

Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January-March 2021

Interim report
22 April 2021



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Key points

- **WHO is tracking disruptions to essential health services in the context of the COVID-19 pandemic** and has conducted two rounds of pulse surveys in 2020 and 2021 to assess the extent of these disruptions.

State of service disruptions

- **Overall, 94% of the 135 countries and territories** participating in the 2nd round of WHO's *National pulse survey on continuity of essential health services during the COVID-19 pandemic* reported some kind of disruption to services during the preceding three months from the date of survey submission (January-March 2021), only slightly down from the percentage of countries reporting service disruptions in the first pulse survey rounds during quarters 3 and 4 of 2020.
- **Primary care, rehabilitative, palliative and long-term care are most heavily affected**, with over 40% of countries reporting disruptions that affect the availability of and access to quality services, including for the most vulnerable individuals.
- **Potentially life-saving emergency, critical and operative care interventions continue to be disrupted in about 20% of countries**, likely resulting in substantial near-term impact on health outcomes. In addition, 66% of countries report disruptions in elective surgeries, with accumulating consequences as the pandemic continues.
- **Substantial disruptions span across all major health areas, including:** management of mental, neurological and substance use disorders (with particular disruptions to school based and other mental health programmes); noncommunicable diseases, including cancer, hypertension, diabetes, and chronic respiratory disease; neglected tropical diseases; infectious diseases, including tuberculosis (TB), human immunodeficiency virus (HIV), hepatitis and malaria; reproductive, maternal, newborn, child and adolescent health and nutrition; and immunization.
- **Nonetheless, the magnitude and extent of disruptions within countries decreased in 2021 compared to 2020**, with just over a third of a set of 35 tracer services in countries disrupted on average, as compared to half in quarters 2-3 of 2020. Immunization and rehabilitative and palliative care services saw the largest reduction among countries reporting disruptions.

Causes of service disruptions: supply and demand factors

- **To some extent, disruptions may be due to intentional strategic modifications to service delivery and access.** 40% of countries have limited access to one or more service delivery platforms, and nearly half of countries have scaled back at least one essential public health function or activity, including population-based services. In high-income countries, service disruptions are most often the result of strategic suspensions or modifications, as opposed to in low- and middle-income countries where disruptions are more frequently unplanned.
- **In 66% of countries, health workforce-related disruptions represent the most common causes of service disruptions.** Supply chain disruptions are also reported in 29% of countries.
- **On the demand side**, community fear and mistrust (57% of countries), patients not presenting (57% of countries), and financial difficulties caused by lockdowns (43% of countries) are the most commonly reported factors. Compared to 2020, fewer countries are reporting disruptions related to patients not presenting and community fear and mistrust.
- **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).

Country responses to minimize the consequences for essential health services

- **Most countries have implemented policies and plans on continuity of essential health services:** 87% have now defined the essential health services that must be maintained during the COVID-19 pandemic – about a 20% increase in 2021 compared to 2020.
- **Recommended strategies to restore or adapt service delivery are being implemented by many countries (66%).** The most frequently used approaches to restore or adapt service delivery include: communications, triaging to identify priority needs, recruitment of additional staff, redirecting patients to alternate care sites, provision of home-based care and, especially in high-income countries, use of telemedicine technologies.
- **Most countries are actively monitoring and tracking information to support essential health services continuity and implementation of mitigation strategies and approaches.** Two-thirds of countries have, additionally, designated a government unit or team dedicated to tracking and addressing the infodemic and health misinformation.

Conclusions

- **The key informant survey in 135 countries shows that health systems around the world are still being tested** more than one year into the pandemic. Nearly all responding countries reported at least one service disruption and disruptions were reported across all health areas, demonstrating the far-reaching impact of the pandemic on health systems.
- **Even moderate service interruptions can affect health outcomes,** and disruptions are especially concerning in settings where progress towards achieving universal health coverage (UHC) was already challenged, such as in fragile, conflict-affected and vulnerable settings. Ensuring continued availability of and access to high-quality services is of critical concern, particularly over the long-term as the indirect consequences of the pandemic are sustained.
- **The magnitude and extent of disruptions within countries has decreased since 2020,** and almost all countries have intensified efforts to respond to health systems challenges, bottlenecks and barriers to care brought on by the COVID-19 pandemic.
- **WHO will continue to support countries** to close the remaining gaps in service delivery, continue to respond to rapidly evolving priorities and needs throughout the course of the pandemic, and ensure that COVID-19 control strategies are in balance with other health priorities to secure continued access to comprehensive care for all.

Introduction

Countries worldwide are facing many challenges as they strive to ensure that health systems maintain essential health services as they respond to the COVID-19 pandemic. Disruptions to essential health services – including services for health promotion, disease prevention, diagnosis, treatment, rehabilitation and palliation – are cause for serious concern and have the potential for severe adverse health effects, especially in vulnerable populations.

To better understand the extent of disruptions to essential health services caused by the COVID-19 pandemic worldwide, WHO has been tracking and monitoring the global situation. In 2021, WHO launched the second round of the *National pulse survey on continuity of essential health services during the COVID-19 pandemic*. This second survey follows up on WHO's 2020 pulse surveys: [Pulse survey on continuity of essential health services during the COVID-19 pandemic](#) (1); [Rapid assessment on the impact of the COVID-19 pandemic on noncommunicable disease resources and services](#) (2); [Rapid assessment on the impact of COVID-19 on mental, neurological and substance use services](#) (3); and [Round 1](#) (4); and [Round 2](#) (5) pulse surveys on immunization.

The second round, which integrates key questions from the 2020 WHO pulse surveys, was sent to key informants from 216 countries and territories. It aimed to support countries to rapidly assess the extent of impact of the COVID-19 pandemic on health systems and essential health services across the life course. The findings provide immediate insights from key informants into the current country experience, extent of disruptions to a set of tracer services against a rapidly changing context, the reasons for those disruptions and what mitigation strategies are in place.¹

By providing a rapid snapshot of the situation, the survey results can support decision-makers to systematically take stock of current challenges and inform policy dialogues and decision-making at national, regional and global levels to guide resources as the pandemic progresses. The findings can be used to support evidence-informed planning and implementation of mitigation strategies highlighted in WHO's [Maintaining essential health services: operational guidance for the COVID-19 context interim guidance](#) (6) and [Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic](#) (7).

The results are used for monitoring progress in WHO's 2021 COVID-19 strategic preparedness and response plan monitoring and evaluation framework for Pillar 9: Maintaining essential health services and systems and Pillar 2: Risk communication, community engagement (RCCE) and infodemic management for WHO's COVID-19 [Strategic preparedness and response plan \(SPRP\)](#) (8): Proportion of countries reporting disruption to essential health services during COVID-19 pandemic (disaggregated by type of service); Proportion of countries with capacities to track and address infodemic and health misinformation. It also contributed to monitoring for the [Global humanitarian response plan](#) (9).

¹ Countries provide a wide range of services for health protection, promotion, prevention, treatment and care, but it is possible to define a set of tracer indicators that provide a good picture of overall service coverage. See https://www.who.int/healthinfo/universal_health_coverage/UHC_WHS2016_TechnicalNote_May2016.pdf?ua=1.

Methods

Instrument

The pulse survey consisted primarily of multiple-choice and open-ended questions related to current national policies, plans and structures, disruptions to health services, reasons for disruptions, mitigation approaches, information tracking and priority needs. It included sections that target different key informants in the country, including a section on cross-cutting health system functions and services and focused sections on disruptions to service-specific areas.

In some cases, countries were also asked to upload or link to national plans and documents outlining the national package of essential health services and/or list of essential health services to be maintained during the pandemic, if available.

Survey sections and suggested key informants are included in the table below, and the full questionnaire is presented in Annex 1.

Table 1: Pulse survey sections and suggested key informants

#	Survey section	Suggested key informant(s)
1.	Health system functions and cross-cutting services for health promotion, disease prevention, diagnosis, treatment, rehabilitation and palliative care	Health system, service delivery, or essential health services focal point(s)
2.	Reproductive, maternal, newborn, child and adolescent health and nutrition	Reproductive, maternal, newborn, child and adolescent health and nutrition focal point(s)
3.	Immunization	Immunization focal point(s)
4.	Human immunodeficiency virus and hepatitis	Human immunodeficiency virus and hepatitis focal point(s)
5.	Tuberculosis	Tuberculosis focal point(s)
6.	Malaria	Malaria focal point(s)
7.	Neglected tropical diseases	Neglected tropical diseases focal point(s)
8.	Noncommunicable diseases	Noncommunicable diseases focal point(s)
9.	Mental, neurological and substance use disorders	Mental health and psychosocial support focal point(s)

Across all survey sections, a total of 63 services were assessed. Across service delivery channels, the survey

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