

# Sansad TV Perspective: WHO's Data: How Reliable

In the series Sansad TV Perspective, we bring you an analysis of the discussion featured on the insightful programme 'Perspective' on Sansad TV, on various important topics affecting India and also the world. This analysis will help you immensely for the <u>IAS exam</u>, especially the mains exam, where a well-rounded understanding of topics is a prerequisite for writing answers that fetch good marks.

In this article, we feature the discussion on the topic: WHO's Data: How Reliable

Video link: https://youtu.be/qecrZ-qwCAY

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## **Participants:**

- 1. Dr. N. K. Arora, Chairman, Covid-19 Working Group, NTAGI
- 2. Dr. K. Madan Gopal, Senior Consultant, Health, NITI Aayog
- 3. Preeti Sudan, Former Health Secretary, GoI

**Context:** India has expressed strong opposition to the data put forth by the World Health Organisation regarding the pandemic mortality in the country.

### An Overview:

- WHO has reported high death estimates due to COVID-19 in India which accounted for 14.9 million deaths.
- It was reported that nearly 15 million people were killed either directly by COVID-19 or due to the pandemic's impact on health systems and society.
- It was put forth by the World Health Organisation (<u>WHO</u>) that India's pandemic excess deaths reached 4.7 million.
- This estimate has been refuted with a strong counterargument by the Government of India.
- It has been inferred by many experts that the estimates are surrounded by uncertainty.
- Despite uncertainties of the data, one cannot dismiss the estimates without the establishment of a rationale.
- India has asserted that the validity, reliability, and robustness of the data collected, are questionable and lack authenticity.

### **Important observations:**

• It was observed that there is inadequate information regarding the exact number of excess deaths that have occurred due to the pandemic.

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- The assessment studies on mortality are all based on choices of the type of data to be collected and included to fill the data gaps and deal with uncertainty. These choices are vulnerable to debates and disagreements.
- The uncertainties associated with the studies on death rates due to COVID-19 do not signify absolute ignorance. For instance, even the most optimistic reading of the data determines excess deaths at six to seven times the official COVID-19 deaths.

## Stand of the Government:

- The Government of India addressed the estimates provided by WHO with upfront rebuttals calling them uncertain ways of using mathematical models for projecting excess mortality estimates.
- As per the data released by the Union Health Ministry, India, so far, reported 5,24,093 deaths due to COVID-19.
- The authentic data in question is derived from mortality estimates of the Civil Registration System.
- Based on the fact that there were no official reports of CRS that had the updated estimates, the government regarded the estimates circulated as non-official.

## Read about **<u>Civil Registration System</u>** in the shared link.

### Highlighting the Cases:

- The government Sample Registration System of Uttar Pradesh reported around 1.5 million deaths can be expected in the state every year. But in reality, 0.87 million deaths were registered during the pandemic which accounted for 60% of the expected estimates. If there were complete registrations then the data reflected a drop in deaths in the State. There exists a lack of clarity.
- The freely available CRS data from Andhra Pradesh displayed that there were 50% deaths registered in excess of what was expected.
- The data of the government's National Family Health Survey (<u>NFHS</u>) showed a drop in death rates due to COVID-19 with less registration of deaths.

### Shortfalls in the WHO data:

- There exists inconsistency in the methodology of estimating the death rates by WHO.
- WHO employs redundant mathematical models that cannot produce trustworthy data on pandemic deaths in excess.
- Experts alleged that the assessment of WHO estimating the pandemic mortality in India is flawed and compared with countries that have very low populations.
- The Government of India also pointed out that there is a lack of transparency in the death reporting system of WHO.

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- The WHO data has relied on its Global Health Estimates (GHE 2019) with 2019 as the baseline for measuring mortality in India to which India has objected and stated that it has its own robust system of data collection and management.
- The data used by WHO is alleged to be sourced from media reports and broadcasts. This adds to the questionable feature of the mortality data generated by WHO.
- Modelling that follows a one size fits all approach, which has been exercised by WHO cannot be viable enough to produce tenable data for a country like India.

# **Points of Contention:**

Government's Objections	WHO's Arguments
Despite having high-quality mortality data, India has been categorised as a Tier II country (which depicts the inadequacies of quality mortality data).	There is no available pandemic mortality data for the years 2020 and 2021. WHO gathered data for 18 states and the union territories. It was reported that the death counts from these states account for 6.1 million deaths out of 9.2 million national deaths in 2019 according to GHE (Global Health Estimates).
There is no basis for the relationship between monthly temperature and mortality.	Historical mortality trends for specific countries have shown that respiratory diseases and deaths arising due to them peak during winters. The temperature variable has not been used for India.
In order to calculate the age-sex death distribution for India, WHO determined standard patterns for age and sex for the countries with reported data and then generated them for the other countries. This was at the time when India had no such distribution in their mortality data.	The age-sex patterns in excess mortality from countries with available data have been generalised to those who share similar age-sex patterns in overall mortality.
Variations in the testing patterns between Indian regions have not been considered.	Testing patterns do not affect the overall mortality.
Measures used to quantify containment are subjective.	These measures are applied consistently to all regions depending on the level of restrictions applied.

# Walking ahead towards authenticity:

• India's efforts to tackle the pandemic have been well appreciated both nationally and internationally. Moreover, India has been successful in bringing down death rates due to the pandemic in a much better way than many developed nations.



- The country's robust systems of monitoring and tracking the pandemic mortality must be communicated with WHO through diplomatic channels in a systematic way. This will convey across the world, India's firm stand and the confidence in its data management systems for estimating the pandemic mortality.
- It is essential that the government work towards strengthening the CRS and establishing collaborations with agencies that carry out mortality studies.
- It is necessary for the government to express objections regarding the authenticity of data pertaining to India's pandemic mortality, in good faith and they must be based on substantial grounds.
- This will prioritise truth over all sciences, data or methodologies in the estimation of the surge in death due to the pandemic.

