# Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19

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

INTERIM GUIDANCE

20 October 2020

World Health 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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# Contents

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The assessment tool was developed under the technical leadership and coordination of the WHO Integrated Health Services team: Kathryn O'Neill, Dirk Horemans, Briana Rivas-Morello, Yoonjoung Choi, Teri Reynolds and Ed Kelley, in close collaboration with the technical leads of the Access to COVID-19 Tools Accelerator Diagnostics, Therapeutics, and Vaccines connectors.

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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. 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.

In response to this situation WHO has developed the “Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19” monitoring tool. This tool has been designed to assess present and surge capacities for the treatment of COVID-19 in health facilities, with a focus on the availability of diagnostics, therapeutics and other health products, vaccine readiness, availability of beds and space capacities. This tool forms part of a wider suite of health service capacity assessment tools, the Harmonized 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 module: Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19

This tool was developed to ensure the provision of health products for COVID-19 patients in designated COVID-19 facilities. It allows health facilities to assess the availability and status of stockout of critical COVID-19 medicines, equipment and supplies on site and to identify areas that need further attention to enable the facility to respond effectively to the pandemic.

The proposed approach for measuring the availability of the above-mentioned health products is based on the presence of selected medicines, equipment or supplies on the day that the assessment is conducted and does not take into account expected stockouts. The products identified using this tool should always be available in the facilities. The tool has been designed to be user-friendly, taking into consideration the limited human resources available at this time to conduct and complete the assessment. It can be used as a general reference for assessing COVID-19 case management and capacities in conjunction with other more detailed harmonized assessment modules produced by WHO. The proposed list of medicines should be adapted to national and local contexts by taking into account the country’s essential medicines list. The proposed list of medical devices should also be adapted according to the national reference lists. Depending on the country, similar adaptations might be required for subsection 1.5 “type of facility” and 4.3 “Solidarity” clinical trial drugs. The module can be used periodically (at least at 2- to 4-month intervals) from the early stages of the emergency to early recovery to assess the availability of diagnostics and therapeutics, and vaccine readiness for COVID-19.

## Content areas

The tool encompasses key components that are essential to managing COVID-19 in a hospital setting. They include:

- medicines for management of COVID-19 (including the Solidarity clinical trial);
- personal protective equipment;
- infection, prevention and control (IPC) supplies;
- diagnostic testing, imaging and patient monitoring devices and supplies;
- medical equipment for management of COVID-19;
- COVID-19 vaccine readiness; and
- beds and space capacity.

## Target audience

The tool is intended to be used by:

- incident management and emergency operation officers
- facility managers
- pharmacists
- biomedical engineers
- IPC officers
- planning officers
- procurement officers
- laboratory staff.

## Key questions that this tool can help to answer

The assessment tool is intended to answer the following key questions:

- Do facilities have the necessary diagnostic equipment and supplies for COVID-19 testing?
- Do facilities have the necessary medicines and medical supplies for the management of COVID-19 patients?
- Do facilities have the necessary personal protective equipment for health-care workers?
- Do facilities have the necessary IPC supplies?
- Do facilities have a functioning cold chain ready to support potential COVID-19 vaccination?
- What is the bed and space capacity of the facilities to manage patients affected by COVID-19?

## When to use this module

The tool is designed for use from the early stages of the emergency to early recovery.

## Mode of data collection

Paper-based and electronic collection of data is used.

## Methodology

Owing to its clinical characteristics and the way in which it is evolving, COVID-19 is challenging the health systems of many countries. Patients with severe infections may need to be transferred to an intensive care unit (ICU) and require access to mechanical ventilation, intubation and sedation as well as treatment of

potential coinfections. The lists of selected tracer items for medicines, supplies and devices for protection against infection, diagnostics and treatment for COVID-19 were developed in accordance with the latest available versions of:

- Clinical management of COVID-19 *(2)*
- Clinical care of severe acute respiratory infections – Tool kit *(3)*
- Use of chest imaging in COVID-19 *(4)*
- List of priority medical devices for COVID-19 case management *(5)*
- COVID-19 essential supplies forecasting Tool *(6)*
- Biomedical equipment for COVID-19 case management – inventory tool: Interim guidance *(7)*
- Technical specifications for invasive and non-invasive ventilators for COVID-19 87) *(8)*
- Diagnostic testing for SARS-CoV-2 *(9)*
- Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages *(10)*.

Oxygen sources and related equipment used for oxygen uptake are covered in the *Biomedical equipment for COVID-19 case management – inventory tool*, another module in the suite of tools for harmonized health service capacity assessments in the context of the COVID-19 pandemic *(6)*.

## Ethical considerations

The guidance provided is not considered research, therefore, there is no need to submit it to the WHO Research Ethics Review Committee (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.

Respondents are asked upfront for their informed consent. 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.

## Consent

Hello. My name is [interviewer name]. I am calling on behalf of the [Ministry of Health/implementing agency]. [Ministry of Health/implementing agency] is conducting a health facility assessment to assist the government in knowing more about COVID-19 case management capacities during the COVID-19 pandemic in [country]. Your facility was selected to participate in this study. We will be asking you questions about health service capacities. Information collected about your facility during this study may be used by the [Ministry of Health/implementing agency], organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services. Neither your name nor the names of any other staff who participate in this study will be included in the dataset or in any report.

We are asking for your help in order to collect this information. You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce me to that person to help us collect that information. At this point, do you have any questions about the study? Do I have your agreement to proceed?

| No. | Question | Response options |
|---|---|---|
| 1.A | May I begin the interview? | 1. Yes<br>2. No – STOP |
| 1.B | Type interviewer name indicating consent obtained | _____ |

## Section 1: Health facility identification and description

The questions in this section are related to the facility identification and description.

| No. | Question | Response options | | |
|---|---|---|---|---|
| 1.1 | Facility code | | | |
| 1.1.1 | Region/province name | | | |
| 1.1.2 | District/county name | | | |
| 1.1.3 | **(Country-specific question)** Village/clan/locality name | | | |
| 1.2 | Facility name | | | |
| 1.3 | Address of facility | | | |
| 1.4 | Residence area | 1. Urban<br>2. Peri-/ex-urban (country-specific, if relevant)<br>3. Rural | | |
| 1.5 | Type of facility | 1. Primary care centre/clinic<br>2. First referral hospital (district hospital)<br>3. Other general hospital with specialties or single-specialty hospital<br>4. Long-term care facility<br>5. Other<br>If other, please specify:<br>_____<br>(*Note*: adapt response options to the country's own health system.) | | |
| 1.6 | Managing authority | 1. Government<br>2. Private for profit<br>3. Private not for profit (e.g. nongovernmental organization, faith-based)<br>4. Other | | |
| 1.7 | Facility director/manager's name | | | |
| 1.8 | Facility director/manager's telephone number | | | |
| 1.9 | Facility director/manager's email address | | | |
| 1.10 | Respondent or key informant's name | | | |
| 1.11 | Respondent or key informant's position | | | |
| 1.12 | Date | Day: | Month: | Year: |
| 1.13 | Geographical coordinates of the facility (if applicable) | | | |
| 1.13.1 | Latitude | | | |
| 1.13.2 | Longitude | | | |
| 1.14 | Interviewer code | | | |

The following questions relate to the services offered in this facility.

| No. | Question | Response options | |
|---|---|---|---|
| 1.15 | Does this facility provide inpatient services? | 1. Yes<br>2. No – skip to question 1.16 | |
| 1.16 | How many overnight/inpatient beds does the facility have in total, excluding delivery beds? | _____ beds (numeric entry) | |
| 1.17 | Does the facility have the following departments or wards/spaces? | 1. Yes | 2. No |
| 1.17.1 | Dedicated 24-hour staffed emergency unit | ☐ | ☐ |
| 1.17.2 | Intensive care or other high-dependency unit | ☐ | ☐ |
| 1.17.3 | Operating room | ☐ | ☐ |
| 1.18 | If the answer to question 1.16.2 is “No”, skip to next section | | |
| 1.19 | Of the total number of inpatient beds, how many are intensive care unit (ICU) beds? | _____ beds (numeric entry) | |

## Section 2: Hospital incident management support team (IMST)

These questions concern the hospital's IMST.

| No. | Question | Response options |
|---|---|---|
| 2.1 | Has the hospital adopted a protocol or terms of reference for incident management that includes a list of team members, the activities to be conducted or overseen, and criteria for when and how to activate the team? | Yes<br>No – skip to next section |
| 2.2 | Is the hospital IMST currently activated? | Yes<br>No |

## Section 3: Case management and bed capacity for COVID-19 patients

These questions concern the capacity to manage patients affected by COVID-19.

| No. | Question | Response options |
|---|---|---|
| 3.1 | In total, how many inpatients with COVID-19 (moderate, severe and critical) does the hospital have the capacity to treat? | _____ (numeric entry) |
| 3.2 | Of the total number, how many inpatients with severe COVID-19, not requiring intensive care, does the hospital have the capacity to treat? | _____ (numeric entry) |
| 3.3 | Of the total number, how many inpatients with critical COVID-19, requiring intensive care, does the hospital have the capacity to treat? | _____ (numeric entry) |
| 3.4 | Referring to this morning, how many patients with a suspected or confirmed diagnosis of COVID-19 spent last night in the hospital? | _____ (numeric entry) |
| 3.5 | Referring to yesterday morning, how many patients with a suspected or confirmed COVID-19 diagnosis had spent the previous night in the hospital? | _____ (numeric entry) |
| 3.6 | Of the total number of inpatient beds, how many are currently ready for use as respiratory isolation beds? | _____ beds (numeric entry) |
| 3.7 | If needed, how many additional inpatient beds could be converted for use as respiratory isolation beds? | _____ beds (numeric entry) |
| 3.8 | If needed, how many (additional) inpatient beds could be converted to ICU beds? | _____ beds (numeric entry) |
| 3.9 | Referring to the number of inpatients last night, what is the bed occupancy rate?<br>*Note*: bed occupancy rate is calculated by dividing the number of beds effectively occupied at midnight for curative care by the number of beds available for curative care, and multiplying the ratio by 100. | _____% |
| 3.10 | Referring to the previous full month, what was the average occupancy rate for that month?<br>*Note*: average bed occupancy rate is calculated by dividing the total number of bed-days effectively occupied for the duration of the whole month by the number of beds available for curative care, multiplying by 30, and then multiplying the ratio by 100. | _____% |

## Section 4: Selected medicines and supplies for COVID-19 case management

The questions in this section concern the availability of selected medicines and medical supplies.

| | Question | Response options | | |
|---|---|---|---|---|
| 4.1 | Please indicate whether the following medicines are **currently available**.[a] | 1. Currently available | 2. Currently unavailable | 3. Not applicable – never dispensed |
| 4.1.1 | Chlorhexidine + cetrimide (solution) | ☐ | ☐ | ☐ |
| 4.1.2 | Chlorine High Test Hypochlorite (HTH) 70% | ☐ | ☐ | ☐ |
| 4.1.3 | Epinephrine or noradrenaline (injectable) | ☐ | ☐ | ☐ |
| 4.1.4 | Ceftriaxone (injectable) | ☐ | ☐ | ☐ |
| 4.1.5 | Ampicillin (injectable) | ☐ | ☐ | ☐ |
| 4.1.6 | Azithromycin (for oral administration) | ☐ | ☐ | ☐ |
| 4.1.7 | Rocuronium (injectable) or other neuromuscular blocker | ☐ | ☐ | ☐ |
| 4.1.8 | Haloperidol (injectable) | ☐ | ☐ | ☐ |
| 4.1.9 | Morphine (injectable) or other opiate | ☐ | ☐ | ☐ |
| 4.1.10 | Paracetamol (for oral administration) | ☐ | ☐ | ☐ |
| 4.1.11 | Hydrocortisone or dexamethasone (injectable) | ☐ | ☐ | ☐ |
| 4.1.12 | Intravenous fluids: normal saline or Ringer's lactate | ☐ | ☐ | ☐ |
| 4.2 | Please indicate whether the following are **currently available**: | 1. Currently available | 2. Currently unavailable | 3. Not applicable – never dispensed |
| 4.2.1 | Syringes and needles | ☐ | ☐ | ☐ |
| 4.2.2 | Intravenous cannulas and giving sets | ☐ | ☐ | ☐ |
| 4.2.3 | Gauze | ☐ | ☐ | ☐ |
| 4.3 | (Country-specific: applicable only if the "Solidarity" clinical trial for COVID-19 treatment is conducted in the country.) Does this facility participate in the "Solidarity" clinical trial? | 1. Yes<br>2. No – skip to next section<br>3. Don't know – skip to next section | | |

| | Question | Response options | | |
|---|---|---|---|---|
| 4.4 | Please indicate whether each of the following medicines is currently available (*Note*: to be adapted to country-specific medicines as per trial protocol). | 1. Currently available | 2. Currently unavailable | 3. Not applicable – never dispensed |
| 4.4.1 | Remdesivir (injection) | ☐ | ☐ | ☐ |
| 4.4.2 | Interferon beta-1a (injection) | ☐ | ☐ | ☐ |

[a] The drugs are a selection of the most relevant medicine groups for clinical management of COVID-19 as per interim guidance: *COVID-19 Essential supplies forecasting tool (6)* and *Clinical care of severe acute respiratory infections – Tool kit: Interim guidance (10);* where specified, first-line treatment choice was selected.

## Section 5: Personal protective equipment and infection prevention and control

This questions in this section concern personal protective equipment (PPE) and infection prevention and control items available in this facility.

| No. | Question | Response options | | | |
|---|---|---|---|---|---|
| 5.1 | Does this facility usually provide PPE to health workers? | 1. Yes<br>2. No – skip to question 5.3 | | | |
| 5.2 | Please indicate whether each of the following items for staff who are required to use them in accordance with applicable guidelines is **currently available:** | 1. Currently available for all health workers | 2. Currently available only for some health workers | 3. Currently unavailable for any health workers | 4. Not applicable – never procured or provided |
| 5.2.1 | Gown, protective | ☐ | ☐ | ☐ | ☐ |
| 5.2.2 | Gloves, examination | ☐ | ☐ | ☐ | ☐ |
| 5.2.3 | Goggles, protective | ☐ | ☐ | ☐ | ☐ |
| 5.2.4 | Face shield | ☐ | ☐ | ☐ | ☐ |
| 5.2.5 | Respirator masks (N95 or FFP2)[a] | ☐ | ☐ | ☐ | ☐ |
| 5.2.6 | Mask, medical/surgical | ☐ | ☐ | ☐ | ☐ |
| 5.3 | Please indicate whether each of the following infection prevention and control items is **currently available**: | 1. Currently available | 2. Currently unavailable | 3. Not applicable – never procured or provided | |
| 5.3.1 | Liquid soap | ☐ | ☐ | ☐ | |
| 5.3.2 | Biohazard bags | ☐ | ☐ | ☐ | |
| 5.3.3 | Safety boxes | ☐ | ☐ | ☐ | |
| 5.3.4 | Body bags | ☐ | ☐ | ☐ | |

[a] N95: not resistant to oil, 95% filter; FFP2: filtering facepiece with minimum of 94% filtration percentage and maximum 8% leakage to the inside.

## Section 6: COVID-19 laboratory diagnostics

The questions in this section concern laboratory diagnostics in this facility.

| No. | Questions | Response options | | |
|---|---|---|---|---|
| 6.1 | Does the facility collect specimens from patients to diagnose COVID-19? | 1. Yes<br>2. No – Skip to question 6.4 | | |
| 6.2 | Please indicate whether each of the following items for specimen collection is currently available: | 1. Currently available | 2. Currently unavailable | 3. Not applicable – never dispensed |
| 6.2.1 | Triple packaging boxes for transport | ☐ | ☐ | ☐ |
| 6.2.2 | Viral transport medium with swab | ☐ | ☐ | ☐ |
| 6.2.3 | Extraction kit | ☐ | ☐ | ☐ |
| 6.3 | Does the facility conduct PCR[a] tests to diagnose COVID-19? | 1. Yes – Skip to Question 6.6<br>2. No | | |
| 6.4 | Is there a functioning specimen transport system for forwarding specimens from the hospital to a referral laboratory? | 1. Yes<br>2. No | | |
| 6.5 | What is the typical turnaround time for test results, i.e. the time between sample collection at the hospital and receiving the result from the laboratory? | 1. Less than 24 hours (less than 1 day)<br>2. 24–47 hours (within 1–2 days)<br>3. 48–71 hours (within 2–3 days)<br>4. 72 hours or more (3 days or more)<br>Skip to next section | | |
| 6.6 | How many results of diagnostic PCR tests for COVID-19 does the facility typically process in a single day? | _____ tests (numeric entry)<br>(Don't know = −99) | | |
| 6.7 | What is the maximum number of results of diagnostic PCR tests for COVID-19 that the facility's laboratory can process in a single day? | _____ tests (numeric entry)<br>(Don't know = −99) | | |
| 6.8 | Does the facility have a thermocycler to diagnose COVID-19? If yes, is it functional?<br>If there is more than one, select "Yes, functional" if at least one is functional | 1. Yes, functional – Skip to next section<br>2. Yes, but not functional<br>3. No – Skip to next section | | |

| No. | Questions | Response options |
|---|---|---|
| 6.9 | Why is the thermocycler non-functional?<br><br>Select all applicable answers | 1. Not installed yet/no training in its use<br>2. No consumables and/or accessories (cables, sensors, batteries)<br>3. No staff, training or tools to repair it in-house<br>4. No funds for external maintenance/spare parts<br>5. Other, please specify_____ |

[a] PCR: polymerase chain reaction.

## Section 7: Medical equipment for diagnosis, patient monitoring and case management

This section contains questions about medical equipment.

Only capital equipment is listed, although consumables and accessories are indispensable for management of patients. For more information see the List of priority medical devices for COVID-19 case management *(5)*.

| No. | Questions | Response options |
|---|---|---|
| 7.1 | How many units of the following types of equipment are available onsite at any location in this facility and **currently functional**? | |
| 7.1.1 | X-ray | _____ (numeric entry) |
| 7.1.2 | Pulse oximeters (table-top, portable handheld pulse oximeter or self-contained fingertip oximeter) | _____ (numeric entry) |
| 7.1.3 | Ventilator for intensive care unit (adult or paediatric) | _____ (numeric entry) |
| 7.1.4 | Non-invasive ventilator such as continuous positive airway pressure (CPAP), bilevel positive airway pressure (BiPAP) and high flow nasal cannula (HFNC) | _____ (numeric entry) |
| 7.1.5 | Oxygen concentrator | _____ (numeric entry) |
| 7.2 | How many non-functional units of the following types of equipment are there onsite at any location in this facility? | |
| 7.2.1 | X-ray | _____ (numeric entry) |
| 7.2.2. | Pulse oximeters (table-top, portable handheld pulse oximeter or self-contained fingertip oximeter) | _____ (numeric entry) |
| 7.2.3 | Ventilator for intensive care unit (adult or paediatric) | _____ (numeric entry) |
| 7.2.4 | Non-invasive ventilator such as continuous positive airway pressure (CPAP), bilevel positive airway pressure (BiPAP) and high flow nasal cannula (HFNC) | _____ (numeric entry) |
| 7.2.5 | Oxygen concentrator | _____ (numeric entry) |
| 7.3 | Check if any non-functional units have been reported in the response to question 7.2.3. If none, skip to question 7.5. | |

| No. | Questions | Response options |
|---|---|---|
| 7.4 | Why is the ventilator for the intensive care unit non-functional?<br><br>Select all applicable answers | 1. Not installed yet/no training in its use<br>2. No consumables and/or accessories (cables, sensors, batteries)<br>3. No staff, training or tools to repair in-house<br>4. No funds for external maintenance/spare parts<br>5. Other, please specify_____ |
| 7.5 | Check if any non-functional units have been reported in the response to question 7.2.4. If none, skip to question 7.6. | |
| 7.6 | Why is the non-invasive ventilator non-functional?<br><br>Select all applicable answers | 1. Not installed yet/no training in its use<br>2. No consumables and/or accessories (cables, sensors, batteries)<br>3. No staff, training or tools to repair in-house<br>4. No funds for external maintenance/ spare parts<br>5. Other, please specify_____ |
| 7.7 | Check if any non-functional units have been reported in the response to question 7.2.5. If none, skip to question 7.8. | |
| 7.8 | Why is the oxygen concentrator non-functional?<br><br>Select all applicable answers | 1. Not installed yet/no training in its use<br>2. No consumables and/or accessories (cables, sensors, batteries)<br>3. No staff, training or tools to repair in-house<br>4. No funds for external maintenance/ spare parts<br>5. Other, please specify_____ |
| 7.9 | Does the facility currently have a portable medical gas cylinder for oxygen, which is fitted with a valve and a pressure and flow regulator? | 1. Yes<br>2. No |
| 7.10 | Does the facility currently have a liquid or pressure swing adsorption (PSA) oxygen generator plant? | 1. Yes<br>2. No |
| 7.11 | Does the facility currently have piped oxygen distribution to critical units? | 1. Yes<br>2. No |

## Section 8: COVID-19 vaccine readiness

This section contains questions on capacity to provide general immunization services.

| No. | Questions | Response options |
|---|---|---|
| 8.1 | Does this facility offer any immunization services for children? | 1. Yes<br>2. No |
| 8.2 | Does this facility offer any immunization services for adults? | 1. Yes<br>2. No |
| 8.3 | Check responses to questions 8.1 and 8.2. If the answers to both are “No”, skip to next section. | |
| 8.4 | Does the facility currently have a vaccine fridge? If yes, is it functional?<br>If there is more than one vaccine fridge, select “yes, functional” if at least one is functional. | 1. Yes, functional<br>2. Yes, but not functional<br>3. No – skip to Question 8.6 |
| 8.5 | Does the facility currently have a continuous temperature recorder/logger? If yes, is it functional?<br>If there is more than one, select “yes, functional” if at least one is functional. | 1. Yes, functional<br>2. Yes, but not functional<br>3. No |
| 8.6 | Does the facility currently have any cold boxes? | 1. Yes<br>2. No – skip to Question 8.9 |
| 8.7 | How many cold boxes does the facility have? | _____ cold boxes (numeric entry) |
| 8.8 | Does the facility have a full set of ice packs for each of the cold boxes? | 1. Yes, a set of ice packs for all cold boxes<br>2. Yes, a set of ice packs only for some cold boxes<br>3. No |
| 8.9 | Does the facility currently have any vaccine carriers? | 1. Yes<br>2. No – skip to Question 8.12 |
| 8.10 | How many vaccine carriers does the facility have? | _____ vaccine carrier (numeric entry) |
| 8.11 | Does the facility have a full set of ice packs for each of the vaccine carriers? | 1. Yes, a set of ice packs for all carriers<br>2. Yes, a set of ice packs only for some carriers<br>3. No |

| No. | Questions | Response options |
|---|---|---|
| 8.12 | Check the responses to questions 8.6 and 8.9. If the answers to both are “No”, skip to next section. | |

| | | |
|---|---|---|
| 8.13 | In a single day, how many ice packs for cold boxes and/or vaccines carriers can the facility freeze? | 1. All ice packs in the facility<br>2. Only some of the ice packs in the facility<br>3. None – no ice packs<br>4. None – no functional freezer |

## Section 9. Interview result

| No | Question | Response options |
|---|---|---|
| 9.1 | Thank you for responding to the interview. We would like to speak with you again in about three (TBC) months.<br>Do you have a better number we can use to reach you in case we follow up with you in the future? | 1. Yes<br>2. No, the current number is the best |
| 9.2 | What is the alternative number? | |
| 9.3 | Can you repeat the number? | |
| 9.4 | Record the result of the interview. | 1. Completed<br>2. Postponed<br>3. Partly completed and postponed<br>4. Partly completed<br>5. Refused<br>6. Other |

If you have any queries or questions regarding this questionnaire, please contact us at EHSmonitoring@who.int

# References


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9. Diagnostic testing for SARS-CoV-2. Interim guidance. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/diagnostic-testing-for-sars-cov-2, accessed 28 September 2020).

10. Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages. Interim guidance. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(COVID-19)-and-considerations-during-severe-shortages, accessed 28 September 2020).

## Useful links


11. Medical devices [website] (https://www.who.int/medical_devices/priority/COVID-19_medequipment/en/,accessed 14 July 2020).

12. Country & Technical Guidance – Coronavirus disease (COVID-19) [website] (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications?publicationtypes=f00acf42-71d5-45c3-a9ba-62e1fda92a4c, accessed 14 July 2020).

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# Annex 1. Harmonized health service capacity assessments in the context of the COVID-19 pandemic

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.

In response to this situation, the Harmonized health service capacity assessments in the context of the COVID-19 pandemic is a suite of health service capacity assessment tools that has been developed to support rapid and accurate assessments of the current, surge and future capacities of health facilities throughout the different phases of the COVID-19 pandemic. *(1)* The suite consists of two sets of modules that can be used to inform the prioritization of actions and decision-making at health facility, subnational and national levels:

1. **Hospital readiness and case management capacity for COVID-19**
   This set of modules can be used to assess health facility readiness and case management capacities for COVID-19.
2. **Continuity of essential health services in the context of the COVID-19 pandemic**
   This set of modules can be used to assess health facility capacities to maintain delivery of essential health services. It can also be used to assess community needs and access to services during the COVID-19 outbreak.

The modules are listed in Table 1.

**Table 1. Harmonized health service capacity assessment modules**

| **Hospital readiness and case management capacity for COVID-19** | |
|---|---|
| **Module** | **Purpose** |
| Rapid hospital readiness checklist | To assess the overall readiness of hospitals and to identify a set of priority actions to prepare for, be ready for and respond to COVID-19 |
| **Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19** | To assess present and surge capacities for the treatment of COVID-19 in health facilities with a focus on availability of diagnostics, therapeutics and other health products as well as vaccine readiness, availability of beds and space capacities |
| Biomedical equipment for COVID-19 case management – inventory tool | To conduct a facility inventory of biomedical equipment re-allocation, procurement and planning measures for COVID-19 case management |
| Ensuring a safe environment for patients and staff in COVID-19 health-care facilities | To assess the structural capacities of hospitals to allow safe COVID-19 case management, maintain the delivery of essential services and enable surge capacity planning |
| Infection prevention and control health-care facility response for COVID-19 | To assess infection prevention and control capacities to respond to COVID-19 in health facilities |

| Continuity of essential health services in the context of the COVID-19 pandemic | |
|---|---|
| **Module** | **Purpose** |
| Continuity of essential health services: Facility assessment tool | • To assess the capacity of health facilities to maintain the provision of essential health services during the COVID-19 outbreak<br>• To assess workforce capacity during the outbreak, including availability, absences, COVID-19 infections, support and training |
| Continuity of essential health services: Community demand side tool | To conduct a rapid pulse survey on community needs and perceptions around access to essential health services and community resilience during the COVID-19 outbreak |

Countries may select different combinations of modules according to context and the need for one-time or recurrent use throughout the pandemic.

# Annex 2. Data Sharing

**Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies**

Data are the basis for all sound public health actions and the benefits of data sharing are widely recognized, including scientific and public health benefits. Whenever possible, WHO wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Ministry of Health of your Country confirms that all data to be supplied to WHO have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;

Agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of your Country:

- to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as “the Data”) and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);

- to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO’s work and in accordance with the Organization’s policies and practices.

- Except where data sharing and publication is required under legally binding instruments (IHR, WHO Nomenclature Regulations 1967, etc.), the Ministry of Health of your Country may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt out.