



DISCUSSANT COMMENTS

DESA/WHO TAG – WORKING GROUP 2 WEBINAR | APRIL 13, 2022

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NEED FOR SYSTEMATIC, COMPARATIVE ASSESSMENTS

- Case studies reveal heterogeneity in survey design decisions underlying excess mortality estimates
- Need for **comparative assessments** to gauge **sensitivity** of estimates to **key survey design decisions**: Critical for formulating recommendations for NSOs – Best done through randomized survey experiments
 - **Phone survey sampling frame**
 - Random digit dialing (RDD)
 - Concerns with use in populations with lower rates of cell phone ownership
 - Not assured that ex-post calibration of sampling weights to match known population totals for demographic and socio-economic outcomes leads to unbiased excess mortality estimates – particularly a concern in contexts with significant scope for cell phone coverage bias
 - Using administrative records or cell phone registers (from service providers) as sampling frames
 - Context-specific – not always possible
 - General population coverage not always assured – depends on the database and inherent coverage limitations
 - Using existing surveys and censuses as sampling frames
 - Evidence from other phone surveys conducted during COVID-19 by NSOs, including [LSMS-HFPS](#), reveals potential to counteract significant coverage and non-response bias in contexts with lower rates of cell phone ownership ([Ambel et al., 2021](#)) – and with much higher response rates ([Gourlay et al. 2021](#))
 - ISWGHS Paper “[Positioning Household Surveys for the Next Decade](#)” (2022) and [Gourlay et al. \(2021\)](#) expand on the requirements for NSOs to scale up this approach – both in response to crises and as part of routine monitoring
 - Routine monitoring aspirations can be realized through sustained investments in NSO technical capacity and technological infrastructure, and concerted efforts to collect phone numbers in surveys and censuses
 - **Survey mode**
 - CATI, IVR but also Face-to-Face CAPI needs to be part of the mix
 - Mortality is a rare event: Power calculations may reveal large required samples under each mode to discern differences
 - Good news: We now have several data points for sampling simulations to understand the requirements

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- **Questionnaire design**

- Questionnaires used across different case studies and pre-COVID-19 face-to-face surveys reveal differences (e.g., ref. period)
- Need to converge on the alternative questionnaire modules to compare to one another

- **Respondent selection**

- Women are less likely to own a cell phone – both in Sub-Saharan Africa and in India ([GSMA, 2021](#); [Hasanbasri et al. 2021](#))
- Would mortality estimates be sensitive to whether we interview a man or a woman? What do the DHS-based evidence say (where full sibling histories are collected from both men and women)?

- Cross-cutting issues

- **Cognitive interviewing**

- Were any of the tools cognitively tested prior to deployment? If no, this should be done in future studies

- **Gold-standard**

- What would be the gold-standard in a comparative assessment?
- In contexts with limited vital registration, would this be based on face-to-face CAPI? Would it be eliciting full sibling survival history or survival histories of household members? Appropriate reference period? Who would be interviewed?
- Where CRVS exists, under what conditions could it be deemed as a gold standard?