

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



Interim report  
27 August 2020



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## Executive summary

WHO conducted a key informant survey among ministry of health officials in five WHO regions between May and July 2020 to assess the impact of the COVID-19 pandemic on up to 25 essential health services in countries. Questionnaires were sent to 159 countries and 105 responses were received (66% response rate).

80% of the 105 responding countries had established packages of essential health services prior to the pandemic and 66% of these countries had already identified a core set of services to be maintained during the COVID-19 pandemic.

In general, disruptions of essential health services were reported by nearly all countries, and more so in lower-income than higher-income countries. The great majority of service disruptions were partial, which was defined as a change of 5–50% in service provision or use. Severe/complete disruptions were defined as a change of more than 50% in service provision or use.

All services were affected, including essential services for communicable diseases, noncommunicable diseases, mental health, reproductive, maternal, newborn, child and adolescent health, and nutrition services. Emergency services were the least disrupted, although 16 countries reported disruptions across all emergency services. The most severely affected service delivery platforms were mobile services, often suspended by government, and campaigns, for example as used for malaria prevention or immunization.

The causes of the disruptions were a mix of demand and supply factors. On the demand side, 76% of countries reported reductions in outpatient care attendance. Other factors, such as lockdowns hindering access and financial difficulties during lockdown were also mentioned. On the supply side, the most commonly reported factor was cancellation of elective services (66%). Other factors mentioned included staff redeployment to provide COVID-19 relief, unavailability of services owing to closures of health facilities or health services, and supply-chain difficulties.

Countries have responded to the adverse effects on essential health services in multiple ways, most commonly through triage of health services, telemedicine deployment to replace in-person consultations (more common in high-income countries), and changes in dispensing approaches for medicines. Eighty countries indicated priorities and technical assistance needs, including guidance and support in adapting strategies to maintain essential health services, assuring essential supplies, strengthening the health workforce, implementing adequate infection prevention and control capacities, risk communication, monitoring and telemedicine.

## BOX 1. Key messages

- This key informant pulse survey aimed to collect country information to gain a rapid understanding of the impact of COVID-19 on a tracer set of up to 25 essential health services across the life course. The results provide initial insight into perceived disruptions across services, the reasons for disruptions and country approaches to overcoming them.
- Across the five WHO regions, 66% of responding countries had already defined essential health services to be maintained during the COVID-19 pandemic through a national policy or document.
- Nevertheless, disruptions in essential services are geographically widespread across the globe. Almost every country (90%) experienced a disruption to some extent, with greater disruptions being reported in low- and middle-income than in high-income countries. On average, countries reported disruptions to half of the tracer health services on which they reported.
- Essential health services were affected across the board. The most frequently disrupted services included routine immunization services – outreach services (70%) and facility-based services (61%) – noncommunicable disease diagnosis and treatment (69%), family planning and contraception (68%), treatment for mental health disorders (61%), antenatal care (56%) and cancer diagnosis and treatment (55%).
- While some services, such as dental care and rehabilitation, may have been deliberately suspended by government protocol (half or more countries reported that government policies had limited or suspended outpatient services, inpatient services and community-based care), the disruption of many of the other services will have a potentially harmful impact on population health in the short, medium and long term. For example, potentially life-saving emergency services were disrupted in almost a quarter of countries. Further work is needed to quantify and understand better the potential impact of such disruptions.
- Disruptions were caused by a blend of demand and supply side factors. Reductions in outpatient care attendance owing to lower demand were reported by 76% of countries, with other factors such as lockdown (48%) and financial difficulties (33%) also mentioned. The most commonly reported factor on the supply side was cancellation of elective services (66%). Other factors reported by countries included staff redeployment to provide COVID-19 relief (49%), insufficient personal protective equipment available for health care providers (44%), unavailability of services owing to closures of services or health facilities (33-41%), and interruptions in the supply of medical equipment and health products (30%).
- Many countries have already started to implement WHO-recommended strategies to mitigate disruptions to services, such as triaging to identify priorities, shifting to online patient consultations, changes to prescribing practices and supply-chain strategies, and refocusing public health information communications. Only 14% of countries reported removal of user fees, which may negatively affect access to services during this period. Documentation and learning about which strategies work best in different settings and throughout different stages of the pandemic are urgently needed.

- This pulse survey provides insights from key informants from countries on the extent of disruptions to their health services and an indication of their experiences in adapting strategies to mitigate the impact on service provision.
- Notwithstanding the limitations of such a survey (subject to reporting bias, representing the opinion of key informants), the results indicate that even robust health systems can be rapidly overwhelmed and compromised by a COVID-19 outbreak, reinforcing the need for strategic adaptations to ensure maintenance of essential health services.
- Decisions about the nature and timing of adaptations to service delivery must be informed by the use of accurate and timely data, and there is a need for countries to improve real-time monitoring of changes in service delivery and utilization, as the outbreak is likely to wax and wane over the coming months.
- This survey also highlights the need to improve understanding of the potential impact of disruptions on morbidity and mortality, and to weigh carefully the benefits and risks of pursuing different mitigation strategies.
- Documentation and learning about what works in different settings in terms of mitigation strategies during the different phases of the pandemic are urgently required.

# Introduction

The impact of the COVID-19 pandemic on essential health services is a source of great concern. Major health gains achieved over the past two decades can be wiped out in a short period of time, as has been shown previously in humanitarian emergency situations caused by armed conflict or disease outbreaks such as Ebola (1, 2). The collapse of essential health services – including health promotion, preventive services, diagnosis, treatment and rehabilitative and palliative services – is likely to have serious adverse health effects, especially on the most vulnerable populations, such as children, older persons, people living with chronic conditions or disabilities, and minority groups.

Demand and supply factors may both play a role. People may stay away from health services out of fear of catching COVID-19. The operation of health services may be affected by shifting resources to fight the COVID-19 pandemic or by closures of health services or facilities. Supplies of medicines and commodities can be disrupted. In addition, societal measures such as a strict lockdown to combat the pandemic may affect people's socioeconomic situation as well as their ability to reach the health services they need.

Tracking access to essential health services during the pandemic is critical in order to achieve the optimal balance between fighting the COVID-19 pandemic and maintaining these services. As part of their response, countries need to have defined the set of essential services to be maintained during the pandemic, to assess how these services are being affected and to track any changes that may be occurring as the outbreak progresses along its various stages. National, regional and international data on the impact of the pandemic are also needed to advocate for resources for the most affected countries and populations, and to help target efforts to maintain health services for the populations in greatest need.

This key informant survey was aimed at gaining initial insight into the impact of the COVID-19 pandemic on up to 25 tracer essential health services across the life course in each country. The results of the survey should improve our understanding of the perceived extent of disruptions across all services, the reasons for disruptions, and country mitigation strategies to maintain services. This information can help to inform policy dialogues and support decision-makers at national and international level by providing a rapid snapshot of where the greatest challenges and priority needs lie in order to enhance planning of mitigation strategies and policies for maintaining essential services, and targeting of resources and investment throughout the course of the pandemic.

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