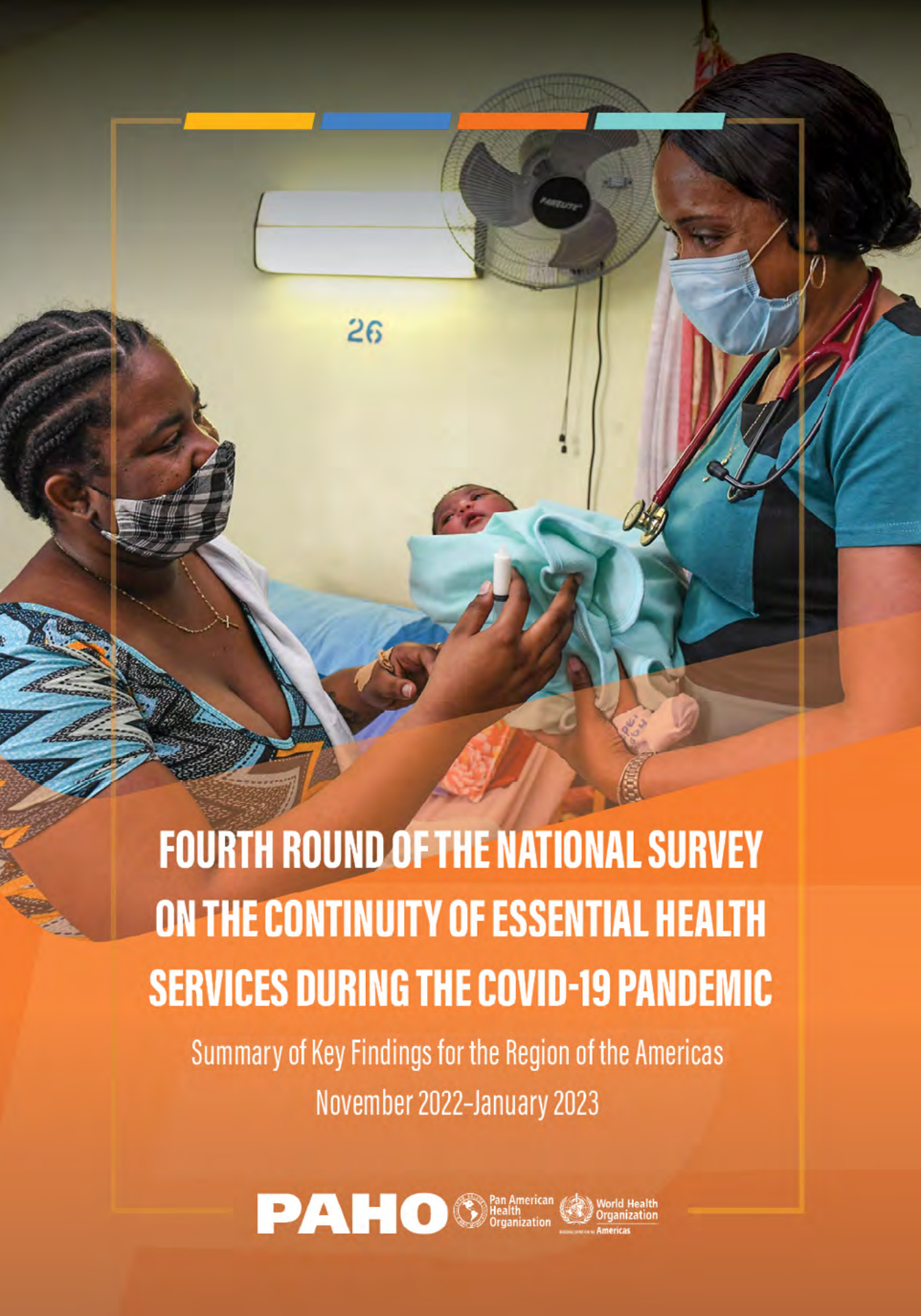




FOURTH ROUND OF THE NATIONAL SURVEY ON THE CONTINUITY OF ESSENTIAL HEALTH SERVICES DURING THE COVID-19 PANDEMIC

Summary of Key Findings for the Region of the Americas

November 2022–January 2023

PAHO



Pan American
Health
Organization



World Health
Organization
Americas

FOURTH ROUND OF THE NATIONAL SURVEY ON THE CONTINUITY OF ESSENTIAL HEALTH SERVICES DURING THE COVID-19 PANDEMIC

Summary of Key Findings for the Region of the Americas
November 2022–January 2023

Washington, D.C., 2023

Fourth Round of the National Survey on the Continuity of Essential Health Services During the COVID-19 Pandemic: Summary of Key Findings for the Region of the Americas. November 2022–January 2023

PAHO/HSS/PH/23-0003

© Pan American Health Organization, 2023

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO license ([CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo/)).

Under the terms of this license, this work may be copied, redistributed, and adapted for non-commercial purposes, provided the new work is issued using the same or equivalent Creative Commons license and it is appropriately cited. In any use of this work, there should be no suggestion that the Pan American Health Organization (PAHO) endorses any specific organization, product, or service. Use of the PAHO logo is not permitted.

All reasonable precautions have been taken by PAHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall PAHO be liable for damages arising from its use.

Photos: © PAHO

CONTENTS

INTRODUCTION	1
CHAPTER 1. Essential health service disruption and recovery.....	2
Disruptions across service delivery settings and platforms.....	4
Disruptions to tracer services	6
Reasons for service disruptions.....	7
Increased service volumes compared to pre-pandemic levels	9
Strategic modifications to service delivery and essential public health functions....	10
CHAPTER 2. Delivery of essential COVID-19 tools	12
Bottlenecks to scaling up essential COVID-19 tools	13
Mitigation strategies to overcome service disruption.....	13
CHAPTER 3. Policies and plans for continuity and recovery of essential health services	15
Investments for longer-term recovery, resilience, and preparedness	15
Priority thematic areas	16
Preparations for COVID-19 surges and other health emergencies	17
Information tracking and documentation	17
Preparedness for future pandemics of infectious respiratory diseases.....	18
CONCLUSIONS	19
ANNEX 1: SERVICE DISRUPTIONS TO PRIORITY HEALTH SERVICE AREAS	21

TABLE

Table 1.	Bottlenecks to scaling up access to essential COVID-19 tools (n=16)	13
-----------------	---	----

FIGURES

Figure 1.	Percentage of services disrupted by country (number of tracer services = 79)	2
Figure 2.	Comparison of the extent of service disruption across 27 tracer services reported by 17 countries submitting responses to all four survey rounds	3
Figure 3.	Percentage of services disrupted by income group (number of countries = 24)	4
Figure 4.	Disruptions in the provision of integrated health services by service delivery platform.	5
Figure 5.	Comparison of disruptions by setting in Rounds 1, 2, 3, and 4 (Q3 2020, Q1 2021, Q4 2021, and Q4 2022, respectively) in 17 countries responding to all four survey rounds	5
Figure 6.	Percentage of countries reporting service disruptions by tracer service areas	6
Figure 7.	Comparison of disruptions by tracer services in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4).	7
Figure 8.	Percentage distribution of countries that reported reasons for service disruption (n=25)	8
Figure 9.	Percentage of countries reporting increased service backlogs compared to 2021 levels.	9
Figure 10.	Percentage of countries reporting disruptions to supply chain systems.	9
Figure 11.	Percentage of tracer services reported as increased in service volumes as compared to pre-pandemic levels, by country (number of tracer services = 79).	10
Figure 12.	Round 4 comparison: percentage of countries that limited or suspended service delivery platforms.	11
Figure 13.	Round 4 comparison: percentage of countries that limited or suspended essential public health functions/activity.	11

Figure 14. Percentage of countries reporting integration of COVID-19 related services into routine health service delivery.....	12
Figure 15. Percentage of countries implementing mitigation and recovery actions (n=20).....	14
Figure 16. Percentage of countries with policy or plan for continuity of essential health services during the COVID-19 pandemic (n=18).....	15
Figure 17. Percentage of countries with health system recovery plan to strengthen health service resilience and preparedness for future public health emergencies in Q4 2022 (n=20)	15
Figure 18. Percentage of countries reporting specific investments for longer-term health system recovery and health service resilience and preparedness (of the countries reporting any investments, n=16)	16
Figure 19. Percentage of countries reporting essential areas for ongoing health system recovery efforts (n=21)	16
Figure 20. Percentage of countries reporting capacities strengthened during the pandemic, which was leveraged for another public health emergency/disaster (n=19)	17
Figure 21. Percentage of reporting countries that regularly monitored aspects of essential health services during the COVID-19 pandemic (n=18).....	18
Figure 22. Percentage of countries reporting health capacity strengthening area as a priority for future respiratory pathogen pandemic preparedness (n=10).....	18
Figure A1. Percentage of countries reporting service disruptions by tracer service areas	21
Figure A2. Comparison of disruptions by tracer services in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4).....	22
Figure A3. Percentage of countries reporting disruptions in sexual, reproductive, maternal, newborn, child, and adolescent health services in Q4 2022	22
Figure A4. Comparison of disruptions for sexual, reproductive, maternal, newborn, child, and adolescent health services in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4).....	23
Figure A5. Percentage of countries reporting disruptions in nutrition services in Q4 2022	23
Figure A6. Comparison of disruptions for nutrition services in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4).....	24

Figure A7. Percentage of countries reporting disruptions in routine immunization services in Q4 2022	24
Figure A8. Comparison of disruptions for routine immunization services in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)	25
Figure A9. Percentage of countries reporting disruptions to routine immunization services due to COVID-19 vaccination scale-up	25
Figure A10. Percentage of countries reporting disruptions in services for mental, neurological, and substance use disorders in Q4 2022	26
Figure A11. Comparison of disruptions in services for mental, neurological, and substance use disorders in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)	26
Figure A12. Percentage of countries reporting disruptions in services for communicable diseases in Q4 2022	27
Figure A13. Comparison of disruptions in services for communicable diseases in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)	27
Figure A14. Percentage of countries reporting disruptions in services for neglected tropical diseases in Q4 2022	28
Figure A15. Comparison of disruptions to services for neglected tropical diseases in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)	28
Figure A16. Percentage of countries reporting disruptions in services for care for older people in Q4 2022	29
Figure A17. Comparison of disruptions in services to care for older people in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)	29
Figure A18. Percentage of countries reporting disruptions to services for noncommunicable diseases (NCDs) in Q4 2022	30
Figure A19. Comparison of disruptions in services for noncommunicable diseases (NCDs) in countries that responded to three survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), and Q4 2022 (Round 4)	30

INTRODUCTION

In May 2020, the Pan American Health Organization/World Health Organization (PAHO/WHO) initiated the first round of a national survey to assess the continuity of essential health services throughout the COVID-19 pandemic in the Region of the Americas. Subsequently, three additional survey rounds were conducted, with the most recent round in November–December 2022. The primary objectives of these surveys were to:

1. Provide timely insights into the changes and challenges experienced in providing and utilizing health services during the pandemic.
2. Assist countries in policy dialogues and planning by identifying critical bottlenecks, facilitating mitigation efforts, and supporting the recovery toward high-quality essential health services.
3. Generate globally comparable findings on the extent of disruptions across health systems during the pandemic, including monitoring indicators outlined in the WHO Strategic Response Plan for the Pandemic.

This summary report presents the key findings from the participating countries in the fourth round of surveys conducted in 2022. It provides an overview of the disruptions observed at the time of the survey, analyzes the adjusted patterns of these disruptions based on data from the 17 countries and territories that participated in all four survey rounds, examines the mitigation measures implemented, and highlights the persistent challenges in ensuring the recovery and continuity of essential health services.

Furthermore, the report outlines how countries have strengthened their institutional capacities to reorganize health systems and services, enhance resilience, and prepare for future emergencies.

A global report presents the detailed methods, questionnaire, tracer services assessed, and list of countries and territories participating in the fourth-round survey. The report is at this web link: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2023.1.

This summary of key findings frames a discussion of the results similar to previous frameworks and the approaches endorsed by Member States during the pandemic, emphasizing the collective efforts toward achieving universal health and maintaining the uninterrupted delivery of essential health services.

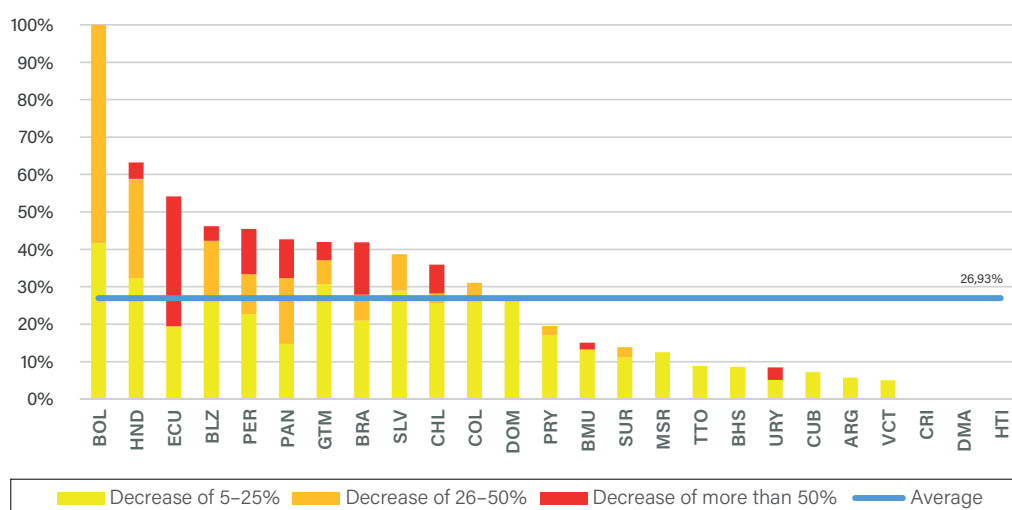


CHAPTER 1

ESSENTIAL HEALTH SERVICE DISRUPTION AND RECOVERY

In this survey round, 25 countries provided information regarding the current levels of disruption to essential health services. Notably, there has been a remarkable reduction in the extent of service disruptions compared to previous reports. Among the 25 participating countries, they reported an average of 27% of tracer health services as disrupted in Q4 2022 (Figure 1).

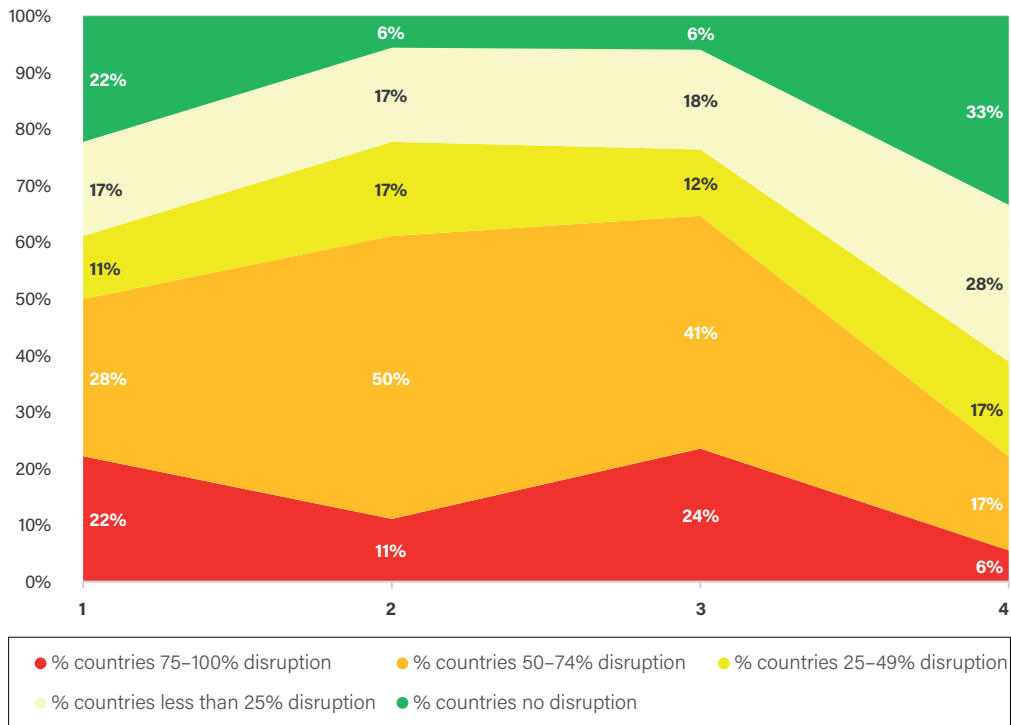
Figure 1. Percentage of services disrupted by country (number of tracer services = 79)



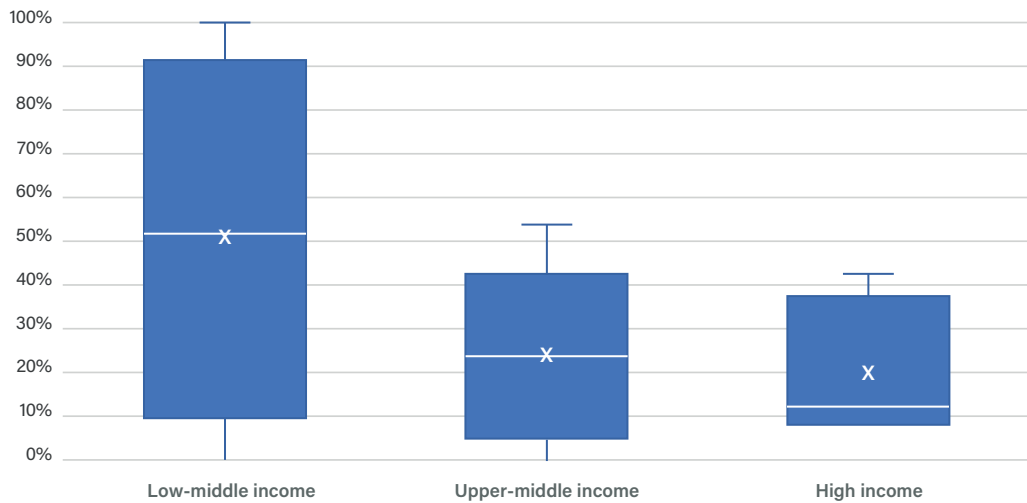
Note: The denominator represents responses from countries/territories that responded to at least one survey section and consented to a data-sharing agreement. Services include 79 services from the following areas: primary care, emergency, critical and operative care, rehabilitation, palliative care, cancer care, community care, and tracer services for reproductive, maternal, newborn, child, and adolescent health and nutrition, immunization, communicable diseases, neglected tropical diseases, mental, neurological, and substance use disorders, care for older people, and traditional and complementary health services. For codes assigned to countries, see <https://unstats.un.org/unsd/methodology/m49/>.

In the case of the 17 countries that participated in all four survey rounds, the average percentage of tracer services reported as disrupted decreased from 41% in Q3 2020 to 35% in Q4 2022. From Q3 2020 to Q4 2022, the percentage of countries reporting tracer services interruptions between 75% and 100% decreased by 16 percentage points (Figure 2).

Figure 2. Comparison of the extent of service disruption across 27 tracer services reported by 17 countries submitting responses to all four survey rounds



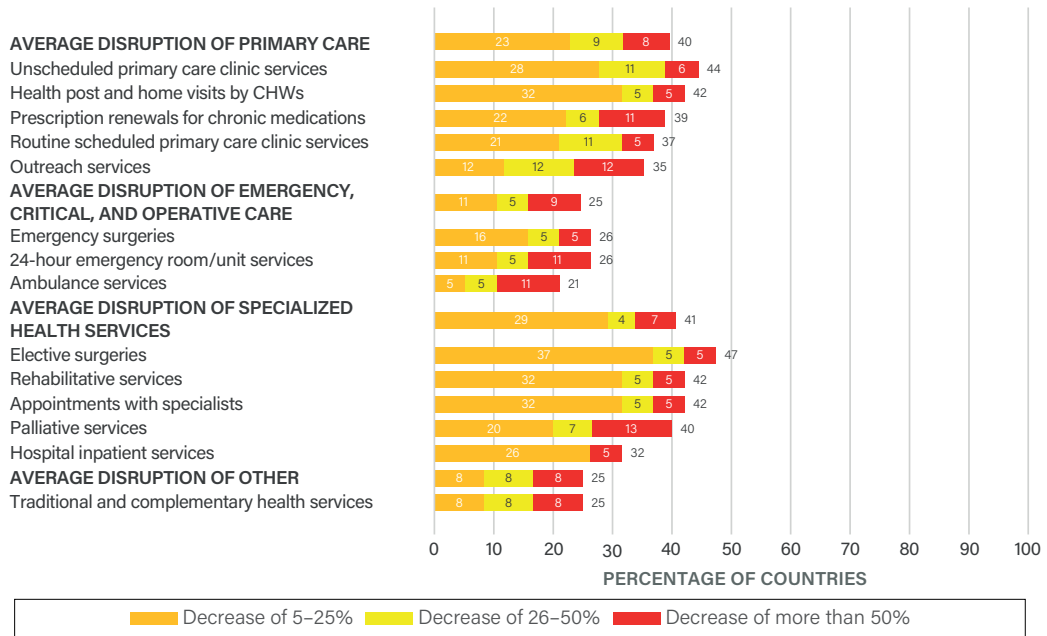
Despite the positive progress made, it is important to note that essential health service disruptions continued to persist on a regional scale. The fourth survey revealed that most countries (88%) reported disturbance to at least one essential health service during Q4 2022. The extent of disruption experienced during the observed period varied across countries according to income groups. Notably, high-income countries generally reported relatively fewer disrupted services than countries in lower-income brackets. However, it is important to note that the association between income groups and disruption levels was not consistently clear, primarily due to the variability in the number of countries included within each income group (Figure 3).

Figure 3. Percentage of services disrupted by income group (number of countries = 24)

Disruptions across service delivery settings and platforms

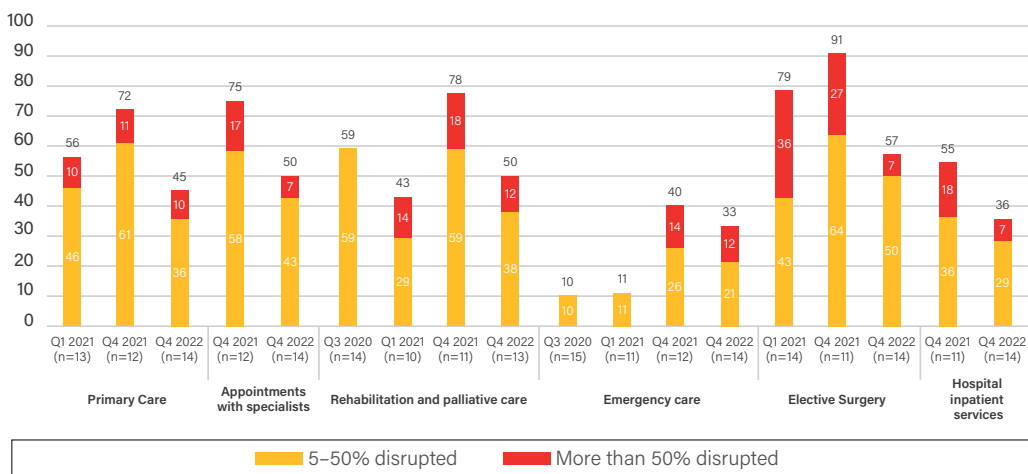
The impact of the COVID-19 pandemic on health service delivery settings and platforms remains significant (Figure 4). However, there has been a decrease in the number of countries experiencing disruptions compared to previous reports in 2020 and 2021. Approximately one-quarter of countries (27%) reported COVID-19 related disruptions across most settings. Specifically, the disturbances reported in the first level of care services decreased from 67% of 19 responding countries in Q4 2021 to 40% of 18 responding countries in Q4 2022. Furthermore, disruptions to potentially life-saving emergency care decreased from 33% of 17 countries in Q4 2021 to 25% of 19 countries in Q4 2022. This decline follows a concerning rise in disruptions reported during 2021 (Figure 5).

Figure 4. Disruptions in the provision of integrated health services by service delivery platform



Note: The n value represents the number of countries that answered the questions for each service in both rounds. The total percentage may differ from the sum of the partial percentages due to rounding. CHW = community health worker.

Figure 5. Comparison of disruptions by setting in Rounds 1, 2, 3, and 4 (Q3 2020, Q1 2021, Q4 2021, and Q4 2022, respectively) in 17 countries responding to all four survey rounds



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

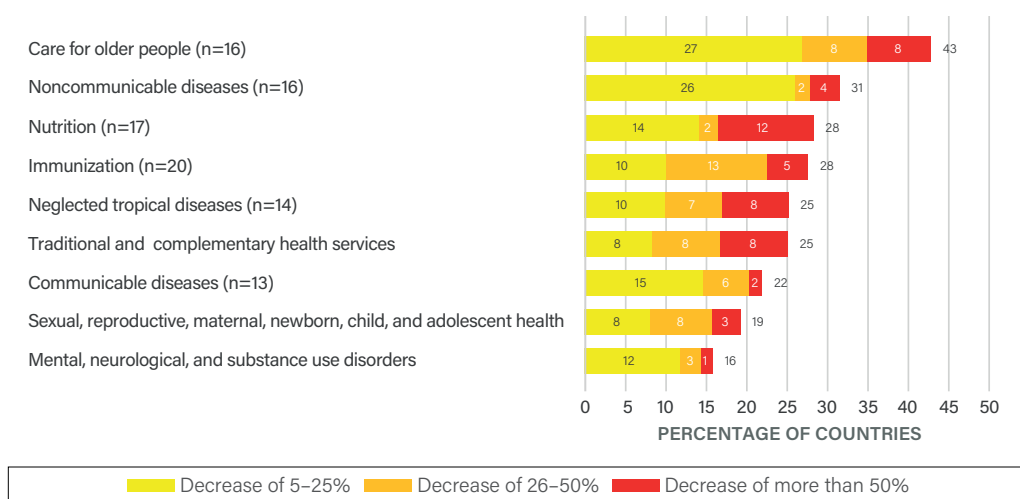
Disruptions to tracer services

While disruptions continued to affect various major program- and condition-specific health service areas, some indications of partial service recovery were reported by countries (Figure 6). These signs of recovery were observed across a range of essential health services (Figure 7), including:

- Sexual, reproductive, maternal, newborn, child, and adolescent health services
- Nutrition services
- Immunization programs
- Communicable disease management
- Neglected tropical disease programs
- Noncommunicable disease services
- Management of mental, neurological, and substance use disorders
- Care for older people.

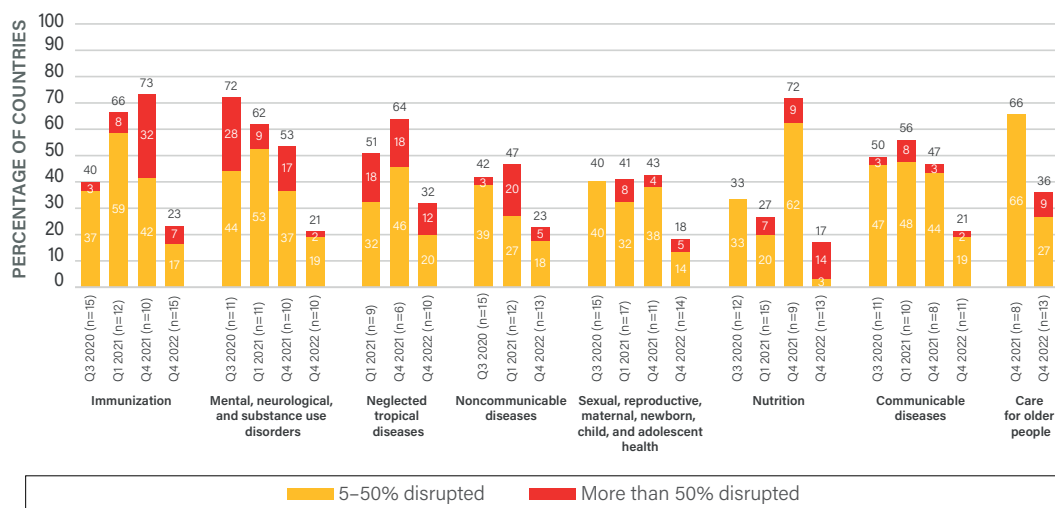
For more detailed information on these service areas, please refer to Annex 1.

Figure 6. Percentage of countries reporting service disruptions by tracer service areas



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

Figure 7. Comparison of disruptions by tracer services in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)

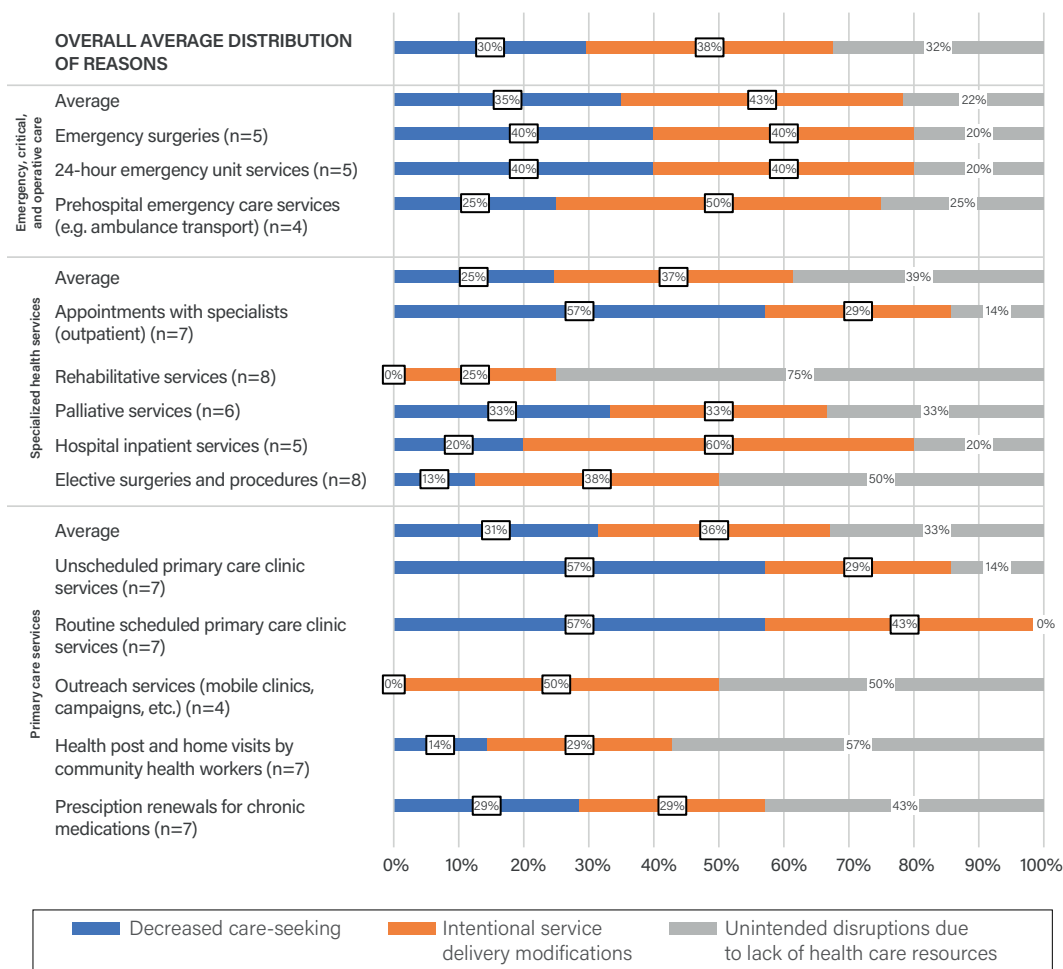


Note: The n value represents the number of countries that answered the questions for each service. The total percentage may differ from the sum of the partial percentages due to rounding.

Reasons for service disruptions

A combination of factors influenced the ongoing disruptions in health service delivery on the demand and supply sides (Figure 8). These factors include:

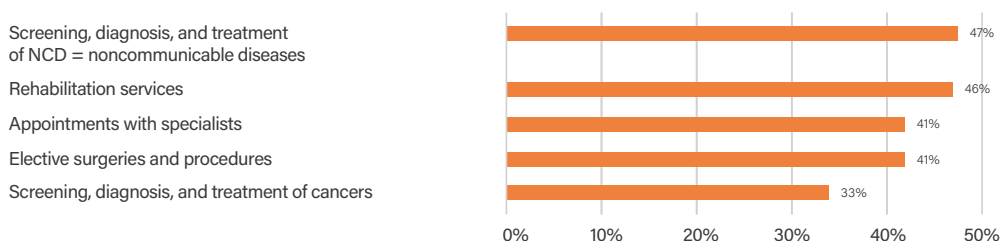
1. Demand-side factors: Individuals' persistently low levels of care-seeking played a significant role in the continued service disruptions. Various reasons, such as fear of infection, limited access to transportation, and lack of awareness, contributed to the reduced demand for health services.
2. Supply-side factors: The limited availability of essential resources, including a shortage of health workforce, medicines, and health products, also contributed to the persistent disruptions. These resource constraints strained the capacity of health systems to deliver uninterrupted services and meet the demand of individuals seeking care.

Figure 8. Percentage distribution of countries that reported reasons for service disruption (n=25)

Note: The total percentage may differ from the sum of the partial percentages due to rounding.

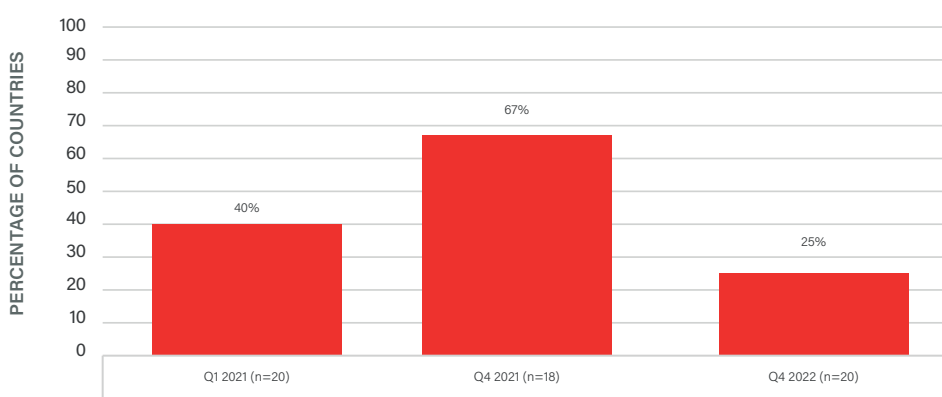
Among the essential health services analyzed, more than a third of the countries reported an increase in backlogs compared to 2021, as illustrated in Figure 9 below. Notably, backlogs were particularly prominent in screening, diagnosing, and treating noncommunicable diseases (NCD) rehabilitation services; appointments with specialists; elective surgery and procedures.

Figure 9. Percentage of countries reporting increased service backlogs compared to 2021 levels



In Q4 2022, 5 out of 20 countries reported disruptions to their national supply chain systems. This figure represents a notable decrease from the previous year, where more than half of the responding countries experienced such disturbances in Q4 2021 (67%) (Figure 10). The decreasing trend in disrupted supply chains is encouraging, but efforts to strengthen and safeguard these systems remain crucial for effective health service delivery.

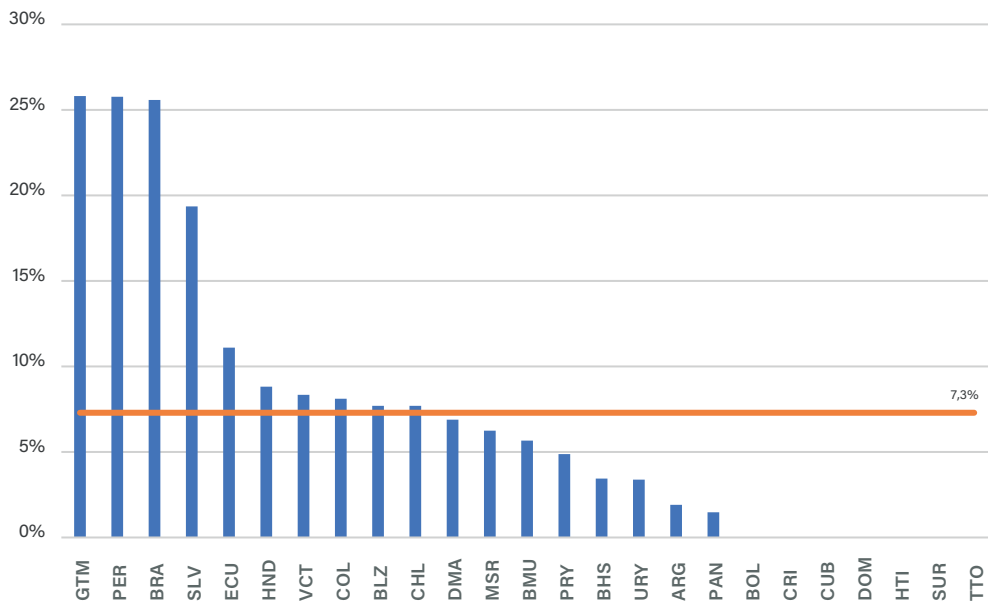
Figure 10. Percentage of countries reporting disruptions to supply chain systems



Increased service volumes compared to pre-pandemic levels

Among the 79 tracer essential health services assessed, approximately 7% of them reported an increase in service volumes compared to pre-pandemic levels, as depicted in Figure 11. Seventy-two percent of countries (18 of 25 responding countries) reported increased service volumes in at least one tracer service compared to pre-pandemic levels. This trend can be attributed, in part, to various factors such as countries' endeavors to address service backlogs and restore health service provision, enhanced community communications, non-pandemic related trends, and responses to emerging health needs within the context of the pandemic.

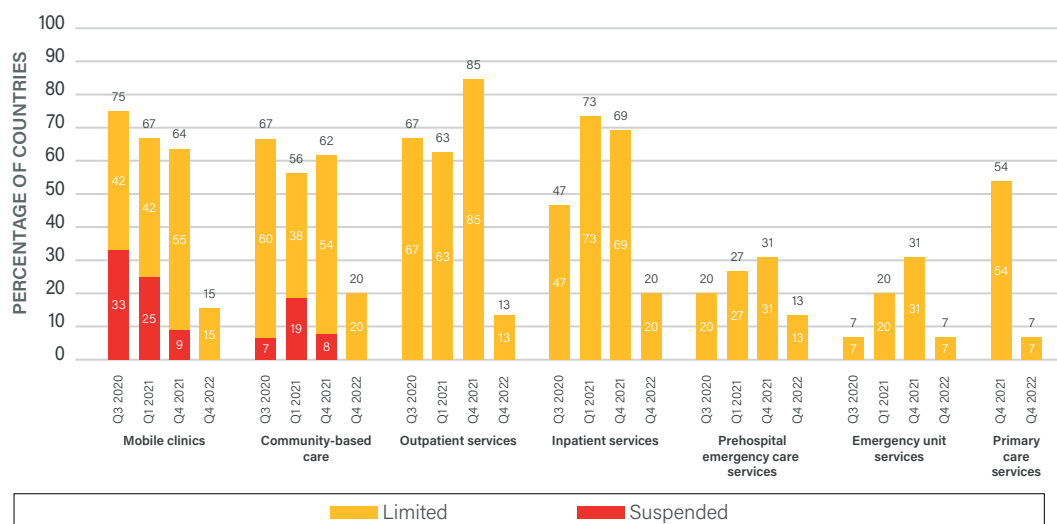
Figure 11. Percentage of tracer services reported as increased in service volumes as compared to pre-pandemic levels, by country (number of tracer services = 79)



Strategic modifications to service delivery and essential public health functions

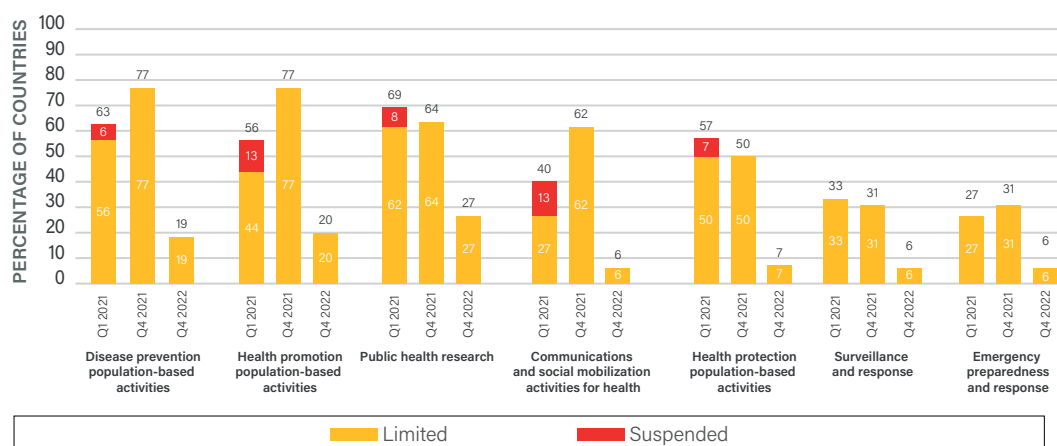
Compared to previous survey rounds, fewer countries reported intentionally reducing access to health services across all service delivery platforms and essential public health functions (Figures 12 and 13). This trend indicates significant progress toward returning to the levels of health services delivery and overall system functioning observed before the pandemic. The findings highlight the efforts made by countries to restore and maintain access to essential health services, signaling a positive shift toward normalizing health service provision operations.

Figure 12. Round 4 comparison: percentage of countries that limited or suspended service delivery platforms



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

Figure 13. Round 4 comparison: percentage of countries that limited or suspended essential public health functions/activity



Note: The total percentage may differ from the sum of the partial percentages due to rounding.



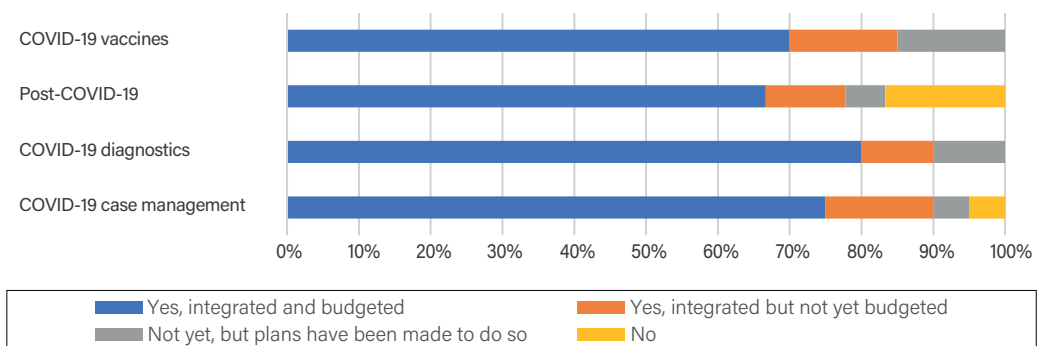
CHAPTER 2

DELIVERY OF ESSENTIAL COVID-19 TOOLS

Many countries have successfully budgeted for and integrated tracer COVID-19 related services into their routine health service delivery. The integration of these services has been particularly notable for COVID-19 vaccination, diagnostic, and case management services. Approximately three-quarters of the countries (70% of 20 responding countries for vaccination, 80% of 20 responding countries for diagnostics, and 75% of 20 responding countries for case management) reported full integration of these services (Figure 14).

However, the integration of post-COVID-19 condition services has been relatively lower, with 66% of the 18 responding countries reporting complete budgeting and integration of these services. This statistic indicates a need for further efforts to ensure comprehensive and sustained health care support for individuals experiencing post-COVID-19 conditions (Figure 14).

Figure 14. Percentage of countries reporting integration of COVID-19 related services into routine health service delivery



Bottlenecks to scaling up essential COVID-19 tools

Most responding countries (88% of 16 countries) face at least one bottleneck when scaling up access to essential COVID-19 tools. These tools include diagnostics, therapeutics, vaccines, and personal protective equipment (PPE). Among the various challenges reported, issues related to the health workforce and lack of funding emerged as the most common barriers. Similar to the situation in 2021, the primary challenges on the demand side for COVID-19 vaccination continued to revolve around issues such as community acceptance for testing and affordability. These factors were consistently identified as the most cited bottlenecks, as shown in Table 1 below. Despite the ongoing efforts, many countries still encounter obstacles in ensuring widespread access to crucial tools for combating the COVID-19 pandemic. Addressing community acceptance and ensuring affordability remains critical for successful vaccination campaigns.

Table 1. Bottlenecks to scaling up access to essential COVID-19 tools (n=16)

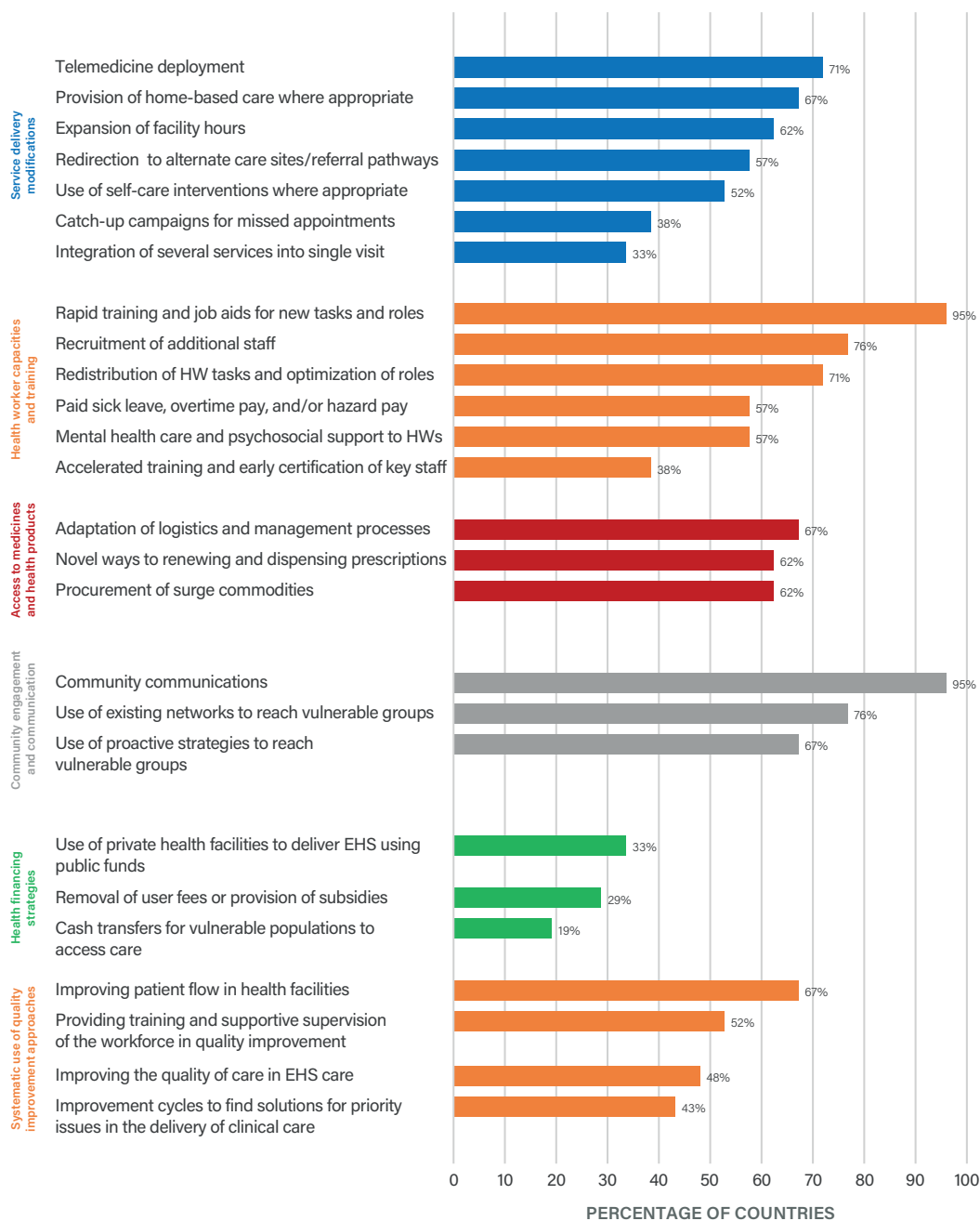
Bottlenecks	Diagnostic and testing	Case management	PPE distribution and use	COVID-19 vaccination
Health workforce challenges	88%	67%	50%	44%
Lack of funding	69%	73%	60%	31%
Shortages in supplies and equipment	63%	20%	60%	31%
Lack of data/information	44%	20%	50%	19%
Lack of distribution capacity	13%	7%	20%	19%
Demand-side challenges	6%	27%	-	81%
Lack of clear strategy, guidance, or protocols	0%	20%	20%	-
Lack of health care infrastructure	-	33%	-	-

The most frequently identified technical assistance needed to scale up access to essential COVID-19 tools effectively were health worker (HW) recruitment, financial planning, and risk communication and engagement strategies. These areas require targeted support and assistance to overcome the challenges of ensuring the widespread availability and utilization of crucial tools in the fight against COVID-19.

Mitigation strategies to overcome service disruption

Countries employed various strategies and innovative approaches to address short-term service disruptions and facilitate long-term service recovery. These efforts encompassed several vital areas, including modifying service delivery models (such as transitioning to community-based care or adopting telehealth consultations), bolstering health worker capacities through training and development, enhancing access to essential medicines and health products, promoting community engagement, and implementing effective health financing strategies (Figure 15).

Figure 15. Percentage of countries implementing mitigation and recovery actions (n=20)





CHAPTER 3

POLICIES AND PLANS FOR CONTINUITY AND RECOVERY OF ESSENTIAL HEALTH SERVICES

Most countries had plans for the continuity of services during COVID-19 (Figure 16), but less than a third have health system recovery plans for health service resilience and preparedness for future public health emergencies (Figure 17).

Figure 16. Percentage of countries with policy or plan for continuity of essential health services during the COVID-19 pandemic (n=18)

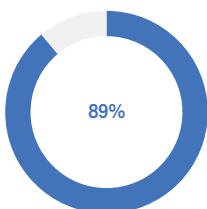
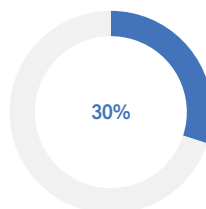


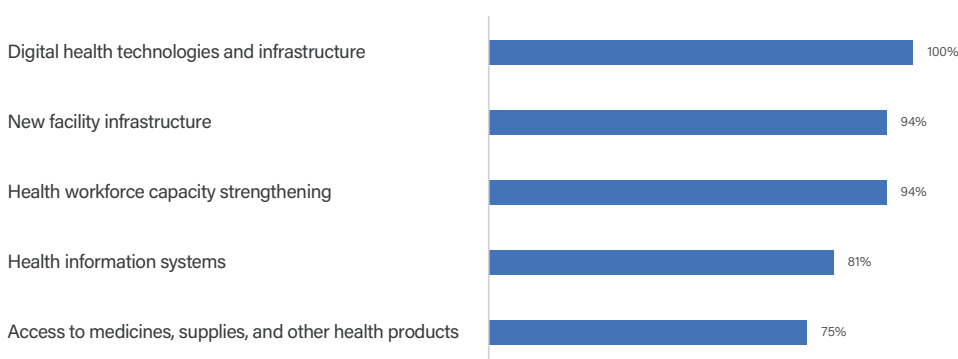
Figure 17. Percentage of countries with health system recovery plan to strengthen health service resilience and preparedness for future public health emergencies in Q4 2022 (n=20)



Investments for longer-term recovery, resilience, and preparedness

More than three-quarters of countries have dedicated additional funding toward long-term system recovery, resilience, and preparedness, emphasizing investment in digital health technologies and infrastructure (Figure 18).

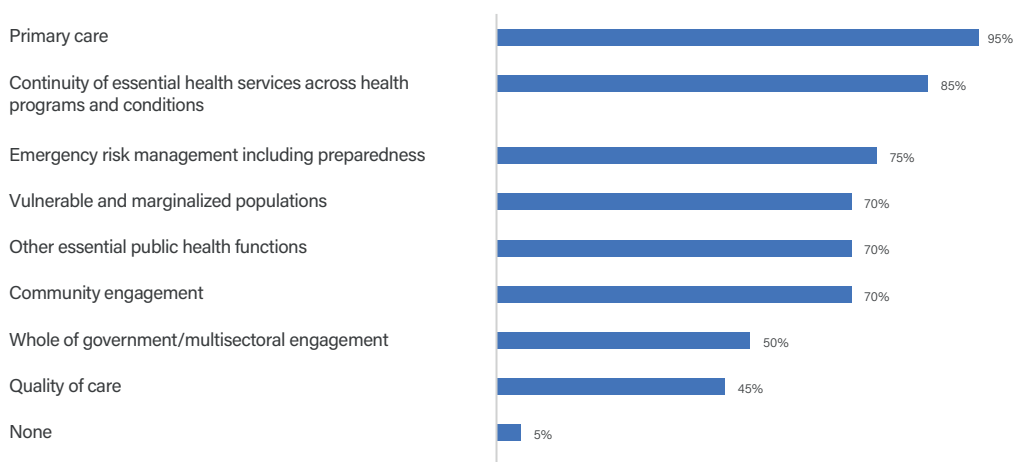
Figure 18. Percentage of countries reporting specific investments for longer-term health system recovery and health service resilience and preparedness (of the countries reporting any investments, n=16)



Priority thematic areas

Almost 95% of countries identified the first level of care as central to ongoing recovery efforts (Figure 19). Continuity of essential health services across programs and conditions and emergency risk management, including preparedness, were also frequently noted as priority areas.

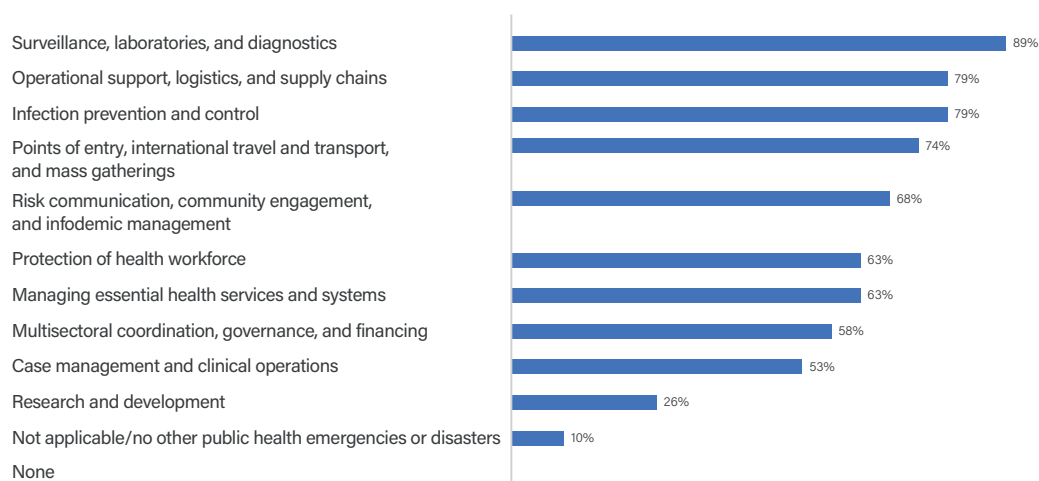
Figure 19. Percentage of countries reporting essential areas for ongoing health system recovery efforts (n=21)



Preparations for COVID-19 surges and other health emergencies

As the pandemic entered its third year, countries were actively incorporating valuable lessons learned from their experiences to enhance their preparedness for potential resurgences of COVID-19 cases and other health emergencies. Countries focused on institutionalizing or strengthening capacities in critical areas such as surveillance, laboratories, diagnostics, operational support, logistics, supply chains, and infection prevention and control. These vital measures were reinforced within the context of COVID-19. Notably, the 19 countries that reported experiencing non-COVID-19 health emergencies could effectively apply these established measures to their response efforts in those emergencies (Figure 20).

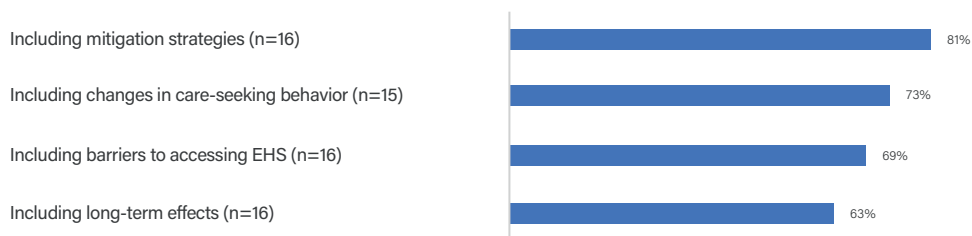
Figure 20. Percentage of countries reporting capacities strengthened during the pandemic, which was leveraged for another public health emergency/disaster (n=19)



Information tracking and documentation

The reporting countries regularly monitor and track information to support essential health service continuity throughout the pandemic, including mitigation strategies, changes in care-seeking behavior, barriers to accessing EHS, and long-term effects (Figure 21).

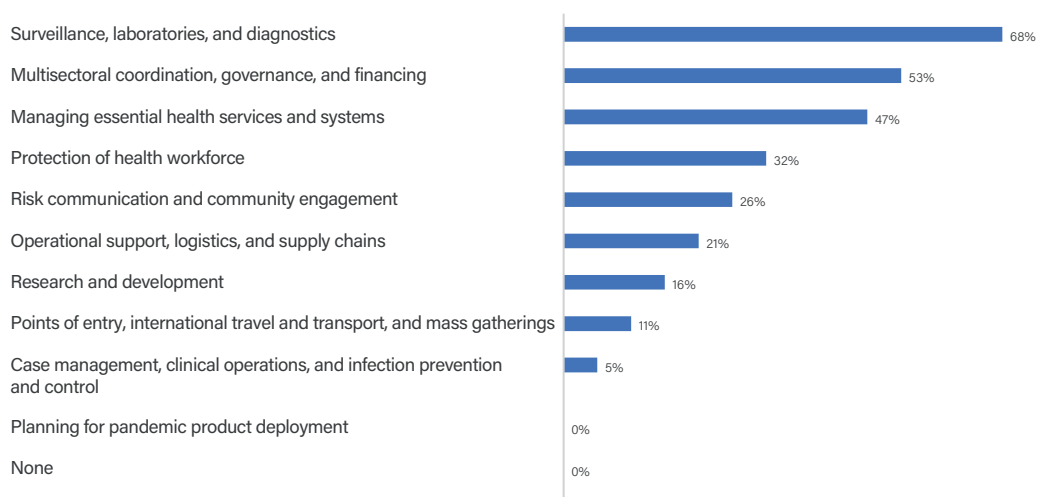
Figure 21. Percentage of reporting countries that regularly monitored aspects of essential health services during the COVID-19 pandemic (n=18)



Preparedness for future pandemics of infectious respiratory diseases

Countries also identified priority health capacity strengthening areas for future respiratory pathogen pandemic preparedness, including surveillance, laboratories, and diagnostics; multisectoral coordination, governance, and financing; and information management, risk communication, and community engagement (Figure 22).

Figure 22. Percentage of countries reporting health capacity strengthening area as a priority for future respiratory pathogen pandemic preparedness (n=10)





CONCLUSIONS

The results underscore that even after three years of the COVID-19 pandemic, disruptions to essential health services significantly impact health service provision. These disruptions stem from a combination of measures implemented to mitigate the effects of COVID-19, resource constraints, and heightened population fear, with vulnerable populations being particularly affected.

While countries have tried to reopen services through mitigation strategies, the progress in reducing disruption levels has been slow. The ability to recover to pre-pandemic levels faces challenges, including resource shortages, particularly in terms of human resources and supplies, as well as pre-existing structural and functional weaknesses in health systems. In particular, health authorities' stewardship and governance capacity has been a critical challenge.

It is crucial to examine the impact on health status, health system responsiveness, needs and perception of the population, and the root causes of various barriers to access. This analysis should place particular emphasis on historically underserved and vulnerable populations.

The experiences and lessons learned by countries during the pandemic are being integrated into routine practices at the regional level to strengthen health systems, build resilience, and enhance preparedness for future emergencies. However, this process should not solely aim to recover and reorganize health services to pre-pandemic levels. The historical backlog in health systems development, and the setbacks caused by the pandemic, should pave the way for profound transformations in systems and services at the local level.

These transformations should involve full social participation and be supported by knowledge production that contributes to decision-making in public health policies, aiming to close health inequalities and prepare for future emergencies. While it is crucial to continue advancing the recovery of essential health services, reaching pre-pandemic levels alone is not enough. The challenge lies in achieving better health outcomes than those observed before the pandemic.

Therefore, it is essential to delve into the lessons learned, analyze, and evaluate weaknesses in governance, management, organization, coordination, and integration of health services. Addressing gaps in access and availability of human resources, infrastructure, supplies, equipment, and finances is crucial. Additionally, it is critical to evaluate policies and measures to enhance resilience, preparedness, and response to new emergencies and disasters while ensuring the continuity of health services.

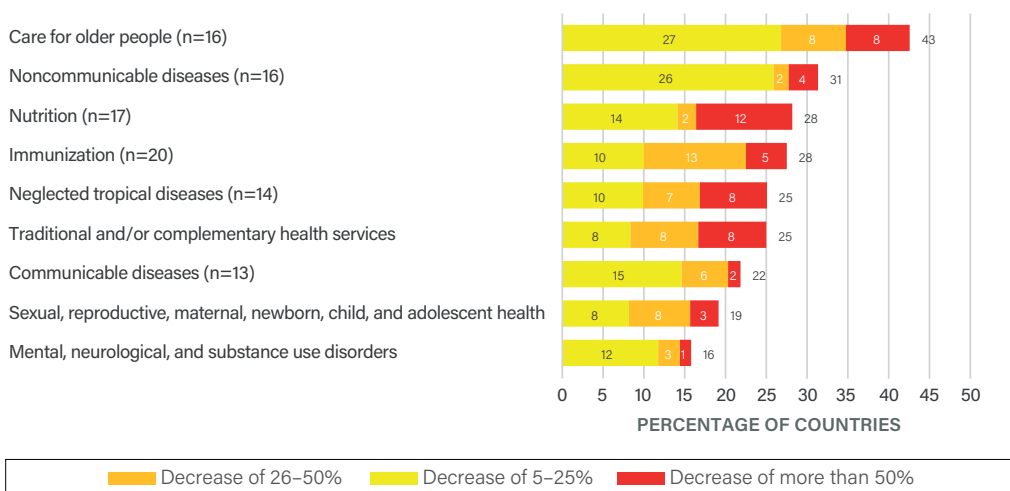


ANNEX 1:

SERVICE DISRUPTIONS TO PRIORITY HEALTH SERVICE AREAS

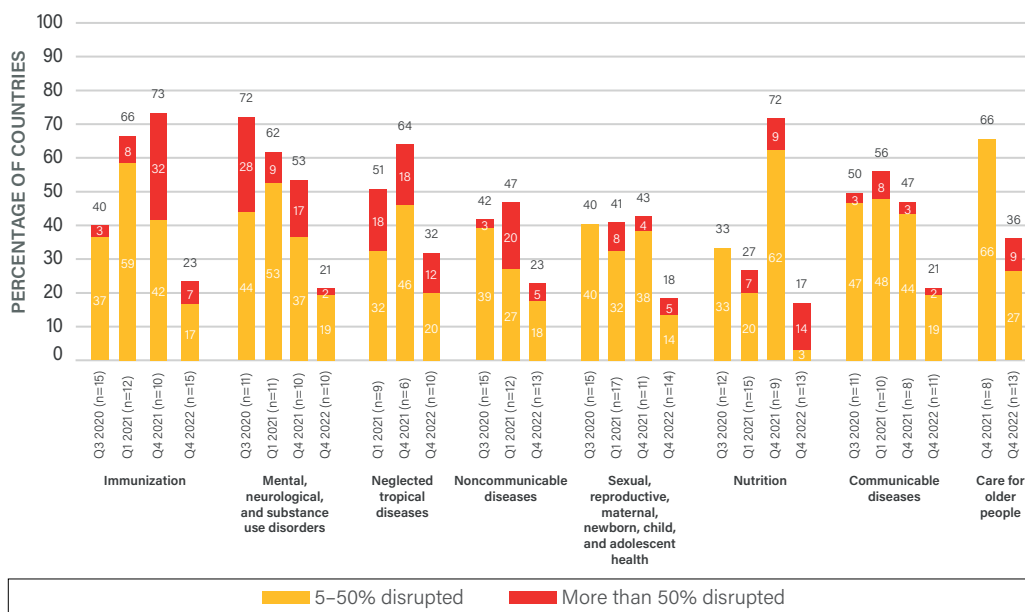
Countries continue to report disruptions across all significant tracer service areas, ranging from about one-third of countries reporting disruptions to sexual, reproductive, maternal, newborn, child, and adolescent health to over half of countries reporting disruptions to immunization and care for older people (Figure A1).

Figure A1. Percentage of countries reporting service disruptions by tracer service areas



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

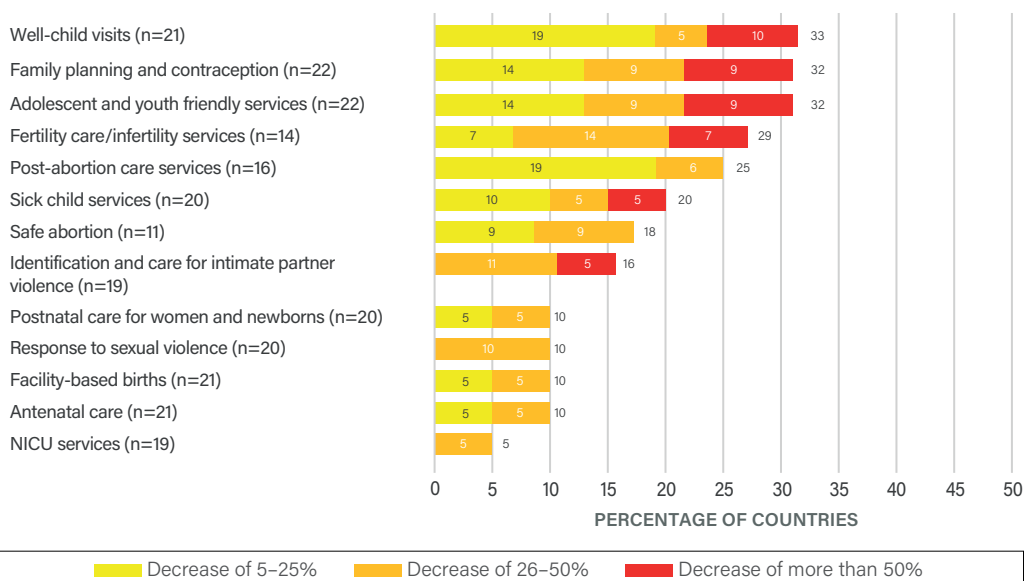
Figure A2. Comparison of disruptions by tracer services in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

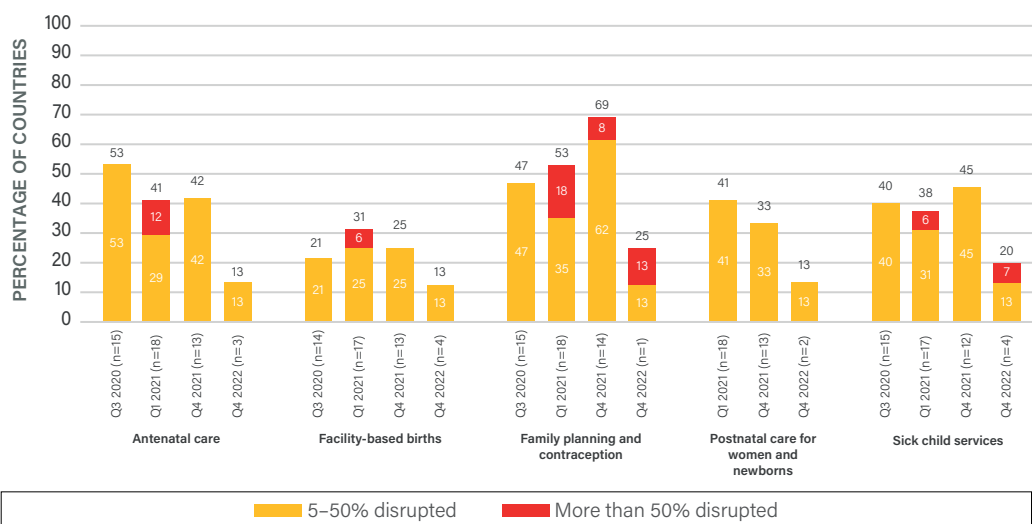
Disruptions in services for sexual, reproductive, maternal, newborn, child, and adolescent health

Figure A3. Percentage of countries reporting disruptions in sexual, reproductive, maternal, newborn, child, and adolescent health services in Q4 2022



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

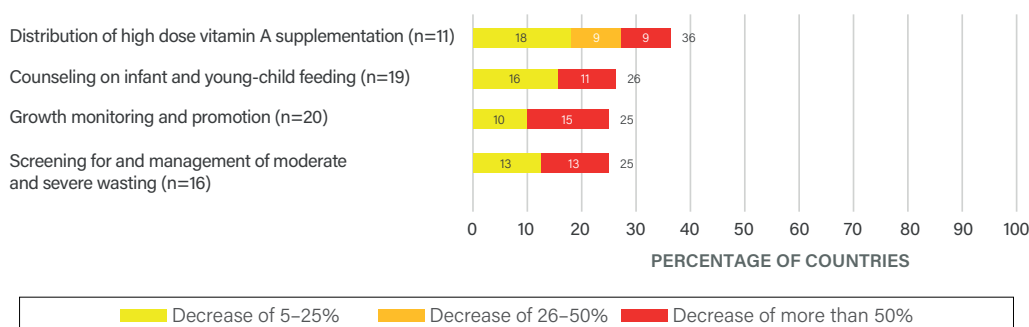
Figure A4. Comparison of disruptions for sexual, reproductive, maternal, newborn, child, and adolescent health services in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

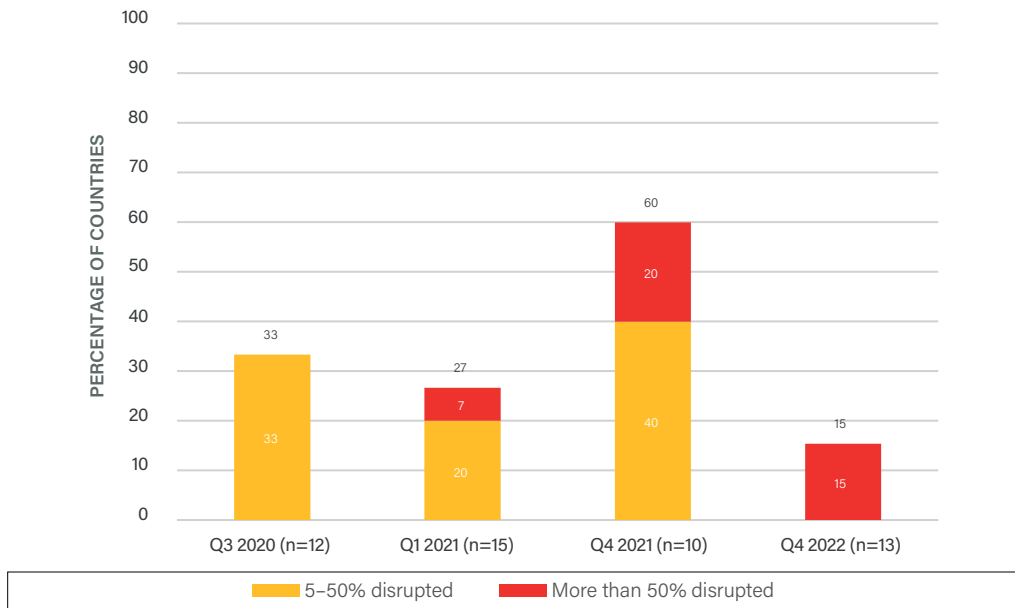
Disruptions in nutrition services

Figure A5. Percentage of countries reporting disruptions in nutrition services in Q4 2022



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

Figure A6. Comparison of disruptions for nutrition services in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)



Disruptions in routine immunization services

Figure A7. Percentage of countries reporting disruptions in routine immunization services in Q4 2022

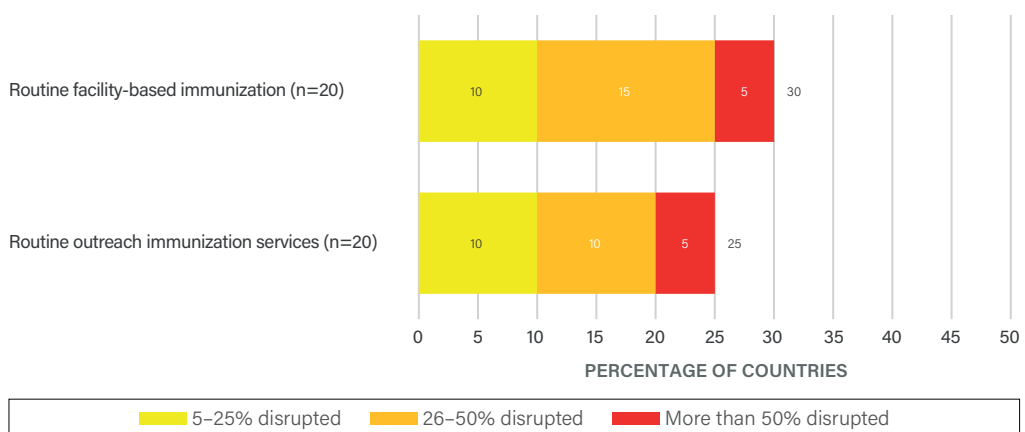
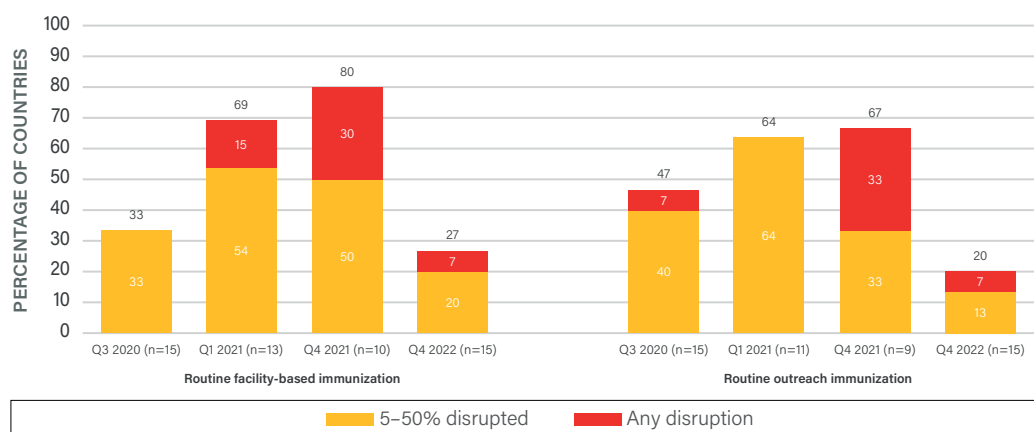
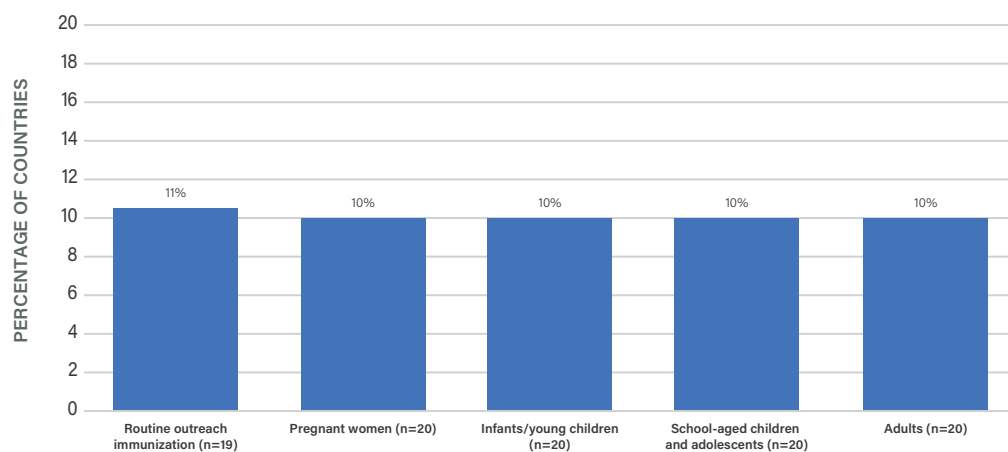


Figure A8. Comparison of disruptions for routine immunization services in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)



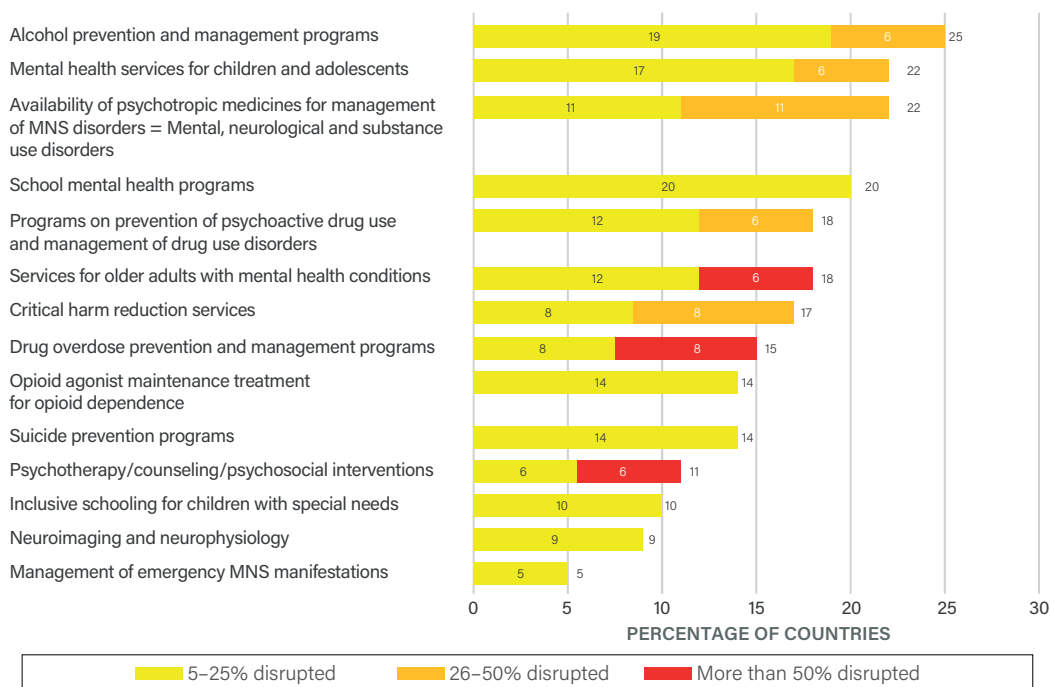
Note: The total percentage may differ from the sum of the partial percentages due to rounding.

Figure A9. Percentage of countries reporting disruptions to routine immunization services due to COVID-19 vaccination scale-up



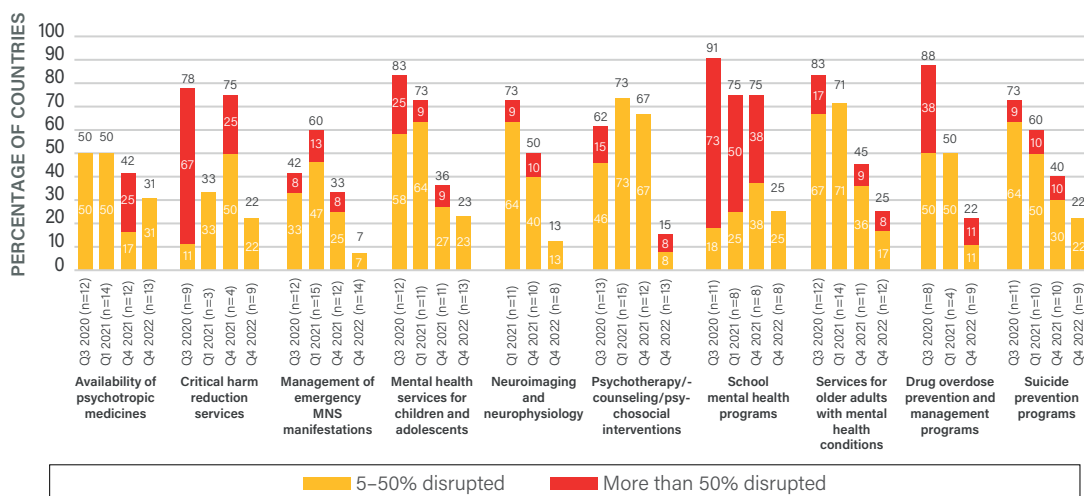
Disruptions in services for mental, neurological, and substance use disorders (MNS)

Figure A10. Percentage of countries reporting disruptions in services for mental, neurological, and substance use disorders in Q4 2022



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

Figure A11. Comparison of disruptions in services for mental, neurological, and substance use disorders (MNS) in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

Disruptions in communicable disease services

Figure A12. Percentage of countries reporting disruptions in services for communicable diseases in Q4 2022

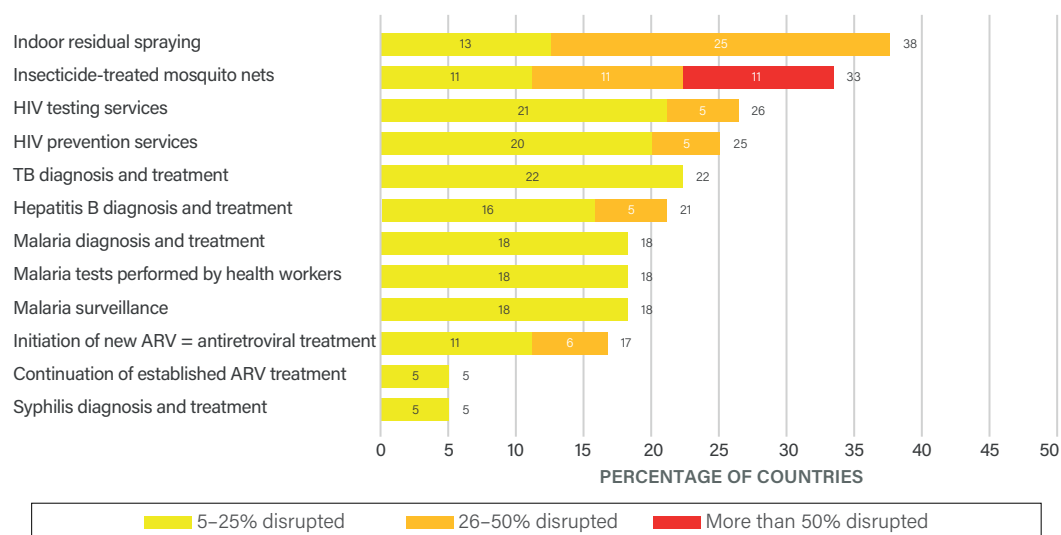
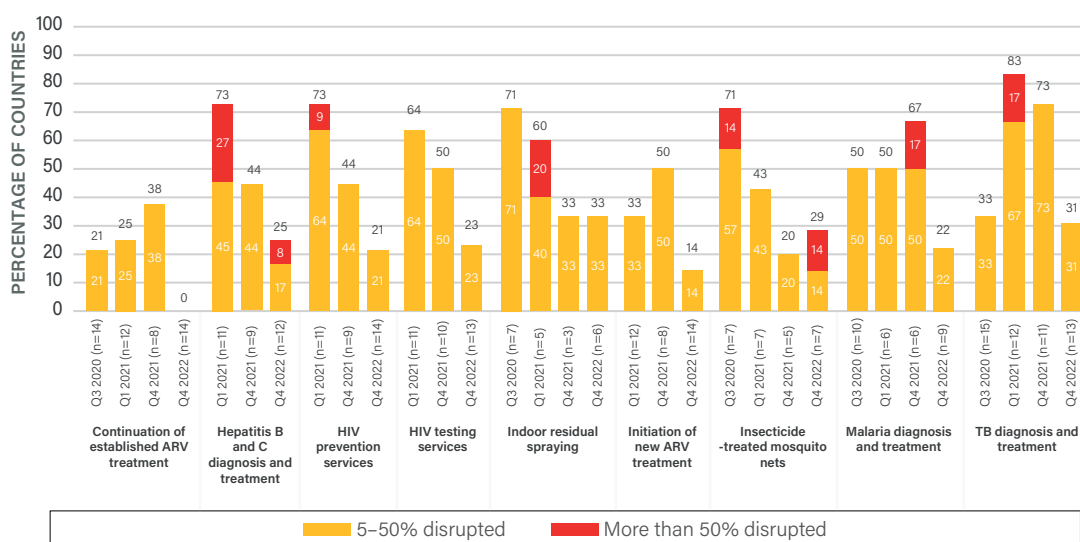


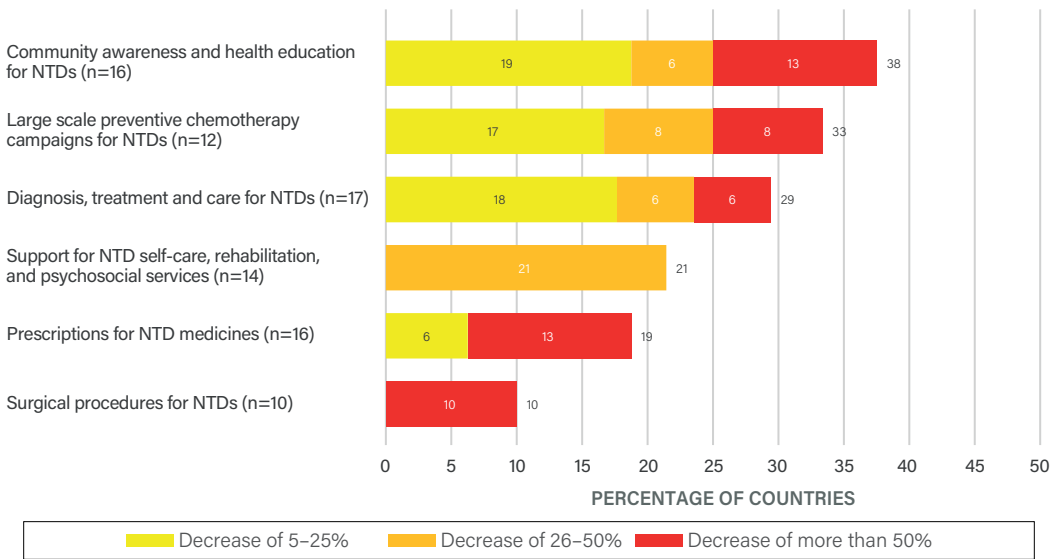
Figure A13. Comparison of disruptions in services for communicable diseases in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

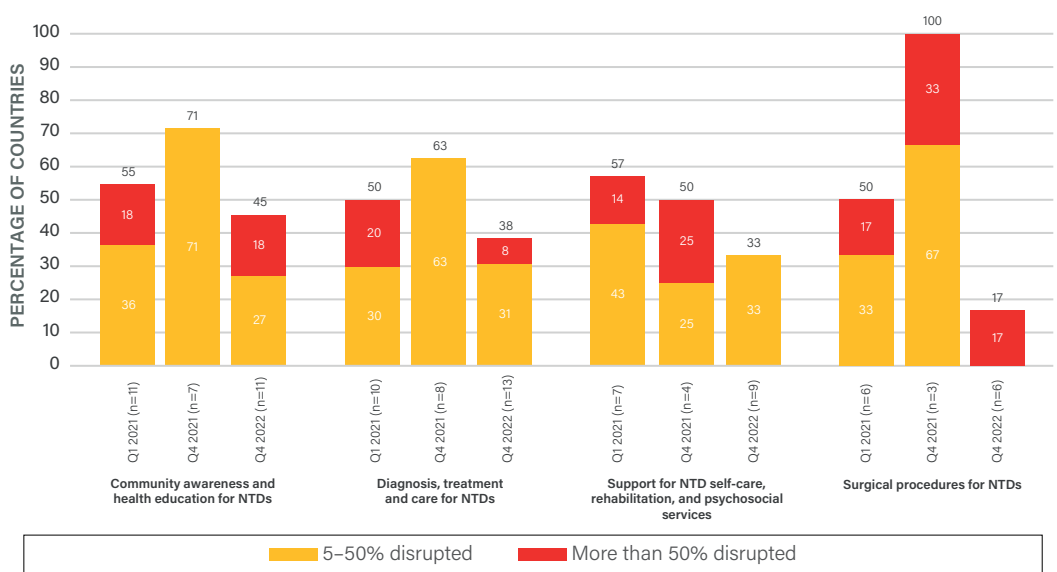
Disruptions in services for neglected tropical diseases

Figure A14. Percentage of countries reporting disruptions in services for neglected tropical diseases neglected tropical diseases (NTDs = neglected tropical diseases) in Q4 2022



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

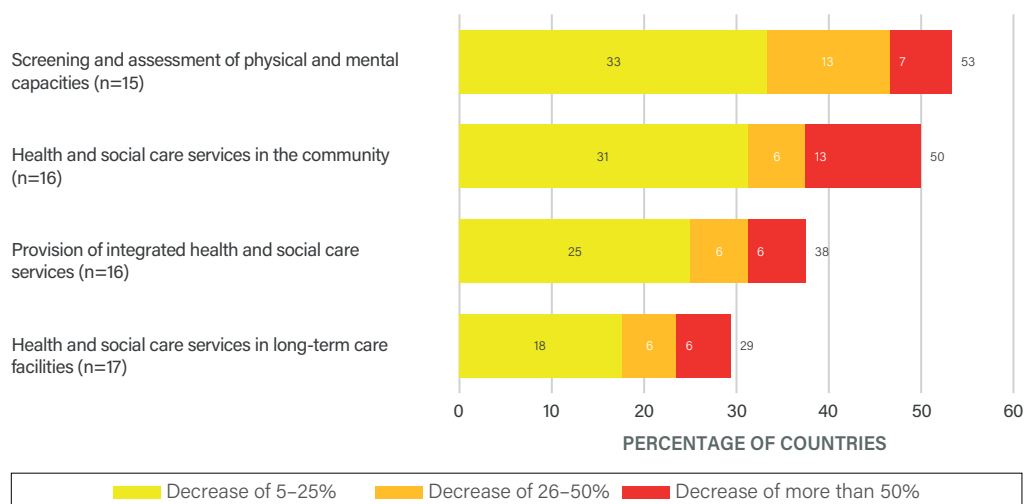
Figure A15. Comparison of disruptions to services for neglected tropical diseases (NTDs) in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

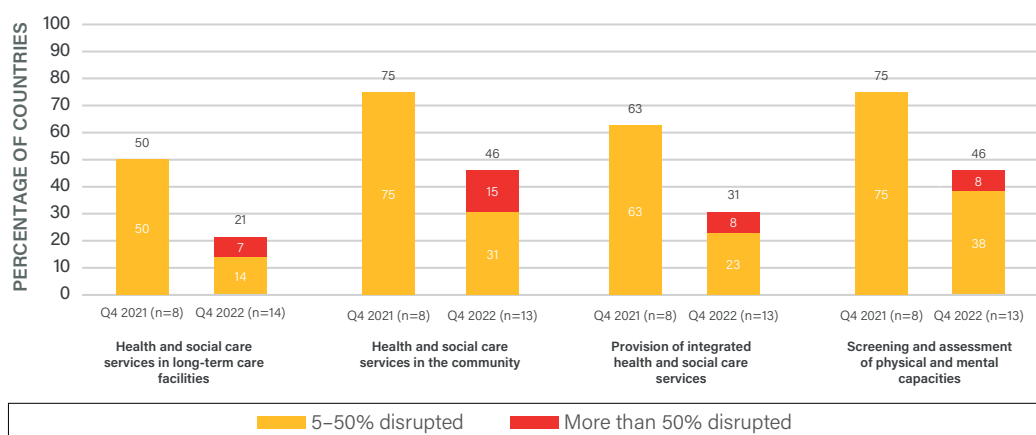
Disruptions in services for care for older people

Figure A16. Percentage of countries reporting disruptions in services for care for older people in Q4 2022



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

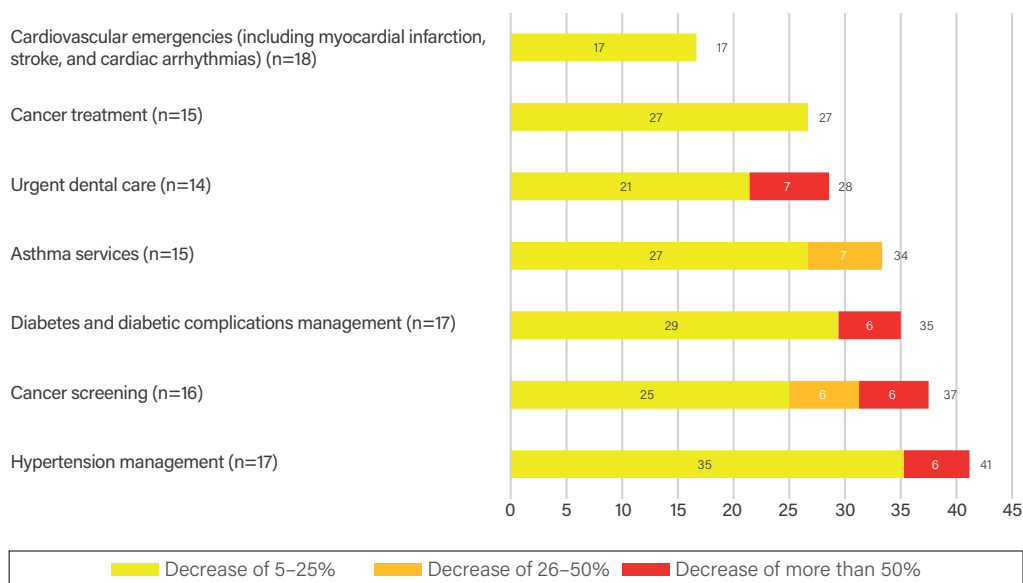
Figure A17. Comparison of disruptions in services to care for older people in countries that responded to all four survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), Q4 2021 (Round 3), and Q4 2022 (Round 4)



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

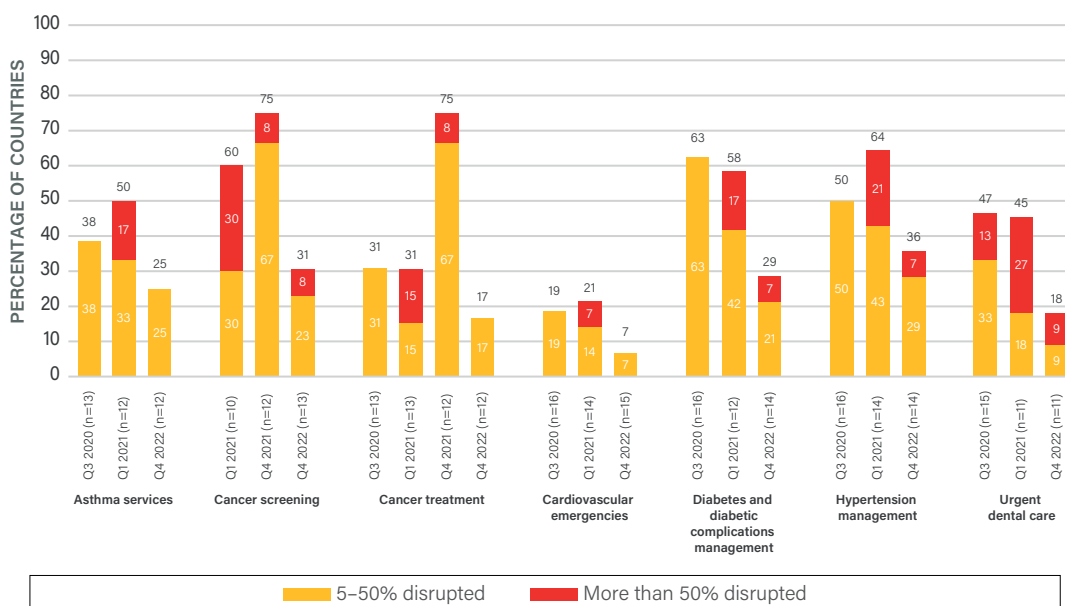
Disruptions in services for noncommunicable diseases

Figure A18. Percentage of countries reporting disruptions to services for noncommunicable diseases (NCDs) in Q4 2022



Note: The total percentage may differ from the sum of the partial percentages due to rounding.

Figure A19. Comparison of disruptions in services for noncommunicable diseases (NCDs) in countries that responded to three survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2), and Q4 2022 (Round 4)



Note: The total percentage may differ from the sum of the partial percentages due to rounding.



This summary report presents the key findings from the participating countries in the fourth round of surveys conducted in 2022. It provides an overview of the disruptions observed at the time of the survey, analyzes the adjusted patterns of these disruptions based on data from the 17 countries and territories that participated in all four survey rounds, and examines the mitigation measures implemented.