

Measuring Adult Mortality in the Developing World

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Work on Project 1, Measuring Adult Mortality in the Developing World, has proceeded on two fronts: compilation of data for selected countries, and methodological developments.

Selection of Countries

A planning meeting of the Advisory Group was held in Baltimore in July, 2001 to decide how the project should proceed. It was decided to conduct in-depth analyses of adult mortality around the year 2000 for at least two countries in each BoD region, choosing the largest country (in terms of population), if appropriate data exist, and another country with particularly rich data sources. The countries selected so far are:

Latin America and the Caribbean:	Brazil Mexico Guatemala
Sub-Saharan Africa:	South Africa <i>To be selected</i>
Middle East-North Africa:	Egypt <i>To be selected</i>
India:	India
China:	China
Other Asia:	Indonesia Republic of Korea Pakistan

In addition to these countries for which estimates will be made for the year 2000, countries with particularly long time series of data will be selected for analysis of trend. The countries that we plan to analyze at present include Chile, Sri Lanka, Egypt, India, Taiwan, and Republic of Korea. For each of these countries, we hope to develop evaluated life tables for periods ranging from 50 to 100 years. Interest focuses on patterns of mortality change in these countries, in comparison to trends in the developed world at similar mortality levels. Wilmoth is working on methods for codifying patterns of change using an adaptation of the Lee-Carter approach.

Methodological Developments

Hill (2001) has carried out a thorough review of estimation methods via simulation and

application to data for Guatemala. This review suggests that the information of choice for estimating adult mortality is a combination of successive census age distributions and age patterns of deaths from vital registration or census or survey questions on household deaths. A two-step analysis protocol, first applying the general Growth Balance method to assess consistency of census coverage, and second to apply a synthetic method of extinct generations to estimate the completeness of death recording relative to population recording, appears to be most robust to typical data errors. In the absence of direct information on the age pattern of deaths, estimates will rely on indirect methods, such as survival of parents and siblings. A new approach to the analysis of information on survival of mother from successive surveys has been developed for the project.

The next advisory group meeting is planned for early June in Cairo.