

Continuity of essential health services: Facility assessment tool

A module from the suite of health service capacity assessments in the context of the COVID-19 pandemic

INTERIM GUIDANCE

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Organization



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

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Introduction

Context

On 30 January 2020, the Director-General of the World Health Organization (WHO), declared the COVID-19 outbreak to be a global public health emergency of international concern under the International Health Regulations. Following the spread of COVID-19 cases in many countries across continents, COVID-19 was characterized as a pandemic on 11 March 2020 by the Director-General, upon the advice of the International Health Regulations Emergency Committee.

The COVID-19 pandemic has continued to shine a light on the fragility of health services and public health systems globally. It has revealed that even robust health systems can be rapidly overwhelmed and compromised by an outbreak. Many routine and elective services have been postponed or suspended, and existing delivery approaches must be adapted as the risk-benefit analyses for any given activity or service has changed in the current pandemic context. At the same time, primary care facilities are being called upon to manage asymptomatic and mild COVID-19 cases, to engage the community and raise awareness, in various aspects of testing and contact tracing, and in referrals of worsening cases to secondary and tertiary care facilities. More serious cases continue to be managed at hospital levels.

Against this rapidly evolving situation, many countries are facing challenges in the availability of accurate and up-to-date data on capacities to respond to COVID-19 while maintaining the provision of essential health services. Few countries have reliable and timely data on existing and surge health workforce and service capacities. Fewer even can track and monitor the extent of disruptions on essential health services to inform mitigation strategies and guide responses to evolving community needs and barriers to accessing care.

In response to this situation WHO has developed the *Continuity of essential health services: Facility assessment tool*. This tool has been designed to help identify health systems bottlenecks in order to monitor and track the continuity of essential health services. This tool replaces the previous version published on 20 October 2020 and includes updates to the acknowledgements and annexes. It forms part of a wider [Suite of health service capacity assessments in the context of the COVID-19 pandemic](#). These different monitoring tools focus on different aspects of the dual-track of maintaining essential health services while continuing to manage COVID-19 cases. The suite and the different modules are described in annex 1.

Objectives of this tool: *Continuity of essential health services*

The *Continuity of essential health services: Facility Assessment Tool* can be used by countries to rapidly assess the capacity of health facilities to maintain the provision of essential health services during the COVID-19 pandemic. It can help to alert the authorities and other stakeholders about where service delivery and utilization may require modification and/or investment. The tool collects information on health workforce capacities, financial management of the facility, changes in health service delivery and utilization, infection prevention and control (IPC) capacities and COVID-19 primary care services. It also includes optional sections on therapeutics, diagnostics, vaccine readiness and infrastructure. The tool can be used in multiple types of health facilities. It can be used once to provide a rapid snapshot of current service capacity, or on a regular basis for tracking and monitoring the continuity of essential health services during the different phases of the pandemic. This assessment tool is informed by relevant WHO tools and guidance on the continuity of essential health services and readiness planning for COVID-19 (2–12).

Content areas

This assessment tool covers the following aspects of essential health services:

- health workforce (numbers, absences, COVID-19 infections, health workforce management, training and support);
- financial management and barriers;
- service delivery and utilization (facility closures, changes in service delivery, community communication campaigns, changes in service utilization and catch-up strategies);
- IPC capacities (protocols, safety measures, guidelines and the availability of personal protective equipment (PPE) for staff);

- availability of therapeutics, diagnostics and supplies, and vaccine readiness; and
- provision of COVID-19 primary care services.

Type of facility being assessed

The tool can be used in multiple types of health facilities, from primary care centres/clinics, to first-level referral hospital, general hospitals with specialties, single-specialty hospitals, and others (this terminology can be customized per country). The country can decide which level/levels to include in the assessment. The tool is structured with “skip” functions to enable it to be tailored to the different levels. For example, if the selected level is “primary care centre”, the questions not relevant to that level will automatically be skipped.

Target audience

Potential users of this assessment tool include:

- national and subnational health authorities;
- national and subnational COVID-19 incident management teams;
- facility managers; and
- WHO and other partners.

Key questions that this tool can help to answer

This tool can help to answer the following questions related to the provision of essential health care:

- How many staff are available in each facility? How many staff have been diagnosed with COVID-19? What adjustments to health workforce management have been made? Is additional training and support being provided to health-care workers?
- Is the facility charging user fees during the COVID-19 pandemic?
- Are staff salaries being paid on time? Are staff receiving overtime pay?
- How has the delivery of services unrelated to COVID-19 changed (for example, have there been facility closures or service delivery modifications)?
- How has service utilization increased or decreased and what are the main reasons for those changes?
- Has the facility implemented any community communication campaigns?
- Has the facility made catch-up plans for missed routine appointments?
- Are safety processes and protocols in place to ensure the safe delivery of health services?
- Do health workers have sufficient PPE to deliver essential services safely?
- Do facilities have therapeutics, diagnostic tests and supplies available for the delivery of essential health services?
- Do facilities have functioning cold chain capacity?
- Does the facility provide “COVID-19 primary care services” (detection, diagnosis, treatment, referral, rehabilitation, contact tracing, etc.)? What changes and support did this involve?

Country adaptation

The tool should be adapted in each country to reflect the needs and specificities of each health system. The adaptation should take place during the planning and preparation phase. There are potentially five different types:

- Adaptation of country-specific response options: for example, residence area, facility type, and managing authority.
- Adaptation of wording/phrase in a question specific to each country: for example, staffing category, name of the administrative units, name of national service guidelines, and tracer medicines.
- Inclusion or exclusion of country-specific questions: some questions are intended for use only if applicable in the setting.
- Use of optional sections: The tool includes four optional sections. Countries may choose to use the complete tool including all of its sections, or different combinations of optional sections according to context and need at the time of the assessment.
- Addition of country-specific questions.

Country-specific questions are shaded in green throughout the tool.

When to use this tool

This tool can be used from the early stages of an emergency to recovery and continuity after recovery.

Mode of data collection

Paper-based and electronic collection of data is used.

Ethical considerations

The guidance provided is not considered research, therefore, there is no need to submit it to the WHO ERC. Individual countries may need local ethics committee approval, depending on local law and guidelines and exactly what is done. They should ensure that they fulfil their ethical obligations submitting the document to the pertinent local ethics boards.

The WHO Public Health Ethics Consultation Group reviewed the tool, and their considerations and recommendation were taken into consideration. Respondents are asked upfront for their informed consent. No personal or facility identifying details will be reported. The WHO data sharing agreement “Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies” specifies arrangement with regards to usage, and dissemination of the data gathered. The agreement is attached as annex 2.

Note for country adaptation

There are four types of adaptation need to be made at the country-level and highlighted in the tool.

- Country-specific question adaptation: A word or phrase in the question must be adapted based on the country context.
- Country-specific response adaptation: Response options must be adapted based on the country context.
- Country-specific **optional** question: Exclude it unless both the context and sample design allow intended analysis possible.
- Country-specific **optional** response: Exclude it unless the response is relevant for the context and significant for analysis.

Questions in gray background will be recorded by interviewers or will be prefilled based on the sample list.

Questions ending with “i” are for skip patterns. In the electronic tool, these questions will be programmed and will not show on a screen.

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