HeRAMS COVID-19 module
The quick spread of COVID-19 called for a rapid assessment and regular monitoring of COVID-19 response capacities at country level. HeRAMS COVID-19 is a rapidly configurable and deployable system that supports the assessment and monitoring of COVID-19 response capacities to support decision makers. The HeRAMS COVID-19 module is currently implemented in Mali and Sudan.

Highlight: HeRAMS and COVID-19

Continuity of essential health services
The impact of the COVID-19 pandemic on health systems and the risk of disruptions to other essential health services are of great concern. By ensuring the continuous monitoring of essential health resources and services, HeRAMS allows for the measurement of such disruptions and estimates the overall impact of the pandemic on overall health service delivery.
Field implementation

Despite the challenges posed by the COVID-19 pandemic substantial progress was made in further rolling out and strengthening HeRAMS at country level. Field implementation activities were articulated around five main axes:

- Monitoring COVID-19 response capacities (Fig. 1)
- Monitoring the continuity of essential health services in the context of COVID-19 (Box 2)
- Monitoring essential health resources and services in emergencies (Box 4 & 5)
- Reinforcing existing HeRAMS processes (Box 1)
- Preparing for new implementations (Box 3)

Fig. 2: HeRAMS Yemen Admin Dashboard

Box 1: Reinforcement of existing HeRAMS instances
HeRAMS was first deployed in Yemen in 2017 and has since regularly provided decision makers with extensive information of health resources and services availability. In 2020, all 5400 public health facilities were updated, and the network of 450 data contributors (incl. governorate and district health officers, statisticians, analysts) further strengthened through training activities. In order to determine the degree to which communities still face challenges in accessing essential health services, a geospatial analytical model was developed using HeRAMS data to estimate walk and drive times to functional hospitals and primary care facilities and specific health services. The model verified that access to essential health services varied widely by type of service and district and allowed the establishment of a prioritization of districts in terms of poorest access to care by headcount and percentage.

Box 2: Monitoring the continuity of essential health services in the context of COVID-19: Metro Manila, the Philippines
HeRAMS was deployed in Metro Manila, the National Capital Region, to establish a baseline of essential health services availability and monitor its evolution in the context of COVID-19. HeRAMS was deployed across 17 cities and municipality, covering 505 Rural Health Units. An expansion to support the monitoring of the continuity of essential health services in other regions is being considered.

Box 3: Preparing for new implementations
Preparation activities were led in Somalia, Pakistan and Afghanistan in view of rollouts planned in the course of 2021.

Fig. 3: Countries and settings with one or more HeRAMS projects
Box 4: Sahel crisis: a regional approach
During 2020, HeRAMS coverage in the Sahel region has reached a total of 4 countries Burkina Faso, Chad, Mali, and North East Nigeria, covering over 10’000 health facilities and providing decision makers with comprehensive data and trends on health systems gaps and priorities. The transnational comparability of HeRAMS data offers decision makers unique opportunities to apprehend cross boarder dynamics, particularly in the context of ongoing humanitarian emergencies, as well as to gain a broader regional overview. HeRAMS data use in the region has ranged from supporting humanitarian response to shaping pluriannual development plans. In 2021, efforts will be led across the region in order to further reinforce ongoing HeRAMS processes, intensify data analysis and use and expand HeRAMS coverage to additional neighboring countries, including Niger and Cameroon.

Platform developments

The HeRAMS platform remains an essential enabler of the project at country level allowing for the approach to be implemented rapidly and efficiently. Its overall use has drastically increased during 2020, with the number of registered users expanding from 1381 to 3455 (+150%) (Fig. 5).

Regular improvements were brought to the platform’s overall performance to absorb the increase in use. Numerous enhancements were also brought to data reporting workflows to further ease the monitoring process at country level. Finally, several new features were developed to support users’ requests. These include:

- the development of customizable and exportable pdf reports
- the implementation of a multilingual interface and the subsequent translation of the entire platform in Arabic, English and French
- the development of a pilot administration dashboard to support coordinators closely keeping track of HeRAMS processes at country level (incl. timeliness and completeness of reporting) (Fig. 2).

Standards and norms

Substantial progress was made towards the completion of the Normative Pack, and particularly on the development of the Implementation Guide. Progress was also significant on additional modules of the pack, including standard terms of reference for the HeRAMS coordination team, a Landscape Analysis Framework and a COVID-19 Standard Data Model.

Due to the expansion of the pack and the coverage of COVID-19, its finalization and publication was delayed. It is now expected in the course of 2021.

Fig. 4: HeRAMS implementations Sahel region

Fig. 5: HeRAMS platform weekly number of new user registrations
A Standard HeRAMS Baseline Report (SRB) was developed, setting the basis of reporting for all HeRAMS projects. This report provides an overview of the situation through standard representations of HeRAMS core indicators. The first SRB was developed for Mali and is accessible here (Fig. 6).

Capacity building & community of practice

On the job trainings and mentoring remained the preferred format for capacity building in 2020. Primary target was staff from Ministries of Health, WHO, and health cluster partners involved in health service delivery at country level.

Systematic promotion of cross-country support has also remained a focus. For example, in Pakistan, initial training and follow-up mentoring were supported by a HeRAMS Yemen focal point. This approach has contributed significantly to the reinforcement of local capacities, further improving overall efficiency and sustainability at the country level and has proven essential in reinforcing the global community of practice.

Joint efforts with the WHO Regional Office for the Eastern Mediterranean led to streamline HeRAMS country support across the region through a better articulation of roles and responsibilities and extensive capacity building and transfer. A successful model, which replication is under discussion for other regions.

Box 6: Accessibility study Mali

In support to the Global Fund and the country programs in Mali, the University of Geneva leveraged HeRAMS data and AccesMod16 to model the physical accessibility of various health services in Mali, to assess the current status and gaps, and to plan optimization strategies. Based on realistic care-seeking behaviors, travel time to the following services were produced: HIV-related services, TB-related services, simple and severe malaria treating sites, vaccination sites, primary health centers. Overall, results have shown that accessibility of the population to services linked to TB, severe malaria and HIV are insufficient (i.e., less than 80% of the population is within one-hour travel time to the nearest service, using motorized transport). This accessibility is above 80% for vaccination sites, simple malaria, prevention of mother-to-child transmission (HIV/PMTCT), and primary health care, but only if patients travel with motorized vehicles (and not walking-only).

Partnerships & collaborations

The work on and around HeRAMS has further fostered partnerships and collaborations at country, regional and global levels. These include reinforced linkages with health cluster partners to ensure their full engagement and contribution to the process in emergency contexts or the engagement of development partners in more stable areas. A particular focus has been placed on ensuring the potential of HeRAMS data can be fully leveraged by all actors engaged in supporting the health sector. This has among others resulted in the development of advanced geospatial analytical models to determine physical accessibility to essential health services and identify gaps and priorities for interventions, in Mali (Box 6) and Yemen (Box 1).

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