Pulse survey on continuity of essential health services during the COVID-19 pandemic

Global results – as of 16 April 2021

Key informant findings from 135 countries, territories and areas
Quarter 1 2021
Reporting period: 3 months preceding date of survey submission
Round 2: National pulse survey on continuity of EHS during the COVID-19 pandemic

Q1 2021: January – March

Use:
Gain rapid snapshot of changes and challenges in service delivery/utilization

Modular approach:
integrates all WHO pulse surveys into comprehensive approach targeting different key informants in Ministry of Health

Timeline:
Q1 2021 (Jan- March 2021). Results reflect situation 3 months preceding submission.

Contributes to quarterly WHO SPRP monitoring 2021:
indicators for Pillar 9: Maintaining essential health services and systems (Proportion of countries reporting disruption to essential health services during COVID-19 pandemic) and Pillar 2: Risk communication, community engagement and infodemic management (Proportion of countries with capacities to track and address infodemic and health misinformation)

Results should be used at country level to support policy and planning dialogue to identify critical bottlenecks and priorities, recommend mitigation approaches/solutions, and guide resource investments as pandemic progresses.
Limitations:

- Reporting bias (self-reported key informant data)
- Type/mix of key informants across multiple survey sections
- Process of completion (individual survey section submissions vs. coordinated and validated responses across survey sections)
- National level data does not reflect subnational variability within countries
- Response rates varied across regions, limiting extent of possible regional comparisons
- Different quantity and combination of participating countries introduces potential bias into survey round 1 and round 2 global comparisons
Key questions the national pulse survey helps to answer

**Policies and planning**
- Have countries identified a core set of EHS to be maintained during the pandemic?
- Have countries designated a national focal point for maintaining EHS?
- Have countries allocated additional funding for maintaining EHS?

**Strategic changes to service delivery and public health activities**
- Have countries limited or suspended access to service delivery platforms (e.g. outpatient, inpatient, emergency, community-based, etc.)?
- Have countries limited or suspended essential public health functions/activities (e.g. surveillance, emergency preparedness, research, etc.)?

**Disruptions to tracer services**
- Have countries limited or suspended access to service delivery platforms (e.g. outpatient, inpatient, emergency, community-based, etc.)?
- Have countries limited or suspended essential public health functions/activities (e.g. surveillance, emergency preparedness, research, etc.)?

**Reasons for disruptions**
- What are the main supply-side reasons for service disruptions?
- What are the main demand-side reasons for service disruptions?

**Mitigation strategies**
- What approaches are being used by countries to overcome service disruptions?
- What approaches are being used to ensure access to care for vulnerable groups?
- How are digital technologies being used to mitigate service disruptions?

**Information tracking**
- Are countries regularly monitoring and tracking continuity of EHS and the implementation of mitigation strategies?
- Are countries tracking the infodemic and misinformation?

**Country priorities and needs**
- What are countries’ most urgent priority needs and TA requirements for maintaining EHS?
National pulse survey on disruptions to essential health services: 2nd round response rates

Key informant responses from 135 countries/territories between January-March 2021

<table>
<thead>
<tr>
<th>Overall response rates</th>
<th>Survey section response rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete survey submission (submission of all relevant sections) N (%)</td>
<td>Complete + partial survey submissions (submission of at least 1 section) N (%)</td>
</tr>
<tr>
<td>AFR</td>
<td>30 (65%)</td>
</tr>
<tr>
<td>AMR</td>
<td>16 (30%)</td>
</tr>
<tr>
<td>EMR</td>
<td>15 (68%)</td>
</tr>
<tr>
<td>EUR</td>
<td>12 (23%)</td>
</tr>
<tr>
<td>SEAR</td>
<td>8 (73%)</td>
</tr>
<tr>
<td>WPR</td>
<td>7 (24%)</td>
</tr>
<tr>
<td>Global</td>
<td>88 (41%)</td>
</tr>
</tbody>
</table>

Note: The survey was sent to 216 countries, territories and areas. Response rates are calculated based on contexts where services are relevant.
Malaria section is considered relevant in 92 contexts and NTDs section is considered relevant in 104 contexts. Responses were tracked only in these settings.
Despite some evidence of service restoration, over one year into the COVID-19 pandemic, substantial disruptions to essential health services persist across the globe.
Disruptions to essential health services are still geographically widespread across the globe

94% of responding countries (n= 135) experienced a disruption to some extent

- 9% of countries reported disruptions in 75-100% of services
- 25% of countries reported disruptions in 50-74% of services
- 29% of countries reported disruptions in 25-49% of services
- 32% of countries reported disruptions in less than 25% of services
- Only 6% of countries reported no disruptions

Denominator: represents responses from countries/territories that responded to at least one survey section and consented to data sharing agreement. Percentage of countries reporting disruptions may not add up to exactly 100% due to rounding. Services include: primary care, emergency and critical care, surgical care, palliative care, long-term care, auxiliary services, and tracer services for reproductive, maternal, newborn, child and adolescent health and nutrition, immunization, communicable diseases, noncommunicable diseases, neglected tropical diseases, and mental, neurological and substance use disorders.
On average, countries reported disruptions to more than one third of services.
Overall, primary care and rehabilitative, palliative and long-term care are more predominantly affected.

- 48% of countries reported disruptions to essential primary care services.
- 41% of countries reported disruptions to rehabilitative, palliative and long-term care.

...with likely implications for the most vulnerable populations, such as older persons and people living with chronic conditions and disabilities.
Overall, primary care and rehabilitative, palliative and long-term care are more predominantly affected.

Average percentage of disruptions across integrated service delivery channels (n=112)

- **Primary care**: 22% (5-25%), 9% (26-50%), 5% (more than 50%)
- **Emergency, critical, and operative care**: 14% (5-25%), 4% (26-50%), 22% (more than 50%)
- **Rehabilitative, palliative and long-term care**: 24% (5-25%), 9% (26-50%), 8% (more than 50%)
- **Auxiliary services**: 19% (5-25%), 6% (26-50%), 3% (more than 50%)

*Denominator: excludes “Not applicable” or “Do not know” responses.*
Potentially life-saving emergency, critical and operative care interventions disrupted in about 20% of countries, likely resulting in substantial near-term impact on health outcomes.

65% also reporting disruptions in elective surgeries, with accumulating consequences as the pandemic is prolonged.
Substantial disruptions span across all major health areas

Most frequently disrupted services are for mental, neurological, and substance use disorders and neglected tropical diseases (reported in more than 40% of countries)

Services across other health areas are also disrupted in more than 1/3 of countries
Substantial disruptions span across all major health areas

Denominator: excludes "Not applicable" or "Do not know" responses.

---

Percentage of countries reporting disruptions across tracer service areas

**AVERAGE DISRUPTION OF PROGRAMME SPECIFIC AREAS**

- **Mental, neurological and substance use disorders (n=121)**
  - 21%: 5-25% disrupted
  - 9%: 26-50% disrupted
  - 9%: More than 50% disrupted
  - 39%: 5-25% disrupted

- **Neglected tropical diseases (n=109)**
  - 15%: 5-25% disrupted
  - 11%: 26-50% disrupted
  - 19%: More than 50% disrupted
  - 44%: 5-25% disrupted

- **Noncommunicable diseases (n=121)**
  - 19%: 5-25% disrupted
  - 8%: 26-50% disrupted
  - 9%: More than 50% disrupted
  - 37%: 5-25% disrupted

- **Immunization (n=112)**
  - 23%: 5-25% disrupted
  - 8%: 26-50% disrupted
  - 5%: More than 50% disrupted
  - 37%: 5-25% disrupted

- **Communicable diseases (n=128)**
  - 22%: 5-25% disrupted
  - 7%: 26-50% disrupted
  - 8%: More than 50% disrupted
  - 36%: 5-25% disrupted

- **Reproductive, maternal, newborn, child and adolescent health and nutrition (n=121)**
  - 24%: 5-25% disrupted
  - 9%: 26-50% disrupted
  - 3%: More than 50% disrupted
  - 35%: 5-25% disrupted

---

Denominator: excludes "Not applicable" or "Do not know" responses.
Countries in high income group reported fewer service disruptions compared to countries in other income groups

Denominator: excludes “Not applicable” or “Do not know” responses.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Income Group</th>
<th>Percent of Countries Reporting Disruptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Global (n=121)</td>
<td>Global (n=112)</td>
</tr>
<tr>
<td>Reproductive, maternal, newborn, child</td>
<td>High income (n=35)</td>
<td>High income (n=32)</td>
</tr>
<tr>
<td>and adolescent health and nutrition</td>
<td>Upper middle</td>
<td>Upper middle</td>
</tr>
<tr>
<td>services</td>
<td>income (n=34)</td>
<td>income (n=30)</td>
</tr>
<tr>
<td></td>
<td>Lower middle</td>
<td>Lower middle</td>
</tr>
<tr>
<td></td>
<td>income (n=32)</td>
<td>income (n=28)</td>
</tr>
<tr>
<td></td>
<td>Low income</td>
<td>Low income</td>
</tr>
<tr>
<td></td>
<td>(n=25)</td>
<td>(n=22)</td>
</tr>
</tbody>
</table>
|                                        |                  | Percent of countries reporting disruptions to reproductive, maternal, newborn, child
|                                        |                  | and adolescent health and nutrition services by income group |
|                                        | 23%              | 23%                                        |
|                                        | 8%               | 8%                                         |
|                                        | 5%               | 5%                                         |
|                                        | 37%              | 37%                                        |
|                                        | 5-25% disrupted  | 5-25% disrupted                            |
|                                        | 26-50% disrupted | 26-50% disrupted                           |
|                                        | More than 50%    | More than 50%                              |
| Immunization services                  | Global (n=121)   | Global (n=112)                            |
|                                        | High income (n=35)| High income (n=32)                         |
|                                        | Upper middle     | Upper middle                               |
|                                        | income (n=34)    | income (n=30)                              |
|                                        | Lower middle     | Lower middle                               |
|                                        | income (n=32)    | income (n=28)                              |
|                                        | Low income       | Low income                                 |
|                                        | (n=25)           | (n=22)                                     |
|                                        |                  | Percent of countries reporting disruptions to immunization services by income group |
|                                        | 23%              | 23%                                        |
|                                        | 11%              | 11%                                        |
|                                        | 15%              | 15%                                        |
|                                        | 14%              | 14%                                        |
|                                        | 10%              | 10%                                        |
|                                        | 46%              | 46%                                        |
|                                        | 5-25% disrupted  | 5-25% disrupted                            |
|                                        | 26-50% disrupted | 26-50% disrupted                           |
|                                        | More than 50%    | More than 50%                              |
| Noncommunicable disease services       | Global (n=121)   | Global (n=112)                            |
|                                        | High income (n=35)| High income (n=32)                         |
|                                        | Upper middle     | Upper middle                               |
|                                        | income (n=34)    | income (n=30)                              |
|                                        | Lower middle     | Lower middle                               |
|                                        | income (n=32)    | income (n=28)                              |
|                                        | Low income       | Low income                                 |
|                                        | (n=25)           | (n=22)                                     |
|                                        |                  | Percent of countries reporting disruptions to noncommunicable disease services by income group |
|                                        | 19%              | 19%                                        |
|                                        | 9%               | 9%                                         |
|                                        | 8%               | 8%                                         |
|                                        | 20%              | 20%                                        |
|                                        | 37%              | 37%                                        |
|                                        | 5-25% disrupted  | 5-25% disrupted                            |
|                                        | 26-50% disrupted | 26-50% disrupted                           |
|                                        | More than 50%    | More than 50%                              |
| Mental, neurological, and substance    | Global (n=121)   | Global (n=112)                            |
| use disorder services                  | High income (n=35)| High income (n=32)                         |
|                                        | Upper middle     | Upper middle                               |
|                                        | income (n=34)    | income (n=30)                              |
|                                        | Lower middle     | Lower middle                               |
|                                        | income (n=32)    | income (n=28)                              |
|                                        | Low income       | Low income                                 |
|                                        | (n=25)           | (n=22)                                     |
|                                        |                  | Percent of countries reporting disruptions to mental, neurological, and substance use disorder services by income group |
|                                        | 23%              | 23%                                        |
|                                        | 13%              | 13%                                        |
|                                        | 10%              | 10%                                        |
|                                        | 48%              | 48%                                        |
|                                        | 5-25% disrupted  | 5-25% disrupted                            |
|                                        | 26-50% disrupted | 26-50% disrupted                           |
|                                        | More than 50%    | More than 50%                              |
| Communicable disease services          | Global (n=121)   | Global (n=112)                            |
|                                        | High income (n=35)| High income (n=32)                         |
|                                        | Upper middle     | Upper middle                               |
|                                        | income (n=34)    | income (n=30)                              |
|                                        | Lower middle     | Lower middle                               |
|                                        | income (n=32)    | income (n=28)                              |
|                                        | Low income       | Low income                                 |
|                                        | (n=25)           | (n=22)                                     |
|                                        |                  | Percent of countries reporting disruptions to communicable disease services by income group |
|                                        | 21%              | 21%                                        |
|                                        | 7%               | 7%                                         |
|                                        | 8%               | 8%                                         |
|                                        | 30%              | 30%                                        |
|                                        | 5-25% disrupted  | 5-25% disrupted                            |
|                                        | 26-50% disrupted | 26-50% disrupted                           |
|                                        | More than 50%    | More than 50%                              |
| Neglected tropical disease services    | Global (n=121)   | Global (n=112)                            |
|                                        | High income (n=35)| High income (n=32)                         |
|                                        | Upper middle     | Upper middle                               |
|                                        | income (n=34)    | income (n=30)                              |
|                                        | Lower middle     | Lower middle                               |
|                                        | income (n=32)    | income (n=28)                              |
|                                        | Low income       | Low income                                 |
|                                        | (n=25)           | (n=22)                                     |
|                                        |                  | Percent of countries reporting disruptions to neglected tropical disease services by income group |
|                                        | 22%              | 22%                                        |
|                                        | 15%              | 15%                                        |
|                                        | 28%              | 28%                                        |
|                                        | 24%              | 24%                                        |
|                                        | 23%              | 23%                                        |
|                                        | 5-25% disrupted  | 5-25% disrupted                            |
|                                        | 26-50% disrupted | 26-50% disrupted                           |
|                                        | More than 50%    | More than 50%                              |
Disruptions to mental, neurological and substance use disorders (MNS) span the full continuum of care.

From prevention and promotion: school mental health programmes and suicide prevention programmes.

To diagnostics and treatments: neuroimaging and neurophysiology, psychotherapy, counselling and psychosocial interventions, and prescriptions.

For life-saving emergency care: management of emergency MNS manifestations, critical harm reduction services, overdose prevention and management programmes.

For the most vulnerable populations: older adults, children, and adolescents with mental health conditions or disabilities.
Disruptions to mental, neurological and substance use disorders (MNS) span the full continuum of care. School mental health programmes (66%) and psychotherapy, counselling and psychosocial intervention (54%) are among the most predominantly disrupted services across all service areas.

**Percentage of countries reporting disruptions in services for mental, neurological and substance use disorders**

- **Psychotherapy interventions for MNS disorders (n=95)**
  - 0% to 5% disrupted: 29%
  - 6% to 25% disrupted: 17%
  - 26% to 50% disrupted: 7%
  - More than 50% disrupted: 54%

- **School mental health programmes (n=53)**
  - 0% to 5% disrupted: 15%
  - 6% to 25% disrupted: 17%
  - 26% to 50% disrupted: 40%
  - More than 50% disrupted: 48%

- **Services for older adults with mental health conditions or disabilities (n=85)**
  - 0% to 5% disrupted: 26%
  - 6% to 25% disrupted: 13%
  - 26% to 50% disrupted: 9%
  - More than 50% disrupted: 48%

- **Services for children/adolescents with mental health conditions or disabilities (n=86)**
  - 0% to 5% disrupted: 22%
  - 6% to 25% disrupted: 15%
  - 26% to 50% disrupted: 8%
  - More than 50% disrupted: 45%

- **Neuroimaging and neurophysiology (n=58)**
  - 0% to 5% disrupted: 31%
  - 6% to 25% disrupted: 14%
  - 26% to 50% disrupted: 9%
  - More than 50% disrupted: 53%

- **Management of emergency MNS manifestations (n=94)**
  - 0% to 5% disrupted: 20%
  - 6% to 25% disrupted: 15%
  - 26% to 50% disrupted: 4%
  - More than 50% disrupted: 39%

- **Suicide prevention programmes (n=57)**
  - 0% to 5% disrupted: 21%
  - 6% to 25% disrupted: 16%
  - 26% to 50% disrupted: 7%
  - More than 50% disrupted: 44%

- **Prescriptions for MNS disorder medicines (n=91)**
  - 0% to 5% disrupted: 16%
  - 6% to 25% disrupted: 13%
  - 26% to 50% disrupted: 2%
  - More than 50% disrupted: 32%

- **Critical harm reduction services (n=44)**
  - 0% to 5% disrupted: 23%
  - 6% to 25% disrupted: 13%
  - 26% to 50% disrupted: 5%
  - More than 50% disrupted: 39%

- **Overdose prevention and management programmes (n=44)**
  - 0% to 5% disrupted: 23%
  - 6% to 25% disrupted: 7%
  - 26% to 50% disrupted: 5%
  - More than 50% disrupted: 34%

Denominator: excludes "Not applicable" or "Do not know" responses.
Nearly half of countries reported disruptions to one of more services for noncommunicable diseases

- Cancer screening and treatment services are among the most disrupted services.
- 1/3 of more countries also reporting disruptions to hypertension management, diabetes management, and asthma services.
- Time-sensitive services for urgent dental care and cardiovascular emergencies are also affected.
Nearly half of countries reported disruptions to one of more services for noncommunicable diseases

Percentage of countries reporting disruptions in noncommunicable disease services

- **AVERAGE DISRUPTION IN SERVICE GROUP**: 19% 8% 9% 37%
- **Cancer screening (n=86)**: 20% 10% 19% 49%
- **Hypertension Management (n=95)**: 27% 9% 8% 45%
- **Diabetes and Diabetic Complications Management (n=97)**: 24% 11% 7% 42%
- **Urgent dental care (n=85)**: 21% 7% 14% 42%
- **Cancer Treatment (n=90)**: 18% 6% 9% 32%
- **Asthma services (n=87)**: 15% 8% 7% 30%
- **Cardiovascular emergencies (n=91)**: 11% 7% 20%

Denominator: excludes "Not applicable" or "Do not know" responses.
Disruptions in immunization services

Percentage of countries reporting disruptions in immunization services

AVERAGE DISRUPTION IN SERVICE GROUP
- Routine facility-based immunization services (n=103)
  - 5% to 25% disrupted: 24%
  - 26% to 50% disrupted: 7%
  - More than 50% disrupted: 3%
- Routine outreach immunization services (n=89)
  - 5% to 25% disrupted: 21%
  - 26% to 50% disrupted: 10%
  - More than 50% disrupted: 8%

Denominator: excludes "Not applicable" or "Do not know" responses.

More than one third of countries reported disruptions to both routine facility-based and outreach immunization services.
Disruptions in services for reproductive, maternal, newborn, child and adolescent health and nutrition

- Over 40% of countries report disruptions to family planning and contraception and malnutrition services.
- Over a third report disruptions to antenatal care and postnatal care, critical health services to ensure that pregnant women and newborns survive and remain healthy.
- Although a third of countries report reductions in sick child visits, further information is needed to understand if this reflects actual disruptions or if children are less likely to become ill due to measures put in place to prevent the spread of COVID-19.
Disruptions in services for reproductive, maternal, newborn, child and adolescent health and nutrition

Percentage of countries reporting disruptions in reproductive, maternal, newborn, child and adolescent health and nutrition services

<table>
<thead>
<tr>
<th>Essential health service</th>
<th>5% to 25% disrupted</th>
<th>26% to 50% disrupted</th>
<th>More than 50% disrupted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-based births (n=104)</td>
<td>18%</td>
<td>6%</td>
<td>25%</td>
</tr>
<tr>
<td>Safe abortion and post-abortion care (n=75)</td>
<td>17%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>Management of moderate and severe malnutrition (n=92)</td>
<td>24%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Intimate partner and sexual violence prevention and response (n=61)</td>
<td>26%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Antenatal care (n=110)</td>
<td>32%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Sick child services (n=101)</td>
<td>23%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Postnatal care for women and newborns (n=101)</td>
<td>24%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Family planning and contraception (n=104)</td>
<td>25%</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td>Antenatal care (n=110)</td>
<td>32%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Intimate partner and sexual violence prevention and response (n=61)</td>
<td>26%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Management of moderate and severe malnutrition (n=92)</td>
<td>24%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Facility-based births (n=104)</td>
<td>18%</td>
<td>6%</td>
<td>25%</td>
</tr>
<tr>
<td>Safe abortion and post-abortion care (n=75)</td>
<td>17%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>Sick child services (n=101)</td>
<td>23%</td>
<td>7%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Denominator excludes "Not applicable" or "Do not know" responses.

Average disruption in service group:
- 24% 9% 3% 35%

World Health Organization
Over half of countries report disruptions to TB diagnosis and treatment. HIV testing and prevention services also disrupted in nearly half of countries.

Nearly 40% of countries are reporting disruptions to one or more malaria services (including diagnosis and treatment services and prevention campaigns).
Disruptions in services for communicable disease services

Percentage of countries reporting disruptions in communicable disease services

AVERAGE DISRUPTION IN SERVICE GROUP

- TB diagnosis and treatment (n=98)
  - 5% to 25% disrupted: 21%
  - 26% to 50% disrupted: 7%
  - More than 50% disrupted: 8%

- HIV testing services (n=99)
  - 5% to 25% disrupted: 29%
  - 26% to 50% disrupted: 16%
  - More than 50% disrupted: 6%

- HIV prevention services (n=93)
  - 5% to 25% disrupted: 30%
  - 26% to 50% disrupted: 12%
  - More than 50% disrupted: 7%

- Hepatitis B and C diagnosis and treatment (n=75)
  - 5% to 25% disrupted: 29%
  - 26% to 50% disrupted: 9%
  - More than 50% disrupted: 9%

- Insecticide-treated-mosquito nets (n=49)
  - 5% to 25% disrupted: 25%
  - 26% to 50% disrupted: 4%
  - More than 50% disrupted: 13%

- Malaria diagnosis and treatment (n=59)
  - 5% to 25% disrupted: 22%
  - 26% to 50% disrupted: 4%
  - More than 50% disrupted: 12%

- Indoor residual spraying (n=43)
  - 5% to 25% disrupted: 27%
  - 26% to 50% disrupted: 2%
  - More than 50% disrupted: 10%

- Seasonal malaria chemoprevention (n=10)
  - 5% to 25% disrupted: 19%
  - 26% to 50% disrupted: 7%
  - More than 50% disrupted: 7%

- Outbreak detection and control (for non-COVID diseases) (n=91)
  - 5% to 25% disrupted: 10%
  - 26% to 50% disrupted: 10%
  - More than 50% disrupted: 10%

- Initiation of new ARV treatment (n=93)
  - 5% to 25% disrupted: 13%
  - 26% to 50% disrupted: 18%
  - More than 50% disrupted: 4%

- Continuation of established ARV treatment (n=98)
  - 5% to 25% disrupted: 13%
  - 26% to 50% disrupted: 8%
  - More than 50% disrupted: 17%

Denominator excludes "Not applicable" or "Do not know" responses.
Disruptions in services for neglected tropical diseases (NTDs)

The most predominant disruptions were to large scale preventive chemotherapy campaigns, community awareness/health education campaigns, and support for self-care, rehabilitation and psychosocial services for patients with chronic NTDs.

Percentage of countries reporting disruptions in neglected tropical disease services

- **Essential health service**
  - Diagnostics, treatment and care for NTDs (n=74)
  - Support for self-care, rehabilitation and psychosocial services for patients with chronic NTDs (n=48)
  - Large scale preventive chemotherapy campaigns for NTDs (n=62)
  - Community awareness and health education campaigns for NTDs (n=69)
  - Surgical procedures for NTDs (n=40)
  - Prescriptions for NTD medicines (n=64)

The chart shows the percentage of countries reporting disruptions in essential health services. The disruptions are categorized by the percentage of countries reporting different levels of service disruption: 5% to 25% disrupted, 26% to 50% disrupted, and more than 50% disrupted. The specific service disruptions are as follows:

- **Average Disruption in Service Group**: 15% 11% 19% 44%
- **Large scale preventive chemotherapy campaigns for NTDs (n=62)**: 13% 10% 37% 60%
- **Community awareness and health education campaigns for NTDs (n=69)**: 16% 13% 23% 52%
- **Support for self-care, rehabilitation and psychosocial services for patients with chronic NTDs (n=48)**: 19% 13% 21% 52%
- **Diagnosis, treatment and care for NTDs (n=74)**: 15% 15% 12% 42%
- **Surgical procedures for NTDs (n=40)**: 13% 8% 10% 30%
- **Prescriptions for NTD medicines (n=64)**: 14% 6% 8% 28%

Denominator: excludes “Not applicable” or “Do not know” responses.
Service disruptions are perceived to be caused by a mix of supply and demand side factors

Health workforce-related issues are among the most commonly reported supply-side reasons linked to staff deployment to COVID-19 relief and insufficient staff availability. Cancellation of elective care and changes to treatment policies are also reported as reasons for disruptions.

Most common demand-side reasons included: community fear/mistrust, decreases in OPD volume due to patients not presenting, travel restrictions and financial difficulties during the pandemic.

In some countries, measures for COVID-19 control may be contributing to increased barriers to accessing care (e.g. fear of getting infected, limited personal protective equipment or access, limitations in movement, loss of income, increased financial burden).

Supply chain systems are also disrupted in nearly 1/3 of countries.
Service disruptions are perceived to be caused by a mix of supply and demand side factors.

Denominator: excludes "Not applicable" or "Do not know" responses.

Reasons for service disruptions (n=112)

- Insufficient staff availability (due to deployment to provide COVID-19 relief or other) (n=112): 66%
- Community fear/mistrust in seeking health care (n=112): 57%
- Decrease in outpatient volume due to patients not presenting (n=111): 57%
- Decrease in inpatient volume due to cancellation of elective care (n=112): 47%
- Financial difficulties during outbreak/lock down (n=112): 43%
- Travel restrictions hindering access to the health facilities (n=112): 36%
- Changes in treatment policies for care seeking behaviour (n=111): 35%
- Insufficient Personal Protective Equipment (PPE) available (n=111): 26%
- Unavailability/Stock out of essential medicines (n=111): 22%
- Inpatient services/hospital beds not available (n=111): 19%
- Closure of outpatient clinics (n=112): 16%
- Closure of population level screening programmes (n=111): 14%
- Closure of outpatient services as per government directive (n=112): 12%

Legend:
- Demand side factor
- Supply side factor
To some extent, disruptions may be attributed to intentional scaling back or modifications to service delivery in the context of COVID-19.

- One-third or more countries have limited or suspended community-based, mobile care, outpatient, inpatient and delivery platforms.
- Emergency and pre-emergency platforms also limited in 15% of countries.
To some extent, disruptions may be attributed to intentional scaling back or modifications to service delivery in the context of COVID-19.

Denominator: excludes "Not applicable" or "Do not know" responses.

Government policies in relation to service delivery platforms (n=112)

<table>
<thead>
<tr>
<th>Service delivery platform</th>
<th>Limited access</th>
<th>Suspended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile clinics (n=86)</td>
<td>38%</td>
<td>7%</td>
</tr>
<tr>
<td>Community based care (n=103)</td>
<td>41%</td>
<td>4%</td>
</tr>
<tr>
<td>Outpatient services (n=108)</td>
<td>38%</td>
<td>0%</td>
</tr>
<tr>
<td>Inpatient services (n=107)</td>
<td>35%</td>
<td>1%</td>
</tr>
<tr>
<td>Prehospital emergency care (n=105)</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Emergency unit services (n=106)</td>
<td>16%</td>
<td>0%</td>
</tr>
</tbody>
</table>
In high income countries, disruptions are more frequently the result of strategic suspensions or modifications as compared to countries in other income groups.

Services included for: emergency and critical care, rehabilitative and palliative care, reproductive, maternal, newborn, child and adolescent health and nutrition, immunization, communicable diseases, noncommunicable diseases, neglected tropical diseases, and mental, neurological and substance use disorders.
Nearly half of countries have scaled back at least one essential public health function or activity, including population-based services.

- >40% of countries have scaled back population-based disease prevention, health promotion and health protection activities.
- 43% of countries have scaled back research activities.
- 27% of countries have scaled back communications and social mobilization activities.
Nearly half of countries have scaled back at least one essential public health function or activity, including population-based services.

Denominator: excludes "Not applicable" or "Do not know" responses.

Government policies in relation to essential public health functions and activities
Notwithstanding the sustained global disruptions, the magnitude and extent of disruptions within countries has decreased
Decrease in reported disruptions in countries participating in either survey round: just over a third of services are currently affected, compared to half in 2020

Moreover, fewer countries are reporting complete disruptions to 75-100% of services

95% of countries reported some level of disruption to services

• 24% of countries reported disruptions in 75–100% of services
• 27% of countries reported disruptions in 50–74% of services
• 28% of countries reported disruptions in 25–49% of services
• 16% of countries reported disruptions in less than 25% of services
5% of countries reported no service disruptions

89% of countries reported some level of disruption to services

• 8% of countries reported disruptions in 75–100% of services
• 21% of countries reported disruptions in 50–74% of services
• 32% of countries reported disruptions in 25–49% of services
• 27% of countries reported disruptions in less than 25% of services
11% of countries reported no service disruptions

Note: represents global findings from all countries that responded to either round 1 or 2 of survey. Round 1 data sourced from 2020 WHO surveys on disruptions to Essential health services, Noncommunicable diseases, and Mental, neurological and substance use disorder during the COVID-19 pandemic.
Denominator: excludes "Not applicable" or "Do not know" responses. 35 tracer services included in both survey rounds include services for: emergency and critical care, rehabilitative and palliative care, reproductive, maternal, newborn, child and adolescent health and nutrition, immunization, communicable diseases, noncommunicable diseases, neglected tropical diseases, and mental, neurological and substance use disorders.
Comparing service disruptions in countries that participated in both survey rounds, a drop in disrupted services is still seen from 54% in 2020 to 37% in 2021.

Quantity of disruptions reported in countries has also decreased.

96% of countries reported some level of disruption to services:
- 25% of countries reported disruptions in 75–100% of services
- 33% of countries reported disruptions in 50–74% of services
- 27% of countries reported disruptions in 25–49% of services
- 11% of countries reported disruptions in less than 25% of services
- 4% of countries reported no service disruptions

89% of countries reported some level of disruption to services:
- 9% of countries reported disruptions in 75–100% of services
- 22% of countries reported disruptions in 50–74% of services
- 32% of countries reported disruptions in 25–49% of services
- 25% of countries reported disruptions in less than 25% of services
- 11% of countries reported no service disruptions

Note: represents findings from all countries that responded to both rounds 1 and 2 of survey. Round 1 data sourced from 2020 WHO surveys on disruptions to Essential health services, Noncommunicable diseases, and Mental, neurological and substance use disorder during the COVID-19 pandemic. Denominator: excludes “Not applicable” or “Do not know” responses. 35 tracer services included in both survey rounds include services for: emergency and critical care, rehabilitative and palliative care, reproductive, maternal, newborn, child and adolescent health and nutrition, immunization, communicable diseases, noncommunicable diseases, neglected tropical diseases, and mental, neurological and substance use disorders.
Average percentage of countries reporting disruptions dropped across all tracer service areas

Countries participating in either survey round

Round 1 vs. Round 2 comparison:
Service disruptions by tracer service area

*View report to see changes in disruptions to individual tracer services.

Note: represents global findings from all countries that responded to either round 1 or 2 of survey. Round 1 data sourced from 2020 WHO surveys on disruptions to Essential health services, Noncommunicable diseases, and Mental, neurological and substance use disorder during the COVID-19 pandemic. Denominator: excludes “Not applicable” or “Do not know” responses.

Emergency and critical care services include: 24-hour emergency room/unit services; urgent blood transfusion services; inpatient critical care services; and emergency surgery.

Reproductive, maternal, newborn, child and adolescent health and nutrition services include: family planning and contraception; antenatal care; facility-based births; sick child services; and management of malnutrition.

Immunization services include: facility-based routine immunization; and outreach routine immunization.

Communicable disease services include: Outbreak detection and control (non-COVID); continuation of established antiretroviral treatment; malaria diagnosis and treatment; ITN malaria prevention campaigns; IRS malaria prevention campaigns; and SMC malaria prevention campaigns.

Noncommunicable disease services include: cancer diagnosis and treatment; hypertension management; diabetes management; and asthma services.

Mental, neurological, and substance use disorders (MNS) services include: MNS emergency services; counselling for MNS disorders; medicines for MNS disorders; services for children and adolescents; services for older adults; school mental health programmes; suicide prevention programmes; overdose prevention programmes; and critical harm reduction services.

Rehabilitative and palliative care services include: rehabilitation services; palliative services.
Average percentage of countries reporting disruptions dropped across all tracer service areas

Countries participating in both survey rounds

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Round 1 (n=75)</th>
<th>Round 2 (n=79)</th>
<th>Round 1 (n=75)</th>
<th>Round 2 (n=79)</th>
<th>Round 1 (n=75)</th>
<th>Round 2 (n=79)</th>
<th>Round 1 (n=101)</th>
<th>Round 2 (n=101)</th>
<th>Round 1 (n=82)</th>
<th>Round 2 (n=82)</th>
<th>Round 1 (n=101)</th>
<th>Round 2 (n=101)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency, critical and operative care</td>
<td>23%</td>
<td>11%</td>
<td>46%</td>
<td>30%</td>
<td>43%</td>
<td>30%</td>
<td>38%</td>
<td>29%</td>
<td>38%</td>
<td>36%</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>RMNCAH and nutrition</td>
<td>49%</td>
<td>36%</td>
<td>11%</td>
<td>7%</td>
<td>48%</td>
<td>7%</td>
<td>48%</td>
<td>7%</td>
<td>44%</td>
<td>8%</td>
<td>61%</td>
<td>15%</td>
</tr>
<tr>
<td>Immunization</td>
<td>53%</td>
<td>38%</td>
<td>57%</td>
<td>52%</td>
<td>51%</td>
<td>43%</td>
<td>61%</td>
<td>44%</td>
<td>50%</td>
<td>44%</td>
<td>66%</td>
<td>15%</td>
</tr>
<tr>
<td>Communicable diseases</td>
<td>13%</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>5%</td>
<td>11%</td>
<td>5%</td>
<td>9%</td>
<td>7%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Noncommunicable diseases</td>
<td>19%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>11%</td>
<td>23%</td>
<td>13%</td>
<td>53%</td>
<td>38%</td>
<td>57%</td>
<td>50%</td>
</tr>
<tr>
<td>Mental, neurological, and substance use disorders</td>
<td>11%</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>5%</td>
<td>11%</td>
<td>5%</td>
<td>9%</td>
<td>7%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Rehabilitative and palliative care</td>
<td>23%</td>
<td>11%</td>
<td>46%</td>
<td>30%</td>
<td>43%</td>
<td>30%</td>
<td>38%</td>
<td>29%</td>
<td>38%</td>
<td>36%</td>
<td>38%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Average percentage of countries reporting disruptions dropped across all tracer service areas

Round 1 vs. Round 2 comparison:
Service disruptions by tracer service area

*View report to see changes in disruptions to individual tracer services.*

Note: represents findings from all countries that responded to both rounds 1 and 2 of survey. Round 1 data sourced from 2020 WHO surveys on disruptions to Essential health services, Noncommunicable diseases, and Mental, neurological and substance use disorder during the COVID-19 pandemic. Denominator: excludes "Not applicable" or "Do not know" responses. Emergency and critical care services include: 24-hour emergency room/unit services; urgent blood transfusion services; inpatient critical care services; and emergency surgery. Reproductive, maternal, newborn, child and adolescent health and nutrition services include: family planning and contraception; antenatal care; facility-based births; sick child services; and management of malnutrition. Immunization services include: facility-based routine immunization; and outreach routine immunization. Communicable disease services include: Outbreak detection and control (non-COVID); continuation of established antiretroviral treatment; malaria diagnosis and treatment; ITN malaria prevention campaigns; IRS malaria prevention campaigns; and SMC malaria prevention campaigns. Noncommunicable disease services include: cancer diagnosis and treatment; hypertension management; diabetes management; and asthma services. Mental, neurological, and substance use disorders (MNS) services include: MNS emergency services; counselling for MNS disorders; medicines for MNS disorders; services for children and adolescents; services for older adults; school mental health programmes; suicide prevention programmes; overdose prevention programmes; and critical harm reduction services. Rehabilitative and palliative care services include: rehabilitation services; palliative services.
Disruptions due to insufficient PPE and other health products availability have decreased since 2020

Countries participating in either survey round

Round 1 vs. Round 2 comparison: Reasons for service disruptions

- Insufficient PPE availability has decreased from 43% to 26% of countries compared to Q3 2020
- Unavailability and stock outs of health products have decreased from 30% to 22% of countries compared to Q3 2020

Note: represents findings from all countries that responded to either round 1 or 2 of survey. Denominator: excludes "Not applicable" or "Do not know" responses.
Disruptions due to insufficient PPE and other health products availability have decreased since 2020

Countries participating in both survey rounds

Round 1 vs. Round 2 comparison: Reasons for service disruptions

- Decrease in outpatient volume due to patients not presenting
- Decrease in inpatient volume due to cancellation of elective care
- Insufficient staff availability (due to staff deployment to provide COVID-19 relief or other)
- Government or public transport lockdowns hindering access
- Insufficient PPE available for health care providers
- Closure of population level screening programs
- Changes in treatment policies
- Closure of outpatient disease specific consultation clinics
- Financial difficulties during outbreak/lock down
- Closure of outpatient services as per government directive
- Unavailability/Stock out of health products at health facilities
- Inpatient services/hospital beds not available

Note: represents findings from all countries that responded to either round 1 or 2 of survey. Denominator: excludes “Not applicable” or “Do not know” responses.

Insufficient PPE availability has decreased from 52% to 28% of countries compared to Q3 2020

Unavailability and stock outs of health products have decreased from 36% to 19% of countries compared to Q3 2020
Gains and partial rebound in service provision likely due to implementation of recommended policies and strategies for maintaining essential health services.
Most countries have implemented policies and plans on continuity of essential health services. Of countries have defined essential health services to be maintained during the COVID-19 pandemic in a national policy or plan. 87% have designated a national focal point responsible for continuity of essential health services during the COVID-19 pandemic. 82% have allocated additional funding to support maintenance of essential health services. 62% No change since Q3 2020.
Recommended strategies to restore or adapt service delivery being implemented by many countries

Approaches for overcoming disruptions

- Community communications (n=112) 67%
- Triaging to identify priorities (n=112) 60%
- Recruitment of additional staff (n=111) 56%
- Redirection of patients to alternate care sites (n=112) 54%
- Provision of home-based care where appropriate (n=112) 51%
- Telemedicine deployment to replace in-person consults (n=112) 48%
- Self-care interventions where appropriate (n=112) 40%
- Novel prescribing approaches (n=112) 40%
- Task shifting / role delegation (n=111) 38%
- Novel dispensing approaches for medicines (n=112) 35%
- Catch-up campaigns for missed appointments (n=112) 31%
- Novel supply chain management and logistics approaches (n=111) 31%
- Integration of several services into single visit (n=112) 29%
- Expanding facility hours (n=111) 25%
- Government removal of user fees (n=111) 5%

Denominator: excludes "Not applicable" or "Do not know" responses.

Over half of countries report using community communications, triaging, staff recruitment and provision of home-based care to adapt service delivery during disruptions.

Novel approaches to prescribing and dispensing medicines, supply chain and telemedicine deployment are also among the most frequently used approaches to restore service delivery.
Many countries are using telehealth technologies to mitigate disruptions. 

High income countries more frequently report use of telehealth technologies to support service delivery.

### Percentage of countries reporting use of telehealth technologies to support service delivery

- **Scheduling appointments** (n=112): 49%
- **Primary care consultations** (n=112): 49%
- **Pharmacy and medication refills** (n=112): 43%
- **Chronic care consultations** (n=111): 37%
- **Mental health consultations** (n=112): 32%
- **Child health consultations** (n=112): 30%
- **Emergency care consultations** (n=112): 28%
- **Prenatal care consultations** (n=112): 28%
- **Imaging diagnostics** (n=111): 28%
- **Family planning counselling** (n=112): 22%
- **Eye care consultations** (n=111): 17%

### Percentage of countries reporting use of any telehealth

- **Global** (n=112): 64%
- **High income** (n=25): 96%
- **Upper middle income** (n=32): 66%
- **Lower middle income** (n=31): 85%
- **Low income** (n=24): 29%

Denominator: excludes “Not applicable” or “Do not know” responses.
Limited access and technical capacities to use telehealth technologies are the most commonly reported barriers to use in countries.

Denominator: excludes "Not applicable" or "Do not know" responses.

- Limited access to telehealth technologies for patients and/or providers: 68%
- Limited organizational or technical capacities to transition to use: 58%
- Limited awareness/knowledge of patients and/or providers regarding telehealth technologies: 54%
- Lack of funding to set up and implement programmes: 43%
- Security and privacy concerns: 21%
- Legal or regulatory barriers: 19%
Two-thirds of countries are implementing approaches to ensure access to care for vulnerable groups

Many countries are implementing approaches to target specific vulnerable groups

High- and middle-income countries are implementing these approaches slightly more frequently

Denominator: excludes "Not applicable" or "Do not know" responses.
Most countries are actively tracking and monitoring information to support continuity of essential health services.

85% are regularly monitoring continuity of essential health services

86% are collecting data on comorbidities in COVID-19 patients

65% have designated a team to track and address the infodemic and health misinformation.
The most commonly reported country priority needs and technical assistance requirements relate to maintaining essential health services during the COVID-19 pandemic.

Country priorities and technical needs (216 requests from 78 countries)

- Maintaining EHS during COVID-19: 40 requests
- Monitoring and evaluation capacities: 27 requests
- Health workforce strengthening: 26 requests
- Essential health products and equipment: 19 requests
- Telehealth technologies: 13 requests
- Policy guidance: 12 requests
- Service organization and models of care: 10 requests
- COVID-19 vaccination capacities: 9 requests
- Essential PPE supplies: 8 requests
- Information management: 8 requests
- COVID-19 case management capacities: 7 requests
- Health systems strengthening and resilience: 5 requests
- Peer learning: 5 requests
- Risk communications and community engagement: 5 requests
- Surveillance, case detection and containment: 4 requests
- COVID-19 diagnostic capacities: 4 requests
- Implementation research and learning: 4 requests
- Screening, triage and isolation: 3 requests
- Infection prevention and Control: 2 requests
- Health worker safety: 1 request
- Immunization activities: 1 request
- Infrastructure: 1 request
- Quality improvement and safety: 1 request

Denominator: excludes “Not applicable” or “Do not know” responses.
Implications for action

Despite the limitations of a key informant survey, it is reasonable to expect that even moderate interruptions to health service delivery and utilization can lead to worsened health outcomes.

Urgent need for responsive health policy planning and action to orient health strategies according to rapidly evolving priorities and needs.

COVID-19 control strategies must be in balance with other health priorities (e.g. ensuring adequate staff are available and infection prevention and control measures are in place to protect health worker and patient safety throughout the delivery of both COVID-19 and other essential care).

Further information, including from subnational, health facility, and community levels should supplement findings to better quantify potential impact of disruptions over the short, medium and long term.

Further documentation and learning on which mitigation strategies and approaches work best and benefits and risks of pursuing different strategies towards recovery.

WHO’s response must continue to support countries to respond to the increased strains on health systems to ensure continued access to comprehensive care for all individuals.
Annex:
Participating countries, territories and areas
WHO expresses its gratitude to all authorities and WHO country offices that supported participation in this survey.

### African region
- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cabo Verde
- Cameroon
- Central African Republic
- Chad
- Comoros
- Congo
- Côte d’Ivoire
- Democratic Republic of the Congo
- Eritrea
- Eswatini
- Ethiopia
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Kenya
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mauritania
- Mauritius
- Mozambique
- Namibia
- Niger
- Rwanda
- Sao Tome and Principe
- Senegal
- Seychelles
- South Africa
- South Sudan
- Togo
- Uganda
- Zambia

### Region of the Americas
- Argentina
- Bahamas
- Belize
- Bermuda
- Bolivia (Plurinational State of)
- Brazil
- British Virgin Islands
- Cayman Islands
- Chile
- Costa Rica
- Cuba
- Dominica
- Dominican Republic
- Ecuador
- El Salvador
- Grenada
- Guatemala
- Haiti
- Honduras
- Jamaica
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Saint Lucia
- Saint Vincent and the Grenadines
- Suriname
- Uruguay

### Eastern Mediterranean region
- Afghanistan
- Bahrain
- Djibouti
- Egypt
- Iran (Islamic Republic of)
- Iraq
- Jordan
- Kuwait
- Lebanon
- Morocco
- Oman
- occupied Palestinian territory, including east Jerusalem
- Pakistan
- Qatar
- Saudi Arabia
- Somalia
- Sudan
- Syrian Arab Republic
- Tunisia
- United Arab Emirates
- Yemen
WHO expresses its gratitude to all authorities and WHO country offices that supported participation in this survey (cont.)

**European region**
- Albania
- Armenia
- Austria
- Bulgaria
- Croatia
- Czechia
- Denmark
- Estonia
- Finland
- France
- Georgia
- Hungary
- Italy
- Kazakhstan
- Latvia
- Portugal
- Republic of Moldova
- Sweden
- Turkmenistan
- Ukraine
- United Kingdom of Great Britain and Northern Ireland

**South-East Asian region**
- Bangladesh
- Bhutan
- Democratic People's Republic of Korea
- Indonesia
- Maldives
- Nepal
- Sri Lanka
- Thailand
- Timor-Leste

**Western Pacific region**
- Australia
- Brunei Darussalam
- China
- Fiji
- French Polynesia
- Japan
- Lao People's Democratic Republic
- Malaysia
- Papua New Guinea
- Philippines
- Republic of Korea
- Solomon Islands
- Vanuatu