or critical patients • No. of beds currently occupied by COVID-19 patients • Total no. of beds available for surge (intensive care unit, respiratory isolation)
4	**Medicines and supplies**	• Do facilities have the necessary medicines and medical supplies to manage COVID-19 patients?	• Percentage of facilities with tracer medicines available • Percentage of facilities participating in the Solidarity clinical trial (and availability of trial medications)
5	**PPE and IPC**	• Do facilities have the necessary PPE for health workers? • Do facilities have the necessary IPC supplies?	• Percentage of facilities with PPE available for staff (masks, gowns, goggles) • Percentage of facilities with IPC supplies available (soap, biohazard bags, sanitizer stations)
6	**COVID-19 laboratory diagnostics**	• Do facilities have the necessary diagnostic supplies for COVID-19 testing?	• Percentage of facilities with laboratory diagnostic capacities with tracer items (specimen collection supplies, on-site PCR or rapid diagnostic tests, system for off-site testing)