



# Institute for Health Metrics and Evaluation

## Data Release Information Sheet

### ***Data Summary***

Dataset name: Ipsos General Population COVID-19 Health Services Disruption Survey 2020

Project name: COVID-19 Health Services Disruption Survey 2020

Date of release: November 9, 2021

#### Summary:

The COVID-19 Health Services Disruption Survey 2020 is a series of surveys developed to assess the level of disruption to a range of health services resulting from the COVID-19 pandemic and subsequent government mandates and changes in behavior to mitigate the spread of the disease.

The Ipsos General Population COVID-19 Health Services Disruption Survey 2020 was conducted by Ipsos via telephone and online surveys in 14 countries. Respondents were individual members of the general population. Data were collected from 15,258 respondents. The survey focused on the level of disruption to the provision of general health services, including visits to medical providers and access to medication.

This survey was developed specifically to assess the change in levels of service delivery prior to, and immediately following, the onset of the COVID-19 global pandemic. Data generated from this survey are not intended to be used as an overall estimate of the level of health service delivery.

#### Relevant publications and visualizations:

- <https://www.gatesfoundation.org/goalkeepers/report/2020-report/#GlobalPerspective>

### **Acknowledgements**

#### Contributing organizations:

- Institute for Health Metrics and Evaluation (IHME)
- Bill and Melinda Gates Foundation (BMGF)
- Ipsos

#### Funders:

- Bill and Melinda Gates Foundation (BMGF)

#### Suggested Citation:

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## ***File Inventory***

<b>File Name</b>	<b>Description</b>	<b>Version Date</b>
IHME_IPSOS_GEN_POP_2020_DATA_Y2021M11D09.CSV	Data	November 9, 2021
IHME_IPSOS_GEN_POP_2020_CODEBOOK_Y2021M11D09.CSV	Codebook	November 9, 2021
IHME_IPSOS_GEN_POP_2020_INFORMATION_SHEET_Y2021M11D09.PDF	Data Release Information Sheet	November 9, 2021

## **Data Structure**

Each row represents one respondent. The respondent is uniquely identified by the variable “id”.

## **Codebook**

This contains variable names, questions (variable labels), numeric values and labels for coded values. The codebook is provided in a machine-actionable CSV format:

[IHME\\_IPSOS\\_GEN\\_POP\\_2020\\_CODEBOOK\\_Y2021M11D09.CSV](#).

## **Questionnaire**

Ipsos did not provide a final copy of the final questionnaire/survey instrument as it contained proprietary demographic variables and information. It is not available for publication.

## ***Methodological Statement***

### **Data Collection**

Data were collected between July 6 – July 20, 2020, using the COVID-19 Health Services Disruption Survey 2020 by Ipsos using phone interviews in India, Kenya, Nigeria, Pakistan, and South Africa and online surveys in Brazil, Canada, Germany, France, Japan, Sweden, the United Kingdom, the United States, and China. Ipsos provides market research services and other data collection capabilities to a wide range of public and private organizations throughout the world. The survey was designed by IHME in collaboration with the BMGF, and was implemented by Ipsos.

Data were collected and provided to IHME independently in all countries, with the exception of the following locations, which were collected using a single online interface and provided to IHME in an integrated dataset: Brazil, Canada, Germany, France, Japan, Sweden, and the United Kingdom. IHME collated all data from all locations to produce a single dataset for publication.

Upon receipt, data were stored in secure databases maintained by IHME.

### **Sampling/Population**

Sampling strategies varied based on country and survey mode. Sampling was conducted by Ipsos.

## Weighting

This dataset contains two sets of weights: one set of weights was derived by Ipsos and another set derived by IHME.

Weights were derived by Ipsos for a subset of countries in the dataset based on specific contracting for data collection in those locations. Weights derived by Ipsos were calculated using a RIM methodology.

IHME calculated survey weights using the predicted probability of selection based on a representative sample. Global Burden of Disease 2020 population estimates and proportions for age, gender, and education by country were used as the representative dataset and age and education categories were mapped to Ipsos survey categories. Weights were calculated as the inverse of the predicted probability of selection in the sample dataset and capped at four standard deviations above the mean. For cases where data were missing from either the age, education, or gender categories in a particular country, those cases were assigned the mean weight.

Survey weights were calculated using a combined dataset of responses to the Ipsos General Population COVID-19 Health Services Disruption Survey 2020 and the COVID-19 Health Services Disruption Survey 2020 from Premise and ORB. The included survey weights are not accurate when using the Ipsos General Population COVID-19 Health Services Disruption Survey 2020 in isolation.

## Imputed Variables and/or Constructed Variables – What was Imputed/Constructed and How

The variable *id* was generated by IHME to serve as a unique identifier and therefore is not based on responses from the survey respondent.

The variable *weightvar* was constructed by Ipsos to weight survey responses. See the “Weighting” section above for further detail.

The variable *gk\_weight* was constructed by IHME as the inverse of the predicted probability of selection in the sample dataset. The variables *edu\_weight*, *age\_weight*, and *gender\_weight* were constructed by IHME in order to calculate survey weights based on demographic data provided by Ipsos but removed from publicly available datasets due to privacy concerns. See the “Weighting” section above for further detail on weighting methodology and “Known Data Quality Issues” below for more detail on data removed due to privacy concerns.

## Known Data Quality Issues

Data originally provided to IHME included an array of demographic and other variables not included in the publicly available version of this datasets. While these data were not independently identifiable, IHME was advised by Ipsos to avoid publication of this data due to privacy concerns, and therefore they have been excluded from this dataset.

Employment and income questions were not included in the survey in Pakistan. As a result, employment and income variables appear with missing values for Pakistan.

Incomes were reported in local currencies which vary across locations. As a result, the values in *gp\_pre\_income* and *gp\_post\_income* are not comparable across countries.

Missing values are coded differently (relative to other locations) for a small subset of variables for data collected in Kenya.

### **Public Use Dataset Notes**

This is a public use dataset. Many demographic variables were removed. (See the “Known Data Quality Issues” section above.) The data accord with the IHME Microdata Protocol standards concerning potentially identifiable information and [HIPAA’S De-identification Standard](#).

### ***Additional Information***

#### **Terms and Conditions**

<http://www.healthdata.org/about/terms-and-conditions>

#### **Contact information**

To request further information about this dataset, please contact IHME:

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These files may be updated periodically, so we appreciate hearing feedback or additional information about how these data are being used.