

# Facility Registry Capabilities

The following Facility Registry (FR) capabilities enable interoperability between the health and supply chain domains.

## Why is this important?

See our [Value Statement for an Integrated Health and Supply Chain](#).

## Top Priority Requests

These are the highest-priority capabilities of a Facility Registry (FR) that enable interoperability between the health and supply chain domains:

- ☐ Capability for FR to include all facilities that can hold stock (warehouses, not just health service delivery points).  
*Discussion: It's important to consider that different facility types may have different governance or master data management, such as different stakeholders who assign ID numbers or manage the official lists. Also, some different facility types may have different optional fields of data. There is no known global standard list of categories/types at this time.*
- ☐ Capability for FR to include a GLN ([GS1 Global Location Number](#)) with any facility.  
*Discussion: The benefit of using GLNs with health facilities is that it allows the existing commercial supply chain (specific to any country context) to participate and interoperate with deliveries to health facilities. Assigning GLN codes for facilities requires a cost to register in the GS1 network. Adoption may be driven by suppliers or third-party logistics providers (3PLs) or to support ASNs ([Advanced Shipment Notices](#)), barcoding and other GS1 practices. FHIR Location (and other resources) have the ability to embed GS1 GLN identifiers:*
  - Community meetings notes from [May 2018](#) cover the usage of OID for GLN, using said OID in FHIR, and an example of a list of FHIR Locations with a GLN embedded in one of the Locations.
  - FAQ: The OID for GLN has no further breakdown (for company, nation, etc)
  - FAQ: Every [GLN](#), as with all GS1 identifiers, starts with a company prefix.

## Second Priority Requests

These are additional capabilities of a Facility Registry (FR) that can enable additional interoperability:

- ☐ Capability for FR to capture multiple hierarchies, such as geographic and government administrative hierarchies that can differ from programmatic supervision hierarchies and differ from supply line hierarchies (warehouse X supplies health facilities Y and Z).  
*Discussion: Some FR tools and standards already support this (eg, [Resource Map](#) and [CSD](#)), and others do not yet (eg, [mCSD](#) support for this is coming soon). There are also many other use cases where political hierarchies may need to differ from reporting hierarchies.*
- ☐ Capability for FR to include facility-within-a-facility relationships. For example, a regional hospital facility might include a maternity ward facility as well as an attached regional warehouse. Medicines might be tracked and inventoried at those locations separately, and stock movements might be recorded from one to another (such as from the warehouse to the maternity ward).  
*Discussion: Facility-within-a-facility relationships can be modeled as parent-child relationships (eg, child facility A is located within parent facility B). [FHIR Location](#) uses the `Location.partOf` data to capture this.*