

Health service continuity planning for public health emergencies

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Health Systems Resilience & Essential Public Health Functions team

World Health Organization

Outline

- ❑ Health system resilience and health service continuity
- ❑ Health service continuity planning handbook
- ❑ Application of health service continuity planning handbook in the national context

Health system resilience and health service continuity

Stressors & demands on the health system



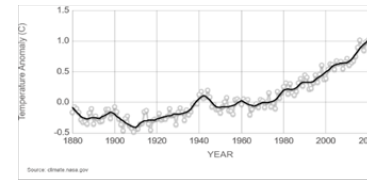
SDGs



Globalization



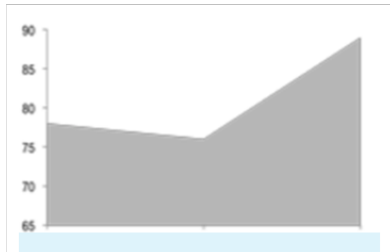
Conflict and war



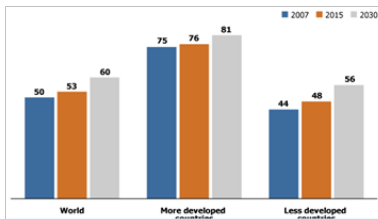
Climate change



Infectious disease outbreaks



Innovation



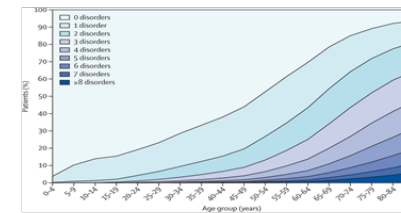
Urbanization



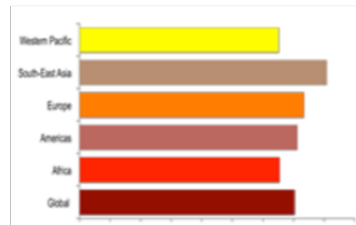
Refugees, IDPs and Migration



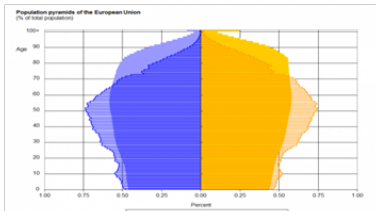
Antimicrobial Resistance



Multi-morbidity including NCDs



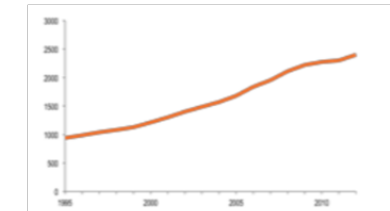
Civic voice



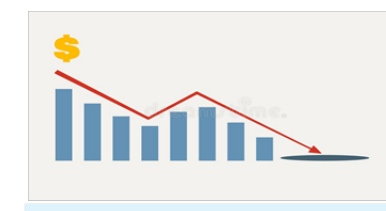
Aging populations and youth



Gender & inequality



Rising costs



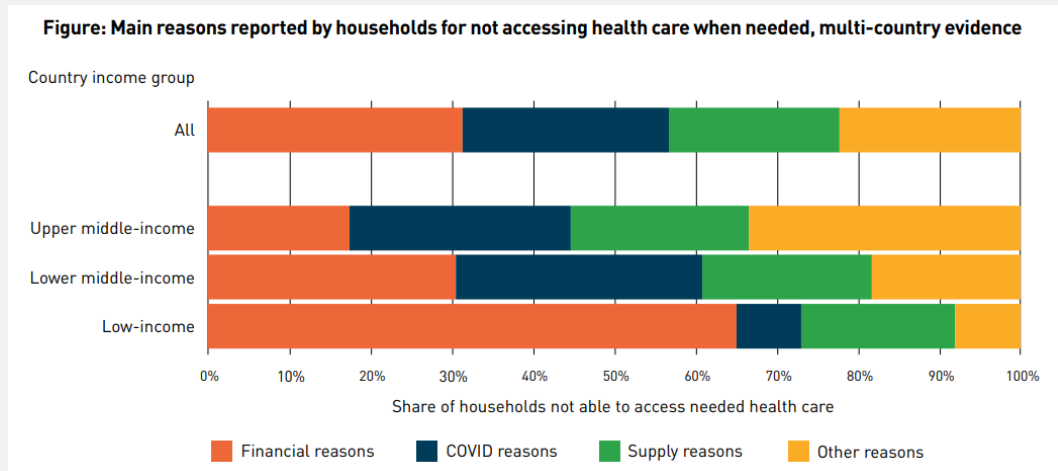
Economic recessions

Multiple parallel entry points into ONE health system



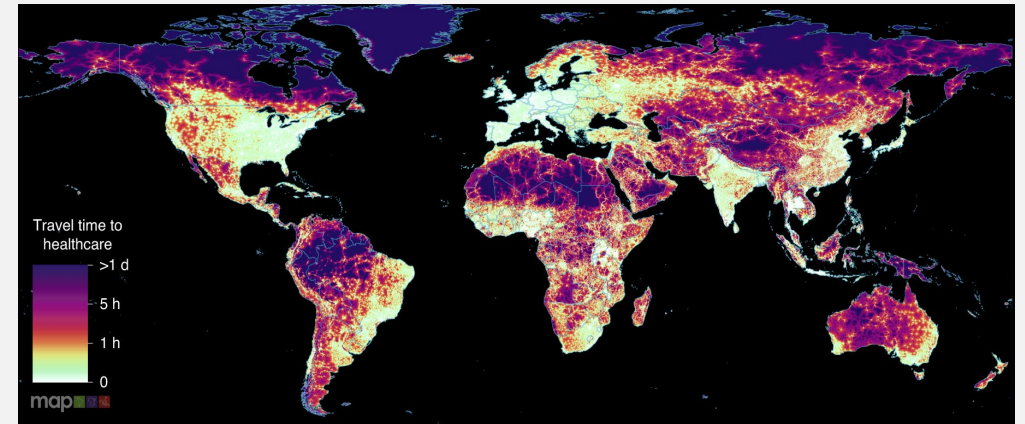
Challenges in access to health services

- Financial barriers to accessing health services



[Global monitoring report on financial protection in health 2021 \(who.int\)](#)

- Barriers in geographic access to health services



The global map of optimal travel time to healthcare with access to motorized transport

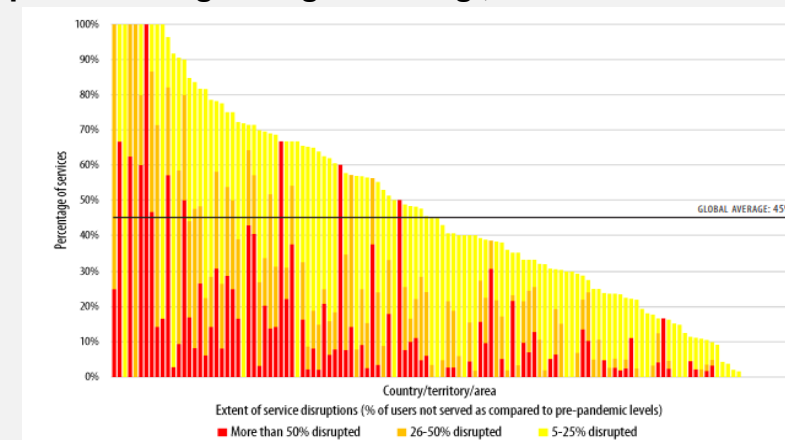
[Global maps of travel time to healthcare facilities | Nature Medicine](#)

- Acute needs to access health services in fragile, conflict and violence (FCV) - affected settings, and increasing number of population in need of humanitarian assistance.

Appeal	Type	People in need	People targeted	Requirements (US\$)	Requirements (2017-2021)
Afghanistan	HRP	24.4 M	22.1 M	4.4 B	
Syria	HRP	14.0 M	12.0 M	4.2 B	
Yemen	HRP	20.7 M	16.0 M	3.9 B	
Ethiopia	HRP	25.9 M	22.3 M	2.8 B	
Sudan	HRP	14.3 M	10.9 M	1.9 B	
DRC	HRP	27.0 M	8.8 M	1.9 B	
South Sudan	HRP	8.4 M	6.7 M	1.7 B	
Somalia	HRP	7.7 M	5.5 M	1.5 B	
Nigeria	HRP	8.3 M	5.4 M	1.1 B	
Myanmar	HRP	14.4 M	5.2 M	826.0 M	

[Global Humanitarian Overview 2022 | Global Humanitarian Overview \(unocha.org\)](#)

- Weaknesses in health systems manifested in service delivery disruptions during emergencies e.g., COVID-19



[Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: November–December 2021: interim report, 7 February 2022 \(who.int\)](#)

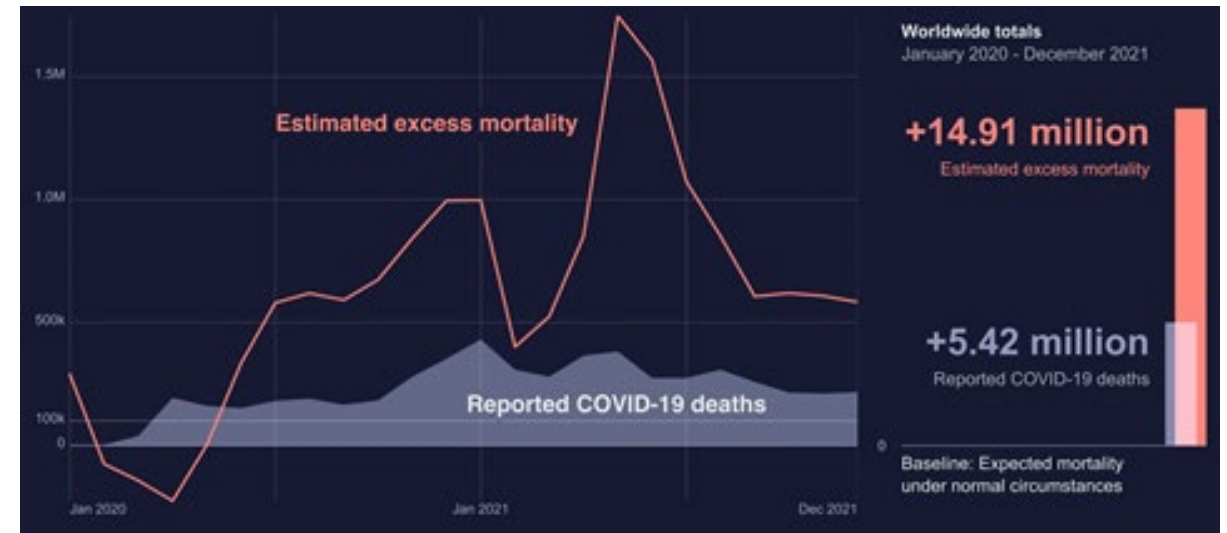
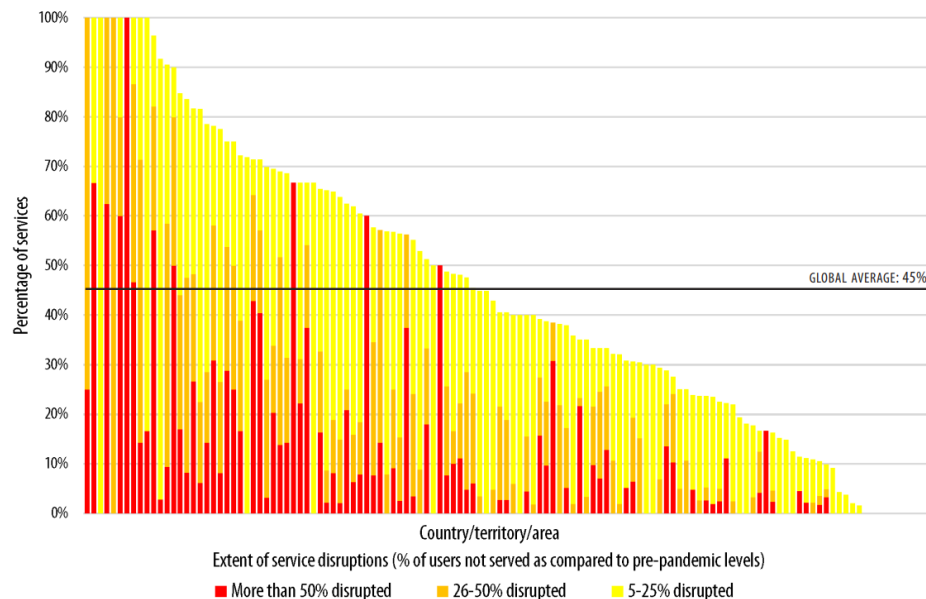
Health services disruption and excess mortality in the context of COVID-19

- **92% countries surveyed** reporting some kind of disruption to services
- **No service or delivery platform is exempt** from adverse impact.
- **No major health area** is exempt from adverse impact
- About half of countries (43 of 87) have plans in place for building longer-term health service resilience and preparedness

- The global excess mortality associated with COVID-19 was estimated to be 14.91 million between 1 January 2020 and 31 December 2021, representing 9.49 million more deaths than those globally reported as directly attributable to COVID-19.

- *Data is based on modeling given health information systems were largely dysfunctional*

FIG. 1. Percentage of services disrupted per country (number of tracer services = 66)



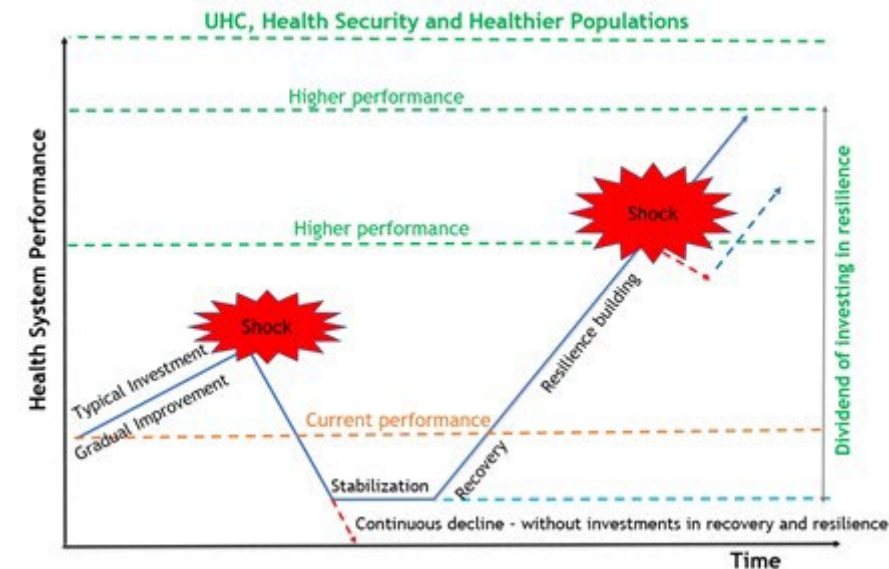
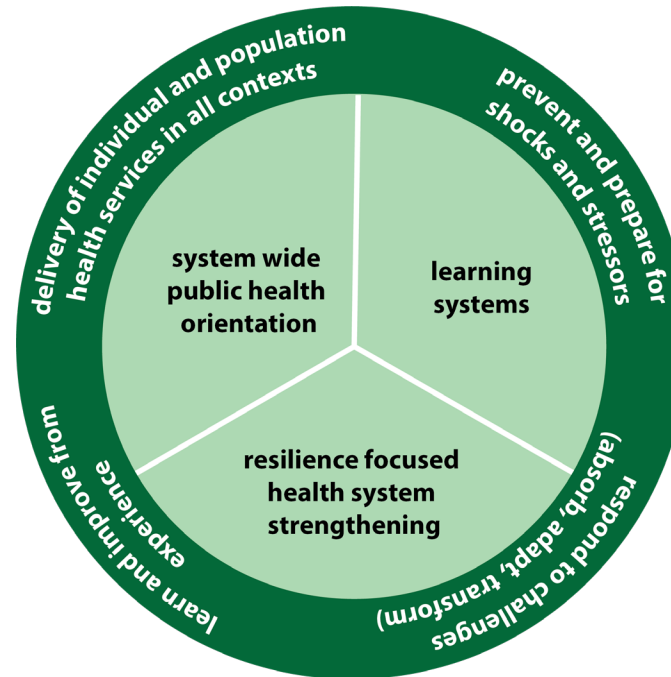
Health system resilience & health service continuity

Health system resilience definition:

The ability to forecast, prevent, prepare for, and respond to public health stressors and demands; while maintaining essential functions in all contexts; and recovering while learning and improving based on experiences.

Source: Health systems resilience toolkit. <https://www.who.int/publications/i/item/9789240048751>

Leadership and governance	service delivery (individual and population-level services)
Health workforce	
Health financing	
Medical supplies, equipment and infrastructure	
Knowledge and information systems	



Overview of the team's work

- Health System Resilience & Essential Public Health Functions team

Major blocks	Example work related to health services continuity
1. Global leadership and normative products	<ul style="list-style-type: none">• <u>Health service continuity planning for public health emergencies: a handbook for health facilities</u>• <u>Health Systems Resilience Simulation Exercises</u>• Special collection on Frontiers in Public Health - <i>Health Systems Recovery in the Context of COVID-19 and Protracted Conflict</i>• Global public health goods: <u>Health systems resilience toolkit (2022)</u>• Health System Resilience Indicators
2. Advocacy on and promotion	<ul style="list-style-type: none">• Health system resilience and EPHFs inputs to Primary Health Care M&E• Health systems inputs in IHR (2005) M&E Framework• Humanitarian Development Nexus in FCV contexts (e.g. South Sudan, Central African Republic)
3. Country support	<ul style="list-style-type: none">• Support Ethiopia and Liberia in building health system resilience• Support Ireland in national public health reform• Support Azerbaijan in reviewing public health capacities, strengthen health workforce• <u>OpenWHO training package on an integrated approach to health system strengthening and resilience</u>
4. Partnerships and resource mobilization	<ul style="list-style-type: none">• With USAID on an <u>integrated approach to health systems strengthening</u>• With KOICA on <u>building health systems resilience</u>• With <u>Commonwealth Secretariat on health system resilience and recovery</u>• With IANPHI on strengthening national public health leadership

Health service continuity planning handbook

Health service continuity - Planning vs. Plan

Health service continuity planning

- a proactive process that identifies and prioritizes the critical functions of a health facility, evaluates the potential impact of various types of hazards and analyses and identifies actions to ensure continuity of critical functions (i.e. essential health services) during crises.

Health service continuity plan

- a written document recording the systematic protocols and procedures intended to maintain health service continuity, which clearly detail the actions that are to be performed and how, when and by whom, before, during and after a public health emergency

Why health service continuity planning is critical?

Health service continuity planning supports

- to **meet population health needs in all contexts**
- to **bring all stakeholders together** and ensures that everyone knows their roles and responsibilities during emergencies

All types of health facilities should plan for health service continuity

Service continuity planning is not a stand-alone exercise – it is a component of wider health system resilience efforts, and should **align with health sector and emergency management planning**

When hit by emergencies that require additional resources, health facilities with service continuity plans are more likely to maintain continuous high-quality health services than those without a plan

Health service continuity planning for public health emergencies - A handbook for health facilities

Background:

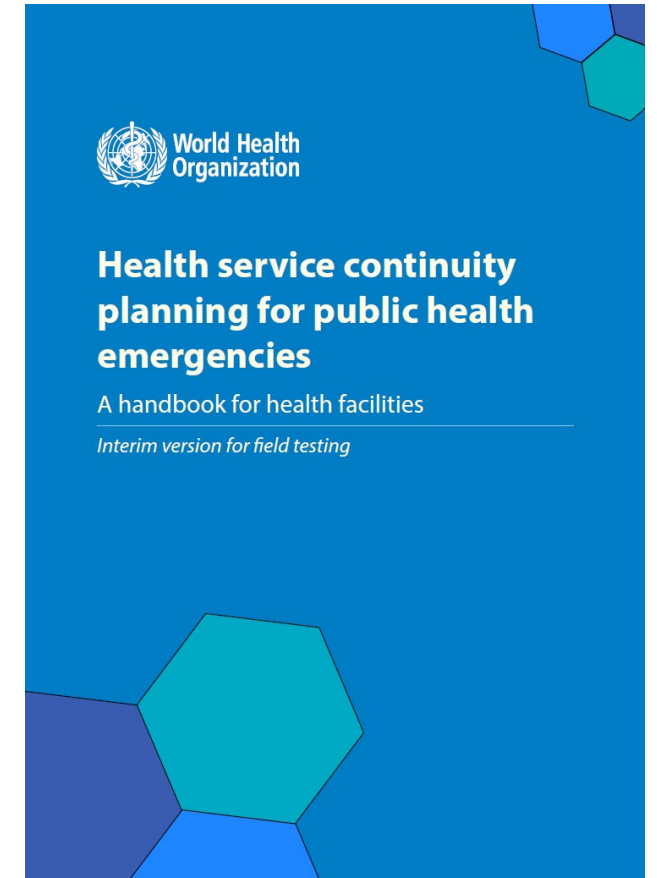
Pre-COVID, health service continuity planning remains a critical gap in many settings and processes in emergency preparedness and response planning

Objective:

To support health facilities to minimize disruption and ultimately increase the resilience of health services during public health emergencies

To support health facilities to develop capacities to

- 1) provide **services in reference to specific events and hazards**,
- 2) maintain **routine essential health services**,
- 3) perform effective roles in delivering **public health services and functions** (e.g., surveillance, contact tracing).



<https://www.who.int/publications/i/item/9789240033337>

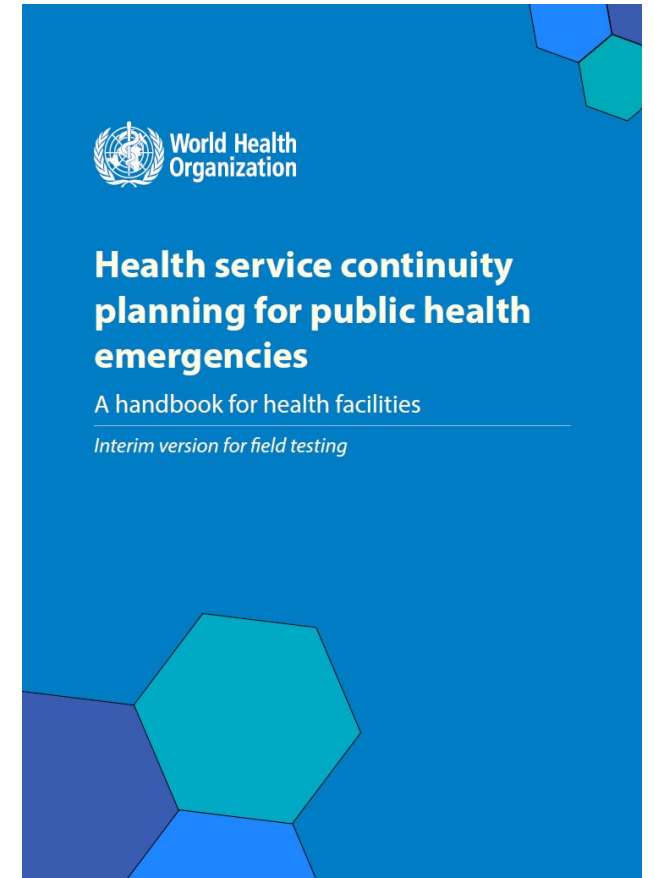
Health service continuity planning for public health emergencies - A handbook for health facilities

Scope:

- the procedures and key elements to be considered for planning
- step by step guidance for developing service continuity plans in public health emergency context
- a planning template

Target audience:

- health facilities and health service managers
- health workers
- authorities with responsibility for planning and coordinating emergency management and service continuity operations among health facilities

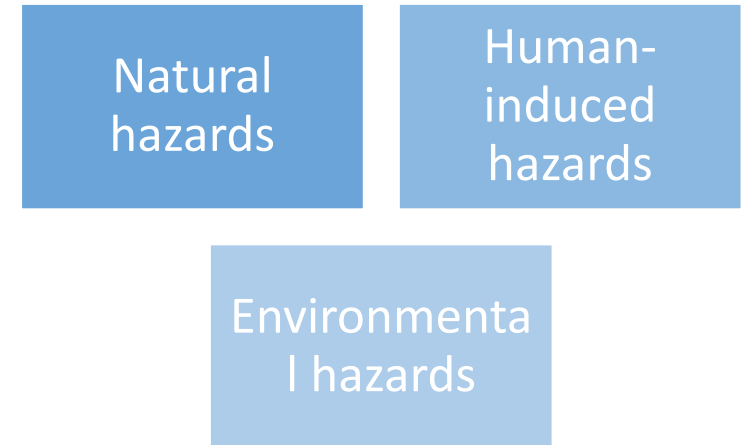


<https://www.who.int/publications/i/item/9789240033337>

Planning approach

An “all-hazards” approach

- an **integrated approach** to health system planning & emergency management
- recognizing there are **common elements and capacities** required, in the management of various hazards
- using **risk assessment** to stratify potential hazards, measure the probability of occurrence, identify **priority risks**
- allows for a unified plan factored with hazard-specific guidance



Planning basic assumption

Worst-case scenario

- Health service continuity planning should base on the worst-case scenario that can be managed.
- General assumptions around the scenario can be developed with theories and models, e.g., predictive modelling in epidemiology.
- All planning assumptions should be well documented.

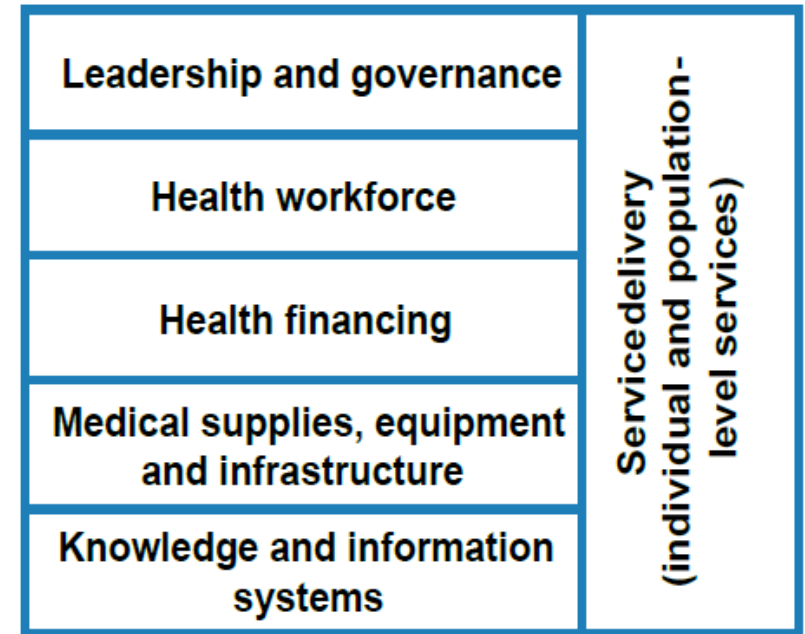
Recommended steps in health service continuity planning for health facilities

1. Form a collaborative planning team.
2. Conduct risk assessment and prioritize risks.
3. Determine overall objectives and operational priorities.
4. Conduct capacity assessment.
5. Develop the service continuity plan.
6. Test and update the plan.
7. Implement the plan and monitor implementation.
8. Conduct post-event review and update/improve the plan.

Key technical areas to consider in health service continuity planning

1. Governance and coordination
2. Information management
3. Human resources
4. Essential medical supplies and equipment
5. Infrastructure and amenities
6. Administration, finance and logistics
7. Risk communication and community engagement
8. Provision of prioritized essential health services
9. Adaptations for vulnerable populations
10. Safety and security
11. Monitoring and evaluation

Figure 1. WHO health systems building blocks



Consideration of the emergency management cycle in health service continuity planning

Planning components	Pre-emergency activities	Activities during emergencies	Post-emergency activities
Governance and coordination			
Information management			
Human resources			
Essential medical supplies and equipment			
Infrastructure and amenities			
Administration, finance and logistics			
Risk communication and community engagement			
Provision of prioritized essential health services			
Adaptations for vulnerable populations			
Safety and security			
Monitoring and evaluation			

A template for health service continuity plan

[Title of the plan]

[Date of approval]

Approved by [unit/personnel that approves this plan]

Section A. Situation

1. Health facility profile

Includes at least: (1) scope of health services provided by the facility/facilities, including location, population and community served; and (2) an organigram, including management structures in an emergency situation and showing the interface with other emergency and health services structures in the catchment area.

2. Result of risk assessment and resource/capacity mapping

This section displays the results of the conducted risk assessment (please refer to and contextualize available risk registers at subnational and national levels). From the risk assessment and criticality scoring, extract the most critical risks identified, considering their impact on population health and health facility functioning and operations, and their likelihood of occurrence. Describe in more detail the hazards and vulnerabilities that may contribute to these risks, as well as their consequences for staff, premises, assets and operations. Evaluate for each risk whether the necessary risk response actions are in place and are sufficient, or whether they need to be developed or improved. Similar hazards, e.g. acute watery diarrhoeal diseases and haemorrhagic fevers can be clustered together.

Section B. Essential components of the health service continuity plan

3. Planning assumptions

Include assumptions about the emergency/emergencies which need to be made first and documented here to inform the plan, e.g. assumption of a worst-case scenario.

4. Objectives and operational priorities

Set the overall objective of the plan (what is to be achieved through the plan). This can include specific objectives relating to the services that the plan would help to maintain during public health emergencies.

Refer to the essential health services that are provided routinely in the facility or catchment area, informed by local demography and epidemiology. To set specific objectives and priorities, make a list of health services provided by your facility/facilities and sort into the following groups:

- essential and must be maintained in an emergency*
- can be relocated to other facilities or service platforms*
- can be temporarily suspended.*

5. Essential supporting functions, operations and personnel during emergency

Essential functions/operations: identify essential functions and operations (those that must be maintained in order to continue health services e.g. management functions including responsible officer for the service continuity plan; health information system; facility maintenance; logistics; transportation). These functions should not be interrupted and must be restored in a short time frame if interrupted. Essential functions can be defined with reference to the key planning elements/areas outlined in Section 4.

Essential personnel: identify staff members designated by the head of facility, director or emergency response team as critical to the continuation of key operations (essential functions) and services in the event of activation of the service continuity plan.

A template for health service continuity plan (*cont.*)

Section C. Service continuity operations during emergencies

6. Activation of the plan

List the triggers that will activate the service continuity plan; add annexes showing procedures for activation, including responsible person and his/her backup person.

7. Key activities for service continuity during response phase

Summarize activities for each element or programming area during the response phase (e.g. governance and coordination, human resources, infrastructure, security), based on the planning sections in the present document. Make sure that the relevant standard operating procedures are available in the annex.

8. Deactivation of the plan

List the triggers for deactivation of the service continuity plan; add annexes showing procedures for deactivation, including the responsible person and his/her backup person.

9. Roles and responsibilities of key staff, departments and organizations

Make a list of current responsible persons and their details; they will be assigned or repurposed, with clear and defined roles and responsibilities, to ensure service continuity during public health emergencies. Add annexes showing job action sheets and terms of reference. Also to be included:

- relevant organigrams and communication pathways, with contact details;
- list of contacts to be notified in case of a public health emergency and triggers for activating service continuity plan, etc.;
- list of surge staff needed, with generic job descriptions;
- list of other stakeholders, including collaborating facilities, e.g. private facilities, animal health services, non-health partners (security agencies, schools, community leaders, etc.)

Section D. Training, testing and post-emergency evaluation

10. Record of training related to the plan, testing exercises and reviews of the plan

Date	Type of exercise	Objective of exercise	Responsible person	Actions taken based on recommendations

List, in a structured manner, the actions needed to address capacities that are currently insufficient to allow execution of the service continuity plan. This list is also applicable to after-action reviews.

Area needing improvement	Action needed	Responsible person	Budget (total amount required)	Deadline

11. Post-event review

Outline the process for reviewing and improving the plan (if necessary), according to the lessons learned from an emergency experience.

A template for health service continuity plan (*cont.*)

Section E. Monitoring and evaluation

12. Modalities for monitoring and evaluation during implementation of the plan

- *List key performance indicators to monitor effectiveness of the plan in maintaining health services during emergencies.*
- *Describe the method(s) to be applied in monitoring and evaluating implementation of the plan during emergencies.*
- *Outline how findings will be communicated and used to inform decisions and actions.*

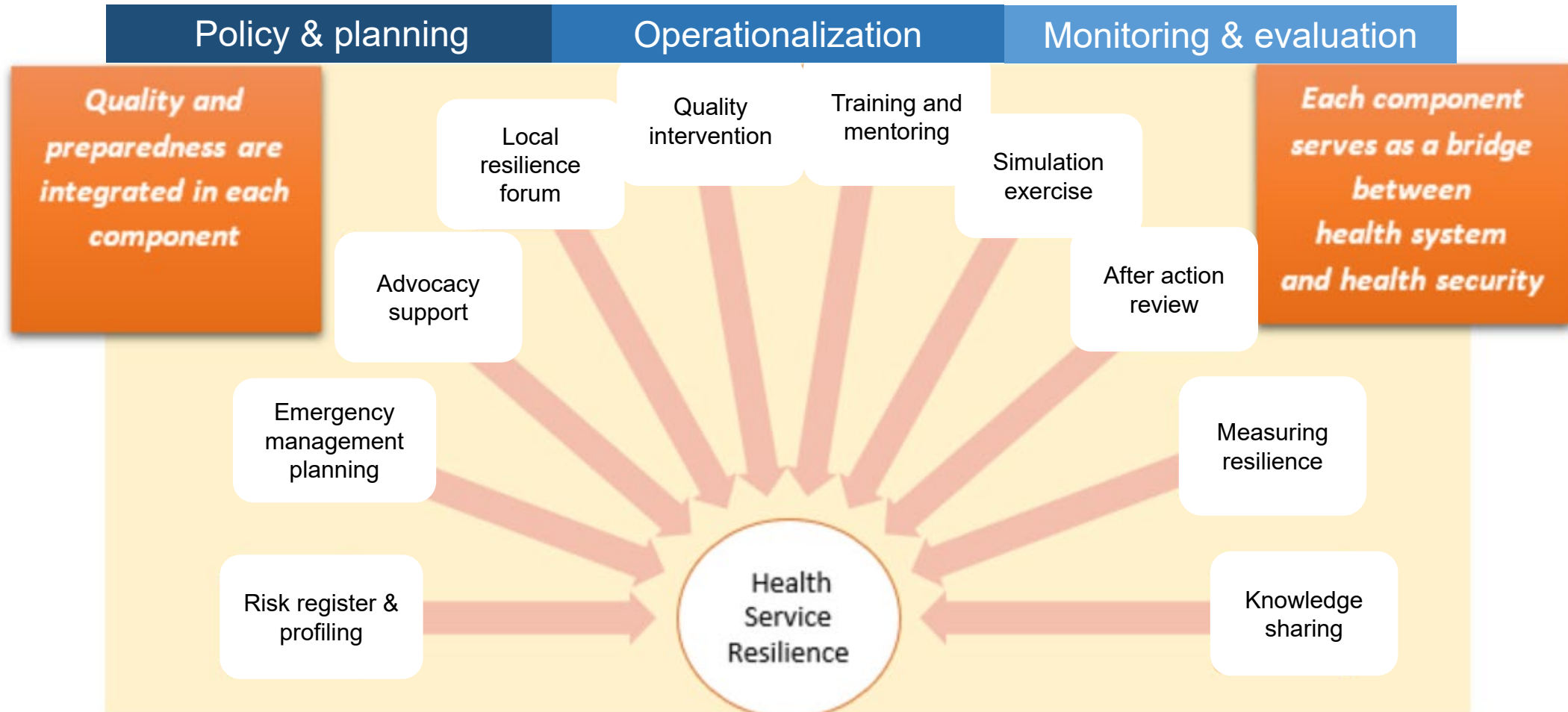
Annexes

Some examples of annexes for the service continuity plan (others can be included as needed):

- *List of members and terms of reference of the planning/oversight team.*
- *Contact list for essential personnel, departments, facilities and organizations.*
- *Contact list for suppliers (showing key, secondary and backup suppliers).*
- *Table of planning activities for all emergency management phases: prevention, preparedness, response and recovery phases (planning matrix).*
- *Standard operating procedures for activation and deactivation.*

Application of health service continuity planning handbook in national context

Building resilience in Ethiopia and Liberia health services and systems



Project's Package of Support

- ✓ *Minimum requirements*
- ✓ *Quality & Preparedness*
- ✓ *All health service levels*
- ✓ *Minimum capacities*
- ✓ *Integrated approach*
- ✓ *Multisectoral approach*

Key achievements related to health service continuity in Liberia and Ethiopia

- **Risk profiling for efficient and effective planning**
 - e.g., Capacity building for vulnerability and risk profiling among key stakeholders
- **Integrating health service continuity in emergency planning**
 - e.g., Adaptation of health service continuity planning handbook
- **Conducting simulation exercises - health system resilience tested to inform timely actions**
 - e.g., Adapted and applied the HSR SimEx package to review the functional capacity
- **After and intra action reviews – lessons identified and shared for recovery and resilience**
 - e.g., Facilitated Intra Action Reviews for COVID-19 response

The image shows a screenshot of a World Health Organization (WHO) course page. The page title is "An integrated approach to building health systems resilience" and the course is "OpenWHO". The course is currently "Closed & available". The page features a navigation menu with options like "Learnings", "Discussions", "Progress", "Certificates", "Collab Space", "Course Details", "Documents", and "Announcements". The main content area displays a banner for the "Health systems resilience toolkit" and a sidebar for "Health service continuity planning for public health emergencies". The sidebar includes a "Health Services Learning Hub" section with a "Health Services Learning Hub" logo and a "Health systems resilience exercises" section. The page also features social media sharing options (Share, Tweet, LinkedIn, Mail) and a "Public health emergencies and other forms of health systems shocks continue to underscore the need for more resilient health systems as a requirement for universal health coverage and health security, and promoting a healthier population. A major challenge in building health systems resilience is the prevailing fragmentation in health systems strengthening and public health efforts. Addressing the challenge requires decision makers and managers for individual and..." text.

21ST CENTURY HEALTH CHALLENGES

Can the essential public health functions make a difference?

Discussion Paper

ESSENTIAL PUBLIC HEALTH FUNCTIONS, HEALTH SYSTEMS, AND HEALTH SECURITY

Developing conceptual clarity and a WHO roadmap for action



Essential public health functions in Ireland



WHO POSITION PAPER

Building health systems resilience for universal health coverage and health security during the COVID-19



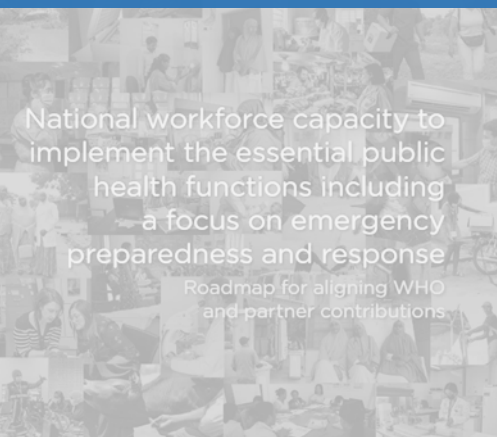
Health service continuity planning for public health emergencies

A handbook for health facilities

Interim version for field testing

Thank you.

For more info and queries, please kindly contact Sohel Saikat, saikats@who.int



Fostering Resilience through Integrated Health Systems Strengthening

National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response

Roadmap for aligning WHO and partner contributions



Health systems resilience toolkit

A WHO global public health good to support building and strengthening of sustainable health systems resilience in countries with various contexts

Regional landscape of national public health institutions in Africa and their role, scope and capacity in supporting health systems resilience



Off-the-shelf exercise handbook

Health systems resilience exercises