Rapid hospital readiness checklist

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

INTERIM GUIDANCE

25 November 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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Introduction

Context

On 30 January 2020, the Director-General of the World Health Organization (WHO), declared the coronavirus disease 2019 (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 public health systems globally. It has revealed that even robust health systems can be rapidly overwhelmed and compromised by an outbreak. The WHO *2019 novel coronavirus (2019-nCoV): strategic preparedness and response plan* outlines the public health measures that need to be considered by countries to prevent, prepare for and respond to the COVID-19 pandemic *(1)*. The Strategic Preparedness and Response Plan for COVID-19 supports countries to rapidly identify the relevant actions from their national plans for health security and pandemic influenza preparedness that are pertinent to managing the COVID-19 pandemic and can be adapted using the knowledge that has been gained about the COVID-19 virus. Using these national plans will help guide and align all national and international partners to support national governments in managing the pandemic. The nine pillars of the Strategic Preparedness and Response Plan for COVID-19 refer to different aspects of the pandemic and allow countries to develop capacities to respond to the crisis, including by taking measures to strengthen their health systems. In the context of COVID-19, the specialized services offered by health care facilities will be required to serve the affected population, especially those services available in hospitals.

To respond to the pandemic, WHO developed the *Rapid hospital readiness checklist* and an accompanying tool. The tool has been designed to help assess the overall readiness of hospitals and to identify a set of priority actions to be taken to prepare for, be ready for and respond to the pandemic. This tool forms part of a wider Suite of health service capacity assessments in the context of the COVID-19 pandemic. These monitoring tools focus on different aspects necessary to maintain essential health services while continuing to manage COVID-19 cases. The suite and the different modules are described in Annex 1.

This WHO *Rapid hospital readiness checklist* is based on WHO's Strategic Preparedness and Response Plan for COVID-19 (*1*), WHO's *Hospital preparedness for epidemics* and interim versions of similar checklists from WHO's Regional Office for the Americas/Pan American Health Organization, the Regional Office for Europe and WHO headquarters, including *Preventing and managing COVID-19 across long-term care services*.

Objectives of this module: *Rapid hospital readiness checklist* for COVID-19

The *Rapid hospital readiness checklist* for COVID-19 assesses hospitals' governance, structures, plans and protocols to help countries rapidly determine their current capacities and gaps in services necessary to respond to the COVID-19 pandemic, to help them identify major areas that require investment and action, and to develop plans to improve hospital readiness. The tool can be used periodically to monitor the development of hospitals' capacity and operational readiness for emergencies. Although the Checklist's main focus is to assess hospital readiness, it can be adapted for use in long-term care facilities. In this document, the term hospital also applies to certain types of long-term care facilities. The Section on Using the Checklist describes the types of long-term care facilities for which this Checklist can be adapted.

General objective

The WHO *Rapid hospital readiness checklist* for COVID-19 primarily assists hospitals in preparing to effectively respond to the pandemic by assessing existing capacities and identifying those areas that need further strengthening.

Specific objectives

The specific objectives of the Checklist are to:

- assess the capacities of a hospital against a set of requirements for effectively managing COVID-19 risks;

- identify gaps in a hospital's readiness for the COVID-19 pandemic, as well as determine how it will maintain continuity in other essential health services (i.e. business continuity); and
- engage hospital personnel and stakeholders in the process of applying findings from the Checklist to strengthen coordination mechanisms by adapting existing hospital emergency management mechanisms, plans or procedures to manage the COVID-19 pandemic.

Content

The Checklist highlights 12 key components that are essential to managing COVID-19 in a hospital setting. These components are:

1. leadership and incident management system;
2. coordination and communication;
3. surveillance and information management;
4. risk communication and community engagement;
5. administration, finance and business continuity;
6. human resources;
7. surge capacity;
8. continuity of essential support services;
9. patient management;
10. occupational health, mental health and psychosocial support;
11. rapid identification and diagnosis;
12. infection prevention and control.

Target audience

Potential users of this assessment tool include:

- hospital leaders and the team responsible for the incident management system;
- the hospital's emergency committee (including the hospital's epidemic subcommittee, if any);
- hospital managers and administrators;
- ministries of health (national and subnational authorities);
- hospital staff (e.g. those tasked with planning for emergencies, operational readiness and surge capacity); and
- managers and administrators of long-term care facilities.

Key questions that this Checklist can help to answer

This Checklist can help answer some important questions including the following.

- Do facilities have the necessary arrangements and back-up arrangements in place to respond to COVID-19, including ensuring safe and high-quality care of patients with COVID-19 and those who do not have COVID-19, and can they continue to provide essential public health services safely?
- Which recommended actions need to be prioritized and invested in to make the facility fully functional?
- What are the priority to-do actions in case of a surge?

When to use the Checklist

This Checklist can be used from before the start of an emergency and throughout its various stages.

Modes of data collection

Data can be collected both on paper and electronically.

Ethical considerations

The guidance provided is not considered research, therefore there was no need to submit it to the WHO Research Ethics Review Committee. Individual countries may need approval from local ethics committees, depending on local law and guidelines. Countries should ensure that they fulfil their ethical obligations by submitting the Checklist to the pertinent local ethics board.

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.Using the Checklist.

The current and rapidly evolving nature of the COVID-19 pandemic requires hospitals and long-term care facilities to have in place all essential preparedness measures. These measures may vary depending on the designated role of each hospital or facility and the way in which it is linked to the country's overall plan for managing the pandemic while continuing to provide essential services to other patients who require care. These roles are likely to include (a) testing people for COVID-19 and managing early investigations to identify confirmed cases who require hospital care, (b) providing treatment for COVID-19 cases, (c) continuing to provide routine essential health services, (d) preventing patients or residents of long-term care facilities from acquiring COVID-19 while in a hospital or facility and (e) communicating information about COVID-19 as part of the country's and hospitals' risk communication strategy, which should be coordinated with the central response system and affected communities, with the aim of containing and mitigating the pandemic.

The purpose of the Checklist is to help hospital and facility managers optimize their capacities to prepare for managing COVID-19 patients. It has been designed to be user friendly, accounting for the human resources and time required to conduct and complete it.

The Checklist carefully connects the hospital's or facility's COVID-19 capacity requirements with the:

- existing plans and capacities for managing epidemics and seasonal outbreaks of diseases, such as influenza, and highlights the measures needed to protect staff, other patients and visitors from infection;
- plans and capacities to manage emergencies and disasters arising from other hazards;
- general and specialized services that are normally provided;
- designated role during the COVID-19 pandemic, including any specific services that it will offer.

Thus, the Checklist takes into account a range of issues, including the need to continue providing care to patients with acute or chronic illnesses; the laboratory services needed; the relevant blood supplies and services required; the need to provide community health outreach activities, such as immunizations and antenatal care; the distribution, tracking and security of medicines and medical supplies; how hospitals manage information; the need to train staff and other personnel; security challenges, including protecting health care and social workers, patients and residents of long-term facilities, caregivers and visitors; and the need for mental health and psychosocial support for all hospital staff, both medical and non-medical.

While completing the Checklist, users should also consider any additional challenges the health system may face in ensuring preparedness for other outbreaks and concurrent emergencies. These considerations are included in the Checklist, along with an emphasis on the importance of having adequate back-up arrangements for many components of hospital readiness.

This Checklist should be adapted to national and local contexts by taking into account a country's policies, guidance, local risks, requirements, standards and practices. The Checklist can be used periodically (at intervals of 3 months or 6 months) to monitor the progress of a hospital's readiness for the COVID-19 pandemic.

Although the Checklist's main focus is to assess a hospital's readiness, it can be adapted to help managers in long-term care facilities rapidly determine current capacities and gaps in services for responding to the COVID-19 pandemic, to identify major areas that require investment and action, and to develop readiness improvement plans. The needs of long-term care facilities vary by country. Nursing homes, skilled nursing facilities, assisted living facilities, residential facilities and residential long-term care facilities are collectively known as long-term care facilities, and they provide a variety of services, including medical and assistive care, to people who are unable to live independently in the community (38). However in this Checklist, long-term care facilities do not include home-based long-term care, community centres, adult day care facilities or respite care.

The Checklist comes with an Excel file that provides indicative quantification and analysis of a hospital's readiness for COVID-19.

The Checklist should be used as a general reference tool in conjunction with other more in-depth assessment modules from WHO. WHO already has published the *Health emergency and disaster risk management framework* and *Hospital preparedness for epidemics*.

Technical guidance on using the Checklist

The Checklist identifies the key capacities needed to ensure hospital readiness for a COVID-19 response. It is recommended that this tool be tailored to local contexts, such as the role that the hospital is expected to play in response to the pandemic. For example, some hospitals may be designated as specialized treatment hospitals for COVID-19 cases while others may be designated to provide services that do not focus on these patients .

The Checklist can be adapted to develop situation reports, provide technical guidance (which can be supported by video presentations) and develop public advice to ensure its relevance to the rapidly evolving COVID-19 situation. Therefore, it is recommended that hospital staff regularly review and adapt policies, procedures and practices in response to guidance and updates that are communicated officially via ministries of health and other national or subnational health authorities, as well as WHO's dedicated COVID-19 web page. In principle, hospitals should be prepared for the worst-case scenario and, therefore, the assessment should assume sustained community transmission of COVID-19 with an expected surge of cases in the local area.

While the Checklist is included in this interim guidance document for easy reference, it is the companion interactive Excel tool that will be completed by users who conduct the readiness assessment. Responses entered into the Excel tool will be automatically analysed after it has been completed.

The Checklist uses colour-coded ratings to assess each component as:

- **not available** – components are planned but have not started or do not exist;
- **partially functional** – the component exists but is not comprehensive enough to achieve all of the core elements required to perform the action; or
- **fully functional** – the component is effectively and efficiently operational, complying with standard approaches.

The Checklist also includes:

- **a means of verification**. The status of each recommended action should be accompanied by an explanation of how the information was verified, and comments should be added in the appropriate column in the Excel tool to support the assessment. For example, verification could include reviewing document policies, protocols, plans, lists, inventories, guidance, manuals, videos or information, education and communication materials. If there is no way to verify the status of the recommended action, then "none" should be entered. Additional comments may be used to elaborate on the status, for example, to describe why the assessment is rated as "partially functional";
- **a summary of priority actions**. This column should include a comprehensive list of the actions needed to address the identified gaps. The priority actions should be based on the status of the recommended actions discussed under each component .

How to use the Checklist

The following steps outline how the Checklist can be implemented.

- Form a team of evaluators from the hospital comprising representatives from managerial, technical, administrative, financial and medical (e.g. doctors, nurses) employees, based on the services offered by the hospital.
- Have the evaluation team go through the Checklist together to come to a common understanding of the approach and determine how the appropriate documents will be collected for each recommended action. This will allow the team to build connections with the relevant departments and services at the hospital.
- Ensure that the team is led by both a member of senior management and a doctor or nurse.
- Have the team conduct a workshop during which they collect and complete the information required for the Excel document.

- Use the corresponding Excel sheets to identify and describe the hospital in detail.
- Complete the Rapid hospital readiness checklist sheet using the drop-down menu in the Status column; select Not available, Partially functional or Fully functional for all categories from 1.1 to 12.16. Be sure to include information in the Means of verification column.
- After completing each section, list priority actions for that particular area in the Summary of priority actions column.
- Once the Excel sheet for the Hospital readiness checklist has been completed, select the Results overview tab. On the left-hand side, the status for each key component will already be summarized in a table with a total score and the percentage achieved. These scores and percentages will give a quantitative indication of the hospital's readiness for the COVID-19 pandemic. On the right-hand side, a visual representation of the percentage achieved in each category will be presented in a spider chart.
- Together, the analysis of the spider chart and the narrative derived from the Summary of priority actions column will become part of the report (see the next section), indicating the hospital's baseline readiness for the COVID-19 pandemic. This baseline will be used to monitor the progress of capacity development at the hospital.
- The hospital preparedness plan should be developed based on the priority actions listed for implementation for each component of the Checklist.
- This Checklist should be used periodically to assess and monitor the progress of the hospital's preparedness plan as it moves towards ensuring that each category is rated as Fully functional.

Report

The summaries for each key component in the Results overview sheet constitute the report. The quantitative analysis from the Excel document can be used to plan how to improve the hospital's or facility's level of readiness, in alignment with the national COVID-19 preparedness and response plan.

The Checklist includes recommended actions for high-level components in a hospital that are critical to the safe and effective management of risks and COVID-19 cases and to ensure the continuity of the hospital's services and functions. The outcome of the assessment can be used by the hospital to systematically prioritize and implement the recommended actions until all actions are considered to be fully functional.

As the Checklist is for internal use only, the leadership and incident management team of the hospital or facility (or its equivalent) may decide, as appropriate and necessary, with whom they will share the results; for example, they may choose to share with other hospitals in the hospital's network or with local and national authorities. In principle, transparency about and sharing of results is appreciated by staff and hospital stakeholders, including the emergency management community. Information sharing can be considered to be a bridge for enhancing relationships and support among stakeholders before, during and after an infectious disease outbreak or any other emergency.

WHO Rapid hospital readiness checklist

This section describes the different parts of the checklist.

Identification and description of the hospital

The Facility identification sheet contains questions that help identify and describe the hospital or facility.

Key components of the Checklist

The Hospital readiness checklist sheet consists of 12 key components that are essential to managing COVID-19 in a hospital or facility. They are described below.

Component 1. Leadership and incident management system

Good leadership and a well-functioning hospital incident management system team are essential for the effective administration of emergency operations. Because many hospitals and facilities already have crisis management and emergency preparedness plans, WHO suggests adapting these plans to the core requirements for both the response to the COVID-19 outbreak and maintenance of the hospital's routine, essential health services. (For more information, see reference *7*.)

Component 2. Coordination and communication

Accurate communication and timely coordination are necessary to ensure that risk analyses and decision-making are informed by data and there is effective collaboration, cooperation and confidence among all hospital staff and stakeholders. This component includes communication and coordination both within the hospital and through links with local and national authorities, including communities and primary health care services. (For more information, see references *8*, *9* and *10.*)

Component 3. Surveillance and information management

Global surveillance for COVID-19 is a basic activity needed to monitor and control the outbreak, especially in hospitals and long-term care facilities. The COVID-19 case definitions are based on current information and may be revised as new evidence emerges. Countries may need to adapt case definitions depending on their own epidemiological situation. Hospital information management complements surveillance and is crucial to raising public awareness about surveillance, the associated risks the emergency poses to people's health and the measures required to reduce these risks and respond to the emergency. (For more information, see reference *11*.)

Component 4. Risk communication and community engagement

Ensuring there is effective risk communication and community engagement will help limit or stop the spread of rumours about the outbreak and can be used to convey accurate and clear information about COVID-19. (For more information, see reference *12*.)

Component 5. Administration, finance and business continuity

Hospital or facility administration and finance activities comprise important, integral support systems for preventing, preparing for and responding to emergencies such as the COVID-19 pandemic. (For more information, see reference *13*.)

Component 6. Human resources

People are the most important resource for preventing, preparing for, responding to and recovering from a disease outbreak. It is essential to review staffing requirements to ensure that hospitals and facilities are adequately staffed (e.g. assess the adequacy of the hospital's recall procedure for existing staff) with respect to the number of staff and the competencies required to deliver quality care to respond to the demands posed by an outbreak. (For more information, see reference *14*.)

Component 7. Surge capacity

The goal of responses to this component is to enable the hospital to expand its ability to manage a sudden or rapidly progressive surge in demand for services created by an emergency. COVID-19 may cause a rapid and sustained increase in demand (i.e. a rising tide as opposed to the big bang of a sudden-onset disaster). The essential services and supplies needed to address the risks from COVID-19 include essential health care and the equipment and supplies necessary to maintain high-quality health care, especially for patients with severe cases of COVID-19. Additionally, an increased workload should be anticipated. (For more information, see references *15* and *16.*)

Component 8. Continuity of essential support services

While the outbreak of COVID-19 evolves and requires rapid scale up of emergency preparedness and operational readiness, there are also existing needs for essential medical and surgical care that routinely require a hospital's attention to ensure business continuity (e.g. emergency medical and surgical services). Therefore, hospitals must consider how best to safely continue and sustain continuity in their health services (e.g. in terms of supplies, logistics and pharmacy services) while addressing COVID-19 case management needs. (For more information, see references *17-19*.)

Component 9. Patient management

Patient management includes admission or referral, triage, diagnosis, treatment, patient flow and tracking, discharge and follow up, as well as management of support services, pharmacy services and logistics and supply functions. The goals are to ensure that (a) the hospital's patient management system remains safe, effective and efficient; and (b) the hospital can achieve safe and effective patient management under routine circumstances and when the COVID-19 pandemic makes increased demands on the hospital's resources and capacities. When dealing with an outbreak of a new communicable disease, measures should aim to ensure that hospitals have space for triage and to isolate suspected, probable and confirmed cases of COVID-19. Appropriate case or clinical management for people with COVID-19 is important and urgent. Setting up a treatment centre for patients with severe acute respiratory infection may be helpful. (For more information, see references *2* and *20–25*.)

Component 10. Occupational health, mental health and psychosocial support

Occupational health, mental health and psychosocial support services are required to reduce the adverse psychological and social impacts of COVID-19 on hospital patients and staff, and members of the affected community. WHO has published guidance about assessing and managing risks to health care workers. Also, there are several publications that address the mental health and psychosocial issues associated with the pandemic. (For more information, see references *26–29*.)

Component 11. Rapid identification and diagnosis

The rapid identification and laboratory diagnosis of COVID-19 cases will ensure a logical and effective chain of events during case management. Laboratory services must be provided to support the hospital's preparedness, operational readiness and response activities, such as surveillance, infection prevention and control (IPC) and patient management; all of these must be accomplished in a timely and efficient manner. (For more information, see references *21* and *30*.)

Component 12. Infection prevention and control

Based on current information, it is assumed that COVID-19 is a zoonotic disease with human-to-human transmission enabled through breaches in IPC practices. Thus, an operational IPC programme is critical to minimize the risk of transmission and finally break the chain of transmission to hospital staff, close contacts, visitors and other patients/or residents in long-term care who do not have COVID-19 but who are being cared for in a hospital or long-term care facility. In anticipation of an increased workload and requirements for waste management and cleaning, hospitals and facilities should carefully consider scaling up personnel to meet the higher demand for IPC services. (For more information, see references *18*, *22* and *31–38*.)

Key approaches

To ensure smooth implementation of the recommended actions in the Checklist, it is particularly important to take the following actions.

Prepare for all-hazard emergencies

Being prepared and ready for outbreaks, epidemics and pandemics implies:

- integrating recommended actions into an overall hospital or facility emergency risk management programme;
- conducting ongoing assessments of risks from the interactions of possible hazards, community vulnerabilities and the health system's strengths and weaknesses;
- engaging in risk reduction and emergency preparedness activities, such as emergency response planning, training and exercises;

- ensuring there is an early warning of hazards, including diseases, that may trigger activation of the hospital's emergency response plan, and ensuring there is an epidemic subplan (in the case of an outbreak, an early warning is usually given to hospitals by health authorities, but the warning may also result from detection by a hospital's surveillance system of an abnormal occurrence or change in the usual number of cases of a disease);
- implementing emergency response plans as necessary, including the hospital's epidemic subplan;
- ensuring there is a commitment by the hospital or facility or by the community (with hospital support) to undertake the readiness activities required to reduce the risks associated with an emergency and to acquire the capacity needed to ensure an effective emergency response;
- undertaking specific emergency preparedness activities to create or expand communication channels among the government, health sector entities, mass media and communities;
- developing or adapting emergency response plans, including the hospital's epidemic subplan, to ensure the continuity of clinical services critical to patients affected by an epidemic;
- ensuring there is periodic reassessment and updating of the hospital's or facility's emergency risk management programme and its emergency response plan to consider new developments and lessons documented and learned; and
- adapting and building on the hospital's capacity to cope not only with an epidemic but also with other forms of internal and external emergencies – such as mass casualty events, disasters from natural hazards and fires – to establish a single management system tailored to address concurrent risks and events likely to be faced when dealing with more than one type of emergency simultaneously.

Train hospital staff

In an emergency or disaster, hospital and facility staff are generally required to go beyond their routine roles and responsibilities and undertake tasks with which they are less familiar. Staff will likely have to carry out these new tasks in a stressful environment. To meet these new demands, all staff members – irrespective of their hospital, departmental and individual duties – need to be involved in the emergency planning process so that they can distinguish between their routine responsibilities and those required by the emergency and be ready to contribute to the emergency response. Staff also need training in implementing risk reduction measures and the procedures and protocols called for in the hospital's emergency response plan, including the epidemic subplan. Additionally, they must participate in the regular simulation exercises needed to maintain a state of operational readiness for fulfilling planned emergency tasks.

Implement infection prevention and control measures

Preventing the spread of infection to a hospital's or facility's staff, patients, residents in long-term care, caregivers and visitors is an absolute priority and calls for appropriate measures, including the use of personal protective equipment, and water, sanitation and hygiene strategies (known as WASH). Hospital management teams should review and, if necessary, revise the hospital's IPC protocols. Additional IPC measures may be required to cope with the specific nature of the COVID-19 pandemic. Implementing appropriate IPC measures at all times will strengthen a facility's capacity to put them into practice during a stressful pandemic situation. Therefore, these measures should be included in the hospital's permanent IPC strategy.

Consider the hospital's security concerns associated with its context and/or location

Hospitals and facilities will not be able to perform to their fullest potential if there are security concerns related to ongoing conflict where the facility is located. Ongoing conflict will directly impact the accessibility of health care services for patients and hospital staff. Therefore, hospitals and facilities must work closely with local and national authorities to ensure the safety and security of staff, patients, residents of facilities, caregivers and visitors and to ensure the optimum functionality of the hospital.

Ensure business continuity of the hospital

In the event of an outbreak, epidemic or pandemic, hospitals and facilities need to maintain all of their regular functions that address patients' health needs while establishing and strengthening the extra measures needed to address infectious diseases. Ensuring continuity includes managing all resources, including financial, human, supplies and technology. In particular, the referral system needs to be assessed and well managed to avoid any transmission

occurring to or from patients who are transferred by ambulance into or out of the facility. Business continuity must be prioritized at the outset of any emergency situation or at the earliest opportunity.

Conclusions

WHO is working closely with Member States and partners to rapidly expand scientific knowledge to support all COVID-19 preparedness and response measures. At health facilities, specifically hospitals and those providing long-term care , staff need to be ready to effectively respond to patients with acute respiratory infections, especially those with moderate to severe disease. Accordingly, equipment and supplies need to be in place, such as mechanical ventilators and oxygen supplies; and information flow has to be optimized to make full use of hospitals during the COVID-19 pandemic.

This Checklist was developed to include qualitative measures to help underscore any capacity gaps in a hospital or facility. However, a corresponding scoring mechanism was also added for indicative quantification of a hospital's readiness and to allow for monitoring across time of the actions being taken to enhance the hospital's capacities. The Checklist is fully aligned with the Strategic Preparedness and Response Plan for COVID-19 *(1)* and will be adapted and revised, depending on feedback received.

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Annex 1. Suite of 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 Suite of health service capacity assessments in the context of the COVID-19 pandemic 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. 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 A1.1.

Table A1.1. Suite of 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 To assess workforce capacity during the outbreak, including availability, absences, COVID-19 infections, support and training
Community needs and demands	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.