

# Methods for Subnational Estimation of Child Mortality

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Motivation

Complex Survey Data

Space-Time Smoothing

Child Survival Modeling

The SUMMER Package

Final Thoughts

## Motivation

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Website:

<http://faculty.washington.edu/jonno/UNICEF-WORKSHOPS.html>

Content:

- These notes.
- Datasets and R code.
- Additional materials, including a link to a course on small-area estimation (SAE) that JW taught with Richard Zehang Li.

This website will stay live, and feel free to share with colleagues.

**Sustainable Development Goal 3.2:** “By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce ... **under-5 mortality to at least as low as 25 per 1,000 live births**”.

Additionally:

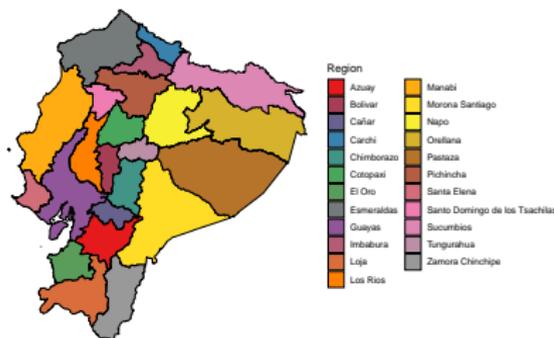
- Paragraph 74.g, with reference to review processes: “They will be rigorous and based on evidence, informed by **country-led evaluations** and data which is high-quality, accessible, timely, reliable and **disaggregated by** income, sex, age, race, ethnicity, migration status, disability and **geographic location** and other characteristics relevant in national contexts.”
- Paragraph 17.18, under data, monitoring and accountability: “By 2020, enhance **capacity-building** support to developing countries, including for least developed countries and small island developing States, to **increase significantly the availability** of high-quality, timely and reliable data **disaggregated by** income, gender, age, race, ethnicity, migratory status, disability, **geographic location** and other characteristics relevant in national contexts.”

### Data and Methodology:

- With a civil registration system, one can obtain accurate estimates of child mortality directly.
- Without such a system, one must combine available data, from **surveys** and **censuses**, for example, to produce the best possible estimates (with uncertainty).
- To obtain estimates at a useful geographical and temporal scale, **smoothing across space and time** is beneficial.
- I will focus on U5MR estimation based on **full birth history (FBH)** data, in which birth and death times are known for each child of interviewed mothers.
- As an example, we will use data from the 2012 Ecuador National Health and Nutrition Survey (ENSANUT-ECU).

## Study Design:

- There are 26 strata (24 provinces + Quito + Guayaquil).
- In each **strata**, 64 **clusters** are selected with probability proportional to size. In each **cluster**, 12 households are ultimately selected. Within each household, 1 woman of fertile age was selected via simple random sampling (SRS).
- An example of a **stratified cluster design**.

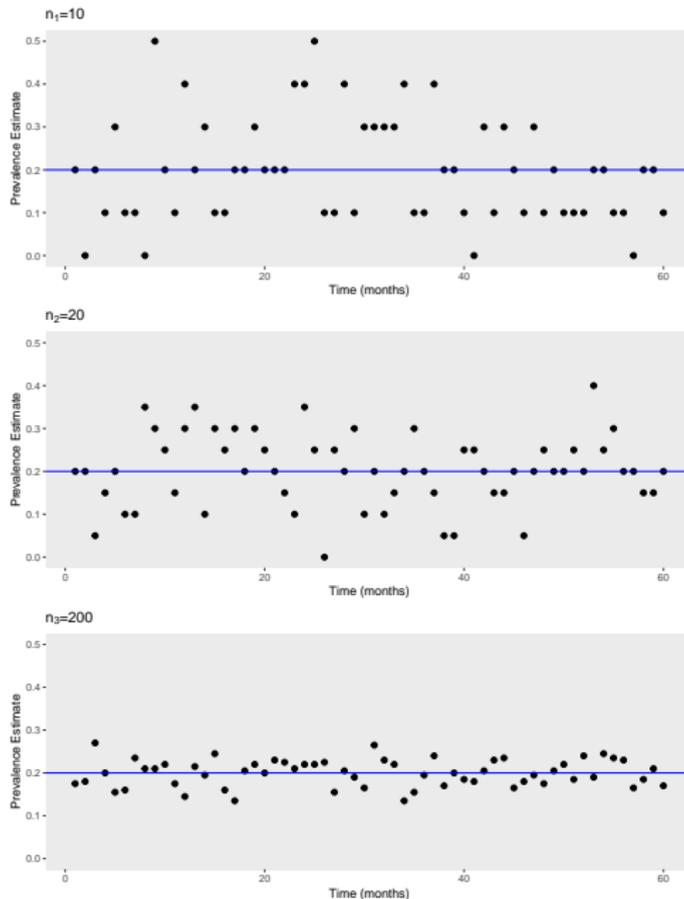


**Figure 1:** Provinces of Ecuador.

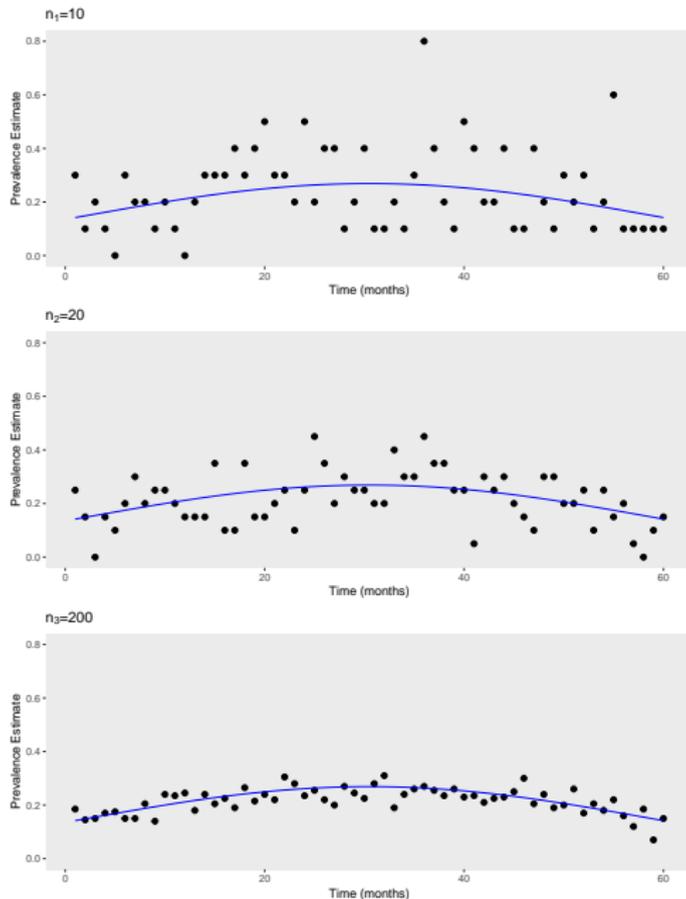
- To simplify the spatial modeling we remove the Galapagos Islands, and Quito and Guayaquil are placed in their provinces (Pichincha and Guayas, respectively).

## Motivation for Smoothing: Temporal Case

- When looking at **estimates** over space or time, we want to know if the differences we see are “real”, or simply reflecting sampling variability.
- **Temporal setting**: Even if the underlying prevalence is the same over time, we will see estimates in the empirical estimates.
- Figure 2 demonstrates: We sampled binomial data with  $n = 10, 20, 200$  and  $p = 0.2$  (shown in **blue**) in all cases.
- In the top plot in particular, we might conclude large temporal variation, but all we are seeing is **sampling variation**.
- Figure 3 summarizes estimates from a second simulation in which there is a real temporal pattern – here we would not want to **oversmooth** and remove the trend.
- Later we will apply **temporal smoothing models** to these two sets of data.
- The same principles apply to **spatial data**, it's just more difficult to gain insight, because two dimensions are harder than one!



**Figure 2:** Prevalence estimates over time from simulated data with true prevalence of  $p = 0.2$  (blue solid lines).



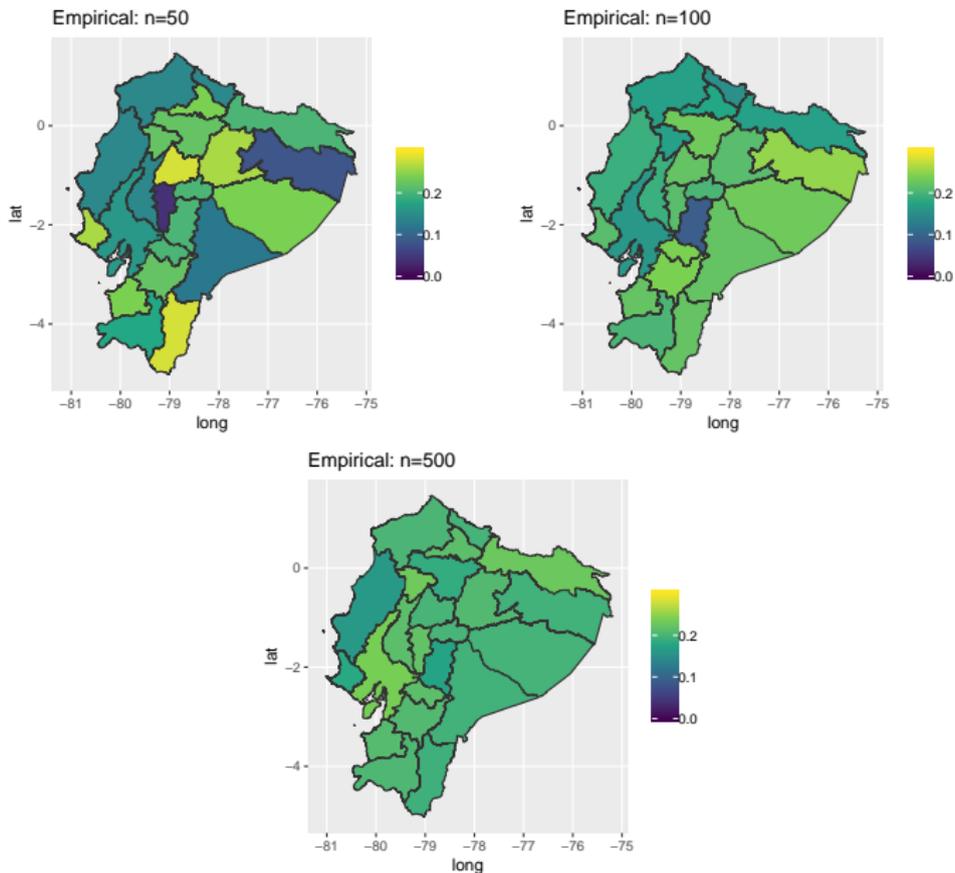
**Figure 3:** Prevalence estimates over time from simulated data, true prevalence corresponds to curved blue solid line.

## Motivation for Smoothing: Spatial Case

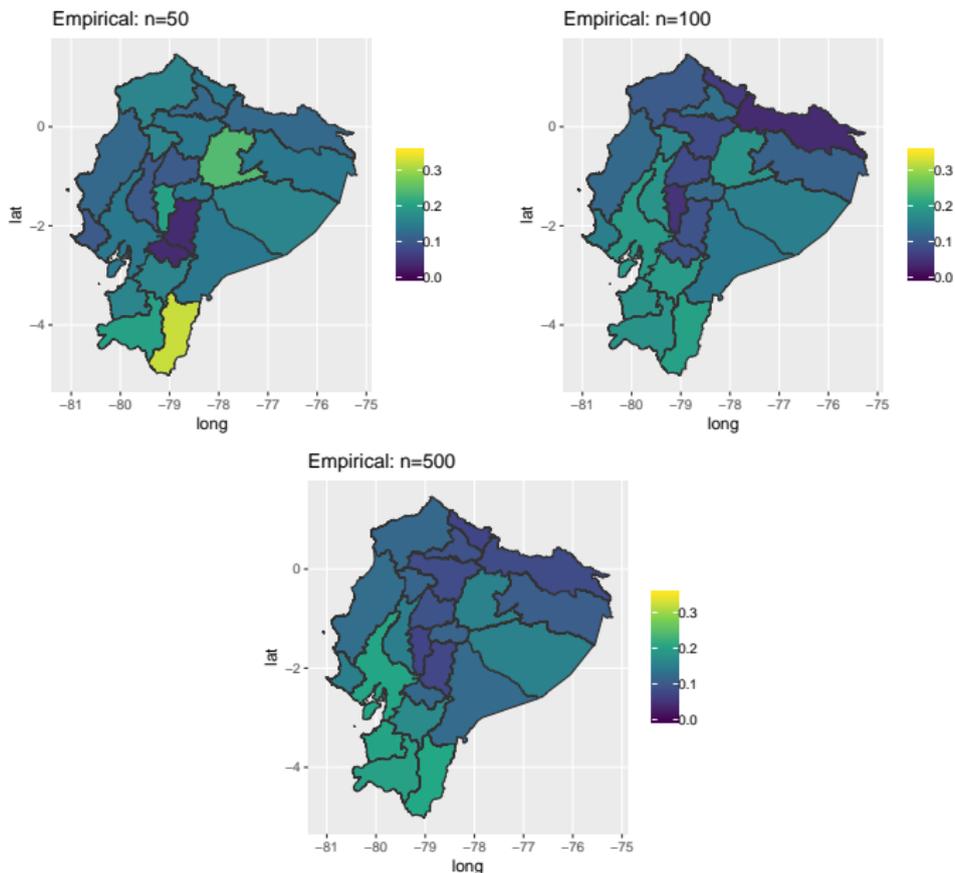
- We repeat the previous simulation example, but now for spatial data.
- Counts  $Y_i$  are simulated for each area  $i$  from a binomial distribution with prevalence  $p_i$  and sample size  $n_i$ :

$$Y_i \mid p_i \sim \text{Binomial}(n_i, p_i).$$

- We look varying sample sizes  $n_i = 50, 100, 500, 1000$ , so that the influence of sampling variability can be examined.
- We examine two sets of simulated data:
  - Figure 4: Constant prevalence.
  - Figure 5: Spatially varying prevalence.



**Figure 4:** Prevalence estimates over space for simulated data with sample sizes of  $n = 50, 100, 500$ . True prevalence is 0.2 in all areas.



**Figure 5:** Prevalence estimates over space for simulated data with sample sizes of  $n = 50, 100, 500$ . True prevalence is spatially varying.

## Complex Survey Data

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# Stratified Cluster Sampling

Most national surveys have a **stratified cluster sampling design** in which:

- The country is partitioned into a set of **strata** (e.g., province by urban/rural).
- Within each strata, **clusters** are sampled.
- Within each strata, **households** are sampled.
- Within each household, **individuals** are selected for interview.

The responses of the individuals provide the **sample data** with which we try to infer **population characteristics**.

When inference on the sample is performed, the design must be acknowledged:

- Ignoring the **stratified sampling** gives an estimate susceptible to **bias**, and an incorrect **variance** estimate.
- Ignoring the **cluster sampling** gives an incorrect **variance** estimate.

## Weighted Estimation

Suppose we wish to estimate the **prevalence**  $P$  of some condition in an area, e.g., smoking, attaining an educational level, dying within the first month of life.

Let  $y_1, \dots, y_n$  be 0/1 variables which indicate absence/presence of the condition of interest, with  $w_k$  the accompanying **design weight**.

The design weight is the reciprocal of the probability of being sampled, i.e.,

$$w_k = \frac{1}{\pi_k},$$

where  $\pi_k$  is the **sampling probability** and depends on the strata of the person.

## Weighted Estimation

The weight  $w_k$  can be thought of as the number of people in the population represented by sampled person  $k$ .

### Example 1: Simple Random Sampling

Suppose an area contains 1000 people:

- Using simple random sampling (SRS), 100 people are sampled.
- Sampled individuals have weight  $w_k = 1/\pi_k = 1000/100 = 10$ .

### Example 2: Stratified Simple Random Sampling

Suppose an area contains 1000 people, 200 urban and 800 rural.

- Using stratified SRS, 50 urban and 50 rural people are sampled.
- Urban sampled individuals have weight  $w_k = 1/\pi_k = 200/50 = 4$ .
- Rural sampled individuals have weight  $w_k = 1/\pi_k = 800/50 = 16$ .

## Weighted Estimation

To account for the design we use a **weighted estimate** of the prevalence:

$$\hat{P} = \frac{\sum_k w_k y_k}{\sum_k w_k} = \frac{\text{Estimate of Total with Condition}}{\text{Population Size}}$$

A variance estimate  $V$  can be obtained, which takes into account the design.

A **95% uncertainty interval** for the prevalence is:

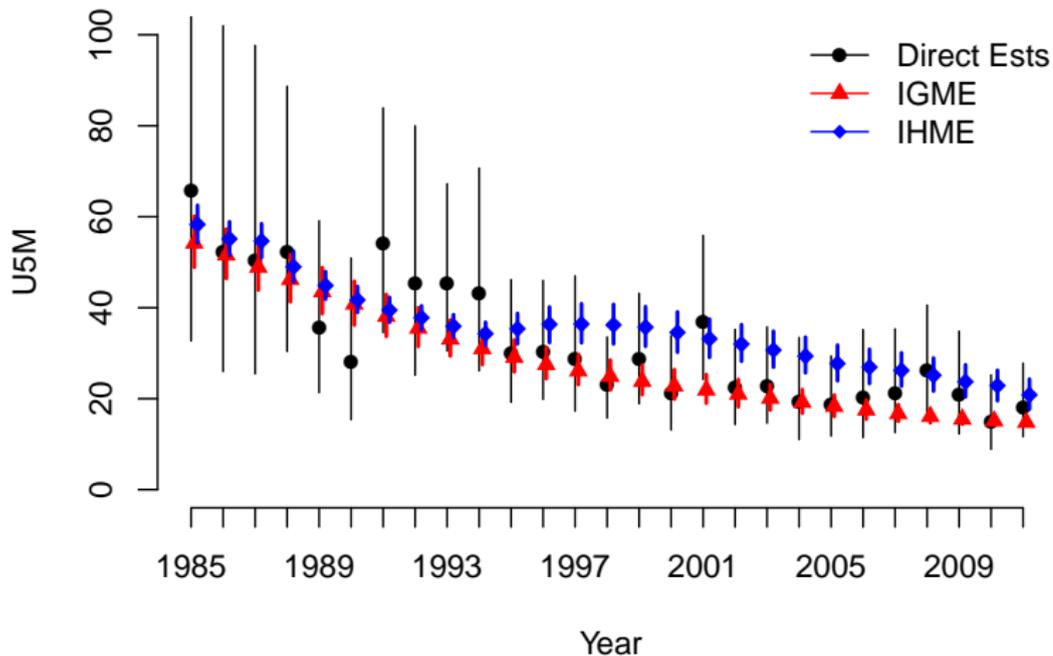
$$\hat{P} \pm 1.96 \times \sqrt{V}$$

For small samples sizes, this interval will be wide.

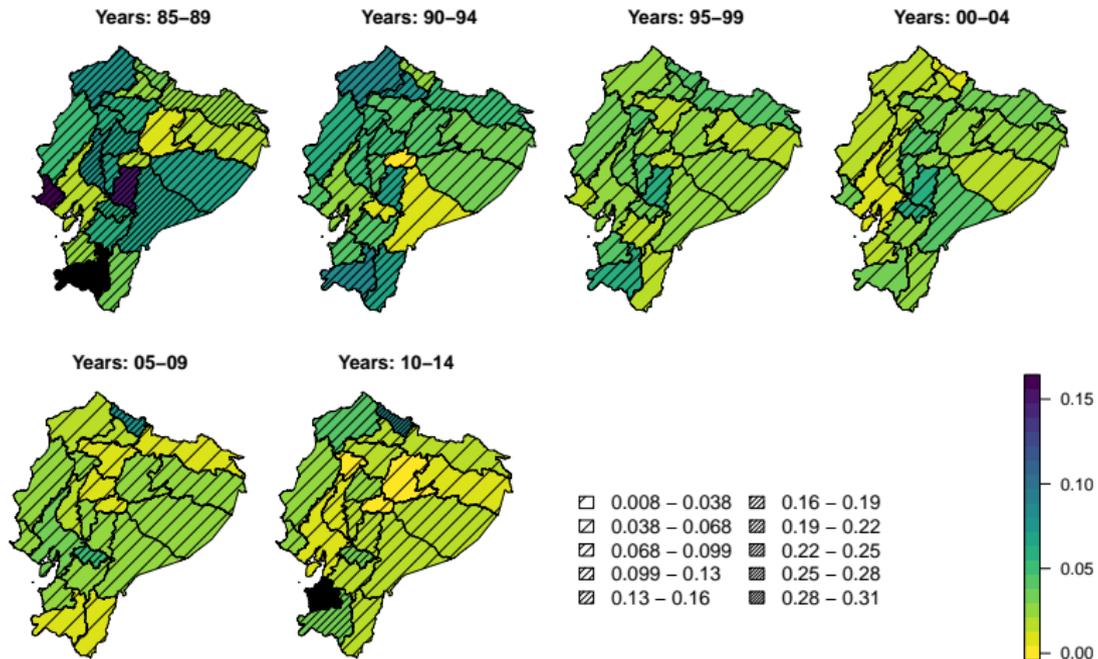
Figure 6 displays a yearly time series of U5MR weighted estimates with 95% confidence intervals, also shown, for comparison, are IGME and IHME estimates, each of which draw on more data than the ENSANUT-ECU survey alone.

IGME estimates obtained using the B3 model.

We would like to sift the signal (true differences) from the noise (sampling variation) — **hierarchical models** are suited to this purpose.



**Figure 6:** Yearly weighted estimates of under-5 mortality in Ecuador, with 95% uncertainty intervals for Direct and IHME, and 90% for IGME.



**Figure 7:** Yearly weighted estimates (from a discrete survival model) of under-5 mortality in Ecuador, with uncertainty indicated by density of hatching; more hatching → more uncertainty, with the latter measured though width of 95% [uncertainty interval](#).

## Space-Time Smoothing

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Rationale and overview of models for temporal smoothing:

- We often expect that the true underlying mortality in an area will exhibit some degree of **smoothness** over time.
- A **linear trend** in time is unlikely to be suitable for more than a small number of years, and higher degree polynomials can produce erratic fits.
- Hence, **local smoothing** is preferred.
- **Splines** (as used in B3) and **random walk** models have proved successful as local smoothers.
- In either approach, the choice of **smoothing parameter** is crucial.

## Random Walk Models

We use **random walk models** which encourage the mean responses (e.g., prevalences) across time to not deviate too greatly from their neighbors.

The true underlying mean of the mortality at time  $t$  is modeled as a function of its **neighbors**:

$$\mu_t \mid \mu_{NE(t)} \sim \text{Normal}(m_t, v_t),$$

where

- $\mu_t$  is the mean mortality (or some function of it such as the logit) at time  $t$ .
- $\mu_{NE(t)}$  is the set of **neighboring** means – with the number of neighbors chosen depending on the model used – typically 2 or 4.
- $m_t$  is the mean of some set of neighbors – for a **first order random walk** or **RW1** it is simply  $\frac{1}{2}(\mu_{t-1} + \mu_{t+1})$ .
- $v_t$  is the variance, and depends on the number of neighbors – for the RW1 model it is  $\sigma^2/2$ , where  $\sigma^2$  is a smoothing parameter – small values give large smoothing.

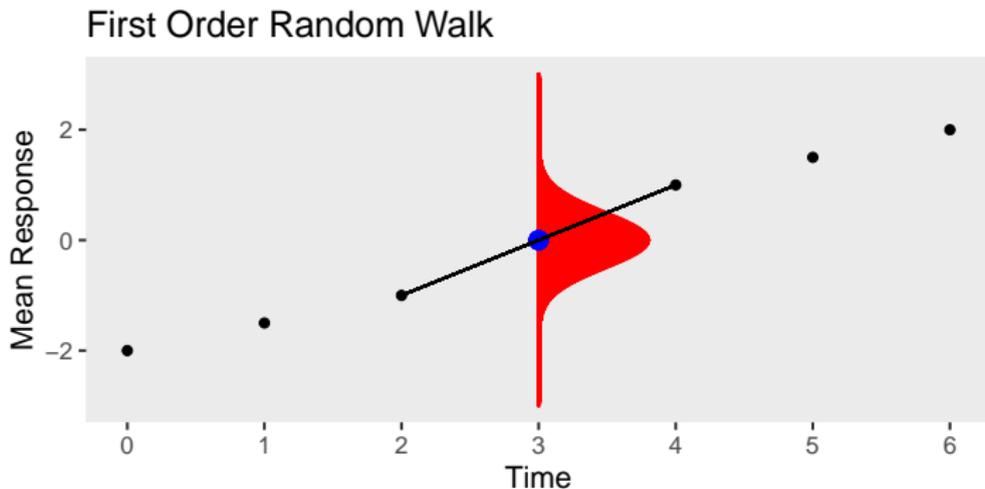
The smoothing parameter  $\sigma^2$  is estimated from the data, and determines the extent deviations from the mean are **penalized**.

The penalty term for the RW1 model is:

$$p(\mu_t | \mu_{t-1}, \mu_{t+1}, \sigma^2) \propto \exp \left\{ -\frac{1}{2\sigma^2} \left[ \mu_t - \frac{1}{2} (\mu_{t-1} + \mu_{t+1}) \right]^2 \right\}.$$

Hence:

- Values of  $\mu_t$  that are close to  $\frac{1}{2}(\mu_{t-1} + \mu_{t+1})$  are favored (higher density).
- The relative favorability is governed by  $\sigma^2$  – if this variance is small, then  $\mu_t$  can't stray too far from its neighbors.



**Figure 8:** Illustration of the RW1 model for smoothing at time 3. The mean of the smoother is the average of the two adjacent points (and is highlighted as ●), and deviations from this mean are penalized via the normal distribution shown in red.

## Bayesian inference:

- A **Data Model (Likelihood)** is probabilistically combined with
- A **Penalization (Prior)** that expresses beliefs about the parameters  $\theta$  encoding the model.
- Combination occurs via **Bayes Theorem:**

$$\underbrace{p(\theta|y)}_{\text{Posterior}} \propto \underbrace{L(\theta)}_{\text{Likelihood}} \times \underbrace{\pi(\theta)}_{\text{Prior}}.$$

- On the log scale:

$$\underbrace{\log p(\theta|y)}_{\text{Updated Beliefs}} = \underbrace{\log L(\theta)}_{\text{Data Model}} + \underbrace{\log \pi(\theta)}_{\text{Penalization}}.$$

- In a Bayesian analysis the complete set of unknowns (parameters) is summarized via the **multivariate posterior distribution**.
- The marginal distribution for each parameter may be summarized via its **mean, standard deviation, or quantiles**.
- It is common to report the **posterior median** and a **90% or 95% posterior range** for parameters of interest.
- The range that is reported is known as a **credible interval**.
- The computations required for Bayesian inference (integrals) is often not trivial and many be carried out using a variety of analytic, numeric and simulation based techniques.
- We use the integrated nested Laplace approximation (INLA).

## Bayes Example

Imagine the data model is normal with an unknown mean  $\mu$ :

$$\bar{y} \mid \mu \sim \text{Normal}(\mu, \sigma^2/n),$$

where  $\sigma^2/n$  is assumed known ( $\sigma/\sqrt{n}$  is the standard error).

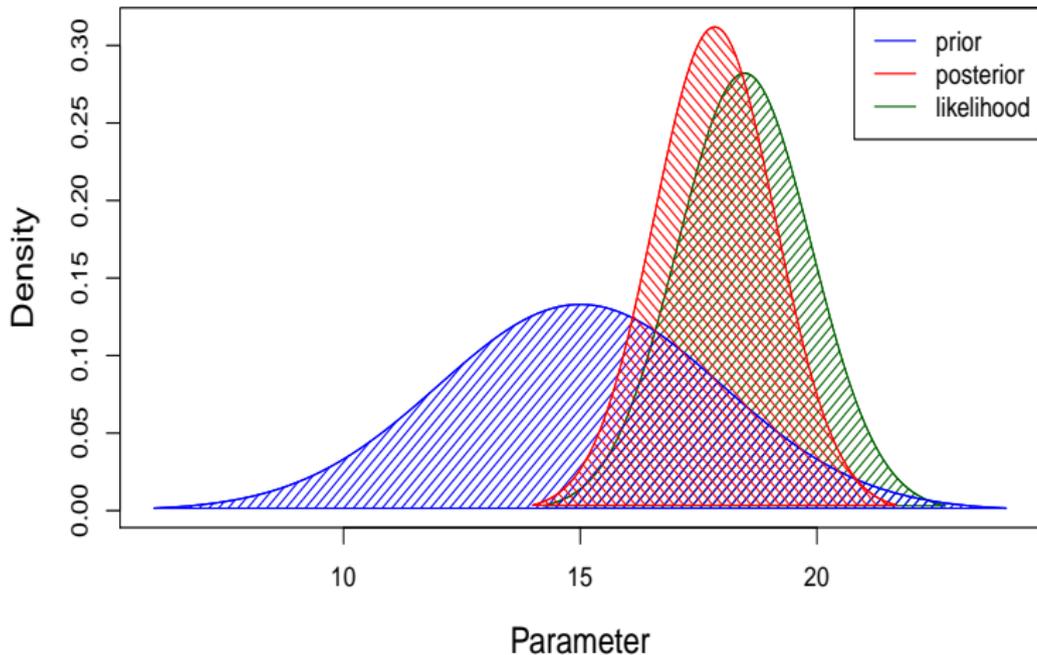
We also imagine the prior is normal:

$$\mu \sim \text{Normal}(m, v),$$

so that values of the mean  $\mu$  that are (relatively) far from  $m$  are **penalized**.

The log posterior is:

$$\underbrace{\log p(\mu \mid y)}_{\text{Updated Beliefs}} = - \underbrace{\frac{n}{2\sigma^2}(\bar{y} - \mu)^2}_{\text{Data Model}} - \underbrace{\frac{1}{2v}(\mu - m)^2}_{\text{Penalization}}.$$



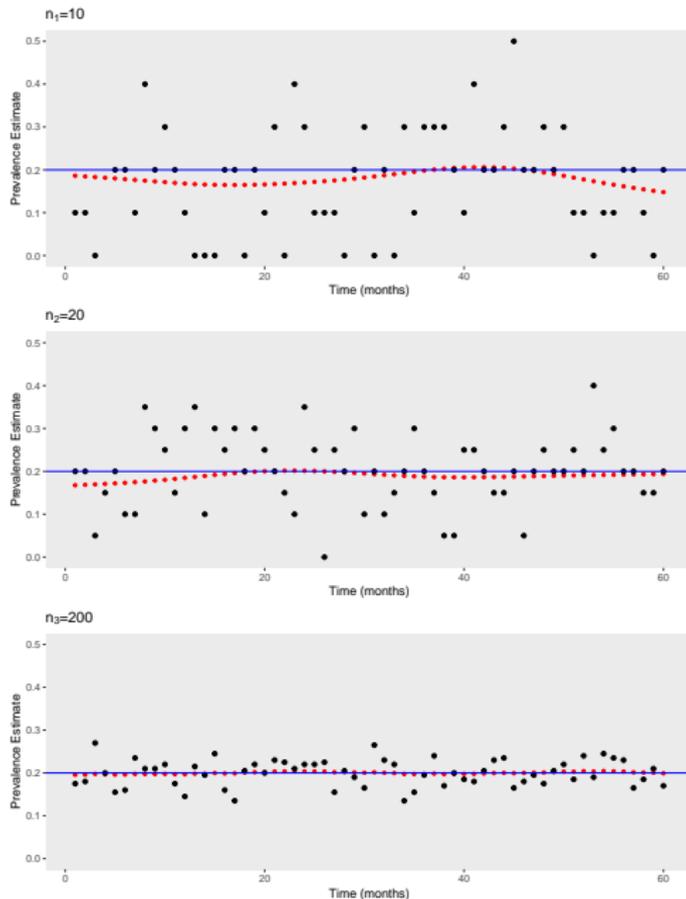
**Figure 9:** Normal data model with  $n = 10$ ,  $\bar{y} = 19.3$  and standard error 1.41. The prior for  $\mu$  has mean  $m = 15$  and  $v = 3^2$ . The posterior for the parameter  $\mu$  is a compromise between the two sources of information: the posterior mean is 18.5 and the posterior standard deviation is 1.28.

## RW Fitting to Simulated Data

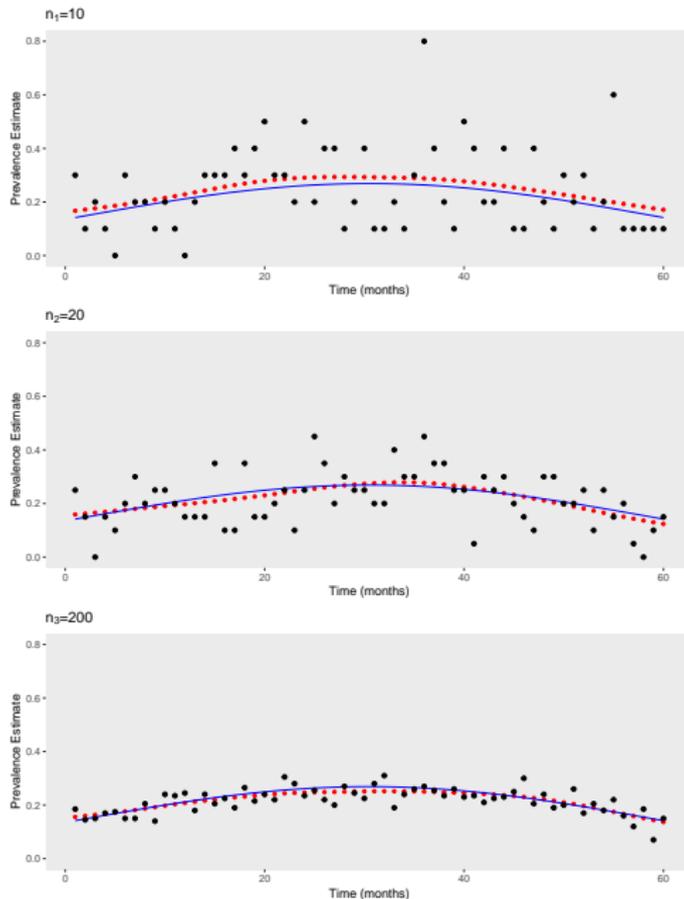
- The second order RW (RW2) model produces smoother trajectories than the RW1, and has more reasonable short term **predictions**, which is desirable for modeling child mortality.
- We illustrate fitting with the RW2 model, using the simulated data seen earlier.
- The model is:

$$\begin{aligned} Y_t | p_t &\sim \text{Binomial}(n_t, p_t) \\ \frac{p_t}{1 - p_t} &= \exp(\alpha + \phi_t) \\ (\phi_1, \dots, \phi_T) &\sim \text{RW2}(\sigma^2) \\ \sigma^2 &\sim \text{Prior on Smoothing Parameter} \\ \alpha &\sim \text{Prior on Intercept} \end{aligned}$$

- On Figures 10 and 11 the fitted values are shown in **red** – in both the constant prevalence and curved prevalence cases, the reconstruction is reasonable.



**Figure 10:** Prevalence estimates over time from simulated data, true prevalence  $p = 0.2$  (blue solid lines). Smoothed random walk estimates in red.



**Figure 11:** Prevalence estimates over time from simulated data, true prevalence corresponds to curved blue solid line. Smoothed random walk estimates in red.

# Spatial Smoothing of Simulated Data

**Data Model:** For area  $i$ :

$$\underbrace{Y_i}_{\text{Count}} \mid \underbrace{p_i}_{\text{Prevalance}} \sim \underbrace{\text{Binomial}(n_i, p_i)}_{\text{Data Model}}.$$

**Smoothing Model:** For the odds in area  $i$ :

$$\frac{p_i}{1 - p_i} = \exp(\alpha + \phi_i).$$

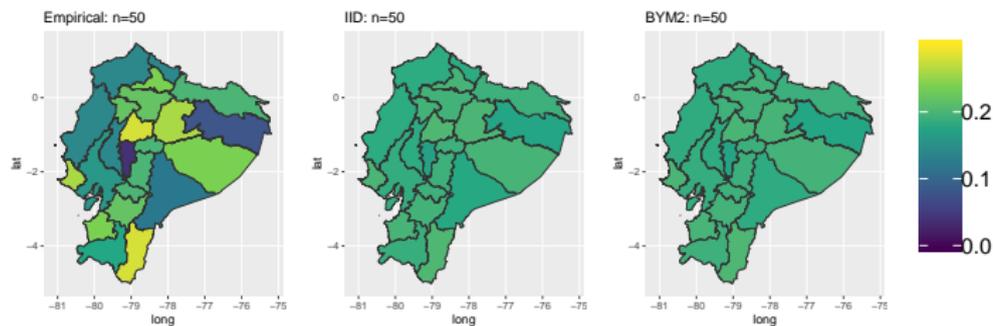
We consider two choices for the smoothing model:

- IID model: Smooth to the overall mean with no spatial structure  
 $\phi_i \sim \text{Normal}(0, \sigma^2)$  where  $\sigma^2$  controls the amount of smoothing —  
**small/large** corresponds to **strong/weak** smoothing.
- BYM2<sup>1</sup> model: Add a spatial component that encourages local similarity analogously to the random walk model with a suitable choice of neighbors, **sharing a common boundary** being the commonest choice.

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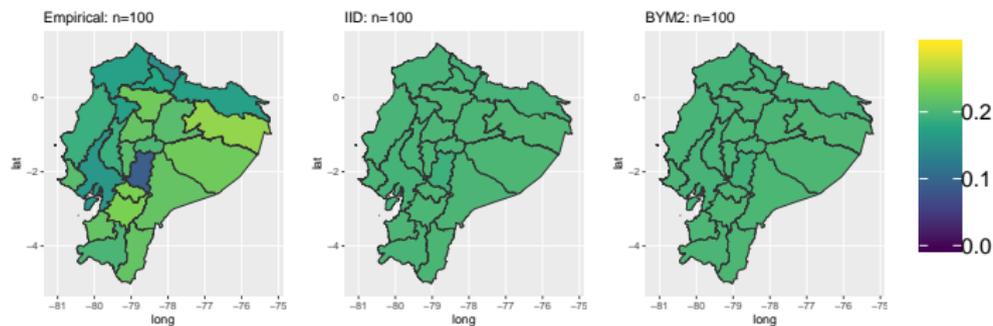
<sup>1</sup>named after the paper that introduced the model, Besag, York and Mollié (1991)

## Spatial Smoothing of Simulated Data for $n = 50$ Case



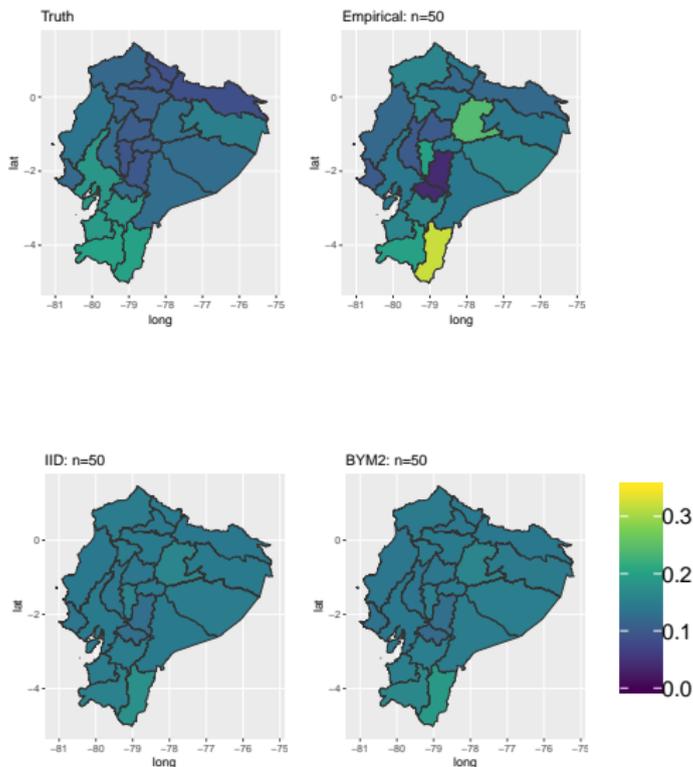
**Figure 12:** Left: raw proportions are on the left, middle: smoothing with IID model, right: smoothing with BYM2. True prevalence is 0.2.

## Spatial Smoothing of Simulated Data for $n = 100$ Case



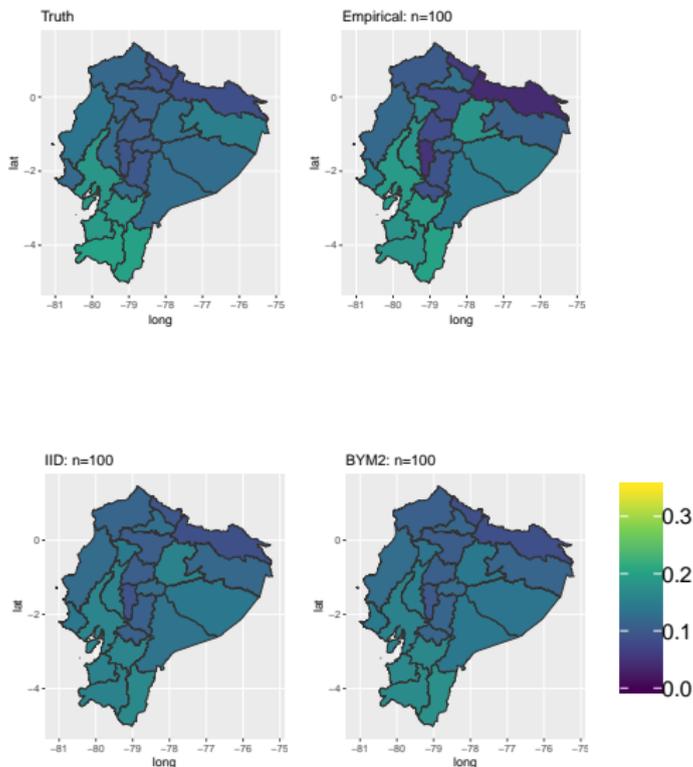
**Figure 13:** Left: raw proportions are on the left, middle: smoothing with IID model, right: smoothing with BYM2. True prevalence is 0.2.

# Spatial Smoothing of Simulated Data for $n = 50$ Case



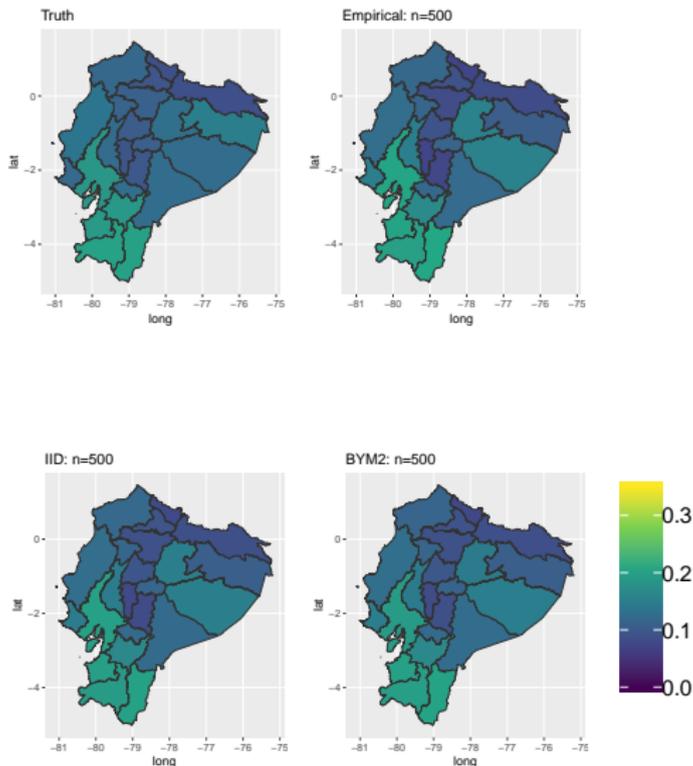
**Figure 14:** Top left: Truth, Top right: Raw proportions, Bottom left: smoothing with IID model, Bottom right: smoothing with BYM2.

# Spatial Smoothing of Simulated Data for $n = 100$ Case



**Figure 15:** Top left: Truth, Top right: Raw proportions, Bottom left: smoothing with IID model, Bottom right: smoothing with BYM2.

# Spatial Smoothing of Simulated Data for $n = 500$ Case



**Figure 16:** Top left: Truth, Top right: Raw proportions, Bottom left: smoothing with IID model, Bottom right: smoothing with BYM2.

## **Child Survival Modeling**

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## Discrete Survival Model

We know that infant mortality varies greatly over the first 5 years of life and two possible approaches to modeling how mortality varies with age:

- A continuous function of age, via a parametric model (e.g., weibull, gamma,...).
- A discrete function of age, which involves splitting age into intervals.

For flexibility, we follow the latter route and assume a **discrete survival model**, with six **discrete hazards** (probabilities of dying in a particular interval, given survival to the start of the interval) for each of the age bands:

1.  $[0, 1)$ ,
2.  $[1, 12)$ ,
3.  $[12, 24)$ ,
4.  $[24, 36)$ ,
5.  $[36, 48)$ ,
6.  $[48, 60]$ .

The first category corresponds to neonatal, the first two, infant mortality, and all six, under-5 mortality.

## Discrete Survival Model

Each child contributes up to 60 months of observation time, and can contribute less if censoring.

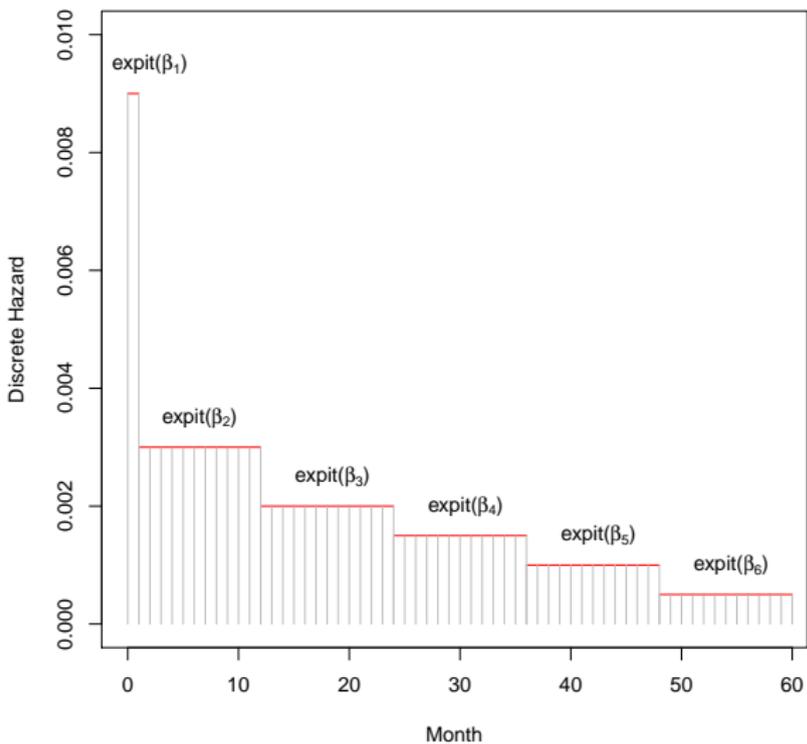
For a generic calendar period:

$$\begin{aligned} \text{Survival to 60 months} &= \text{Survival in month 1} \\ &\times \text{Survival in month 2 | survived to end of month 1} \\ &\dots \\ &\times \text{Survival in month 60 | survived to end of month 59} \end{aligned}$$

Hence, we are following a **synthetic cohort** approach.

The hazards are estimated using a logistic regression model, with weighting to account for the survey design.

At the end of this process we have an estimate  $\widehat{U5MR}$  in each area and to period, along with its variance.



**Figure 17:** Representation of the conditional probabilities (**hazards**) of death by month.

## **The** SUMMER **Package**

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# Spatial Smoothing Model

**Key Idea:** Take as **data** the **weighted estimator** – in large samples this follows a normal distribution.

**Data Model:** Specifically, we take as data in area **area  $i$** , the logit of the weighted estimates:  $y_i = \text{logit}(\hat{P}_i)$

$$y_i \mid \mu_i \sim \text{Normal}(\mu_i, V_i)$$

Survey design acknowledged here

where  $V_i$  is the design variance.

## Smoothing Model:

$$\mu_i = \underbrace{\alpha}_{\text{Intercept}} + \underbrace{S_i}_{\text{Spatial}} + \underbrace{\epsilon_i}_{\text{Independent}}$$

The model is implemented in the R package **SUMMER**:

- A design object being created in the **survey** package.
- The **INLA** package is used for Bayesian computation.
- It is computationally inexpensive – country-specific estimates in seconds.

## Hierarchical Model:

### 1. The Data Model:

$$y_{it} \mid \lambda_{it} \sim N(\lambda_{it}, \widehat{V}_{it}) .$$

Survey design acknowledged here

### 2. The Space-Time (Random Effects) Prior:

$$\lambda_{it} = f(\text{space } i, \text{time } t) .$$

Smoothing here

Different **space** (e.g., area-based or pixel-based) and **time** (e.g. random walks, splines) smoothing models can be slotted into this framework.

# Space-Time Smoothing Model

The data model is

$$y_{it} | \lambda_{it} \sim N(\lambda_{it}, \widehat{V}_{it}),$$

where

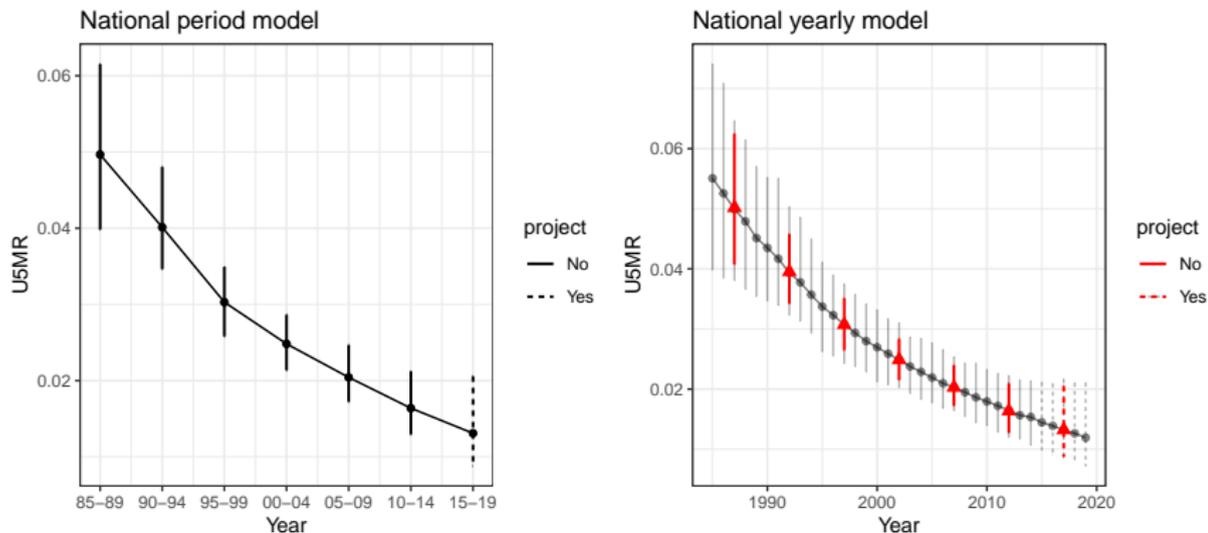
- $y_{it}$  is the logit of the **direct estimator** in area  $i$  and period  $t$ ,
- $\lambda_{it}$  is the logit of the true U5MR in county  $i$  and period  $t$ , and we emphasize that  $\widehat{V}_{it}$  is known.

We decompose  $\lambda_{it}$  into temporal, spatial and space-time components:

$$\begin{aligned} \lambda_{it} = & \underbrace{\mu}_{\text{Intercept}} \\ & + \underbrace{\alpha_t}_{\text{Independent}} + \underbrace{\gamma_t}_{\text{Random Walk}} && \text{Temporal Model} \\ & + \underbrace{\theta_i}_{\text{Independent}} + \underbrace{\phi_i}_{\text{Spatial}} && \text{Spatial Model} \\ & + \underbrace{\delta_{it}}_{\text{Interaction}} && \text{Space-Time Model} \end{aligned}$$

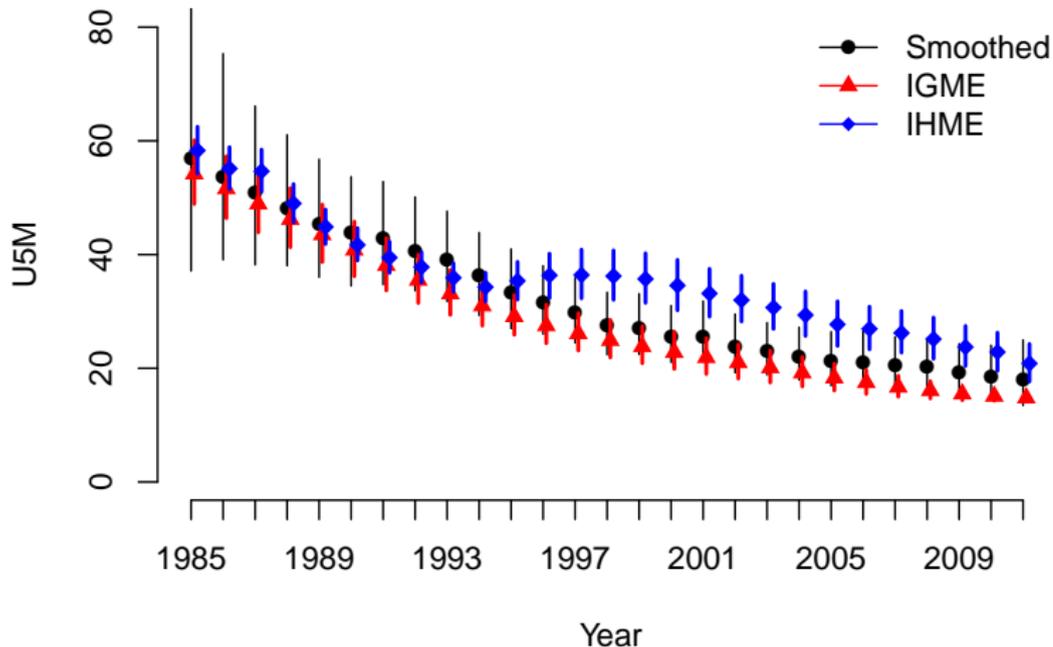
- We calculate 5-year weighted estimates of U5MR using a discrete survival model for the periods 85–89, 90–94, 95–99, 00–04, 05–09, 10–14.
- We smooth these estimates using the model in the **SUMMER** package.
- Figures 18 and 19 give the estimates.

# RW2 Model Applied to Ecuador Survey Data



**Figure 18:** Yearly RW2 smoothing of weighted estimates of under-5 mortality in Ecuador, with 95% uncertainty intervals. On the left we apply to data aggregated over 5 years and on the right by 1 year. The dashed lines on the right of each plot are [projections](#).

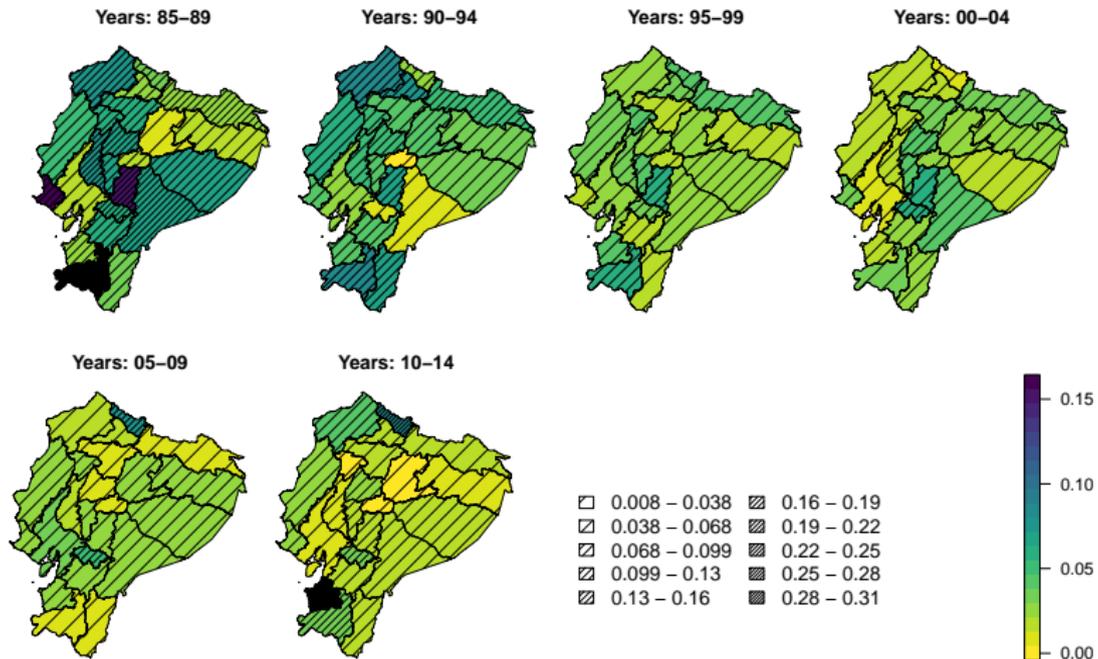
## RW2 Model Applied to Ecuador Survey Data



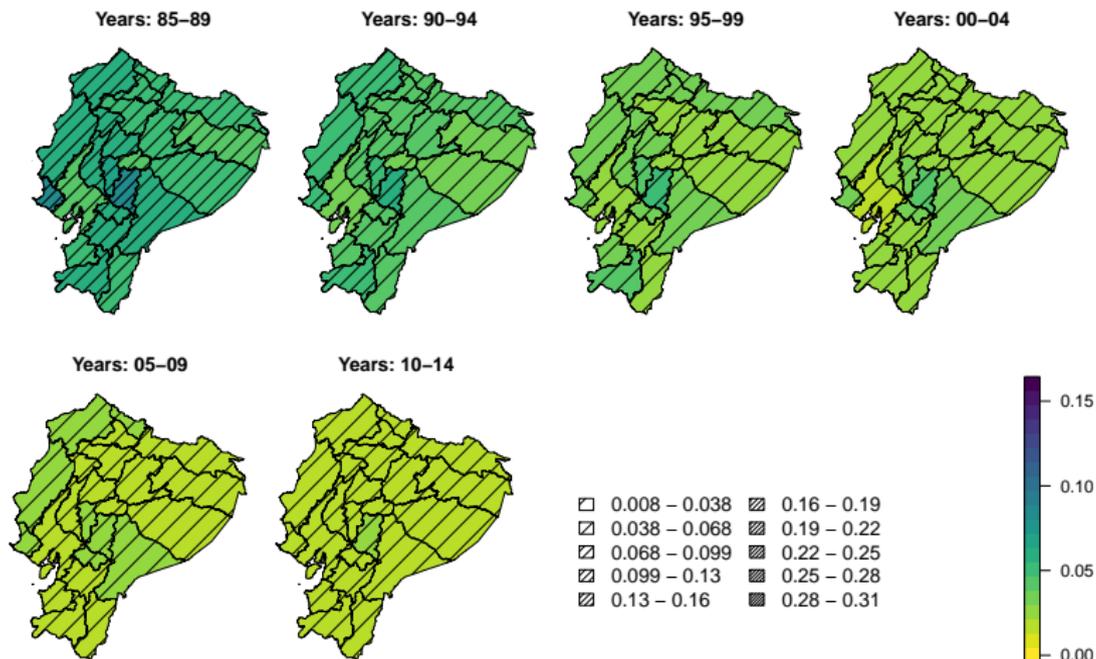
**Figure 19:** Yearly smoothed (with RW2) estimates of under-5 mortality in Ecuador, with 95% uncertainty intervals, along with IGME (B3) (with 90% intervals) and IHME (with 95% intervals) yearly estimates.

We now turn to **space-time smoothing** using SUMMER:

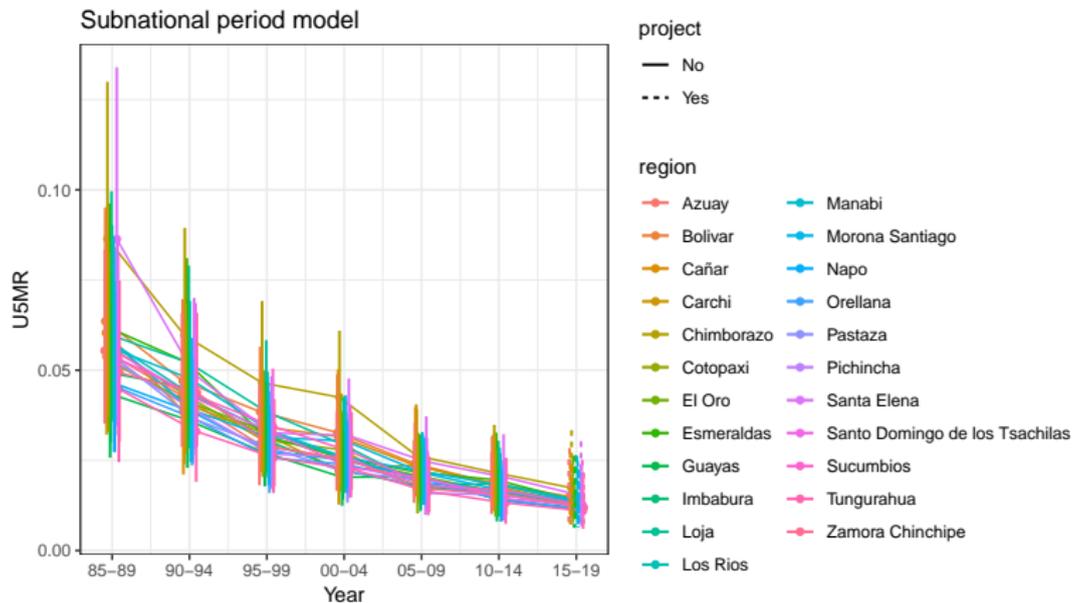
- Figure 20 gives the **weighted estimates** with hatching representing uncertainty.
- Figure 21 gives the **smoothed estimates** with hatching representing uncertainty – these estimates show less spatial variability and reduced uncertainty.
- Figure 23 clearly shows the drop in U5MR over time, and reduced **between-province variability**. The uncertainty in estimates is also apparent.



**Figure 20:** Yearly **weighted estimates** (from a discrete survival model) of under-5 mortality in Ecuador, with uncertainty indicated by density of hatching; more hatching → more uncertainty, with the latter measured though width of 95% **uncertainty interval**.



**Figure 21:** Yearly **smoothed estimates** (from a discrete survival model) of under-5 mortality in Ecuador, with uncertainty indicated by density of hatching; more hatching → more uncertainty, with the latter measured though width of 95% **uncertainty interval**.



**Figure 22:** Five-yearly smoothed estimates (from a discrete survival model) of under-5 mortality in Ecuador, by province, with 95% uncertainty intervals

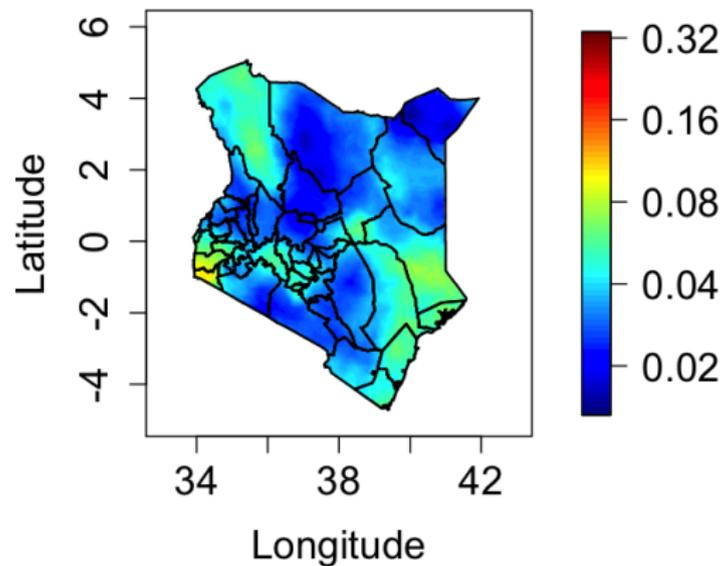
## Final Thoughts

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We are also pursuing the use of **continuous spatial models**:

- These are routinely used by both **WorldPop** and **IHME**, but continuous modeling is a more hazardous approach to estimation.
- However, it is the way forward to allow **multiple data sources** at **different spatial resolutions** to be combined.
- And reporting can be on a **relevant** discrete scale.

## An Example of Continuous Surface Modeling



**Figure 23:** Continuous surface reconstruction of U5MR for Kenya in 2015

## Concluding Comments

Final thoughts:

- SUMMER allows mortality to be examined for **different age groups (e.g., NMR, infant,...)** and also by **gender**.
- **Multiple surveys** can also be combined.
- **Summary Birth History (SBH)** data from census may be added using the same approach – soon to appear in SUMMER.
- Beyond that: Estimate mortality for **ages 5–14**.
- Work in progress on **cause of death**.
- Would like to include **geographical variables** in the model, to understand spatial inequality.
- Possible to make **HIV adjustments**, where needed.

Feel free to contact Jon ([jonno@uw.edu](mailto:jonno@uw.edu)) or Katie ([wilsonkl@uw.edu](mailto:wilsonkl@uw.edu)) with follow up questions on methods or use of the **SUMMER** package.

- Ecuador National Health and Nutrition Survey (ENSANUT-ECU) (Freire *et al.*, 2015).
- Smoothing of direct estimates (Fay and Herriot, 1979; Chen *et al.*, 2014; Mercer *et al.*, 2015).
- Comparison of discrete and continuous models (Wakefield *et al.*, 2018).
- Application of space-time smoothing model to 40 African countries (Li *et al.*, 2019).
- Modeling of SBH data (Brass, 1964; Sullivan, 1972; Brass, 1975; Trussell, 1975; Feeney, 1976; Coale and Trussell, 1977; Hill *et al.*, 1983; Rajaratnam *et al.*, 2010; Wilson and Wakefield, 2018a).
- Combining point and area data (Wilson and Wakefield, 2018b).
- INLA (Rue *et al.*, 2009; Lindgren *et al.*, 2011; Blangiardo and Cameletti, 2015; Wang *et al.*, 2018; Krainski *et al.*, 2018).

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## Scaling Up the Smoothed Direct Model

The smoothed direct model has been used for 35 African countries to estimate U5MR in Admin-1 regions by year.

Includes space-time interactions that cross random walk models in time with ICAR models in space.

### Data:

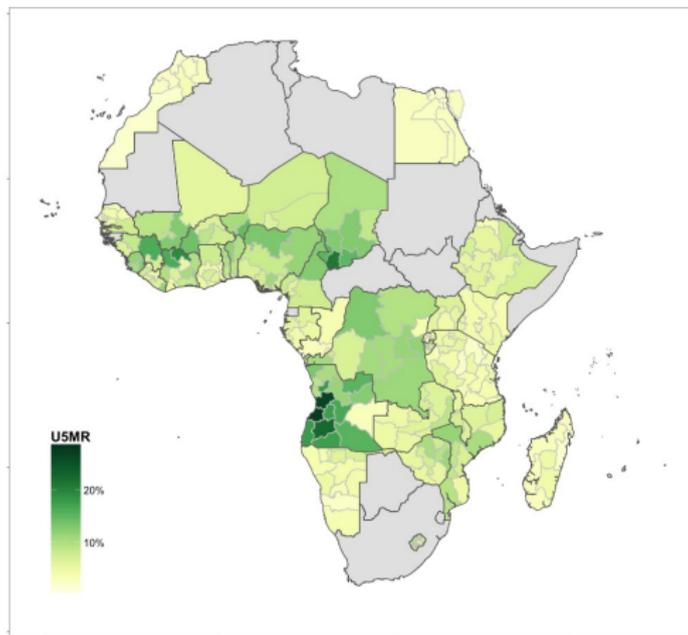
- 121 DHS in 35 countries
- 1.2 million children
- 192 million child-months

UN have supported this research and these estimates.

Takes around 2.5 hours to obtain estimates for all countries – separate models for each country.

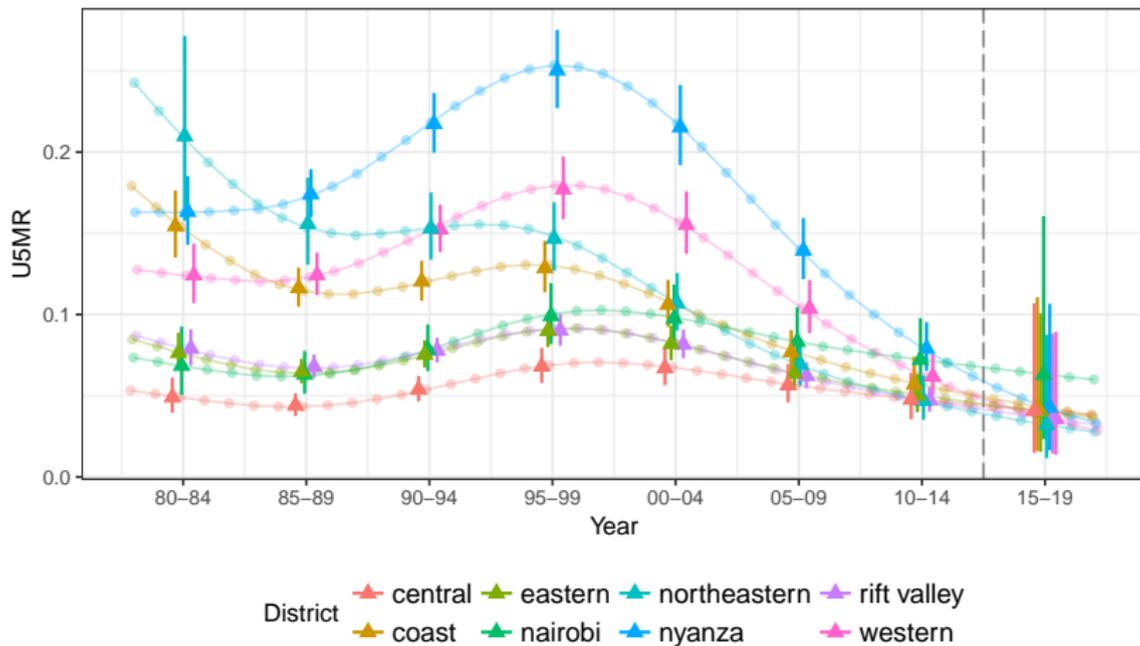
Spatial and space-time smoothed direct estimates models are available in R, via the **SUMMER** package.

## Smoothed Direct Estimates



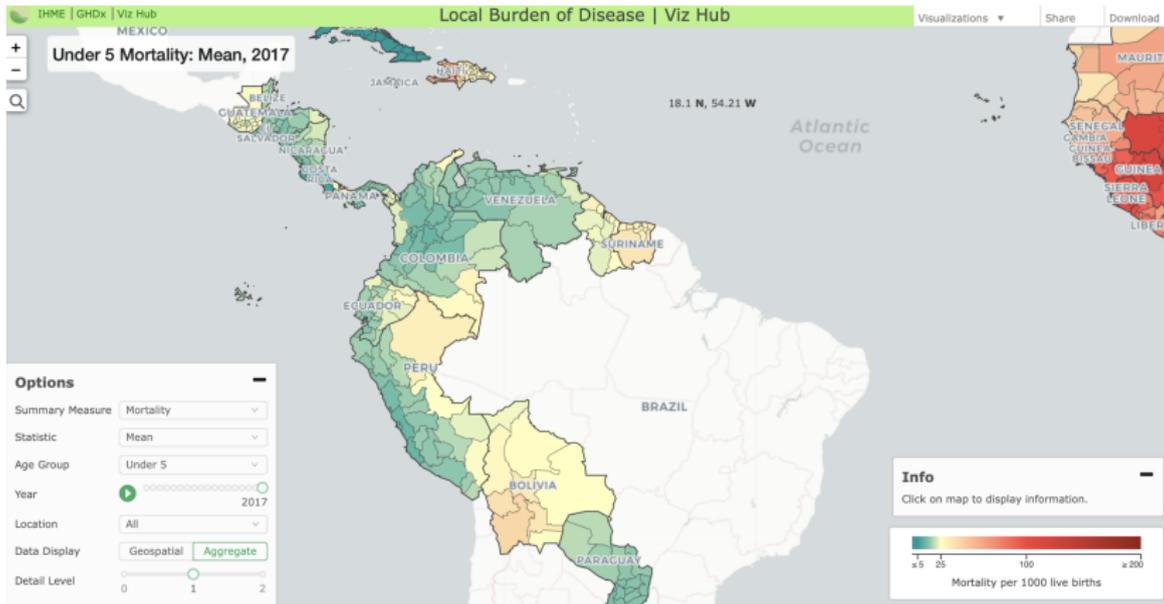
**Figure 24:** Predictions of U5MR for 2015, in 35 countries of Africa.

# Smoothed Direct Estimates



**Figure 25:** Posterior median estimates for Kenya districts.

# IHME U5MR Estimates



**Figure 26:** IHME estimates from a continuous space model; summarized at [Admin1 level](#).