

# **Inter-Agency Group for Mortality Estimation Technical Advisory Group**

July 29, 2008  
12<sup>th</sup> Floor Conference Room  
UNICEF House  
New York City

## **Draft Minutes**

Members present: Kenneth Hill (Harvard University, Chair); Simon Cousens (London School of Hygiene and Tropical Medicine); Trevor Croft (Consultant); Michel Guillot (University of Wisconsin, Madison); Jon Pedersen (FAFO); John Wilmoth (University of California, Berkeley)

Member absent: Neff Walker (Johns Hopkins University)

Agency Representatives: Edilberto Loaiza (UNICEF); François Pelletier (UNPD); Mie Inoue (WHO); Ties Boerma (WHO); Emi Suzuki (World Bank)

Ken Hill opened the meeting by welcoming participants and providing a brief overview of the background to the Interagency Group for Mortality Estimation (IGME) and the formation of the Technical Advisory Group (TAG). The meeting agenda is in Appendix 1. The TAG is a group of independent experts convened to provide advice to the four lead agencies comprising IGME (UNICEF, UNPD, WHO, World Bank) on issues around mortality estimation. The initial focus of the TAG is expected to be child mortality, but it is anticipated that adult mortality and special issues such as maternal mortality will also be part of its future work programme. The TAG will be responsive to specific requests for advice from the agencies, but will also identify issues for review independently.

Discussion focused on:

- Sources of error in child mortality estimates, and their role in assessing uncertainty around trends and forecasts. Four sources of uncertainty were identified: sampling errors, which are relatively easy to quantify; bias due to data errors (including overall quality of survey implementation, event misplacement in birth histories, selection effects in birth histories introduced by HIV/AIDS, and age at death heaping on certain ages); uncertainty in indirect estimates based on summary birth histories (so-called “Brass questions” on children ever born and children dead); and procedures to model past trends and future projections.
- Recommendations for data collection procedures in future surveys, particularly the UNICEF MICS surveys; should they continue to include a summary birth history, should they include a full birth history (recognizing the extra training and supervision that this would entail) or should they focus on a truncated birth history collecting detailed data only about births in some recent period such as the last 5 years?

- Making realistic assessments of uncertainty across countries with very different densities of observations, countries with a single survey versus countries with ten surveys, for example.
- How to assess and adjust for the impact of HIV/AIDS on birth history estimates of child mortality, both on past trends and for extrapolations to the future. Although the group was reluctant to get into the business of making forecasts (for example to 2015), in practice some degree of extrapolation is necessary just to make estimates for 2007 or 2008.
- Procedures for estimating disaggregated estimates (for example for neonatal mortality or mortality by sex) as well as estimates of U5MR.

### Workplan

The TAG agreed upon an initial workplan to focus on the following issues:

- A systematic review of the performance of truncated birth histories versus full birth histories, and the potential to impute birth histories from summary birth histories within countries for relatively short time periods. An initial review is to be completed by November, and will be led by Hill.
- Further work on issues of uncertainty, with particular emphasis on the three sources of uncertainty (sampling, data quality, and model fitting) and on the issue of how to standardize uncertainty estimates for different densities of observation.
- Continued work on data quality issues along the lines started by Jerry Sullivan for the specific area of birth shifting related to DHS health questions, and how corrections for data errors can be made.
- Further work on how to adjust estimates for the selection effects of HIV/AIDS, including revisiting the assessments made a decade ago by Arztrouni and Zaba.
- Work on disaggregated estimates, particularly by sex and for neonatal mortality rates.
- The timing of indirect estimates and their inherent uncertainty (Wilmoth)

### Funding

Members of the TAG agreed that it was essential in order to carry out the workplan to secure independent funding for the work plan, either to support the salary of members or to support research assistance, and to fund future meetings. Jon Pedersen undertook to approach the Norwegian Ministry of Foreign Affairs; if initial response is favourable, a proposal for a multi-year research programme will be developed. Other sources of funding suggested were DFID and Google.org.

### Next Meeting

Tentative dates suggested for the next meeting, to be held in Europe, were 9/10 December or 15/16 December 2008.

Appendix 1  
**Agenda**

2:00	<b>Welcome and Introductions</b>	<i>Ken Hill</i>
2:10	<b>Background to the TAG</b>	<i>Ken Hill</i>
2:20	<b>Discussion of Key Technical Issues</b>	<i>Ken Hill</i>
	<ul style="list-style-type: none"><li>• Incorporating uncertainty into child mortality estimates</li><li>• Use of and weights for indirect estimates</li><li>• Impact of HIV/AIDS on child mortality estimates</li><li>• Assessment of and adjustment for date shifting in direct estimates</li><li>• Estimates by sex of child</li><li>• Neonatal and infant mortality estimates</li><li>• Choice of full, truncated or summary birth histories for future MICS</li><li>• Methods for assessing progress towards MDG's</li></ul>	
4:00	<b>The Intrinsic Variability in Brass Child Mortality Estimates</b>	<i>John Wilmoth</i>
4:15	<b>Development of workplan</b>	<i>Ken Hill</i>
	<ul style="list-style-type: none"><li>• Priority topics</li><li>• Funding</li></ul>	
4:40	<b>Next Meeting: dates, objectives</b>	<i>Ken Hill</i>
4:45	<b>Executive Session</b> (TAG members only)	<i>Ken Hill</i>
5:00 – 6:00	<b>Wine and Cheese</b> (4 <sup>th</sup> floor)	UNICEF