

### Estimation of mortality in South Africa: Challenges and methods

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# **Range of life tables**

- National & sub-national (urban/rural, regional, etc.) (vital registration (VR) & census data)
- Insured (Claims and 'inforce' data companyspecific or industry-wide)
  - Type of product, Underwriting class
- Retired (Notification of death/VR and 'inforce' data – company-specific or industry-wide)
  - Voluntary annuitant, Pensioner, Size
- **Employed** (Group scheme insurance claim and 'inforce' data large employers or insurers, etc.)
  - 'class'/income/occupation



### **Cohort vs period:** <sub>45</sub>*q*<sub>15</sub> **South African females**





#### Life expectancy at birth Both sexes, 2016



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Data Source: World Health Organization Map Production: Information Evidence and Research (IER) World Health Organization



#### Completeness of cause-of-death data (%), 2007–2016



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#### % Death registration completeness

#### WHO - FAMILY OF INTERNATIONAL CLASSIFICATIONS NETWORK ANNUAL MEETING 2018 Report from the Regional Advisor



# Methods of estimating mortality when little or Model life tables (if indicator of level)

- Sets of tables:
  - Princeton (Coale & Demeny (1966));
  - Brass logit relational model  $(\hat{e}(x)) = \alpha + \beta \cdot \lambda(l^s(x))$ 
    - Brass General Standard & Brass African Standard
    - Variations (e.g. Ewbank et al (1983), Zaba (1979), Murray et al (2003), Bhat (2004))
  - UN Model life tables for developing countries (1982);
  - INDEPTH Network (2002);
  - Sharrow, Clark & Raftery (2014);
  - others



#### Methods of estimating mortality when little or no VR data • Deriving estimates of indicators of level (if not

- 'shape')
  - Indirect estimation
    - Child
      - Full birth/pregnancy histories (FBHs) (from surveys, e.g., DHSs)
      - Summary birth histories (SBHs) (censuses/surveys)
    - Adult
      - Orphanhood asking respondents about survival status of parents
      - Sibling asking respondents about the survival status (and date of birth and death (if died)) of siblings who survived to age 15
  - Direct estimation
    - Question in census/survey about deathstinster of cape town households in past vear

## Other methods of estimating mortality when little or no VR data

- Not the focus of the population projections
- Regressions with 'ensemble' modelling (IHME)
  - Complex and opaque process
  - Not exactly country-specific for African countries



## Methods of estimating mortality when less than

- Death distribution methods (generalized growth balance or synthetic extinct generations)
- Essentially estimating the completeness of reporting by comparing the recorded deaths in a period to the number of deaths implied by change in population numbers over period
  - Generalized growth balance  $(k_1/k_2)/1987$
  - Synthetic extinct generations (Bennett & Horiuchi (1981, 1984)] dx = N(y,t)



### Particular problems with reported death data in developing countries

- Incomplete or very limited registration of deaths (particularly at older ages – if proportion rural high at old ages)
- Cause of death (% unknown, misclassification, vagueness of classification)
- Limited and inaccurate other information (e.g. place of residence, employment/SEC, etc.)
- Heterogeneity (ethnicity/race, insured/uninsured, urban/rural, employed/unemployed) more extreme?



# Problems with rates at old ages

- Old ages age exaggeration, higher underreporting, particularly deaths reported by households in censuses
- Problems at old ages dealt with by:
  - Model life table
  - Models of the force/hazard of mortality at old ages (e.g. Gompertz, various logistic curves, Kannisto, etc.)
  - Li & Gerland (to correct for constant proportional age exaggeration) and Ron Richman NEG-GAM (year of birth & age digit preference)



## **Other problems with the** data

- Exposure
  - Census coverage/completeness (e.g. SA PES undercount 1996, 2001 & 2011, 'demographic undercount')
  - Age exaggeration, digit preference
- Direct measures
  - Deaths reported by households
    - Disintegration of households on deaths of older adults/breadwinner
  - HDSSs
    - not representative (select site(s), mostly rural, bias due to monitoring)
- Unknown/underestimated uncertainty



# Performance of indirect measures





#### Insurance-specific life tables





# Problems producing industry-specific life tables in Africa Small insured population, particularly at the old

- Small insured population, particularly at the old ages
- Limited aggregation of data
- Possibly increasing heterogeneity with the shrinking of the previously privileged population in some countries
- No organised monitoring of mortality of employed (by 'class') vs unemployed
- Lack of country-specific skills (at least of 'volunteers')



## South Africa: national

- South African Life Tables (SALTs): For 3 population (ethnic/race) groups (excluding Africans): centred around censuses 1946-1985 (some groups even earlier)
- Registered deaths
  - Completeness (adults): risen from circa 50% in mid-1980s to circa 90% for adults in since 2005
  - Causes: About 10% ill-defined cause, some misclassification (e.g. AIDS), injuries of 'undetermined intent'
- Other data:
  - DHSs
  - HDSSs
  - SBH, orphanhood



# 'Age-ratios' in 2011 census



Black – years of birth ending in "0"

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Red – 1914, 1918 years of birth

### Graduation 2010-2012











# South Africa: industry/profession

- Standard life tables:
  - Life insurance: SA56-62, SA72-77, SA 1985-90 (Dorrington & Rosenberg (1996))
  - Annuitants: SAIML98 & SAIFL98 (Dorrington & Tootla (2007))
- No new standards, but a number of CSI reports
  - Assured lives mortality investigations 1991-1994, 1995-1998, 1999-2002 & 2003-2010 (for new-generation products)
  - Funeral insurance mortality investigation, 2001 2002
  - Annuitant report 2001-2004 & Pensioner mortality investigation 2005-2010
- Mortality of employed (members of group insurance schemes) (Clur et al (2013))
   Et al (2013))

### Male assured 2003-2013



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### Female assured 2003-2013





### Pensioner mortality 2005-2010



# Other sources of demographic estimates

- World Population Prospects (2017 revision): ICS
  National and global regions ( https://population.un.org/wpp/)
- Institute of Health Metrics and Evaluation: Global Burden of Disease (GBD) 2017: National and global regions (includes 'provincial' for a number of countries) (

http://ghdx.healthdata.org/gbd-results-tool)

- US Census Bureau International Database ( <u>https://www.census.gov/programs-surveys/interna</u> <u>tional-programs/about/idb.html</u>
   )
- Latin America Human Mortality Detabaser (of cape <u>http://www.lamortalidad.org/</u>)

# **Final thoughts**

- Data on mortality still extremely limited in many African countries
- Some signs of improvement in building/maintaining CRVS systems
   BUT
- Also signs of weakening of systems and local skills in some countries
- The requirements of MDGs and particularly SDGs, and the production of estimates by international agencies undermine the development of skills locally
- Uncertainty about the estimates of tensity of CAPE TO underestimated