

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

*Global results – as of 16 April 2021*

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Key informant findings from 135 countries, territories and areas  
Quarter 1 2021

Reporting period: 3 months preceding date of survey submission



World Health  
Organization





# 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.



# Round 2: National pulse survey on continuity of EHS during the COVID-19 pandemic

*Q1 2021: January – March*



## 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: 2<sup>nd</sup> round response rates



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

|               | Overall response rates   |  | Survey section response rates                                       |   |                               |                                    |                     |                          |  |  |  |
|---------------|--|--|---|---|-------------------------------|------------------------------------|---------------------|--------------------------|--|--|--|
|               | Complete survey submission (submission of all relevant sections) N (%) | Complete + partial survey submissions (submission of at least 1 section) N (%) | Section 1. Health system functions and cross-cutting services N (%) | Section 2. Reproductive, maternal, newborn, child and adolescent health and nutrition N (%) | Section 3. Immunization N (%) | Section 4. HIV and hepatitis N (%) | Section 5. TB N (%) | Section 6. Malaria N (%) | Section 7. Neglected tropical diseases N (%) | Section 8. Non-communicable diseases N (%) | Section 9. Mental, neurological, and substance use disorders N (%) |
| <b>AFR</b>    | 30 (65%)   | 40 (85%)   | 36 (77%)  | 38 (81%)  | 33 (70%)                      | 35 (74%)                           | 35 (74%)            | 32 (74%)                 | 33 (75%)                                     | 38 (81%)                                   | 37 (79%)   |
| <b>AMR</b>    | 16 (30%)   | 29 (54%)   | 25 (46%)  | 29 (54%)  | 23 (43%)                      | 22 (41%)                           | 23 (43%)            | 11 (65%)                 | 11 (52%)                                     | 28 (50%)                                   | 27 (50%)   |
| <b>EMR</b>    | 15 (68%)   | 21 (95%)   | 17 (77%)  | 19 (86%)  | 19 (86%)                      | 17 (77%)                           | 16 (73%)            | 8 (100%)                 | 10 (83%)                                     | 19 (86%)                                   | 20 (91%)   |
| <b>EUR</b>    | 12 (23%)   | 23 (43%)   | 16 (30%)  | 18 (34%)  | 21 (40%)                      | 19 (36%)                           | 19 (36%)            | 1 (20%)                  | 1 (25%)                                      | 18 (34%)                                   | 18 (34%)   |
| <b>SEAR</b>   | 8 (73%)  | 9 (82%)  | 9 (82%)   | 8 (73%)   | 9 (82%)                       | 9 (82%)                            | 8 (73%)             | 7 (78%)                  | 6 (75%)                                      | 9 (82%)                                    | 8 (73%)  |
| <b>WPR</b>    | 7 (24%)  | 13 (45%)   | 9 (31%)   | 9 (31%)   | 7 (24%)                       | 10 (34%)                           | 11 (38%)            | 8 (80%)                  | 9 (60%)                                      | 9 (31%)                                    | 11 (38%)   |
| <b>Global</b> | 88 (41%)   | 135 (63%)  | 112 (52%)   | 121 (56%)   | 112 (52%)                     | 112 (52%)                          | 112 (52%)           | 67 (73%)                 | 70 (67%)                                     | 121 (56%)                                  | 121 (56%)  |

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

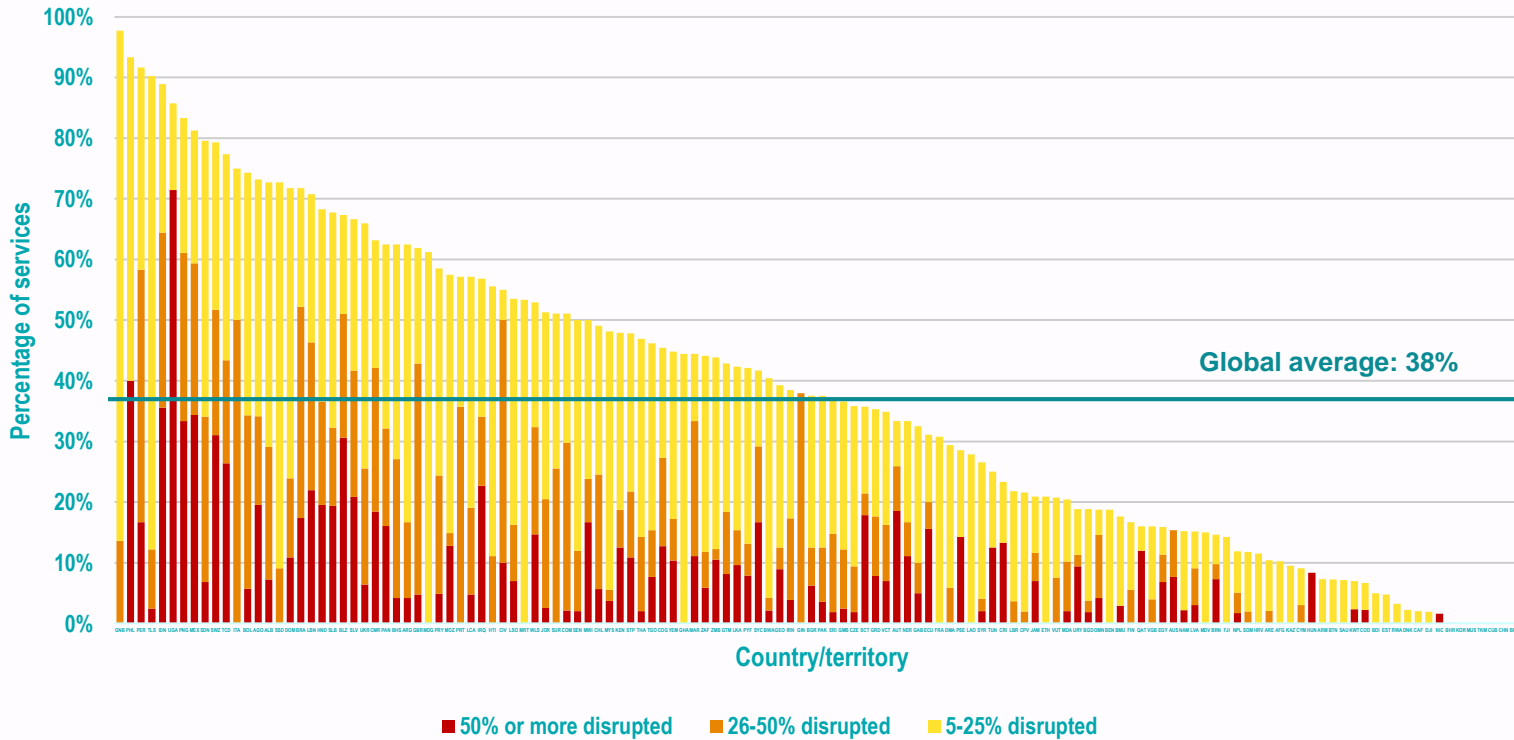
**29%** of countries reported disruptions in 25-49% of services

**32%** of countries reported disruptions in less than 25% of services

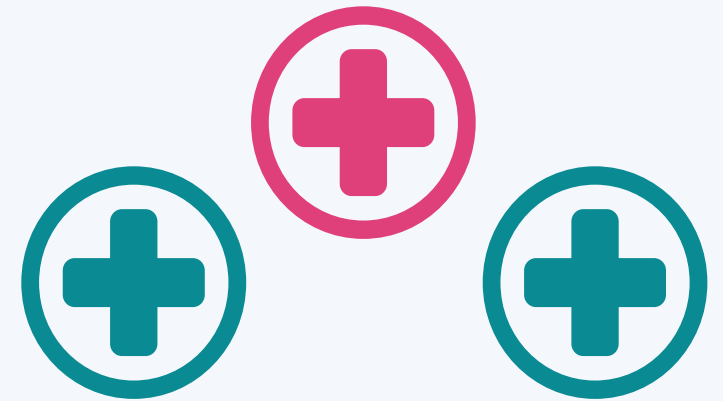
Only **6%** of countries reported no disruptions

# On average, countries reported disruptions to more than one third of services

Percentage of services disrupted per country  
(number of tracer services = 63)



1/3



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, rehabilitation, 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





# 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

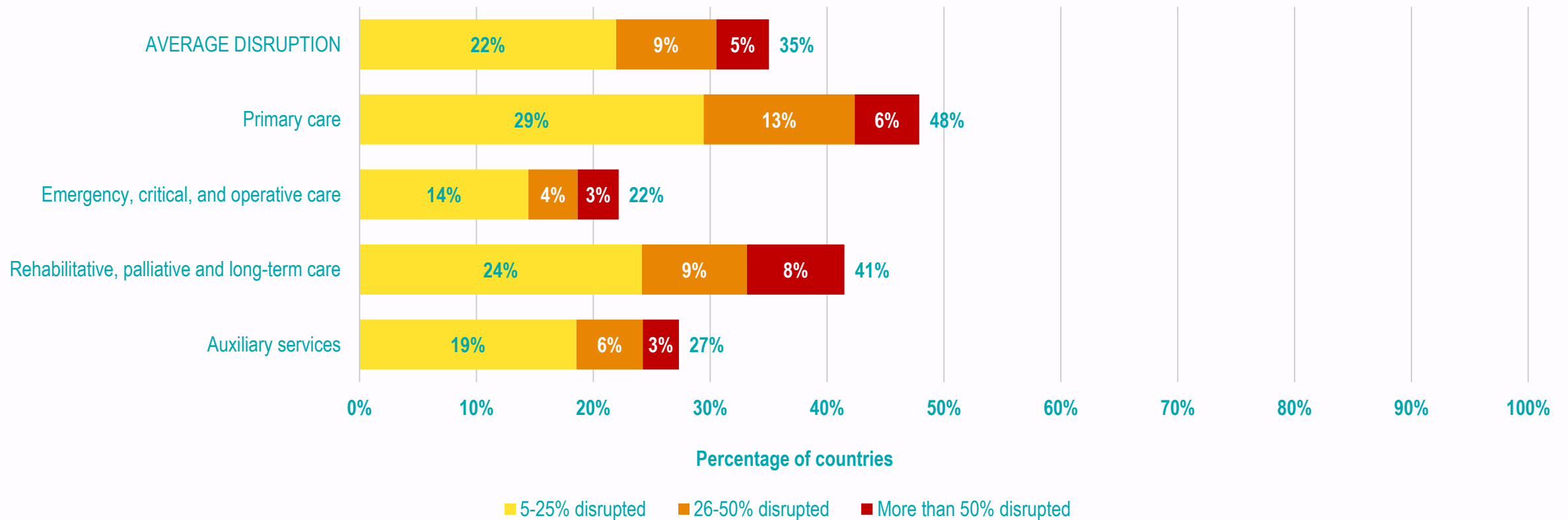


...with likely implications for the most **vulnerable populations**, such as older persons and people living with chronic conditions and disabilities



# 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)



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

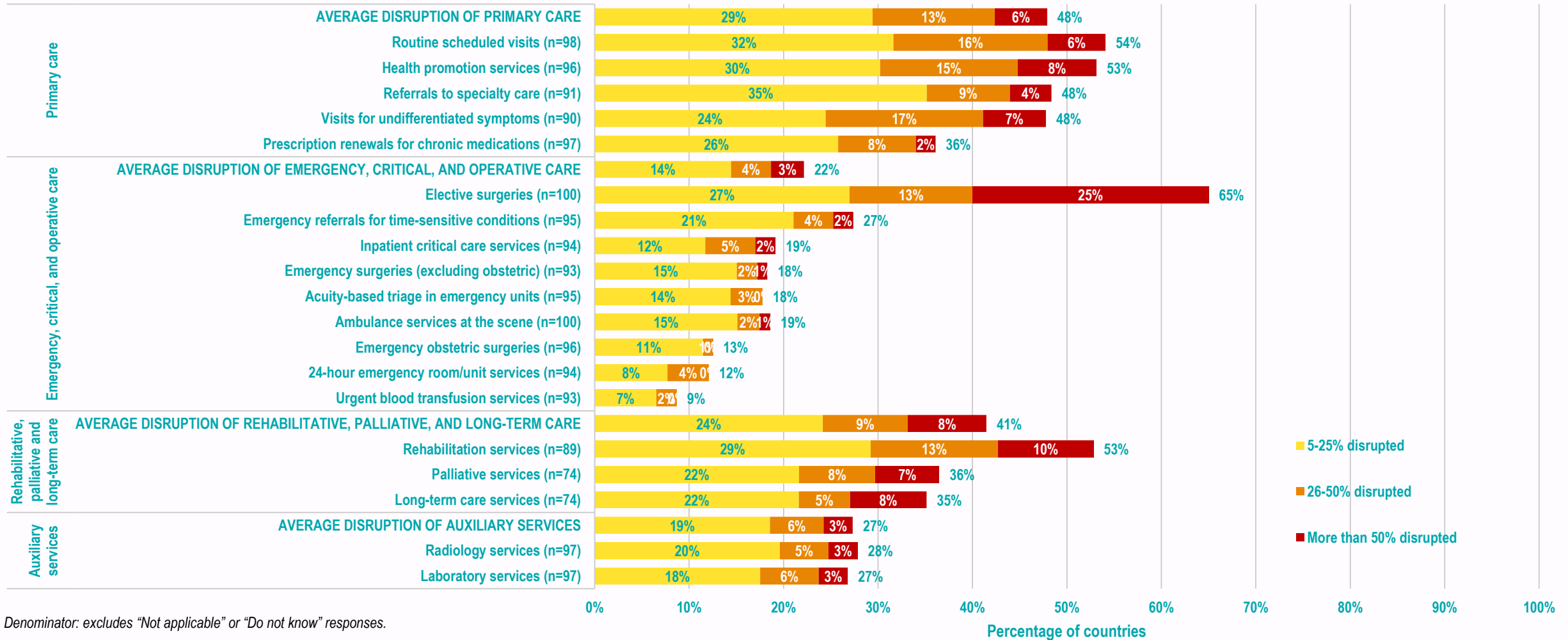


# Potentially life-saving emergency, critical and operative care interventions disrupted in about 20% of countries, likely resulting in substantial near-term impact on health outcomes



65% also reporting disruptions in elective surgeries, with accumulating consequences as the pandemic is prolonged

Service disruptions across integrated service delivery channels (n=112)





# 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)

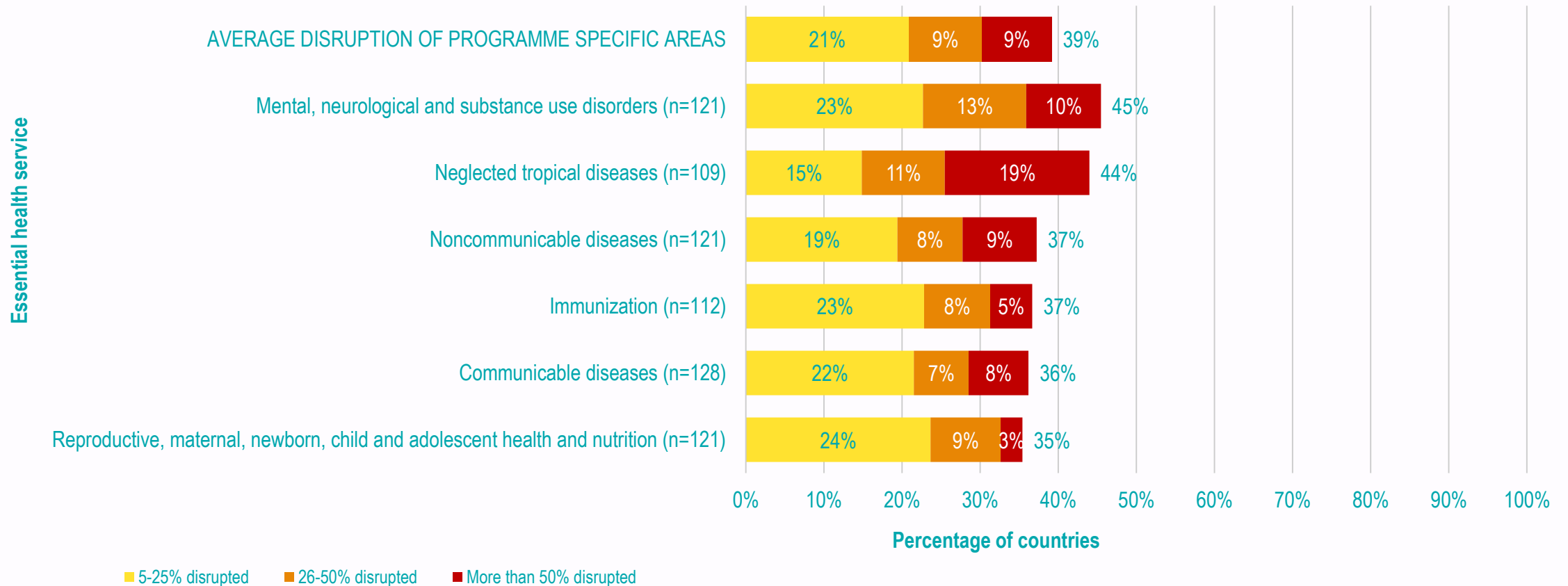


Services across other health areas are also disrupted in **more than 1/3** of countries



# Substantial disruptions span across all major health areas

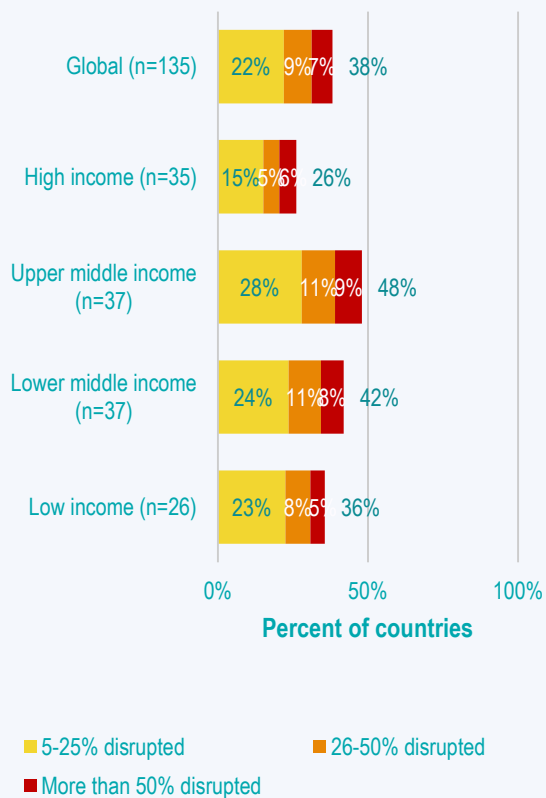
### Percentage of countries reporting disruptions across tracer service areas



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

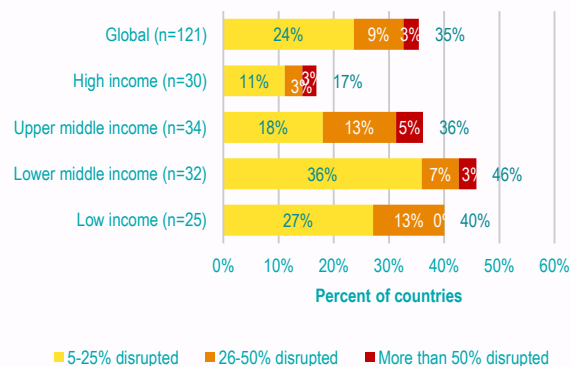
# Countries in high income group reported fewer service disruptions compared to countries in other income groups

Percentage of countries reporting disruptions across tracer service areas by income group

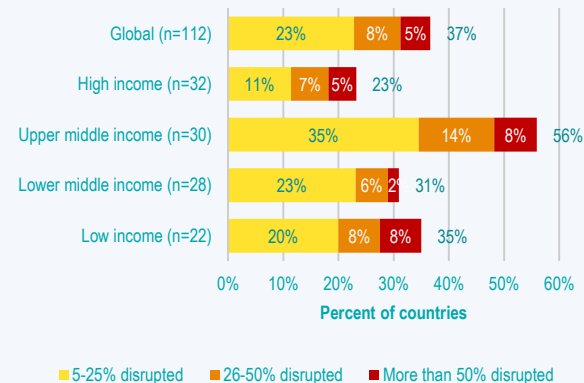


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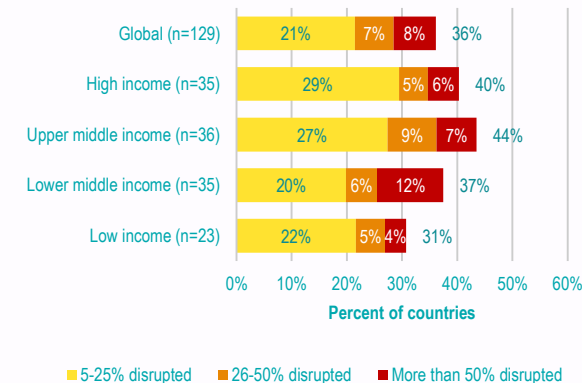
Average percentage of countries reporting disruptions to reproductive, maternal, newborn, child and adolescent health and nutrition services by income group



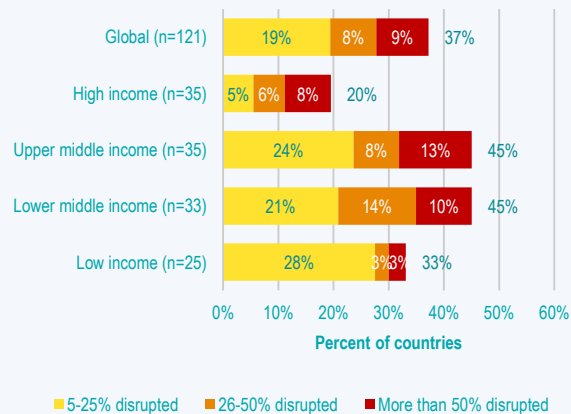
Average percentage of countries reporting disruptions to immunization services by income group



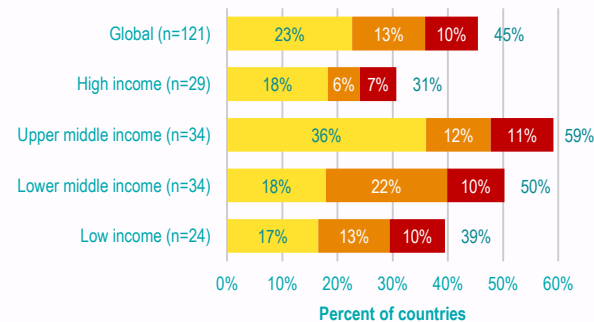
Average percentage of countries reporting disruptions to communicable disease services by income group



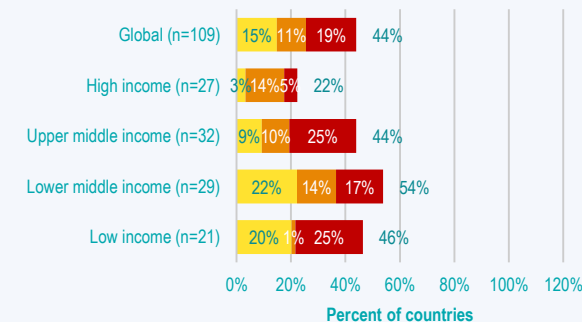
Average percentage of countries reporting disruptions to noncommunicable disease services by income group



Average percentage of countries reporting disruptions to mental, neurological, and substance use disorder services by income group



Average percentage of countries reporting disruptions to neglected tropical disease services by income group





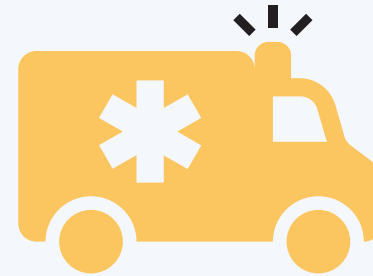
# Disruptions to mental, neurological and substance use disorders (MNS) span the full continuum of care



**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



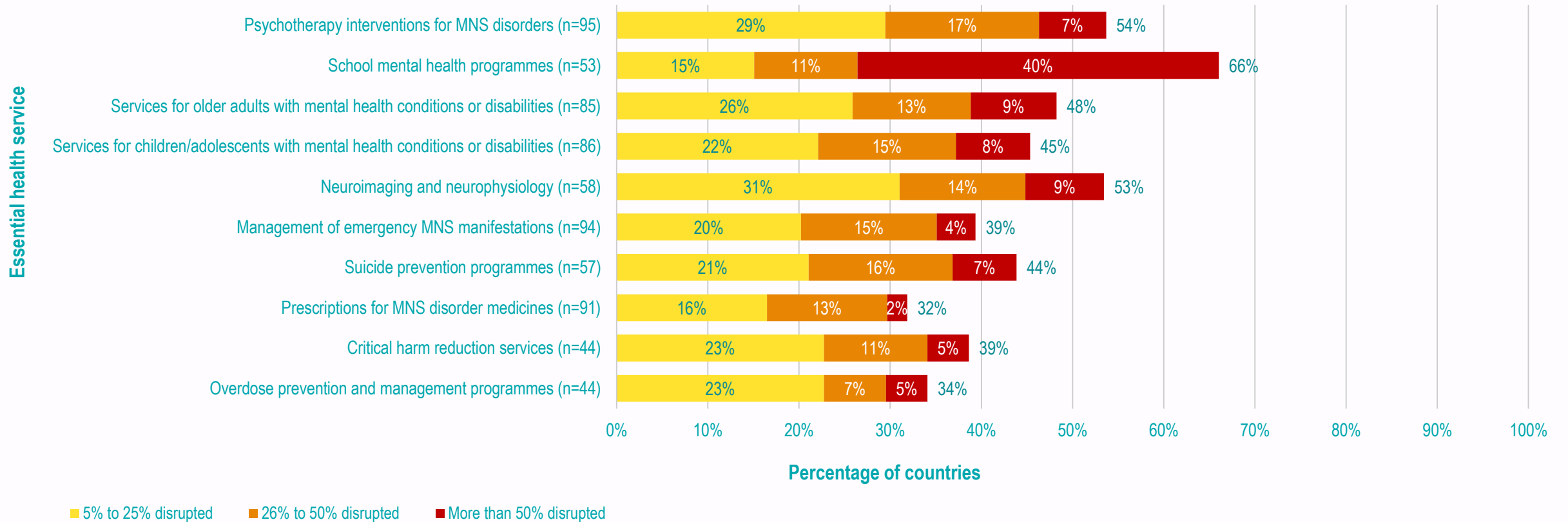
**For the most vulnerable populations:** older adults, children, and adolescents with mental health conditions or disabilities



# 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



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



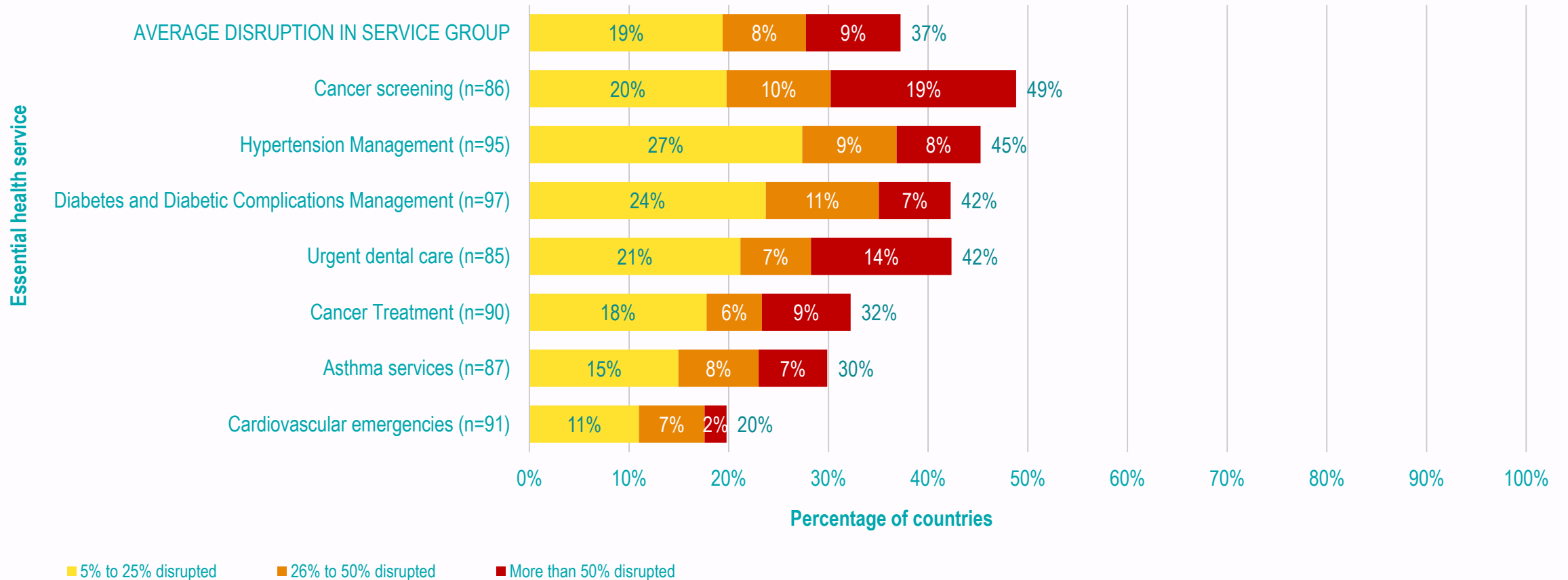
**Time-sensitive services**  
for urgent dental care and  
cardiovascular emergencies  
are also affected



# Nearly half of countries reported disruptions to one of more services for noncommunicable diseases



### Percentage of countries reporting disruptions in noncommunicable disease services

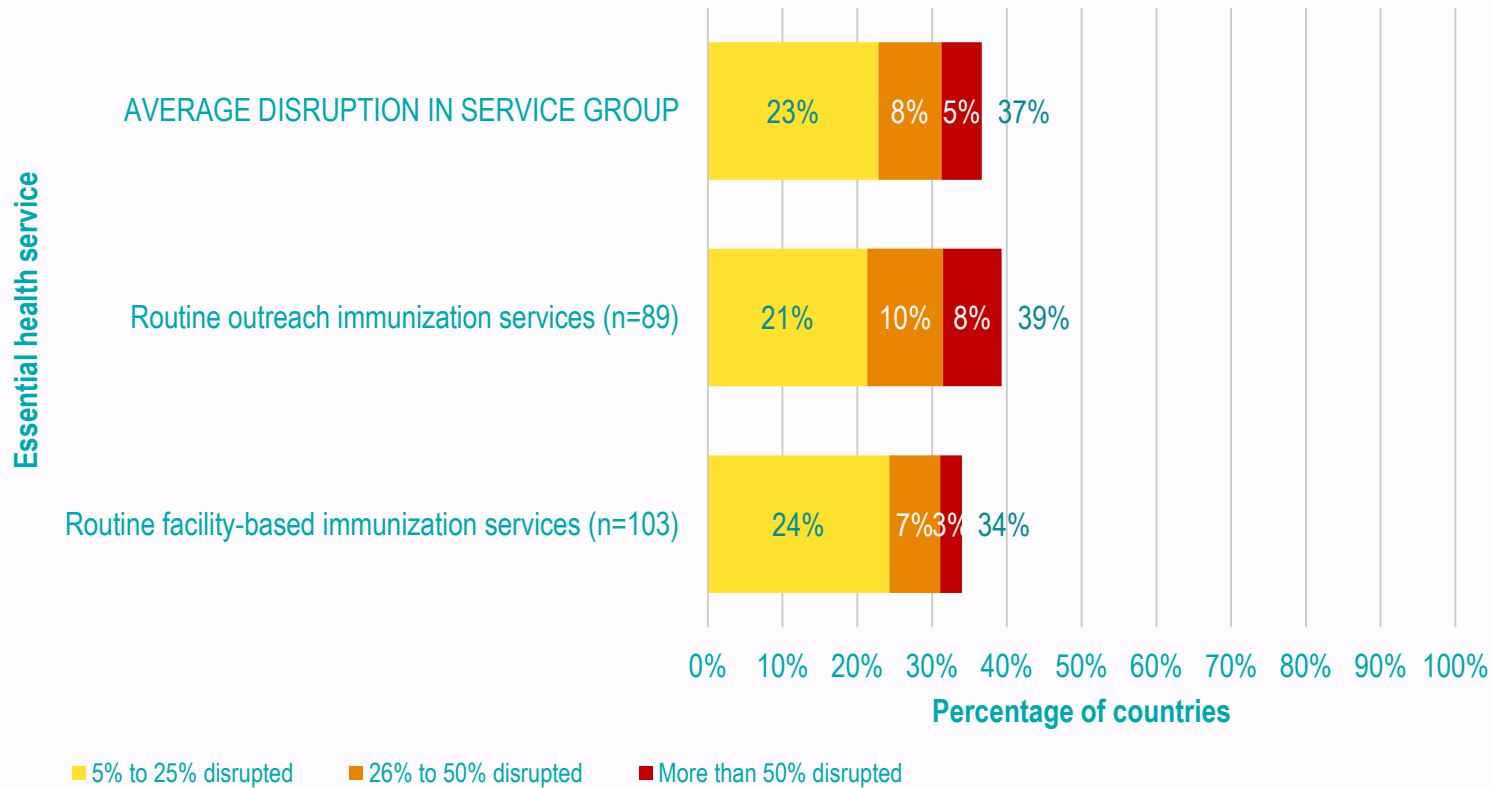


Denominator: excludes "Not applicable" or "Do not know" responses.



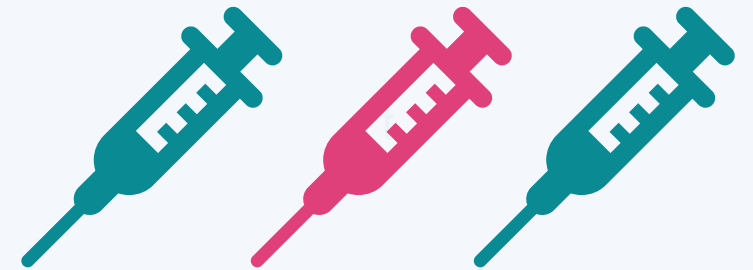
# Disruptions in immunization services

### Percentage of countries reporting disruptions in immunization services



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

# 1/3



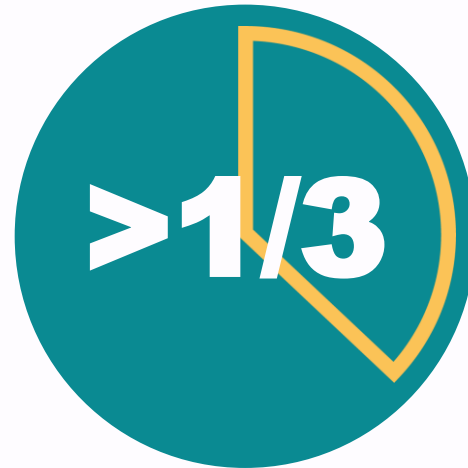
More than one third of countries reported disruptions to both routine facility-based and outreach immunization services



# 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

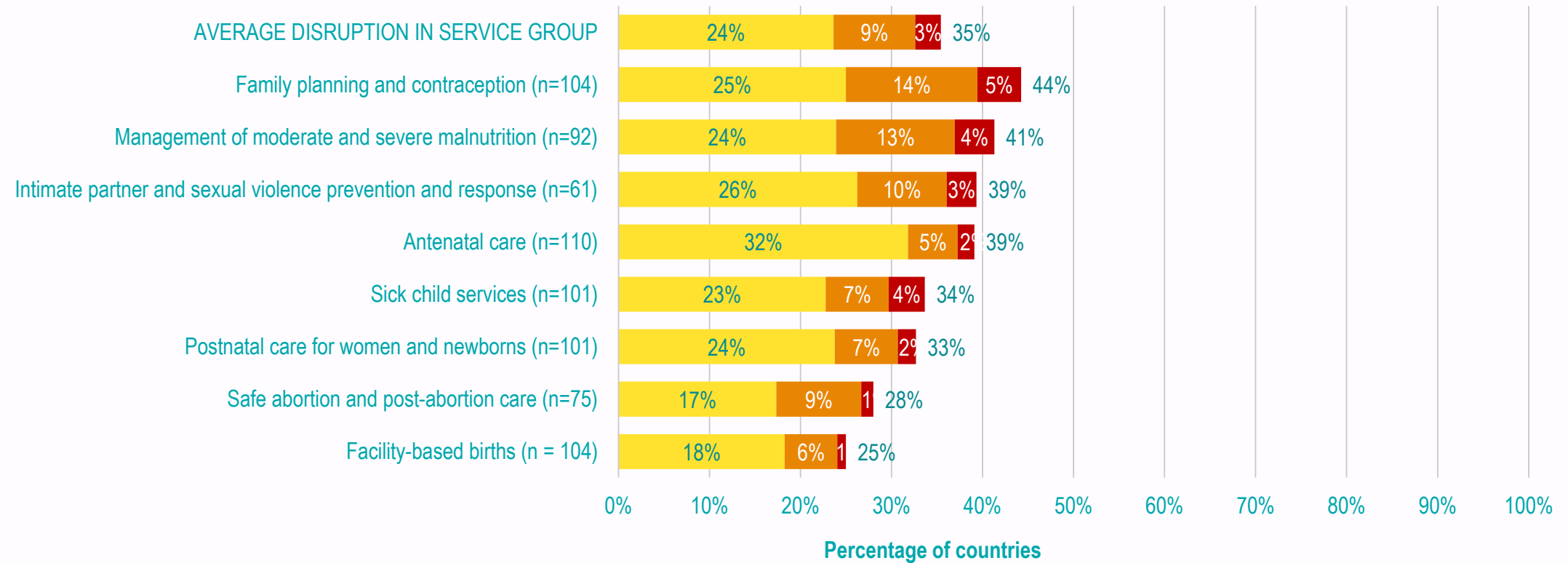


# Disruptions in services for reproductive, maternal, newborn, child and adolescent health and nutrition



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

Essential health service



■ 5% to 25% disrupted    
 ■ 26% to 50% disrupted    
 ■ More than 50% disrupted

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

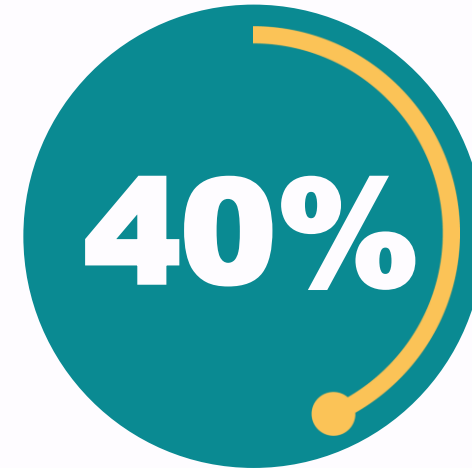


# Disruptions in services for communicable disease services



**Over half** of countries report disruptions to TB diagnosis and treatment.

HIV testing and prevention services also disrupted in nearly half of countries

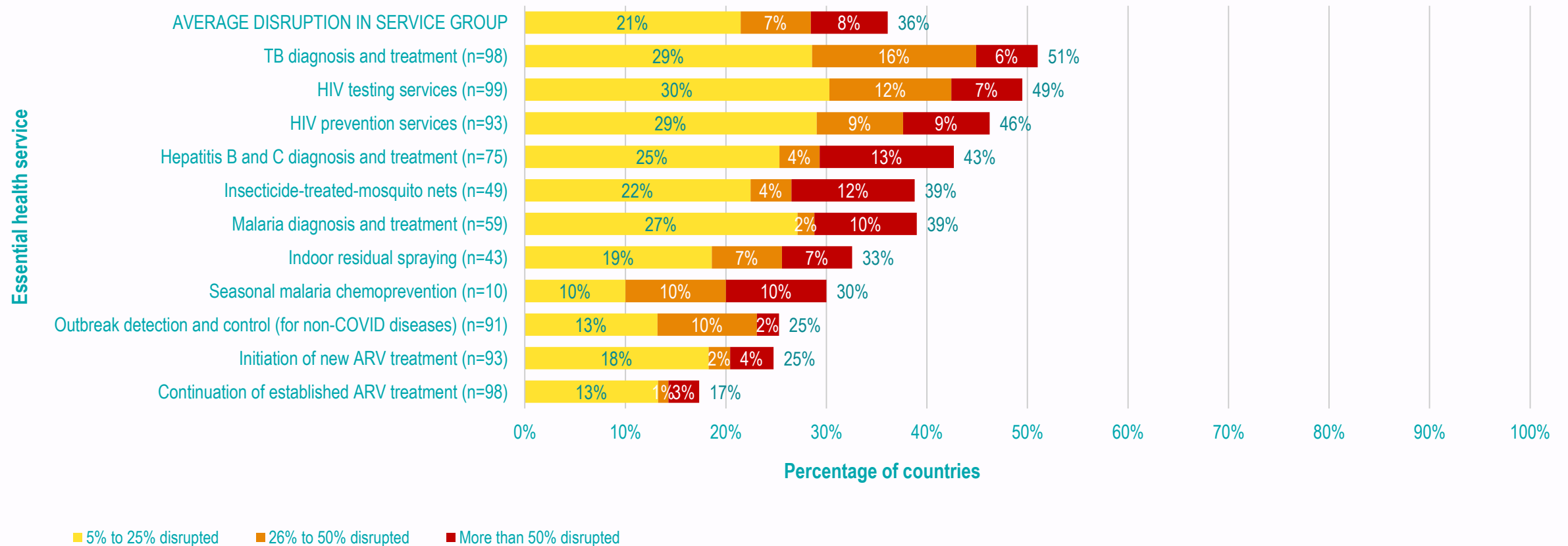


**Nearly 40%** of countries are reporting disruptions to one or more malaria services (including diagnosis and treatment services and prevention campaigns)



# Disruptions in services for communicable disease services

### Percentage of countries reporting disruptions in communicable disease services

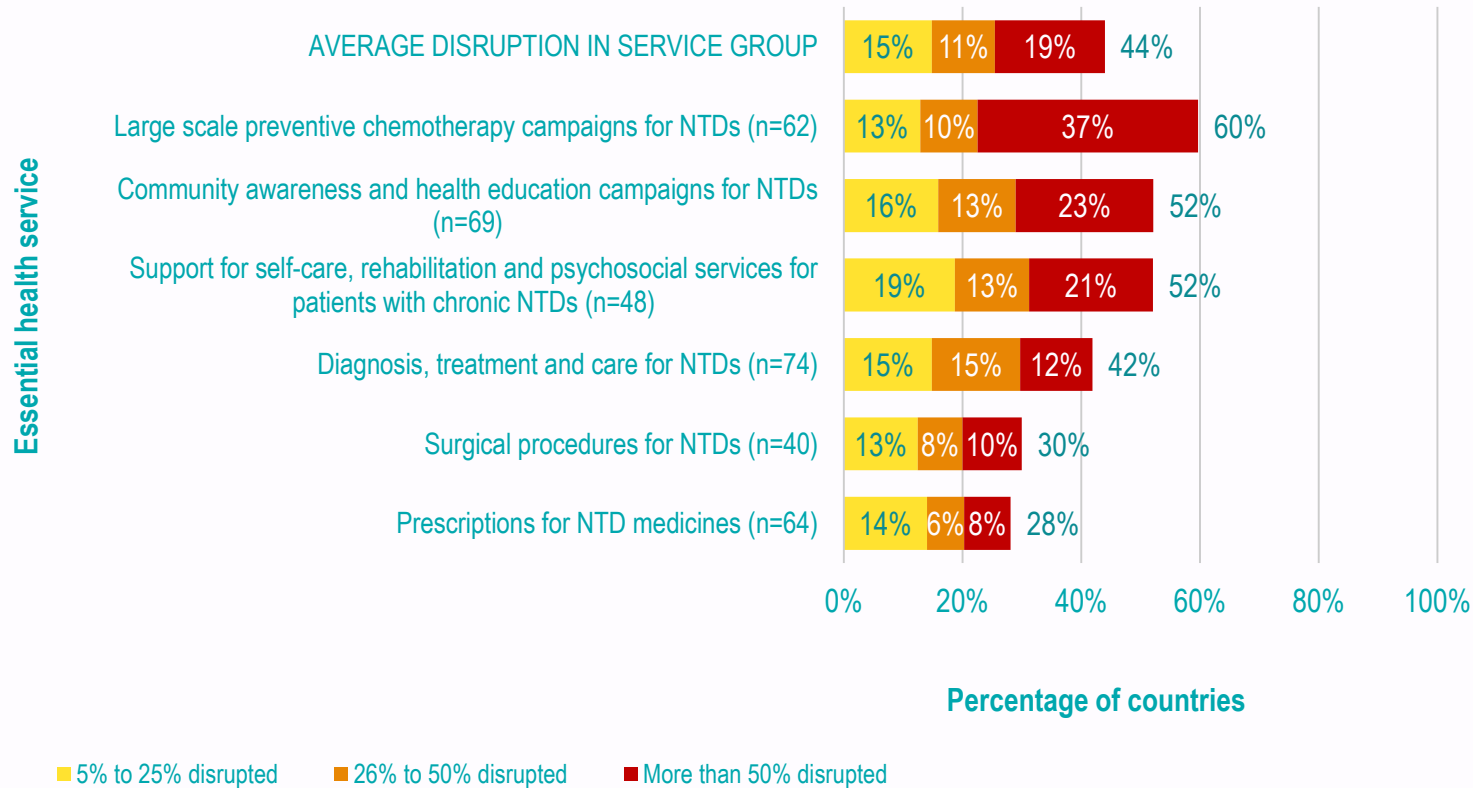


Denominator: excludes "Not applicable" or "Do not know" responses.



# Disruptions in services for neglected tropical diseases (NTDs)

### Percentage of countries reporting disruptions in neglected tropical disease services



Essential health service



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

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

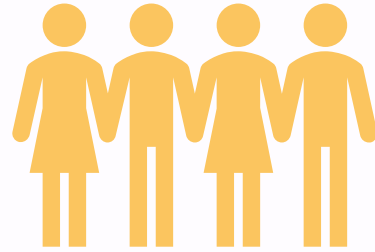




# Service disruptions are perceived to be caused by a mix of supply and demand side factors



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).

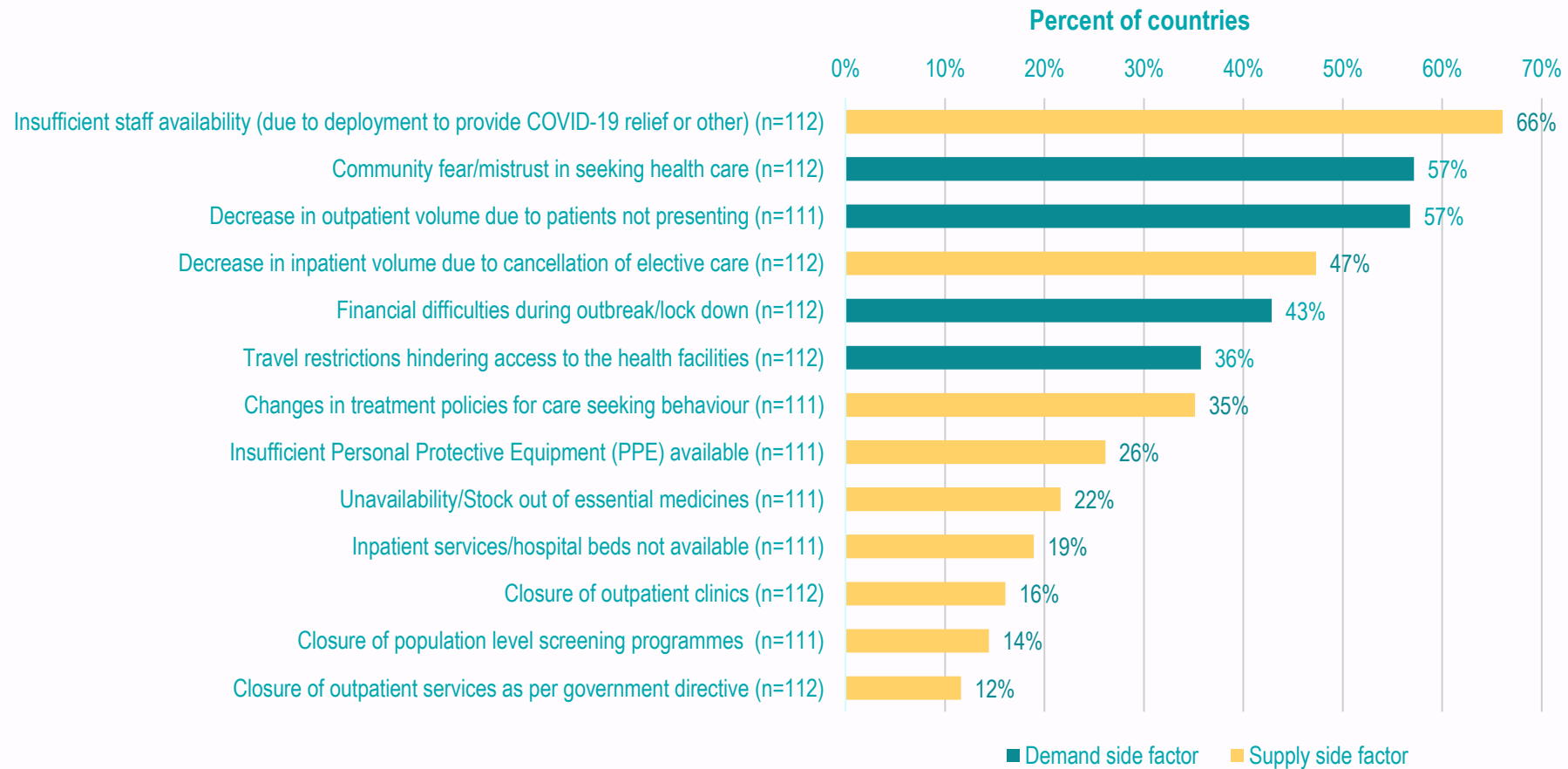


Supply chain systems are also disrupted in nearly 1/3 of countries.



# Service disruptions are perceived to be caused by a mix of supply and demand side factors

### Reasons for service disruptions (n=112)



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



# To some extent, disruptions may be attributed to intentional scaling back or modifications to service delivery in the context of COVID-19



**>1/3**

One-third or more countries have limited or suspended community-based, mobile care, outpatient, inpatient and delivery platforms



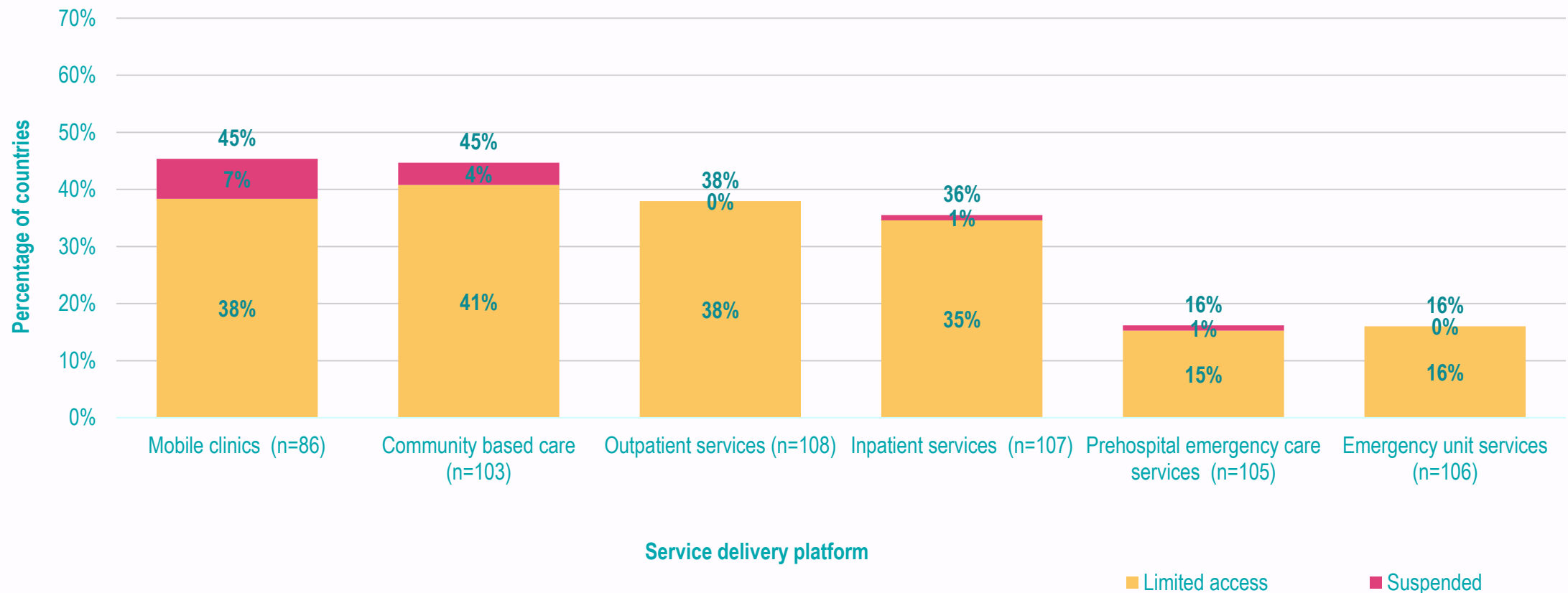
**15%**

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

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



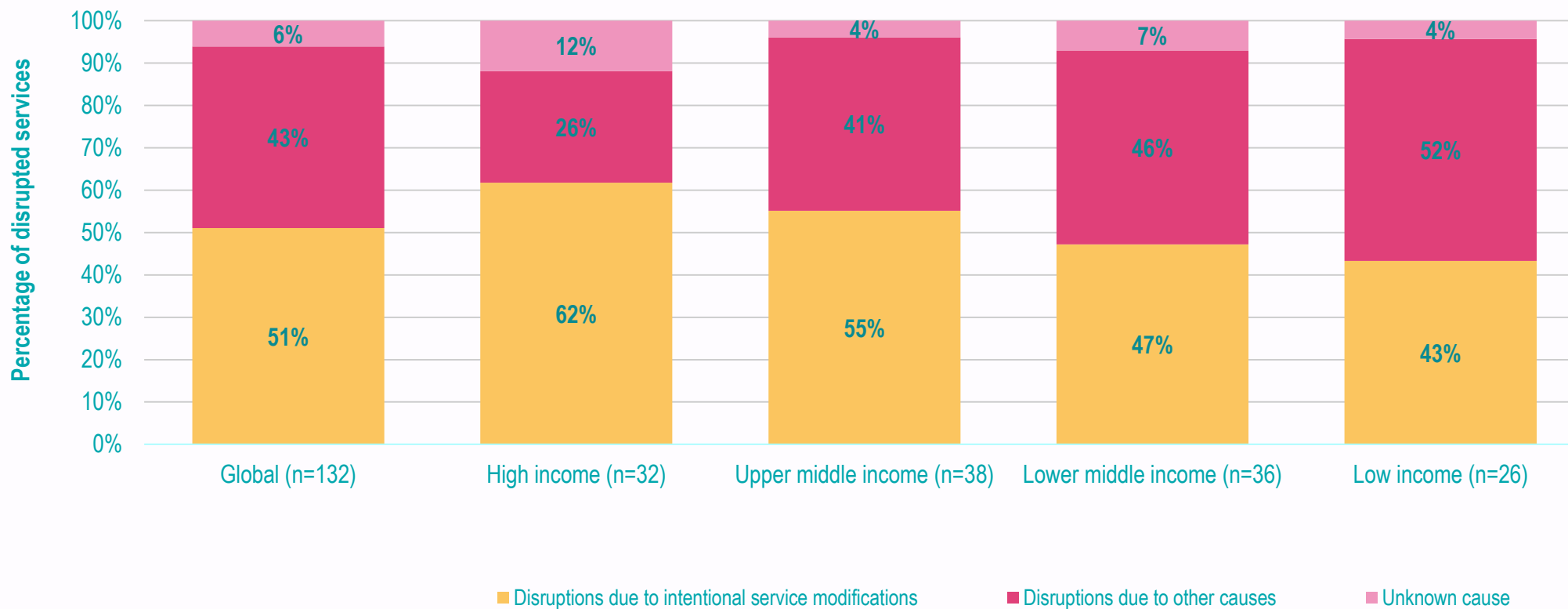
Denominator: excludes "Not applicable" or "Do not know" responses.



# In high income countries, disruptions are more frequently the result of strategic suspensions or modifications as compared to countries in other income groups



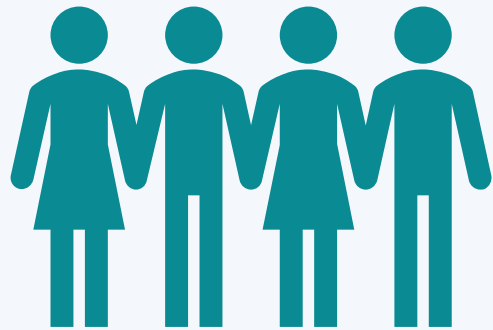
Percent of disruptions to tracer services due to intentional modifications by income group



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%**

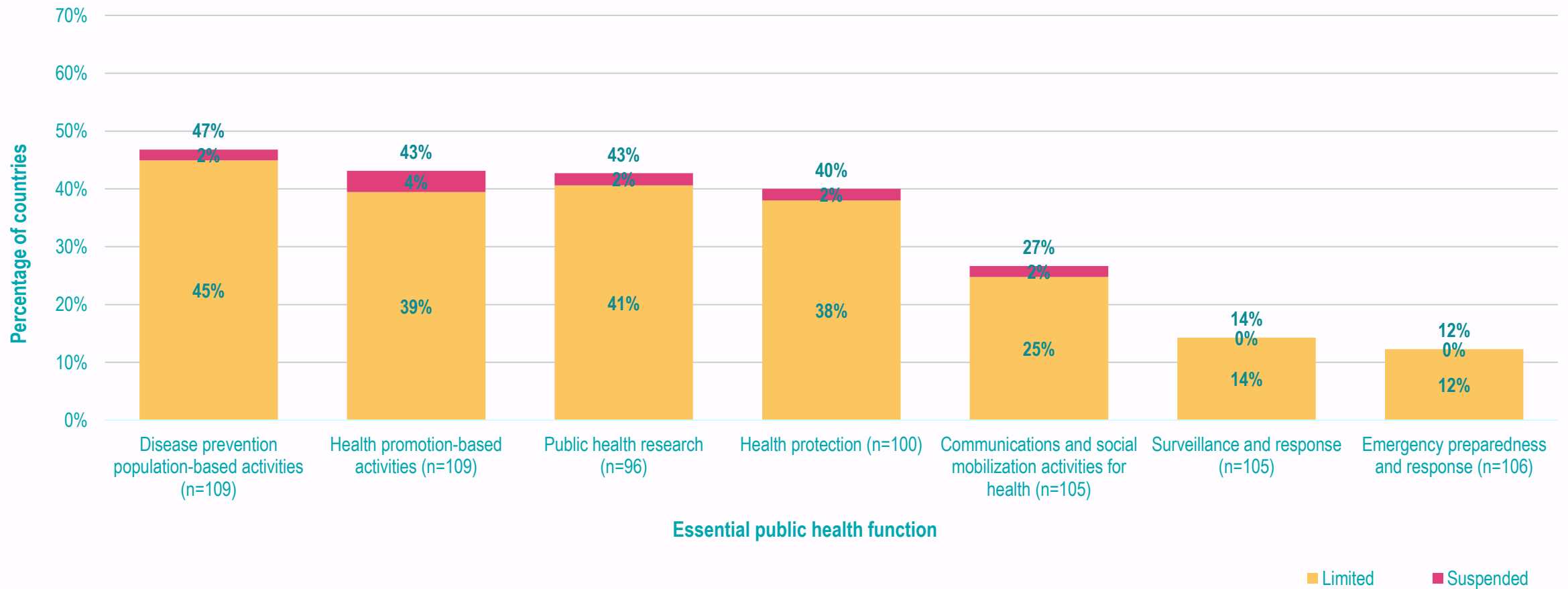
of countries have scaled back communications and social mobilization activities



# Nearly half of countries have scaled back at least one essential public health function or activity, including population-based services



Government policies in relation to essential public health functions and activities



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



**Notwithstanding the sustained global disruptions, the magnitude and extent of disruptions within countries has decreased**



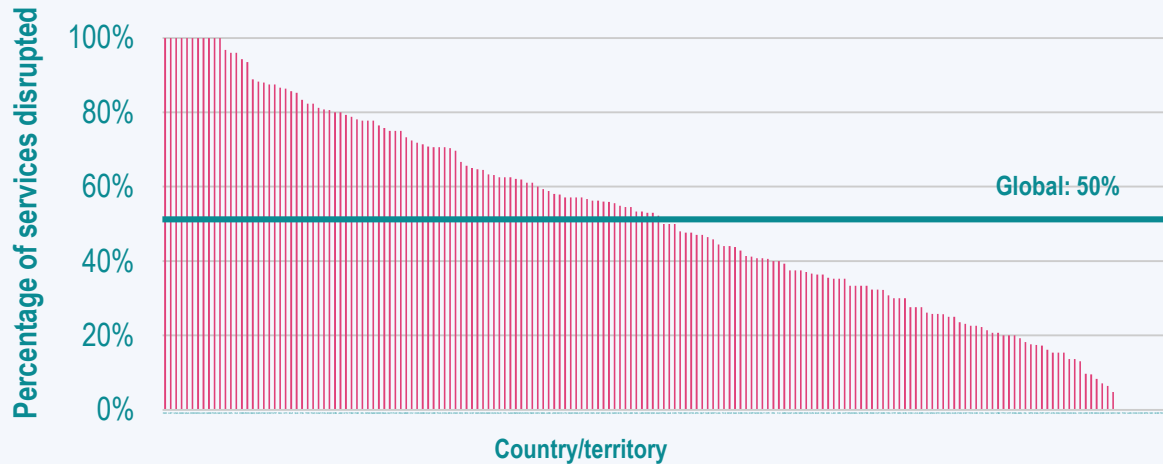


# Decrease in reported disruptions in countries participating in either survey round: just over a third of services are currently affected, compared to half in 2020



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

Round 1 (Q2-Q3 2020)  
Percentage of 35 tracer services disrupted per country (n=187)

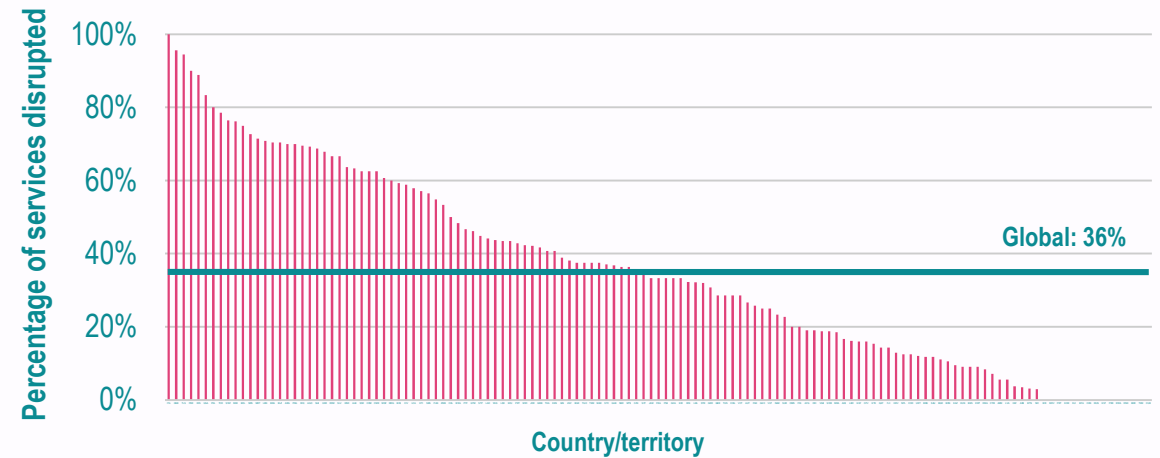


95% of countries reported some level of disruption to services

- 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

Round 2 (Q1 2021)  
Percentage of 35 tracer services disrupted per country (n=135)



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

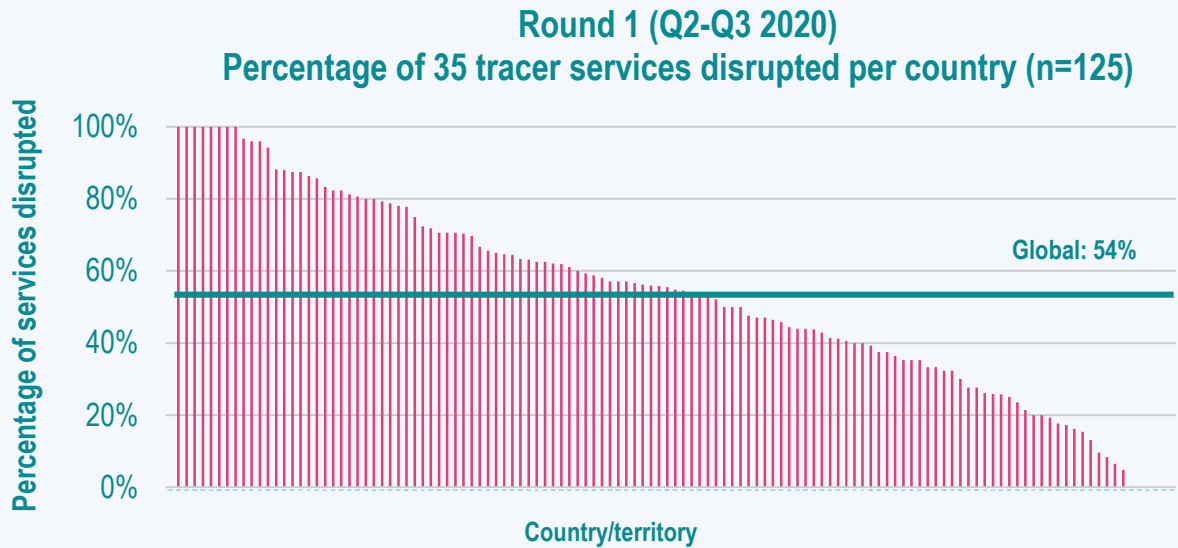
Note: represents global findings from all countries that responded to either round 1 or 2 of survey. Round 1 data sourced from 2020 WHO surveys on disruptions to Essential health services, Noncommunicable diseases, and Mental, neurological and substance use disorder during the COVID-19 pandemic. Denominator: 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.



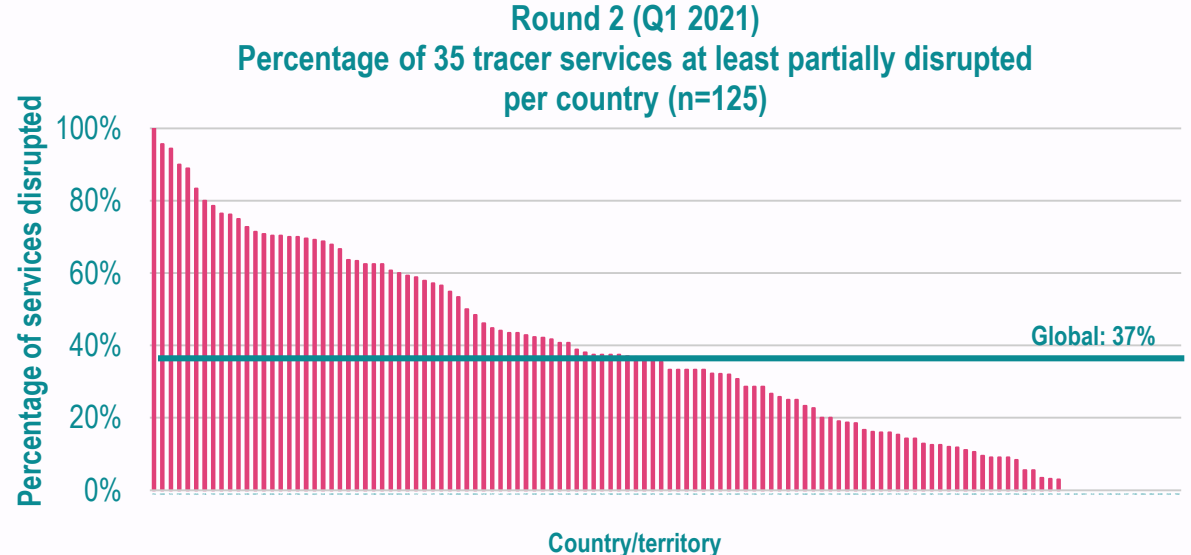
# Comparing service disruptions in countries that participated in both survey rounds, a drop in disrupted services is still seen from 54% in 2020 to 37% in 2021



*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



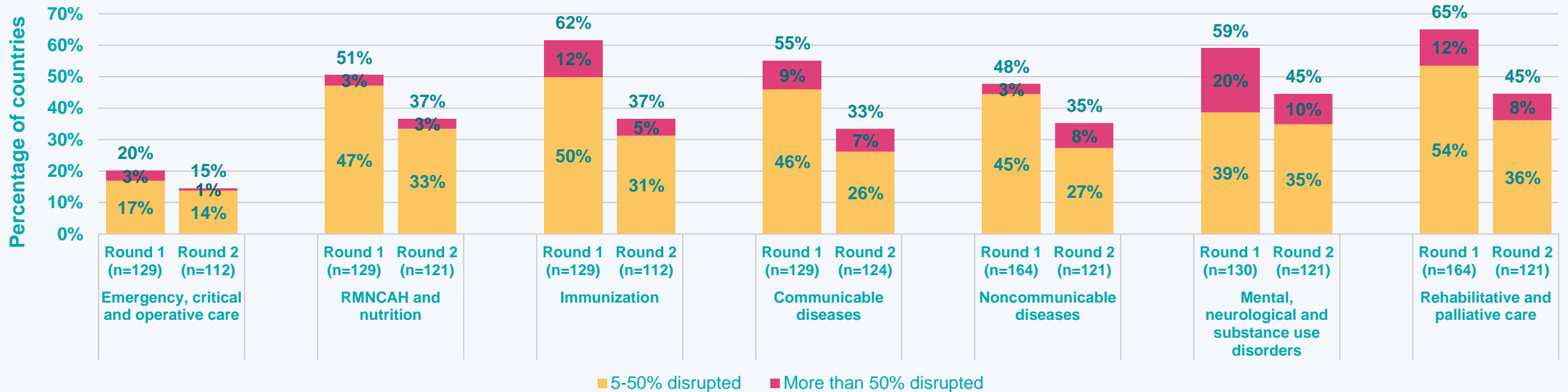
- 89% of countries reported some level of disruption to services
- 9% of countries reported disruptions in 75–100% of services
- 22% of countries reported disruptions in 50–74% of services
- 32% of countries reported disruptions in 25–49% of services
- 25% of countries reported disruptions in less than 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.

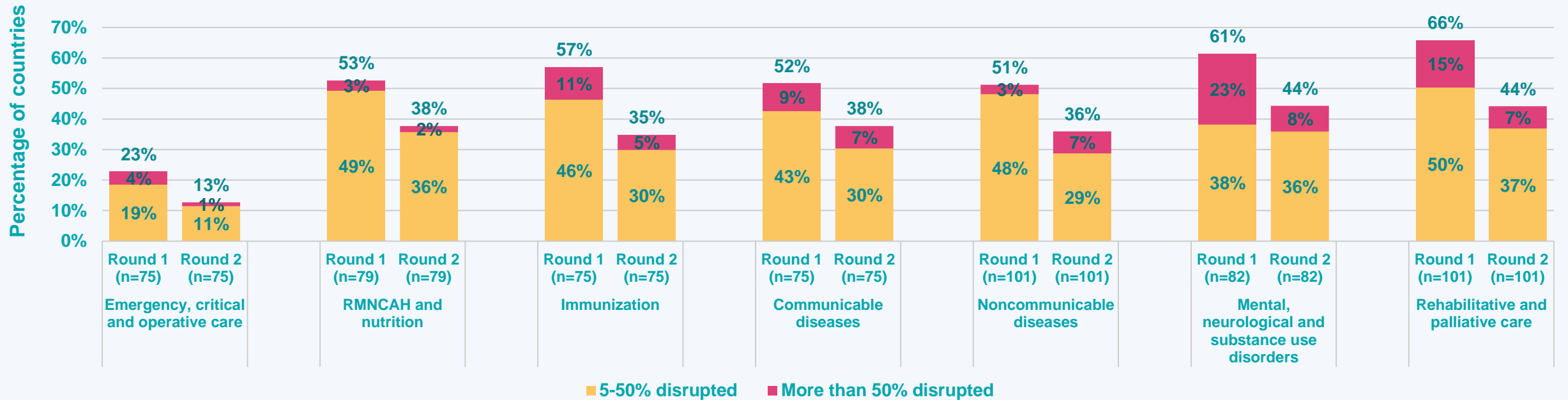
Rehabilitative and palliative care services include: rehabilitation services; palliative services.



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

Countries participating in both survey rounds

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.

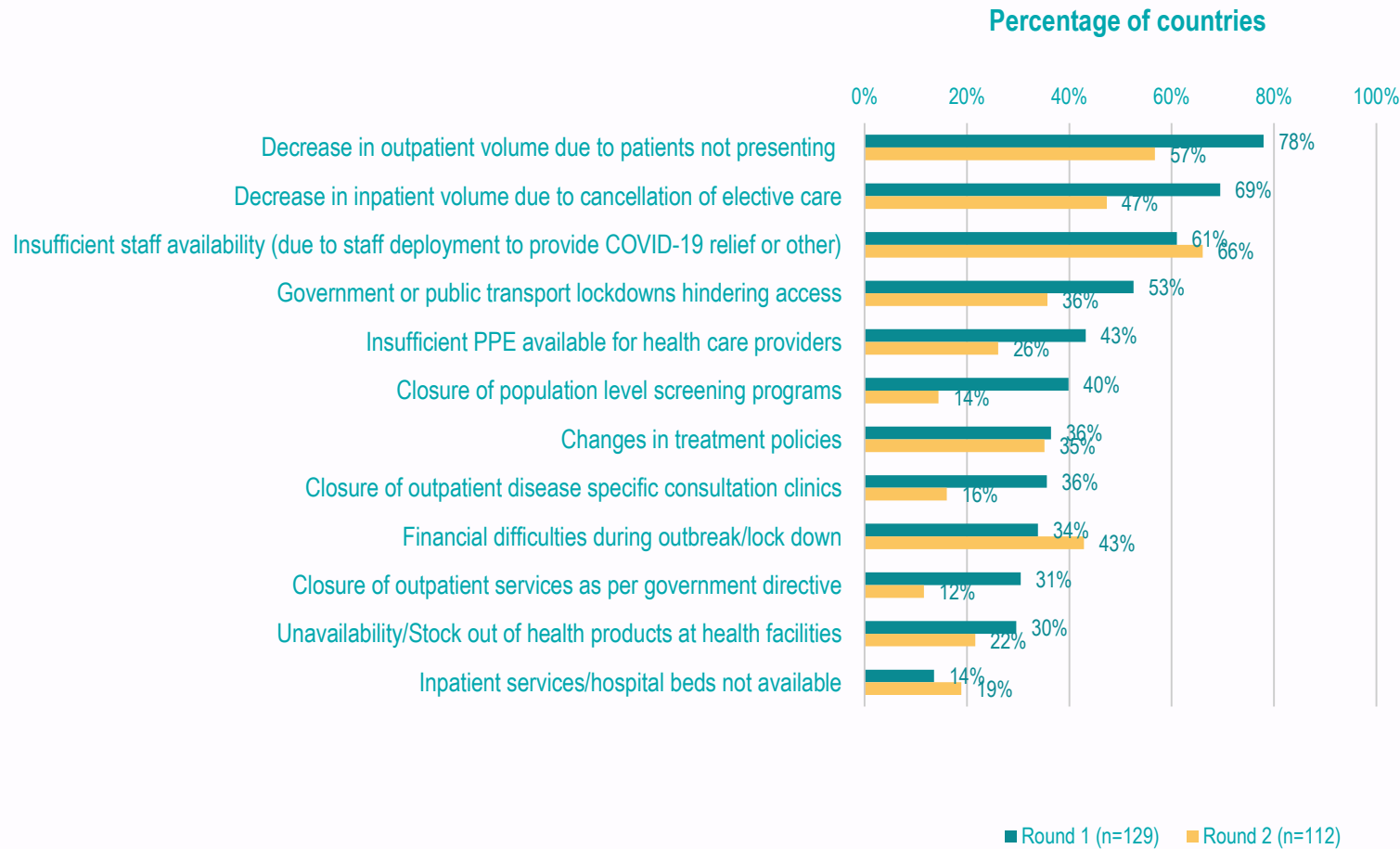


# Disruptions due to insufficient PPE and other health products availability have decreased since 2020

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.

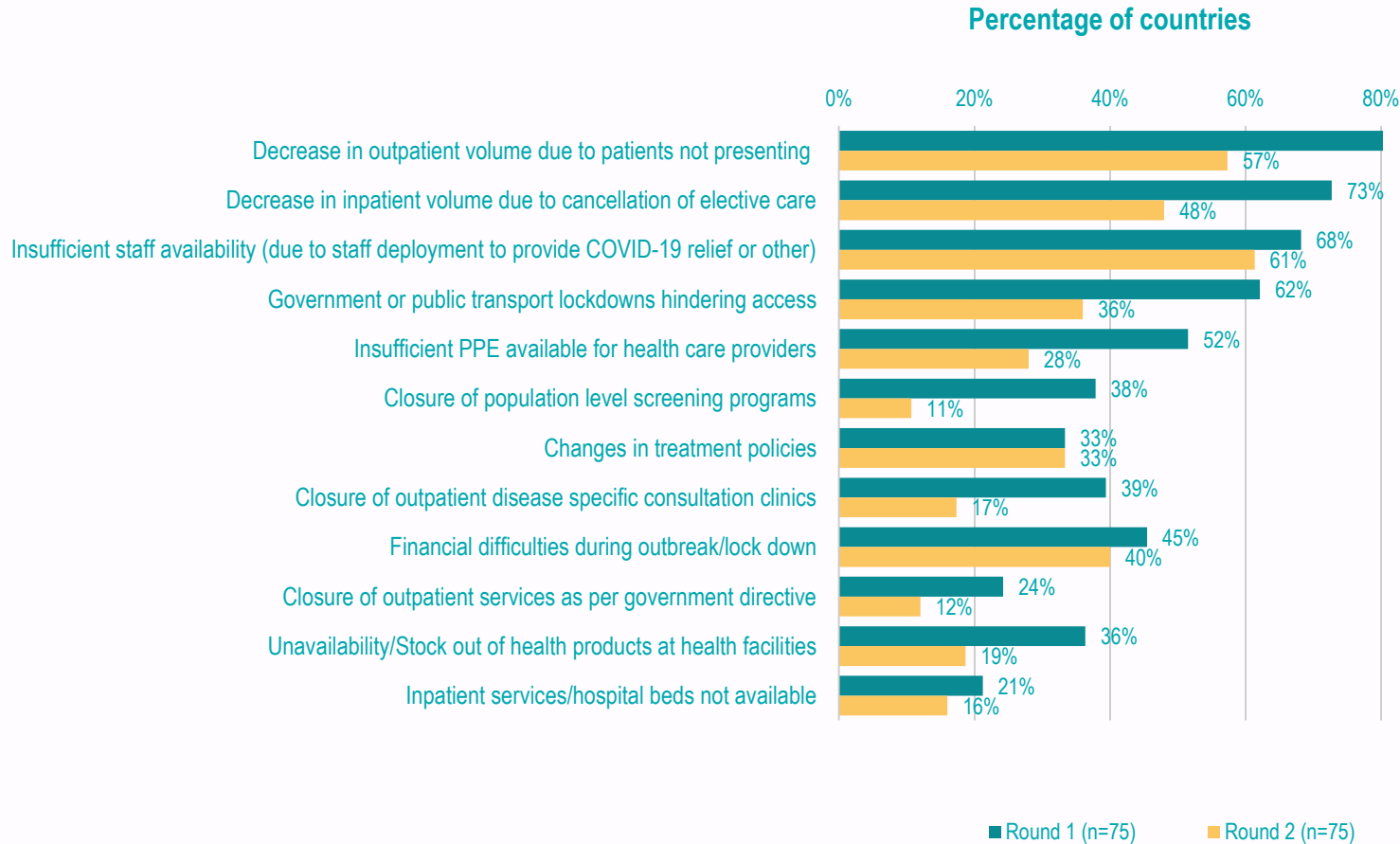


# Disruptions due to insufficient PPE and other health products availability have decreased since 2020

Countries participating in both survey rounds



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



**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

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.



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



**87%**

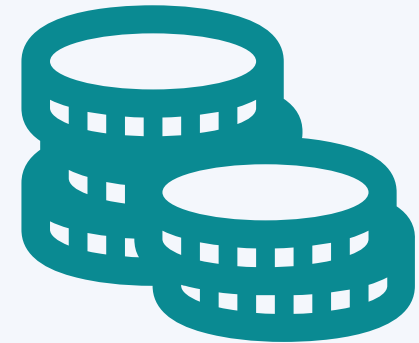
of countries have defined essential health services to be maintained during the COVID-19 pandemic in a national policy or plan

Increased from 70% in Q3 2020



**82%**

have designated a national focal point responsible for continuity of essential health services during the COVID-19 pandemic



**62%**

have allocated additional funding to support maintenance of essential health services

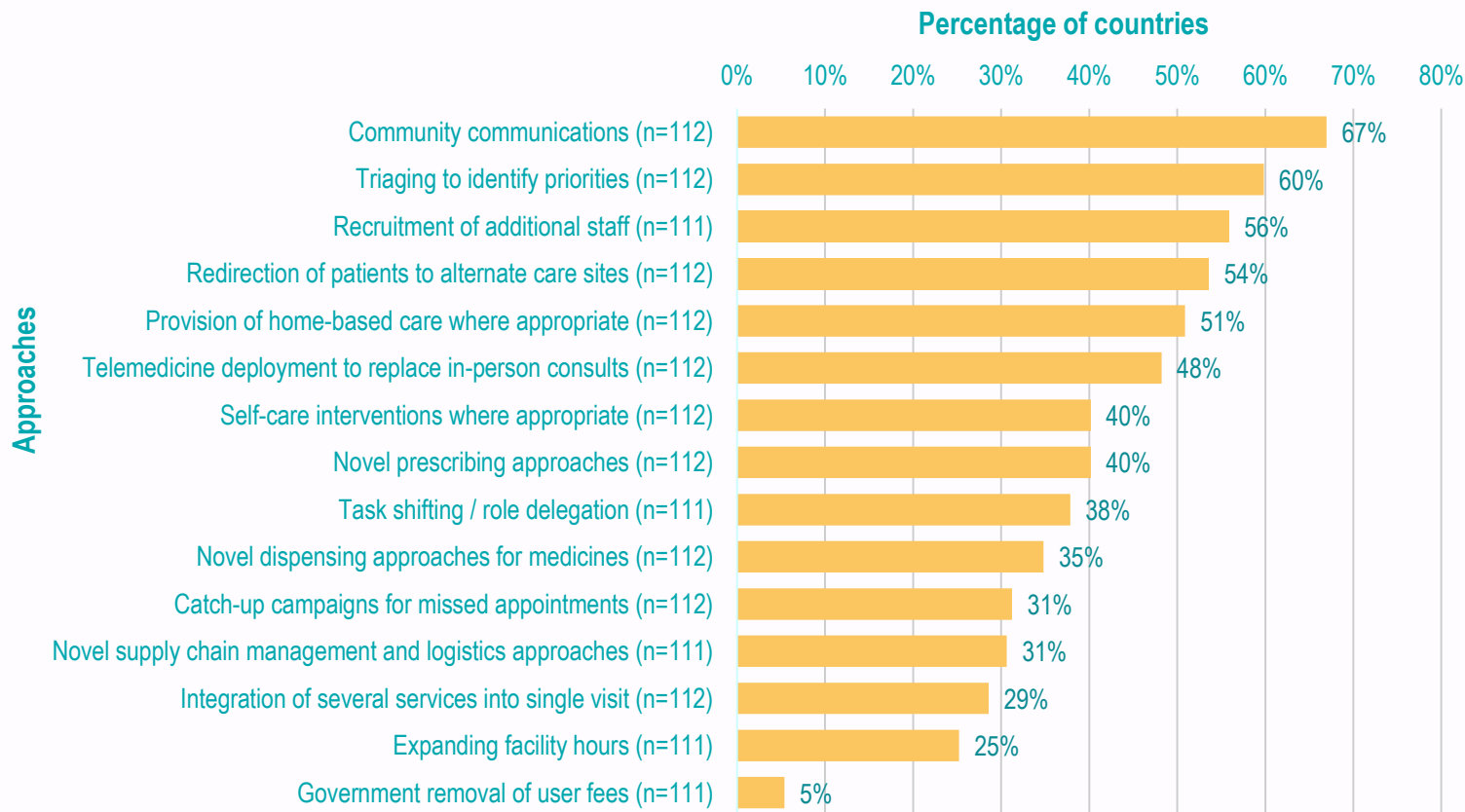
No change since Q3 2020





# Recommended strategies to restore or adapt service delivery being implemented by many countries

## Approaches for overcoming disruptions



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

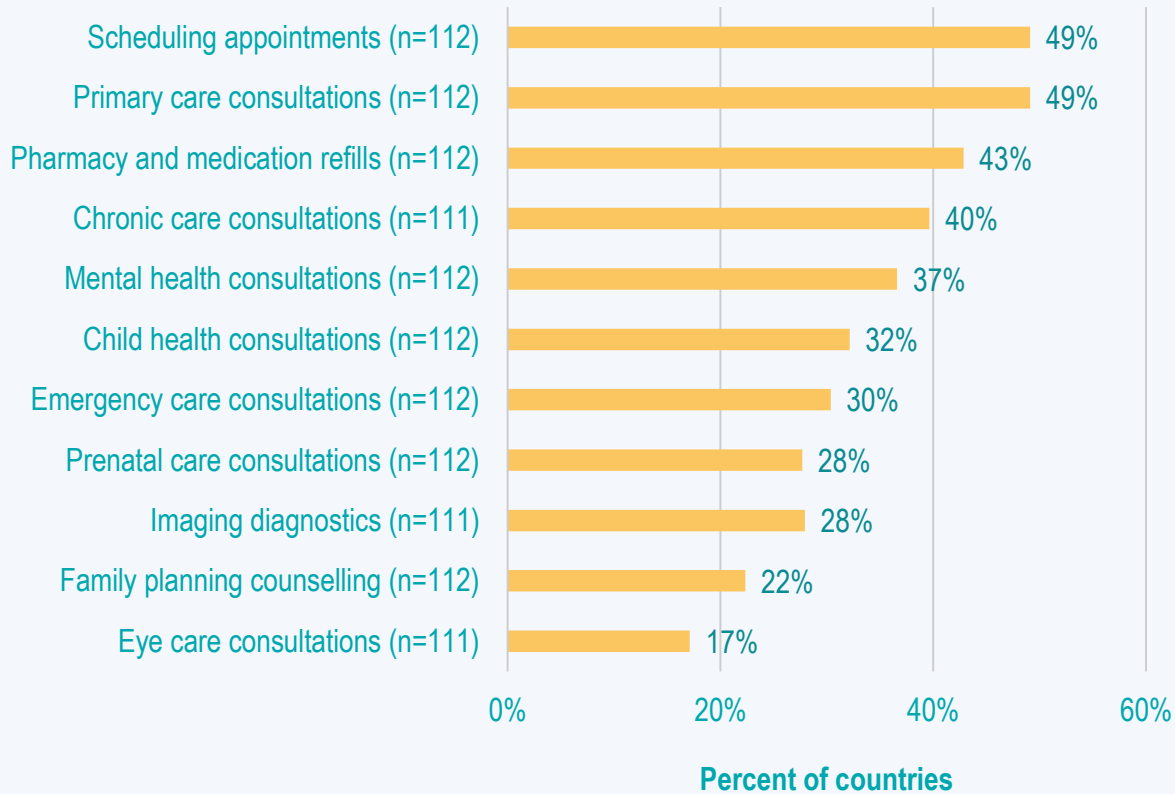


# Many countries are using telehealth technologies to mitigate disruptions



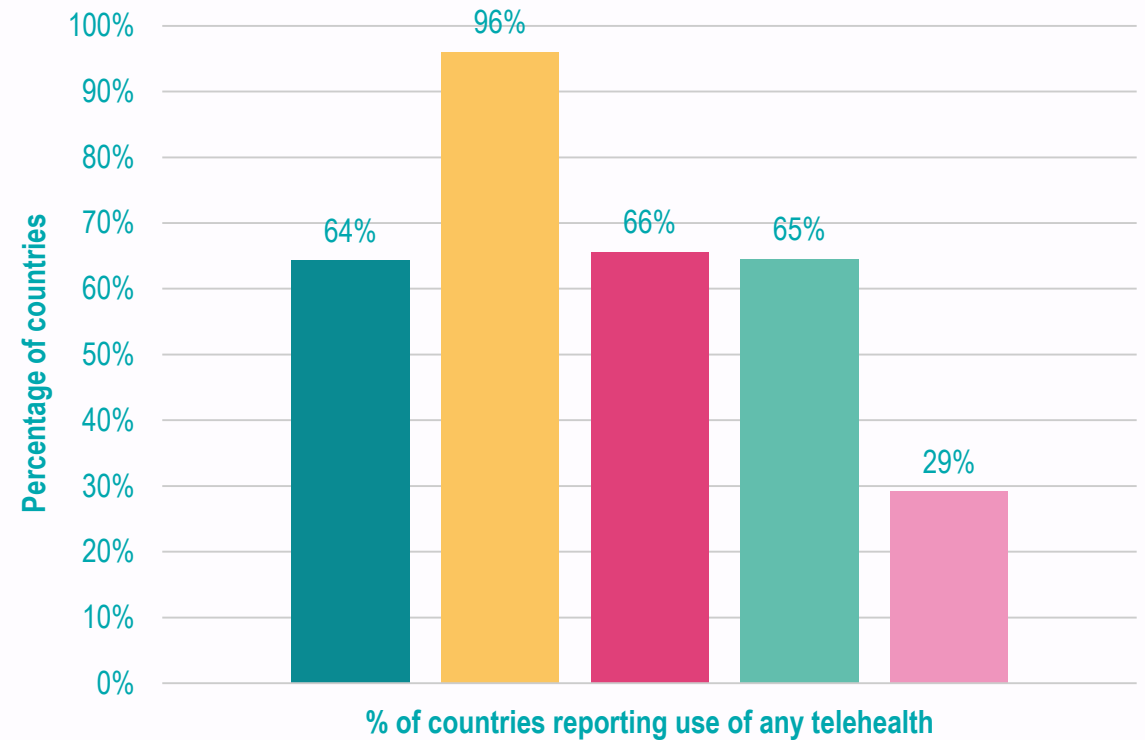
High income countries more frequently report use of telehealth technologies to support service delivery

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



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

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



■ Global (n=112)     
 ■ High income (n=25)     
 ■ Upper middle income (n=32)

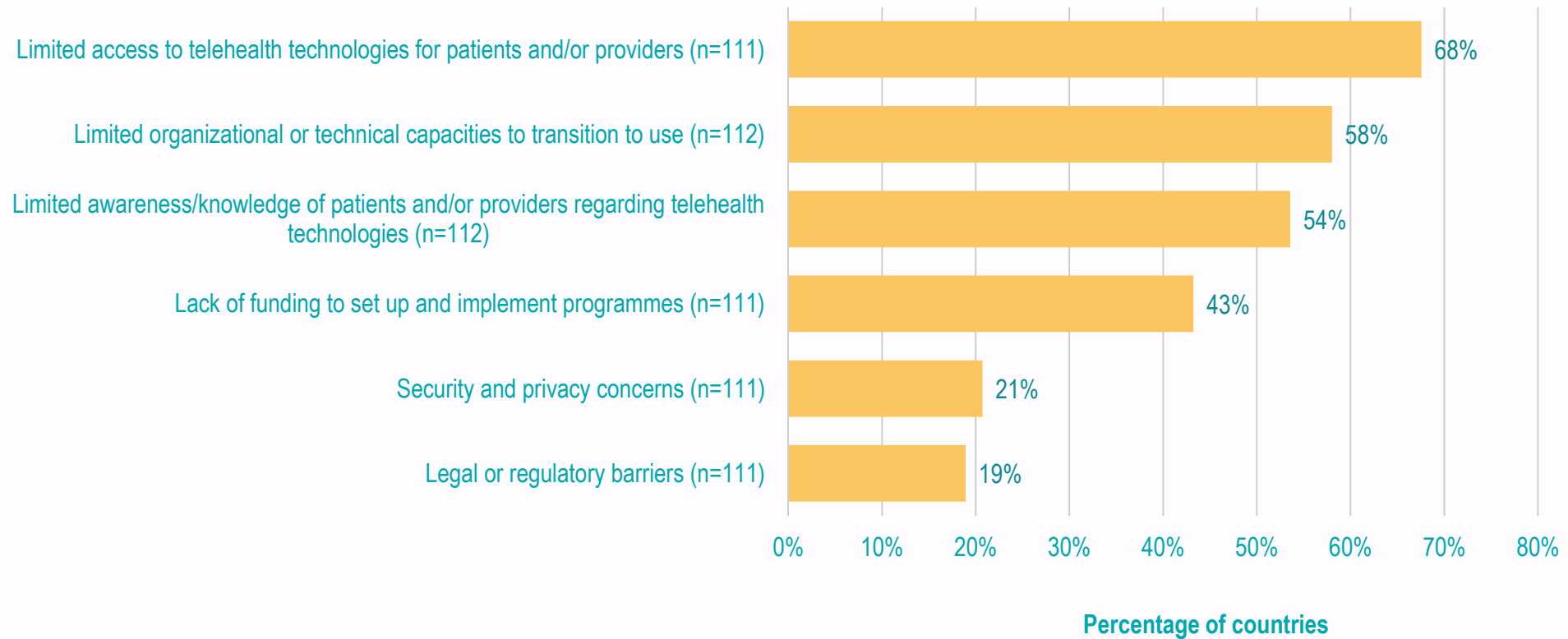
■ Lower middle income (n=31)     
 ■ Low income (n=24)



# Limited access and technical capacities to use telehealth technologies are the most commonly reported barriers to use in countries



Percentage of countries reporting barriers to use of telehealth technologies

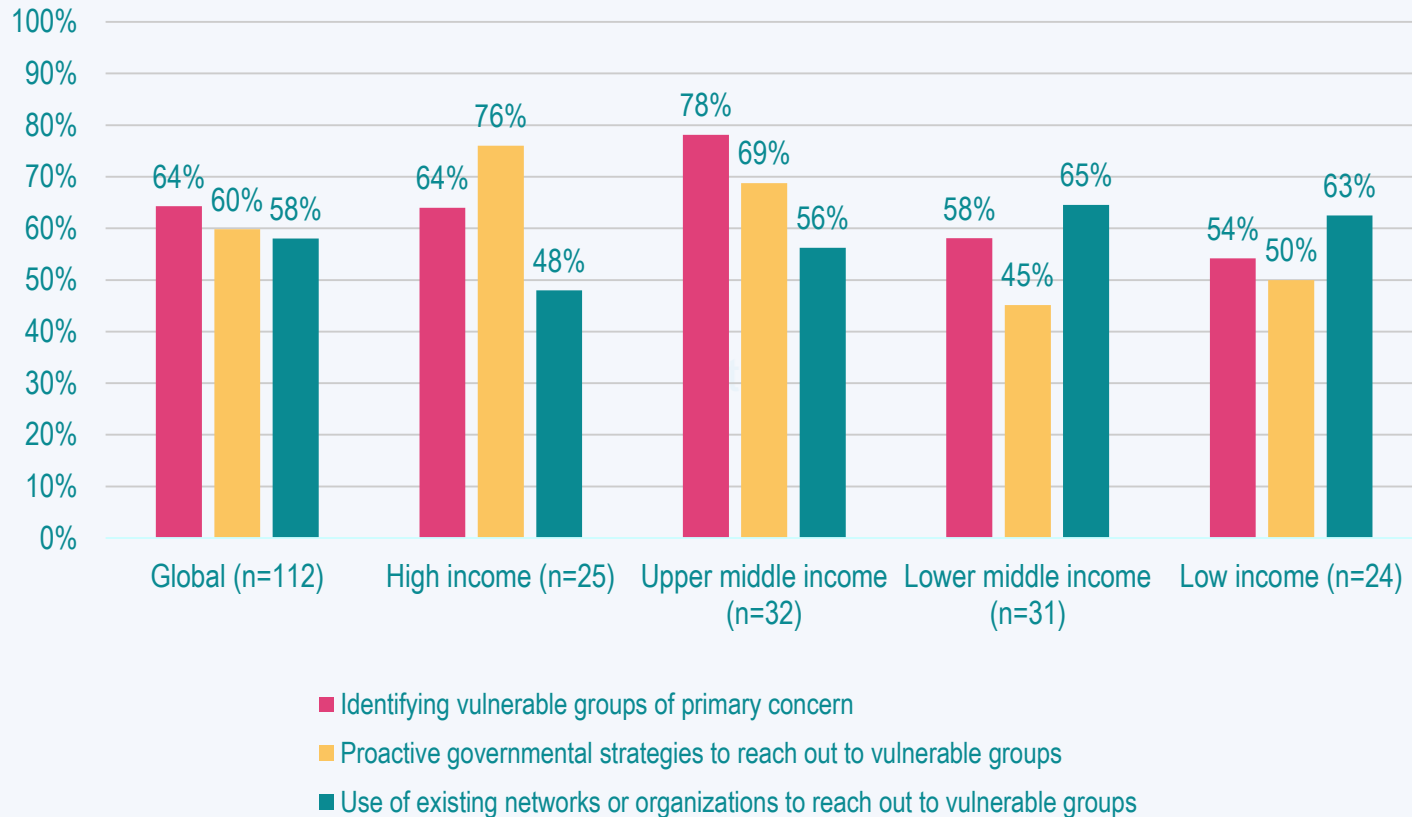


Denominator: excludes "Not applicable" or "Do not know" responses.



# Two-thirds of countries are implementing approaches to ensure access to care for vulnerable groups

Countries using approaches to ensure access to care for vulnerable groups



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

Many countries are implementing approaches to target specific vulnerable groups



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

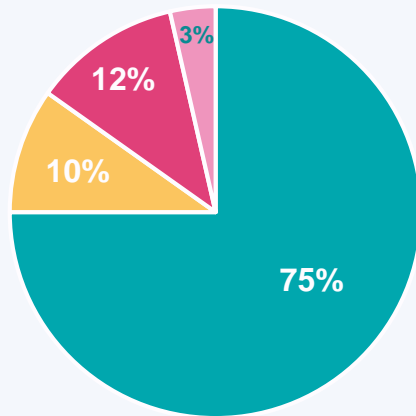


# Most countries are actively tracking and monitoring information to support continuity of essential health services



## 85%

### are regularly monitoring continuity of essential health services

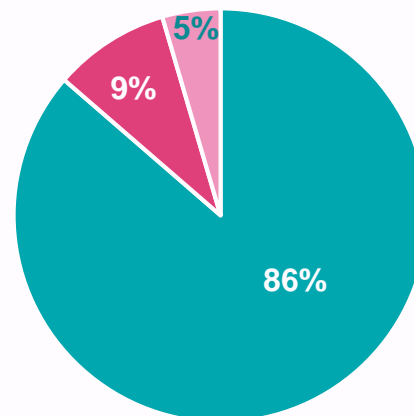


- Regularly monitoring continuation of EHS including mitigation strategies
- Monitoring continuation of EHS but not mitigation strategies
- No monitoring
- Don't know

(n=112)

## 86%

### are collecting data on comorbidities in COVID-19 patients

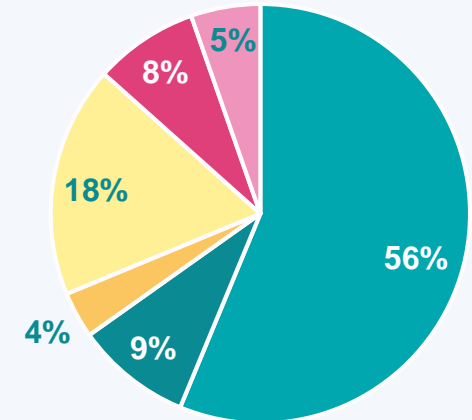


- Yes
- No
- Don't know

(n=110)

## 65%

### have designated a team to track and address the infodemic and health misinformation



- Yes, within Ministry of Health or equivalent
- Yes, within government but in another ministry
- Not yet, but planning on setting up a unit
- No unit, but we have staff completing these tasks
- No
- Don't know

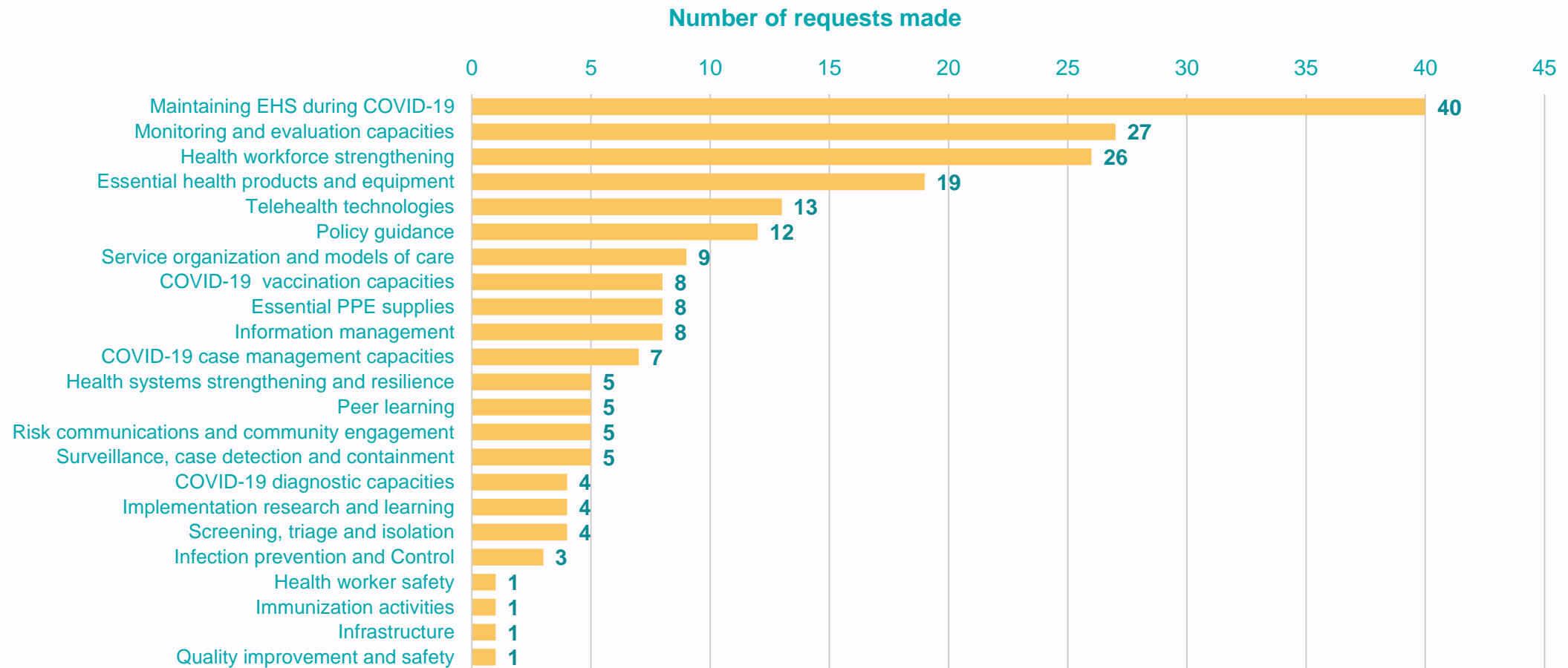
(n=112)



# 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)



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.



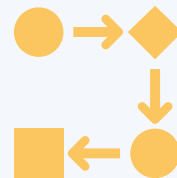
Urgent need for responsive health policy planning and action to orient health strategies according to rapidly evolving priorities and needs.



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



World Health Organization

## African region

- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cabo Verde
- Cameroon
- Central African Republic
- Chad
- Comoros
- Congo
- Cote 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