Overview of availability of adult mortality data and data needs

For regular monitoring of mortality trends and for measuring the impact of COVID-19 on mortality
Adult mortality questions covered in censuses/surveys

What do the countries want?

• Adopt innovative approaches, improves the existing data collection methods in censuses and surveys
• Provide guidance and support on/exchange experience on:
  • How to improving existing data collection methods in censuses/surveys: test, collection and analysis
  • How to assess the coverage of death registration
  • Assess impact of COVID and other incidences on mortality
  • Sample representation
  • Data collection in disaster impacted areas
  • Develop a module to be included in existing multipurpose surveys
  • Integration with CRVS
• Advocate for the use of innovative approaches on mortality in censuses/surveys
The need for better data on adult mortality

- Large declines in under-5 mortality have shifted deaths to adult ages
- Sustainable development goals now include several targets and indicators that focus on adult health
- Health crises and emergencies often disproportionately kill adults
  - Epidemics (e.g., COVID-19, Ebola, HIV)
  - Conflicts and wars
SDG indicators focused on adult mortality

• Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (3.4.1)
• Suicide mortality rate (3.4.2)
• Death rate due to road traffic injuries (3.6.1)
• Mortality rate attributed to household and ambient air pollution (3.9.1)
• Mortality rate attributed to unsafe water, sanitation and lack of hygiene (3.9.2)
• Mortality rate attributed to unintentional poisoning (3.9.3)
• Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population (13.1.1)
• Number of victims of intentional homicide per 100,000 population, by sex and age (16.1.1)
• Conflict-related deaths per 100,000 population, by sex, age and cause (16.1.2)
The effects of health crises on adult mortality

- **Excess deaths**: number of deaths above expected deaths, based on historical trends & data.

- **Direct effects**: deaths caused by the disease or conflict

- **Indirect effects**: deaths due to increases in other causes
  - Disruption of health services
  - Economic strain
  - Mental health
Long-standing issues with survey and census data on adult mortality

- Data collection is too infrequent
- Surveys are too small
- Selection (survivor) bias
- Reporting errors
Emerging data needs
Achieving better coverage of older age groups

• Understanding mortality above age 50 or 60 is essential to measure SDG progress and to understand impact of crises like the COVID-19 pandemic
  • Yet, this is a “blind spot” in survey/census data on adult mortality

• Currently, old-age mortality is predominantly projected/inferred from model life tables
  • Model life tables are derived from historical populations with different societal and epidemiological conditions
Documenting risk factors of adult deaths

• Several SDG indicators are cause-specific mortality rates, but causes of death are difficult to measure during surveys and censuses

• Substitute is to document circumstances and risk factors strongly associated with (specific) causes of deaths
  • Example: pregnancy-related and maternal deaths
Tracking socioeconomic disparities in adult mortality

• In pursuing progress towards SDGs, need for disaggregated data to “leave no one behind”

• COVID-19 pandemic, and other health crises, also affect poorest and other disadvantaged groups at higher rate

• Yet, we know very little about socioeconomic conditions of recently deceased relatives of survey/census respondents
Measuring recent short-term fluctuations in mortality

- In countries with complete CRVS data, monitoring of excess mortality occurs on a weekly or monthly scale.

- Surveys and censuses, on the other hand, currently generate data on annual or multi-annual scale.
  - Because sample size is too small (surveys) or recall period is too short (censuses).
  - Not sufficiently precise to detect short-term fluctuations in mortality associated with an epidemic.
Measuring completeness in death registration

• Need to measure (changes in) completeness of death registration to:
  • Track progress towards SDG targets (80% deaths registered)
  • Interpret data generated by CRVS systems

• Current strategies to measure completeness rely on modelled benchmarks for expected number of deaths

• Surveys and censuses:
  • Direct measures of completeness
  • Allows looking at correlates of death registration, reasons for registering/not registering etc...
This meeting

• Discuss strategies to improve scope, availability and accuracy of adult mortality data collected during surveys and censuses so that it meets (some of) these emerging needs
  • We will hear about some potential strategies during the meeting
  • Others are described in the background paper
  • Some might also emerge during discussions

• Strategies might differ:
  • Between surveys and censuses
  • Between countries & regions

• Formulate recommendations:
  • Adoption in upcoming surveys and censuses
  • Further testing in experimental/scale-up settings