Background

The multifaceted nature and the complexity of rehabilitating health facilities and restoring health services in the tsunami-affected areas, pose a number of challenges.

One of the most crucial is to ensure that newly constructed or rehabilitated facilities are located, planned, equipped and staffed in a most optimal way, taking into account actual needs and long-term recurrent implications - thereby ensuring that the investments are effective, efficient and sustainable. This is not easily achieved, given the weak technical capacity particularly, the lack of tools for healthcare technology planning and management and the lack of policy guidance and standards for accepting donations and technical assistance. Moreover, these challenges are highlighted by the limited availability of technical expertise in fields of health facilities planning, the extend to which wish lists are generated by affected institutions (without proper assessment of needs or own capacities) and the scope of international offers for donations and assistance which often are completely detached from real needs and the local context.

At the same time, there is a strong awareness and understanding what needs to be done; the current political will and commitment to find mechanisms of ensuring an evidence-based rehabilitation process (a process designed not only to restore but also to improve health service provision, healthcare technology planning and management) are very promising.

To address the above mentioned challenges, WHO introduced a set of tools comprising several questionnaire- and software-based tools including the Health Facilities Audit Manager, the Essential Health Technology Package, Health Facilities AccessMod, and Service Availability Mapping (SAM) as well as various guidelines such as the Country Situation Analysis for Healthcare Technology Management and Healthcare Equipment Donations.
Core to the set of tools is the EHTP, a unique methodology and software package developed by the WHO, aimed at addressing effective health intervention-based resource planning. The tool integrates healthcare needs, epidemiological and/or demographic data and/or patient admission data, clinical practice guidelines and protocols, health system capacity and constraints and delineates these into technological resources requirements (medical devices, pharmaceuticals, human resources and facilities) needed to deliver a defined set of health interventions.

Linked to the EHTP, several other tools have been introduced; these primarily address identified needs of the rehabilitation process such as (i) determining the availability of services and resources at district and facility level (SAM) and (ii) mapping and assessing the status quo and condition of facilities and technologies (Health Facilities Audit Manager) and (iii) determining the appropriate location and size of new or rehabilitated facilities (Health Facilities AccessMod).

**Needs Assessment**

Rehabilitation of key functions in the health sector is one of the priority requirements presented by WHO under the Flash Appeal. This rehabilitation strategy aims at re-establishing the capacity for local and provincial health systems to provide basic services and interventions. In the short-term it excludes physical reconstruction projects; however, it proposes temporary solutions that should quickly be followed by permanent ones. The time frame of this strategy ranges between 9 to 12 months, during which WHO should engage with national authorities and also assist them in longer term reconstruction planning.

The purpose therefore is:

- in short- and medium-term, to contribute to a rapid needs assessment and immediate planning of technological resources needed for the rehabilitation of health facilities in the disaster-affected areas.
- in long-term, to help to improve the access, effectiveness, efficiency and quality of public health services through the optimization of planning, deployment and utilization of health technologies and facilities, and setting up an appropriate technology management, tracking and monitoring system.

**Integrated and Coordinated Approach**

The revitalization of facilities in areas affected by the tsunami disaster should therefore ideally be addressed through an integrated strategy of short and medium term reconstruction which is sustainable in the long term through improved approaches to health care infrastructure and technology resource planning and management.
For this strategy to be successfully implemented it has to be supported by an integrated set of tools for the different aspects of this strategy and the need to provide mechanisms and capacity for their application therefore is vital to ensure a smooth and effective transition from the situation assessment to sustainable healthcare infrastructure and technology resource planning and improved service delivery.

Gaps Analysis and Assessment

WHO (EIP) provides several tools which address specific short, medium and long-term aspects of this strategy. The integrated sets of tools available include;

for the short-term, tools which primarily address the situation and condition analysis and needs assessment;

- **Health Facilities and Medical Equipment Audit Manager** - a software based tool used to capture equipment condition and assess functionality indicators of physical infrastructure and medical devices.
- **Essential Healthcare Technology Package rapid (EHTP-rapid)** - software based tool providing standardized medical equipment lists for clinical interventions - for various levels of care.
- **Service Availability Mapping (SAM)** - questionnaire based tool to determine service and resource availability at the district and facility levels.

for the medium and long-term strategy which primarily address resource planning, gaps analysis and accessibility;

- **EHTP** - a software based tool for healthcare technology resource (medical devices, pharmaceuticals, human resources, and physical facilities) planning based on health needs, clinical practice, patient demographics and resource constraints with powerful GAPs analysis and scenario simulation features.
- **AccessMod** - GIS software based tool used for modelling population coverage (in terms of physical access) based on the capacity utilization of each facility.
Sri Lanka Status Quo – April 2005

WHO tools for evidence-based resource planning.

Background

At the request of the Ministry of Health and the WHO Country Office, WHO(SPO) assessed several tsunami affected districts in Sri Lanka during February and April 2005. The mission(s) primarily focused at providing technical assistance for conducting:

- a comprehensive needs assessment
- evidence-based planning for the rehabilitation of health infrastructure and technology
- designing a programme to incorporating them into the Ministry's post-tsunami work plan.

SPO team visited four heavily devastated districts and worked with the Ministry of Health (MoH), district health authorities and hospital staff on identifying needs and approaches to address these; specifically providing tools for comprehensive needs assessments and evidence-based planning for rehabilitation of infrastructure and healthcare technologies and incorporating these into an overall MoH post-tsunami work plan.

Situation Analysis

There is heavy damage to healthcare infrastructure with some 90 institutions in 11 districts partly or fully destroyed creating a total health system's breakdown in affected areas. The scope of rehabilitating health facilities and restoring health services are vast and multifaceted, and pose a number of serious challenges.

Activities

A set of software-based tools comprising Health Facilities Audit Manager (FAM), rapid and full versions of EHTP were implemented at the MoH, their application demonstrated and draft action plans were prepared.

These tools will address and strengthen the process of assessing the status quo of infrastructure and healthcare technology; establishing technology tracking and monitoring
systems; developing essential healthcare equipment lists for defined sets of health interventions; performing technology GAPs analysis; qualifying and quantifying required resource inputs and identifying system changes needed to ensure the sustainability of the investment.

Other EIP tools such as the KMS' Health Facilities Physical AccessMod and MHI's Service Availability Mapping are important components of the comprehensive toolkit and were also introduced. A commitment was also made to arrange for consultant support in healthcare architecture, a critical expertise required for effective infrastructure rehabilitation.

The introduction of these tools will also enhance the MoH general technology planning and management capacity beyond the immediate post-tsunami rehabilitation needs.

**Co-ordination**

Explicit and mutually beneficial links were identified with other initiatives under way such as SEARO ICT Project for Sri Lanka - on the one hand the use of FAM and EHTP would directly contribute, for example, to the long-term improvement of medical supply management system and potentially to the increased e-health application, and on the other hand it strongly depends on strengthening of HIS and availability of ICT infrastructure in health facilities which also concerns the effective use of other EIP tools.

These synergies will be further elaborated and operationalized together with MoH, WHO Country Office and SEARO.

The work done and plans developed were appreciated and fully endorsed at the meeting with the Minister of Health and WR as well as at a debriefing session at the Department of Health Systems Development in SEARO on 28 February. While at SEARO, a Coordination Workshop of WRs from Tsunami-Affected Countries was attended, and brief discussions held with WRs Indonesia, Thailand and Myanmar (the latter was briefed on the mission to Sri Lanka as he is shortly moving there as a newly appointed WR to that country).