

Impact of Lockdown on Other National Health Programs

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Coronavirus outbreak which started by the end of 2019 in Wuhan, an emerging business hub of China killed more than eighteen hundred and infected over seventy thousand individuals within the first fifty days of the epidemic. It turned into pandemic and has affected major part of the world.^[1] Since 30th January, when the first case of covid-19 was reported in India, a total of 227,439 cases, 379,891 recoveries (including 1 migration) and 18,213 deaths have been reported by Ministry of Health & Family Welfare (MOHFW) till 3rd July 2020.^[2] India was quick to close its international borders and enforced an immediate lockdown. Indian Prime Minister Mr Narendra Modi announced a 21 days lockdown on 24th March 2020 which was further extended. This lockdown was an attempt to prevent the community spread of corona virus in India. This was considered to be a vital step in stemming the spread of the virus and was appreciated by World Health Organization (WHO) as "tough and timely action". Due to lockdown the government was able to buy time to prepare for a possible surge in cases but on the other hand health facilities in India were over stretched.

Rapidly increasing demand on health facilities and health care workers started putting strain on the health system of the country and enabled it to operate effectively. It is difficult for the health system of a developing country like India to keep pace with this increasing demand thus putting the country in a state of acute crisis of health care delivery system. The most unfortunate thing was that the direct cause of this crisis was not the SARS-CoV-2 virus.

During lockdown, various health indicators showed a worrying disruption in India's basic health services as local administrations focused on containing the spread of covid-19.^[3] Lockdown due to covid has done considerable harm to the physical and mental health of the people which may not be visible immediately but in longer run the data will depict the increase in various physical and mental trauma, the root of which would be traced back to the lockdown period.

Even as the lock down is ending - a new epidemic is now emerging. The stress of changed lifestyle during lock down in addition to social and economic insecurity and the panic of becoming the victim of COVID-19 will

add to the number of major and minor mental illness in the coming years.^[4] There will also be a risk of worsening of existing mental illness. Studies from China have started showing the results in this direction.^[5] A survey was conducted within seven days of start of lockdown by Indian Psychiatry Society, The result of the survey reported a rise in 20% cases of mental illness in India. This upsurge of cases may be attributed to loss of employment leading to economic hardship, alcohol abuse, domestic violence and indebtedness. The lockdown will affect the mental health of people from all sections of the society but the catastrophe will be felt more by the poor, most vulnerable and marginalized groups.^[5]

Thousands of patients of various communicable and non communicable diseases may have missed potentially life-saving medical treatment during the lockdown period. NHM data shows that medical treatment of inpatients, outpatients, or emergencies decreased in both infectious and Non-Communicable Diseases (NCD) during this period of time. The patients of NCDs had limited access to Out Patient Department (OPD) facilities. Comparing the data of lockdown with the previous year, it was seen that about 350,000 fewer people visited OPDs for the treatment for diabetes, 150,000 fewer people for mental illness and almost 100,000 fewer people for cancer treatment in the country.^[3] The existing epidemic of Non-Communicable Diseases (NCDs) which is responsible for 72% of the deaths globally has been an aggravating factor for the adverse outcomes of the COVID-19. It has been seen that these patients often die of their original co-morbidities. Some of the risk factors for the NCDs which include unhealthy diet, stress, alcohol intake, and tobacco use are also linked to COVID-19. Lockdown restricted the physical activity of people and this will further contribute to more NCDs in coming years. In a developing country like ours, Government has limited resources. In present scenario government is forced to divert health budgets to deal with COVID-19 pandemic, thereby most of the national programs like NCD programs will face shortage of resources to deal with the increasing disease burden.^[6]

A devastating effect of lockdown could also be felt on other national health programs. A modelling analysis commissioned by Stop TB partnership depicts

disrupted TB diagnosis, treatment and preventive services during lockdown. This may take few more months to come on track even after the lockdown would be over. Over next five years, 1.8 million cases of TB and 342,000 deaths may occur globally. India has the largest number of mortality due to tuberculosis in the world with more than 1200 people dying every day. As more TB patients find it difficult to get tested or access medicine during lockdown, this figure is almost certainly increasing every day. In India the number of TB notification has dropped by 80% during lockdown. The screening for HIV/AIDS has also seen the down trend.^[7]

Though the Maternal & Child Health (MCH) services continued during lockdown but the far reaching impact of lockdown on immunization services is also felt. By the time lockdown ends hundreds of children might already have missed their immunization doses This may be due to the difficulty in transportation, temporarily suspended vaccination sessions or the fear of catching COVID infection while visiting health centres. The NHM data showed that at least 100,000 children did not receive their BCG vaccination and another 200,000 missed one dose of the pentavalent vaccine. The public health physician of NGO Jan Swasthya Sahayog, Dr Yogesh Jain, estimated that around 15 lakh children might have missed vaccination.^[3] However, no official figure is get available for the same. WHO has indicated that when immunization services are disrupted, the risk of vaccine preventable disease outbreak will also increase. The effect of lockdown could be seen globally. More than 117 million children may be at risk of missing measles vaccination due to the COVID-19 pandemic. The American Red Cross, US Center for Disease Control and Prevention (CDC), UNICEF, UN Foundation, and the World Health Organization (WHO) released a joint statement noting that over 117 million children may be at risk for missing out on receiving measles vaccines due to the COVID-19 pandemic.^[8]

Integrated Child Development Services (ICDS) and MCH services have also taken a backseat in India. More children will die of starvation and lack of healthcare than from the coronavirus infection. A sharp fall in medical interventions performed on pregnant women has also been experienced. ASHAs were unable to perform their routine duties like immunization services of pregnant women and family planning services as they were entrusted with many tasks pivoted around the pandemic control. Even shortages of vaccines which were scheduled to be given during pregnancy have been experienced.^[9]

At present we do not have reliable data to depict

the true picture of disease burden during lockdown. NHM numbers do not show a spike in deaths or diseases. The fall in access to institutional health, including institutional deliveries, also indicates that official data on morbidity and mortality from hospitals will not give the full picture. More people could be falling ill and even dying at home in this period. The past experience of Ebola outbreak in 2014-15, confirms higher mortality due to measles, malaria, HIV/AIDS, and tuberculosis than Ebola. The past may repeat itself and the consequences of missing the medication of tuberculosis or cancer will also be felt few months down the line. A serious public health crisis is already brewing, with the potential to erase gains made against a number of diseases over decades globally and nationally.

The list of diseases killing and disabling people is very long in India and ignoring them will put again many at risk of death. The possibility of how the coronavirus phenomenon is killing more people than the infection itself is also worth considering as a challenge.

References:

1. Shereen M A, Khan S, Kazmi A, Bashir M, Siddique R, COVID-19 infection: Origin, transmission, and characteristics of human coronaviruses. *J of Adv Res* 2020;24: 91-98
2. Ministry of Health and Family Welfare; GOI. New Dehi, Available from <https://mohfw.gov.in> (accessed on 6th June 2020)
3. Health management information system. Standard reports and publications: HMIS standard reports. Ministry of Health and Family Welfare, Government of India. New Delhi; 2020, Available from nrhm-mis.nic.in/sitepages/home.aspx.
4. Indian Psychiatric Society. IPS mental health survey on psychosocial impact of lockdown due to covid 19 pandemic. Indian Psychiatric Society. COVID, IPS Secretariat. Gurugram;2020, april6. Available at <https://indianpsychiatric-society.org/ips-mental-health-survey-on-psycho-social-impact-of-lock-down-due-to-covid-19-pandemic/>
5. Ahmed MZ, Ahmed O, Aibao Z, Hanbin S, Siyu L, Ahmad A. Epidemic of COVID-19 in China and associated Psychological Problems. *Asian J Psychiatr*. 2020;51:102092.
6. Thakur J, Prinja S, Garg CC, Mendis S, Menabde N. Social and economic implications of noncommunicable diseases in India. *Indian J Community Med* 2011;36:S13-22.
7. Stop TB Partnership: The TB Response in Heavily impacted by the COVID-19 Pandemic. Stop TB Partnership. Geneva: 2020. Available from stoptb.org/news/stories/2020/ns20_014.html (accessed on 4th June 2020)
8. <https://www.weforum.org/agenda/2020/05/indias> (accessed on 4th June 2020)
9. World Health Organization, Immunization, Vaccines and Biological: More than 117 million children at risk of Missing out on Measles Vaccine, as COVID-19 Surge. Geneva: WHO. 2020 Available from https://www.who.int/immunization/diseases/measles/statement_missing_measles_vaccines_covid-19/en/ (accessed on 4th June 2020)