

Estimating death rates in complex humanitarian emergencies using the network method

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- ▶ How do you best estimate death rates in **humanitarian emergencies**?
- ▶ Conventional systems and methods fall apart
 - ▶ Civil war, earthquake, etc.

We still need new methods....

[Emerg Themes Epidemiol.](#) 2007; 4: 9.

PMCID: PMC1904216

Published online 2007 Jun 1. doi: [10.1186/1742-7622-4-9](https://doi.org/10.1186/1742-7622-4-9)

PMID: [17543103](https://pubmed.ncbi.nlm.nih.gov/17543103/)

Wanted: studies on mortality estimation methods for humanitarian emergencies, suggestions for future research

Working Group for Mortality Estimation in Emergencies ^{✉1}

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New Approach

1. Collect a non-probability sample feasible in a humanitarian emergency
2. Use **network survival method** to estimate crude death rates

Overview of Network Survival Method

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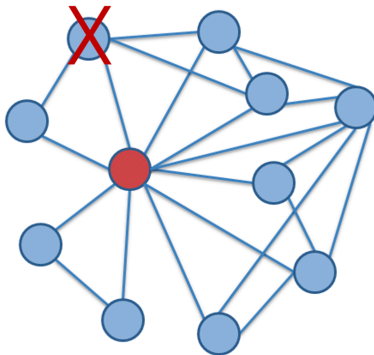
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- ▶ D_{α} is the number of deaths
- ▶ N_{α} is the person days of exposure

Insights from social networks



People can report valuable information about mortality among their social network

Network survival method

$$\widehat{M}_\alpha = \frac{D_\alpha}{N_\alpha} \quad (2)$$

$$= \frac{\sum_{i \in s} w_i y_{i,D}}{\sum_{i \in s} w_i d_i E_i} \quad (3)$$

where

- ▶ $\sum_{i \in s} w_i y_{i,D}$ is the (weighted) total number of people in respondents' personal network who have died in time window

Network survival method

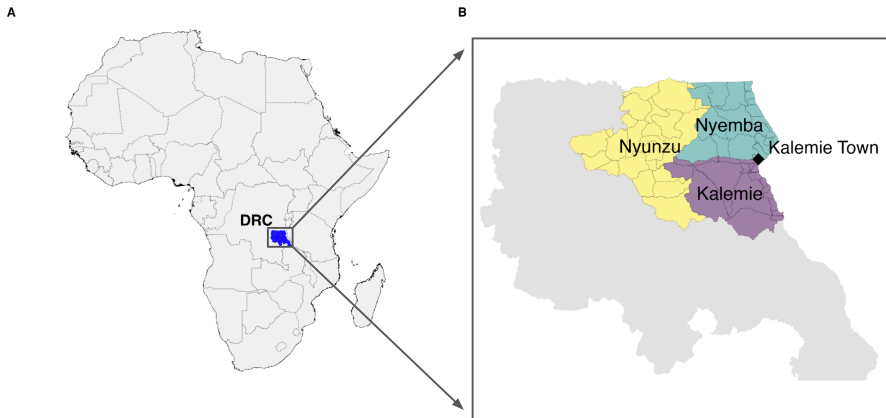
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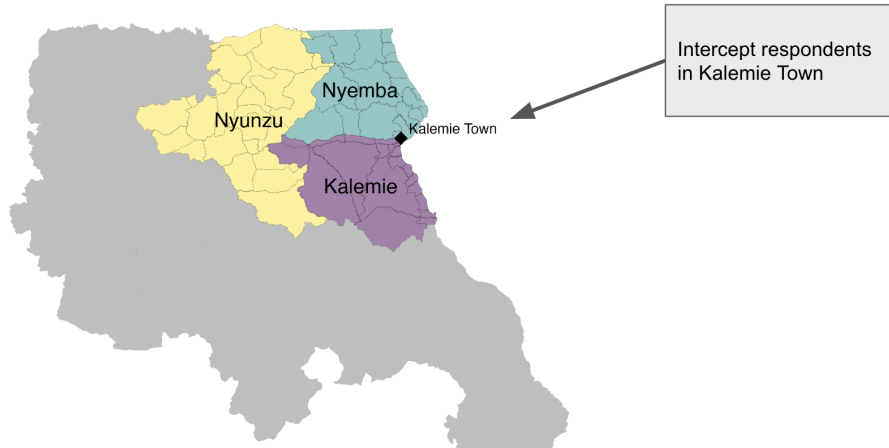
- ▶ $\sum_{i \in s} w_i y_{i,D}$ is the (weighted) total number of people in respondents' personal network who have died in time window
- ▶ $\sum_{i \in s} w_i d_i E_i$ is the (weighted) total amount of exposure reported on in respondents' personal network

Case Study: Democratic Republic of the Congo

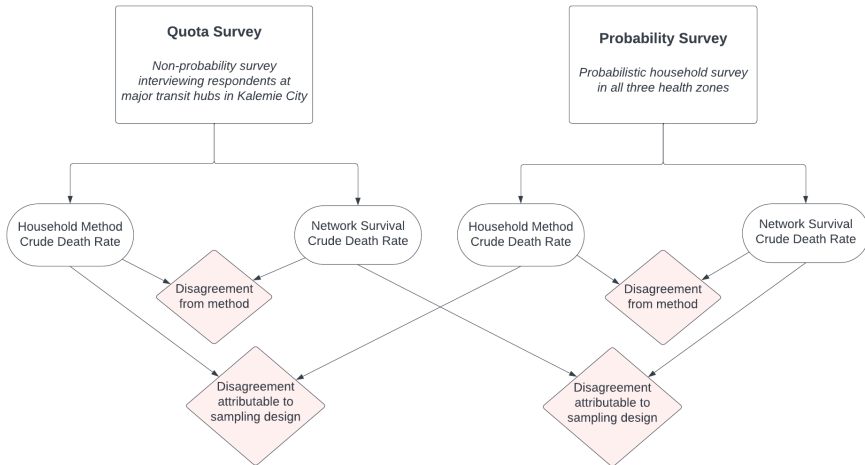


Case Study: Democratic Republic of the Congo

Tanganyika Province, Three Zone De Santes



Study design - two data collection efforts



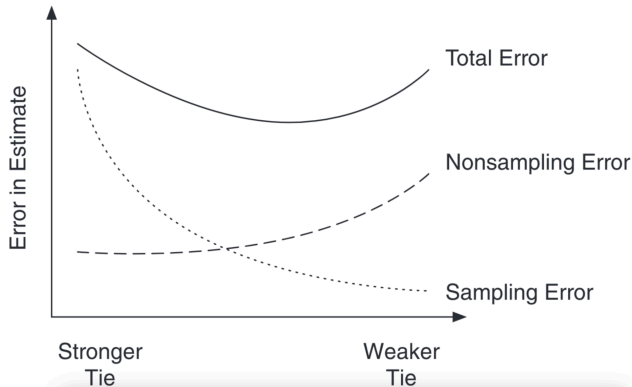
Formative research (qualitative)

► Goal:

- What deaths can respondents report on accurately?
- What reference date and reporting window should we chose?
- Identify major transit hubs + selection dynamics
- 8 focus groups + 20 individual interviews

| Group | Age | Gender | Location |
|-------|-----|--------|----------|
| 1 | <45 | Male | Urban |
| 2 | <45 | Female | Urban |
| 3 | <45 | Male | Rural |
| 4 | <45 | Female | Rural |
| 5 | 45+ | Male | Urban |
| 6 | 45+ | Female | Urban |
| 7 | 45+ | Male | Rural |
| 8 | 45+ | Female | Rural |

Key design question – how do we pick a network tie?



Feehan et al. 2016. American Journal of Epidemiology.

Best option — kin and neighbor networks

| Module | Group |
|-----------|--------------------------------|
| Household | Respondent's Household |
| Neighbor | 1st Closest Neighbor Household |
| Neighbor | 2nd Closest Neighbor Household |
| Neighbor | 3rd Closest Neighbor Household |
| Neighbor | 4th Closest Neighbor Household |
| Neighbor | 5th Closest Neighbor Household |
| Kin | Respondent's Grandchildren |
| Kin | Respondent's Children |
| Kin | Respondent's Siblings |
| Kin | Respondent's Cousins |
| Kin | Respondent's Aunts/Uncles |
| Kin | Respondent's Parents |
| Kin | Respondent's Grandparents |

Data Collection, Quota (Partnership with REACH Initiative)

- ▶ Interview respondents at major transit hubs in Kalemie Town
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- ▶ Quota sample by geographic region + gender (non-probability)

Data Collection



Interviews conducted at transit hubs such as markets, ports, taxi stations, health clinics, etc.

Informed consent on paper form, survey administered on smartphone



Quota sample: Interviews by month (N = 2,650)

| Month | Kalemie | Nyemba | Nyunzu |
|-------|---------|--------|--------|
| March | 203 | 198 | 200 |
| April | 201 | 203 | 202 |
| May | 216 | 221 | 232 |
| June | 228 | 237 | 204 |

Note: All respondents report on deaths since January 1st, 2023

Probability-based household survey

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 - ▶ Primary sampling units at the village level
- ▶ The household survey asked detailed information about deaths occurring within their household after January 1st, 2023 (same as Quota sample!)

Quota sample re-weighting strategies - 3 different scenarios

| | <u>Description</u> | <u>Auxiliary data</u> | <u>Setting</u> |
|---|--|--|--|
| <u><i>No weights</i></u> | No weights. Relies on quota sampling on gender and geography. | Source: Ministry of Health population data Covariates: Gender, geography (for quotas) | Imitates a setting where limited data are available to establish quotas for sampling. |
| <u><i>Poststratification weights</i></u> | Split sample into cells defined by unique combination of covariates. Weight each respondent within a cell by the inverse of their inclusion probability. | Source: Worldpop 100m X 100m unconstrained gridded population estimates Covariates: Age, gender, geography | Imitates a setting where no high-quality reference data are available but Worldpop population estimates are available. |
| <u><i>Inverse-probability weights</i></u> | Fit logistic regression model to estimate inclusion probability. Weights generated as inverse of inclusion probability. | Source: Our probability survey Covariates: Age, gender, household size, household age composition, radio, bed, wall material, fuel type | Imitates a setting where high-quality reference data are available. |

More auxiliary data available



Inverse probability weights

Fit a model to estimate inclusion probability:

$$w_i = \frac{1}{\hat{P}(S_i = 1)} \quad (4)$$

where w_i is a weight define as the the inverse probability of being included in the sample ($S_i = 1$).

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$$\begin{aligned} \text{logit}(\text{Pr}(\text{inclusion} = 1|\mathbf{X})) = & \beta_0 + \beta_{(\text{gender})} + \beta_{(\text{age class})} + \beta_{(\text{gender} \times \text{age_class})} + \beta_{(\text{hh size})} \\ & \beta_{(\text{radio})} + \beta_{(\text{bed})} + \beta_{(\text{wall material})} + \beta_{(\text{modern fuel type})} + \\ & \beta_{(\text{hh count age 0-4})} + \beta_{(\text{hh count age 5-17})} + \beta_{(\text{hh count age 18+})} \end{aligned} \quad (5)$$

Blended estimates - combined neighbor and kin estimates

$$\underbrace{\widehat{M}}_{\text{Blended Estimate}} = \underbrace{\theta \widehat{M}^A}_{\text{Weighted Estimator A}} + \underbrace{(1 - \theta) \widehat{M}^B}_{\text{Weighted Estimator B}} \quad (6)$$

where θ is a weight $\in [0, 1]$.

Blended estimates - combined neighbor and kin estimates

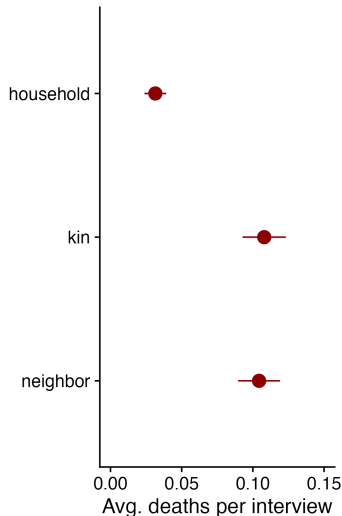
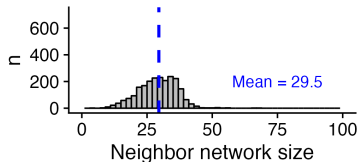
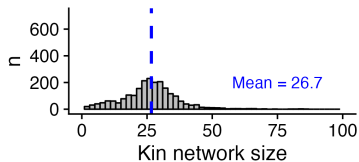
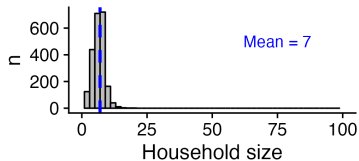
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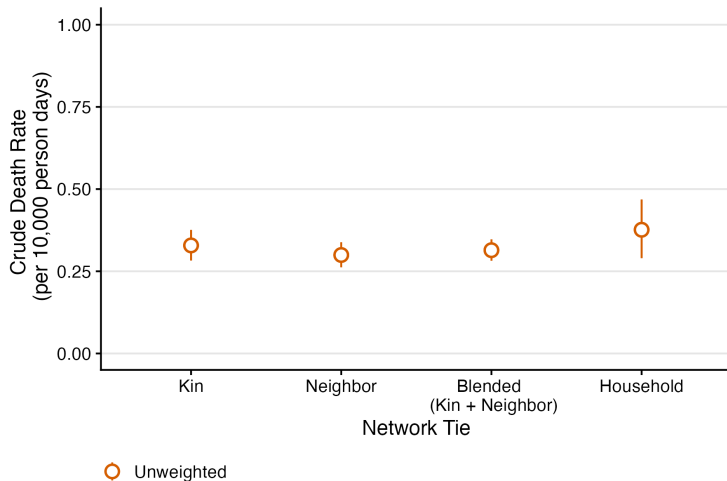
We can pick the optimal θ^* to minimize mean squared error:

$$\theta^* = \frac{\sigma_B^2 - \sigma_{AB}}{\sigma_A^2 + \sigma_B^2 - 2\sigma_{AB}}, \quad (7)$$

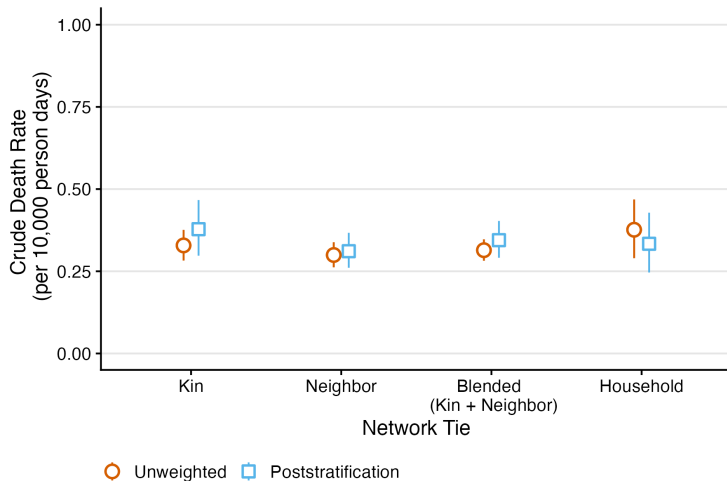
Network sizes distribution



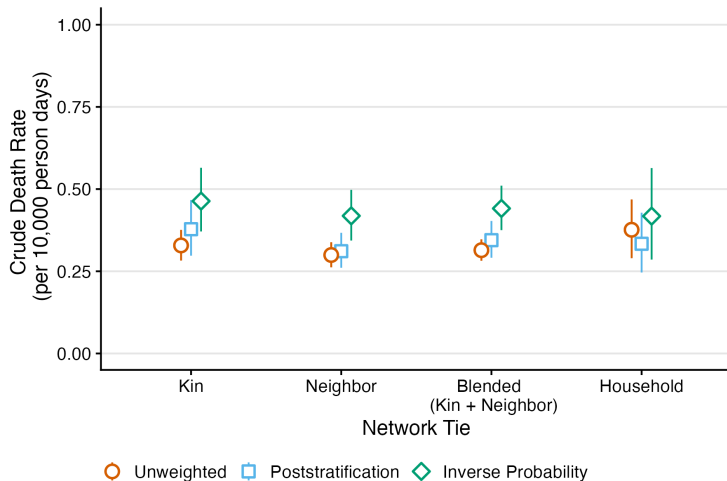
Non-probability network survival results



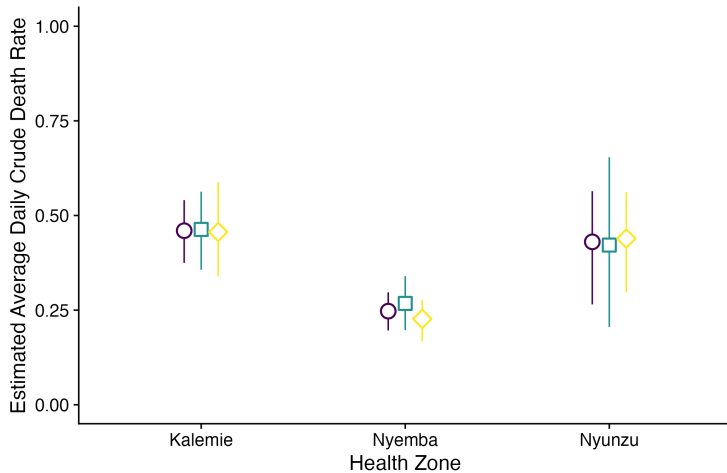
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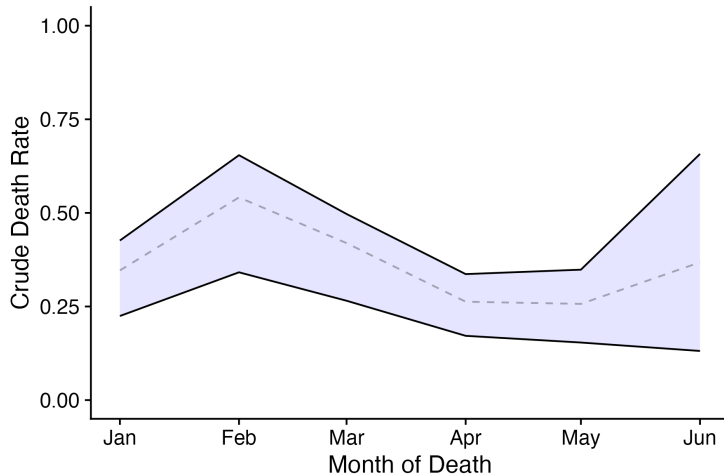
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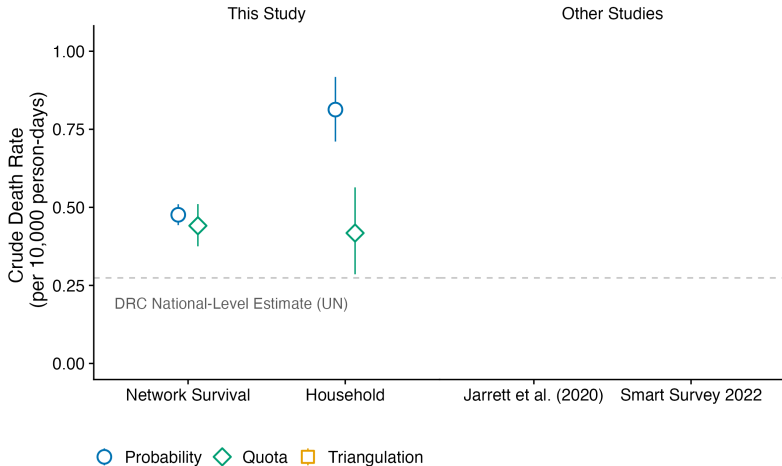
Variation across health zones



Monitoring trends over time



Full comparisons (blended estimates)

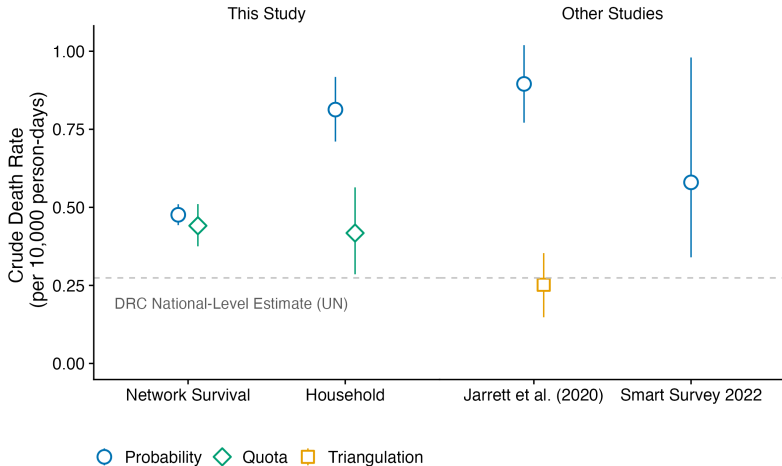


Comparator study - Jarrett et al. 2020



- ▶ Study conducted in Fizi Province
- ▶ Surveillance + household survey
- ▶ Verification and reconciliation of each reported death

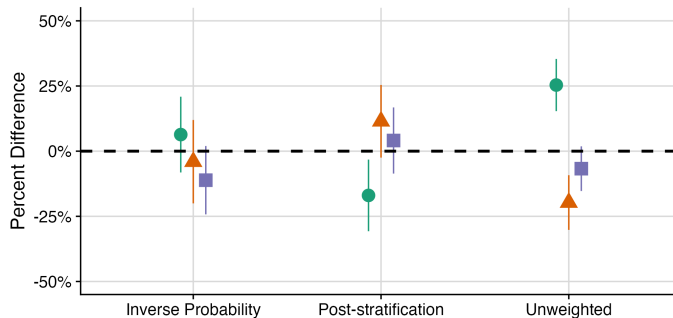
Full comparisons + external studies



Lots of typical validation checks...

1. Missing under 5 deaths
2. Enumerator effects (no evidence)
3. No recall bias for earlier months
4. Consistent neighbor reports as household get further away...

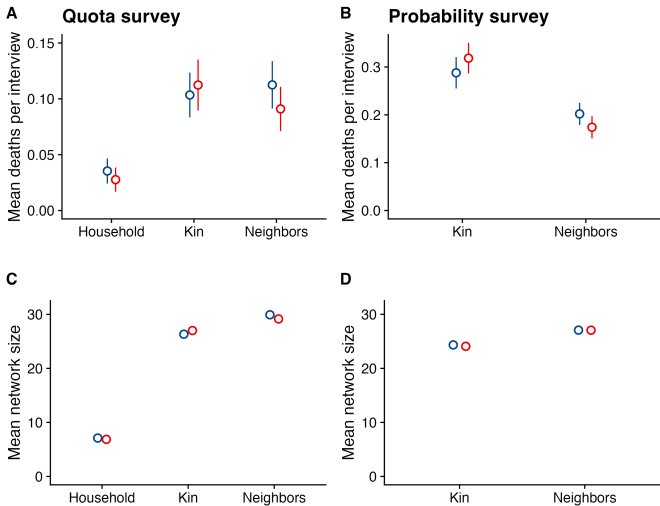
Internal validity checks



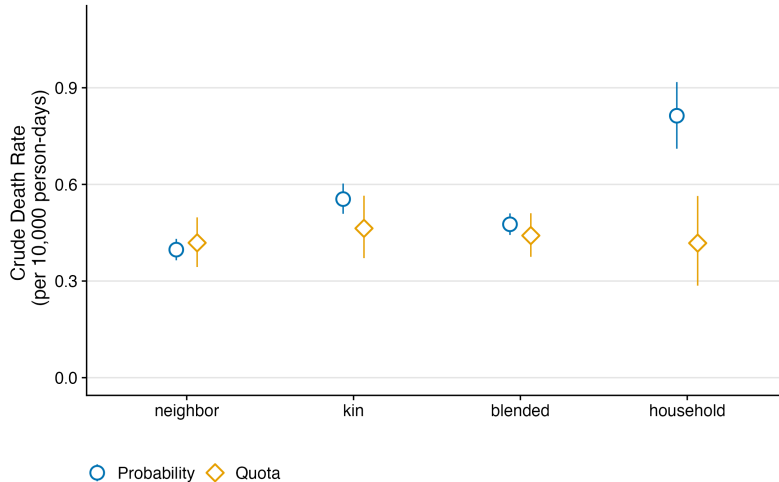
Relationship Comparison

- Female reports to brothers - male reports to sisters
- ▲ Female reports to male cousins - male reports to female cousins
- Respondent reports to parents - respondent reports to children (18+)

Randomized modules - no "speeding"



One estimates stands out...



Potential sources of error

Strategic Overreporting

- ▶ Financial incentive to overreport in hopes of larger aid distribution
- ▶ If network neighbor estimate is true, respondents would need to overreport by 48%
- ▶ High, but lower than 72% found by Jarret et al. (2020)

Transmission Error

- ▶ Violations of perfect visibility
- ▶ If household estimate is true, respondents would need to miss reporting 51% of deaths of neighbors
- ▶ Unlikely based on qualitative research

Summary of study

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 - ▶ We need more systematic evaluations
- ▶ Highly contextual – **requires** localized knowledge of social networks, diffusion of info about deaths, etc.

Where to next...?

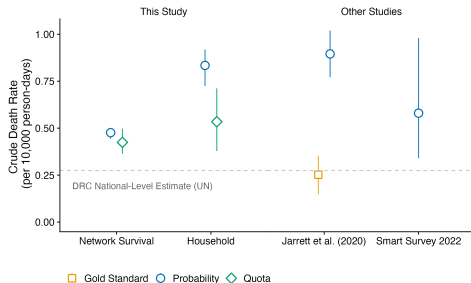
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Where to next...?


- ▶ We need more **rigorous assessment** of both standard household mortality surveys and network survival method in real humanitarian crisis settings
 - ▶ Verification of deaths, network reports, etc.
- ▶ Adding network questions onto standard household surveys (“off-the-shelf” module)
- ▶ Other **extensions**...?

Thank You

► Questions?



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Age composition of network members

