

Timeline

May-September 2020

Study Type

Descriptive / Surveillance

Article Link

<https://www.povertyactionlab.org/project/effects-indias-covid-19-lockdown-criti...>

Research Implemented by IPA

No

The Effects of India's COVID-19 Lockdown on Critical Non-COVID Health Care and Outcomes

Researchers

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Abstract

India's COVID-19 lockdown is widely believed to have disrupted critical health services, but its effect on non-COVID health outcomes is largely unknown. Comparing mortality trends among dialysis patients in the eight months around the lockdown with the previous year, researchers document a 64 percent increase in mortality between March and May 2020 and an estimated 22-25 percent total excess mortality between April and July 2020, the first four months after the lockdown was imposed. The mortality increase is greater among women and disadvantaged groups. Barriers to transportation and disruptions in hospital services appear to be the main drivers of increased morbidity and mortality. The results highlight the unintended consequences of the lockdown on critical and life-saving non-COVID health services that must be taken into account in the implementation of future policy efforts to control the spread of pandemics.

Project Outcomes of Interest

Mortality (measuring disruptions to dialysis care and examine its association with morbidity, hospitalization, and mortality in the four months after imposition of the lockdown)

Partners

J-PAL South Asia

Key Findings

- **63 percent of patients experienced a disruption to their dialysis care due to the lockdown.** 42 percent of patients reported being unable to reach their hospitals due to travel barriers, 15 percent found the hospital was closed or refused to provide care, 23 percent had to switch to a different hospital from the one they typically visit, 17 percent could not obtain necessary medicines, and 11 percent faced increased hospital charges. Monthly dialysis visits decreased by 6 percent between March and April.
- **Monthly mortality (the share of people alive who die in a month) increased sharply from 2.67 percent in March to 4.37 percent in May (a 64 percent jump)** after a month of exposure to the lockdown and 3.23 percent in June, after which it returned to pre-lockdown levels. Overall, total excess mortality among dialysis patients between April and July 2020 was 22-25 percent.
- **Disruptions to care are strongly positively associated with morbidity, hospitalization, and mortality after the imposition of the lockdown,** providing strong evidence that increased mortality was driven by disruptions to dialysis care. The surge in mortality was not driven by confirmed COVID-19 deaths.
- **Women and socioeconomically disadvantaged groups experienced larger increases in mortality.** Disadvantaged socioeconomic groups and those living farther away from a hospital were more likely to experience disruptions to their care, which may explain their worse outcomes. Women experienced similar levels of disruptions and morbidity to men, but were less likely to be hospitalized following disruptions, which may have contributed to their higher mortality.

Link to Results

[The Effects of India's COVID-19 Lockdown on Critical Non-COVID Health Care and Outcomes \(Working Paper\)](#)

Impact Goals

- Promote peace and safety, and improve humanitarian response
- Reduce COVID-19 transmission rates

Project Data Collection Mode

- CATI (Computer-assisted telephone interviewing)

Link to Data Collection Instruments

<https://www.povertyactionlab.org/sites/default/files/sa-covid19-followup-phone-survey-dialysis-patients-Rajasthan.pdf>

Implementing Organization

J-PAL South Asia

Results Status

Results