

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 3165
TO BE ANSWERED ON 09.08.2024**

DEATHS DURING COVID PANDEMIC

3165. SHRI KODIKUNNIL SURESH:

Will the **Minister of HEALTH & FAMILY WELFARE** to be pleased to state:

- (a) whether the Government is aware of reports of international studies stating that in India 11.9 lakh excess deaths occurred in 2020 during the COVID-19 pandemic which forms 17 per cent higher compared to deaths occurred in 2019 in the country, if so, the details thereof;
- (b) the response of the Government in this regard;
- (c) whether in view of the marginalised groups having a lower life expectancy the pandemic further increased the gap between the most privileged Indian social groups and the most marginalised social groups in the country; and
- (d) if so, the details thereof?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE
(SMT. ANUPRIYA PATEL)**

(a) and (b) Ministry of Health & Family Welfare has taken note of report published in an international journal stating that in India, 11.9 lakh excess deaths occurred during COVID-19 pandemic during the year 2020. The Government of India does not agree to the methodology and conclusion of the study and the reasons for the same are at **Annexure**.

(c) and (d) The Civil Registration System (CRS) in India is highly robust and captures over 99% of deaths. This reporting has constantly increased from 75% in 2015 to over 99% in 2020. Notably, all the deaths in a year in the CRS are not attributable to the pandemic. Further, the Office of Registrar General and Census Commissioner, India does not publish the Life expectancy based on socio-economic status.

ANNEXURE REFERRED TO IN PART (a) and (b) OF REPLY TO THE LOK SABHA UNSTARRED QUESTION NO. 3165 FOR 09.08.2024 REGARDING DEATHS DURING COVID PANDEMIC

The Government of India does not agree to the methodology and conclusion of the study and a detailed press release in this regard has already been issued, which may be seen at <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=2034561>. The salient points of the same are as under:

1. The authors using data collected under 5th round of National Health Family Survey and extrapolating the same to the entire country have implied an excess all-cause 11.9 lakh deaths in year 2020.
2. While the authors claim to follow standard methodology of analyzing National Family Health Survey-5 (NFHS-5), there are critical flaws in methodology. The most important flaw is that the authors have taken a subset of households included in the NFHS survey between January and April 2021, compared mortality in these households in 2020 with 2019, and extrapolated the results to the entire country. The NFHS sample is representative of the country only when it is considered as a whole. The 23% of households included in this analysis from part of 14 states cannot be considered representative of the country. The other critical flaw is related to possible selection and reporting biases in the included sample due to the time in which these data were collected, at the peak of the Covid-19 pandemic.
3. The paper erroneously argues for the need for such analysis claiming that vital registration system in low and middle income countries including India is weak. This is far from being correct. The Civil Registration System (CRS) in India is highly robust and captures over 99% of deaths. This reporting has constantly increased from 75% in 2015 to over 99% in 2020. Data from this system shows death registration has increased by 4.74 lakh in the year 2020 compared to 2019. There was a similar increase of 4.86 lakh and 6.90 lakh in death registration in the year 2018 and 2019 over the respective previous years. Notably, all excess deaths in a year in the CRS are not attributable to the pandemic. The studies fail to acknowledge India's robust CRS which recorded a substantial increase in death registrations (over 99%) in 2020, not solely attributable to the Pandemic.
4. Further, the paper reports results on age and sex, which are contrary to research and program data on Covid-19 in India. The paper claims that excess mortality was greater in females and in younger age groups (particularly 0-19 year old children). Data on about 5.3 lakh recorded deaths due to Covid-19, as well as research data from cohorts and registries consistently shows higher mortality due to Covid-19 in males than females (2:1) and in older age groups (several fold higher in > 60 years olds than in 0-15 year old children). These inconsistent and unexplainable results in the published paper further reduce any confidence in its claims.
