

Comment on “Socio Determinants of Child Mortality in Angola” by M^a Luisa Martín del Burgo Carrero

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V Taller Investigación en Evaluación de Políticas y Servicios de Salud,
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Summary of the paper

- Main objective: assess the socioeconomic factors that could be conditioning the inadequate progress in child mortality indicators in Angola
- Contribution: econometric analysis of factors affecting child mortality based on the most recent national data: the Angola Malaria Indicators Survey 2011
- Method: reduced form logit model on different subsamples
- Main results: gender, literacy and source of drinking water are significant factors associated with overall and under five mortality (regional heterogeneity)

My summary

- Nice paper (I have learned a lot!/conditioned to I have understood something)
- All in all, I liked it very much (congrats!)
- Probably the paper has some problems but ... I do not know if I have detected any of them

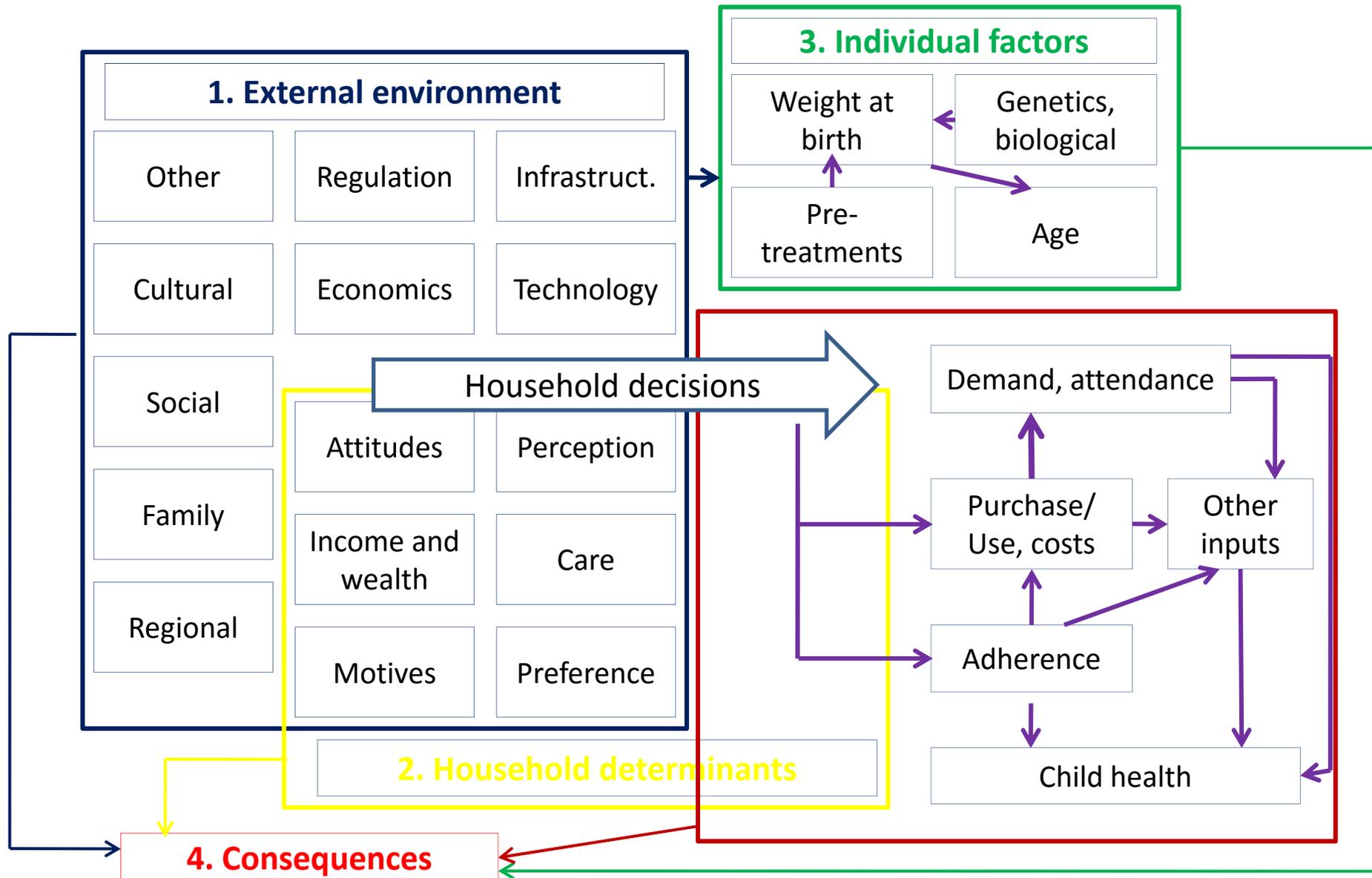
Many thanks

The problem to address

- Estimate factors affecting child mortality:
 - Production function? Demand function? Supply function? What?
 - Proposal in the paper (page 13): “it is not possible to distinguish if the observed health inputs are supply-demand equilibrium points between preferences, household budget and availability of services or, on the contrary, they are disequilibrium points”
- First comment. Do we have a context where setting-up the model?

First comment

The problems of heterogeneity – unobservability – complexity ... for estimating (what?)



The way the problem has been addressed

- Discrete decisions:
 - How the complete maternal history records have been used?
 - What about censoring (or excess positives)? These percentages are very different in the different subsamples: could we conclude the same for the effects of the relevant variables or these effects are just given by composition of the sample?
 - In a non-linear reduced form model with lots of heterogeneity you need to enrich the specification in a non-linear way:
 - With economic sense (do you think drinking safe water have the same effect across regions?)
 - For statistical reasons (at the end you like to give policy recommendations!)
 - Poor specification with variables subject to measurement errors?
 - Dynamics on several factors (education, changing conditions, etc.)

Second comment

Perhaps other methods could solve some problem, which discrete binary discrete choice models do not solve, or provide additional responses

- Survival:
 - Because you have complete maternal history records
 - Because censoring can be dealt with
 - Because you can condition on past (to a point)

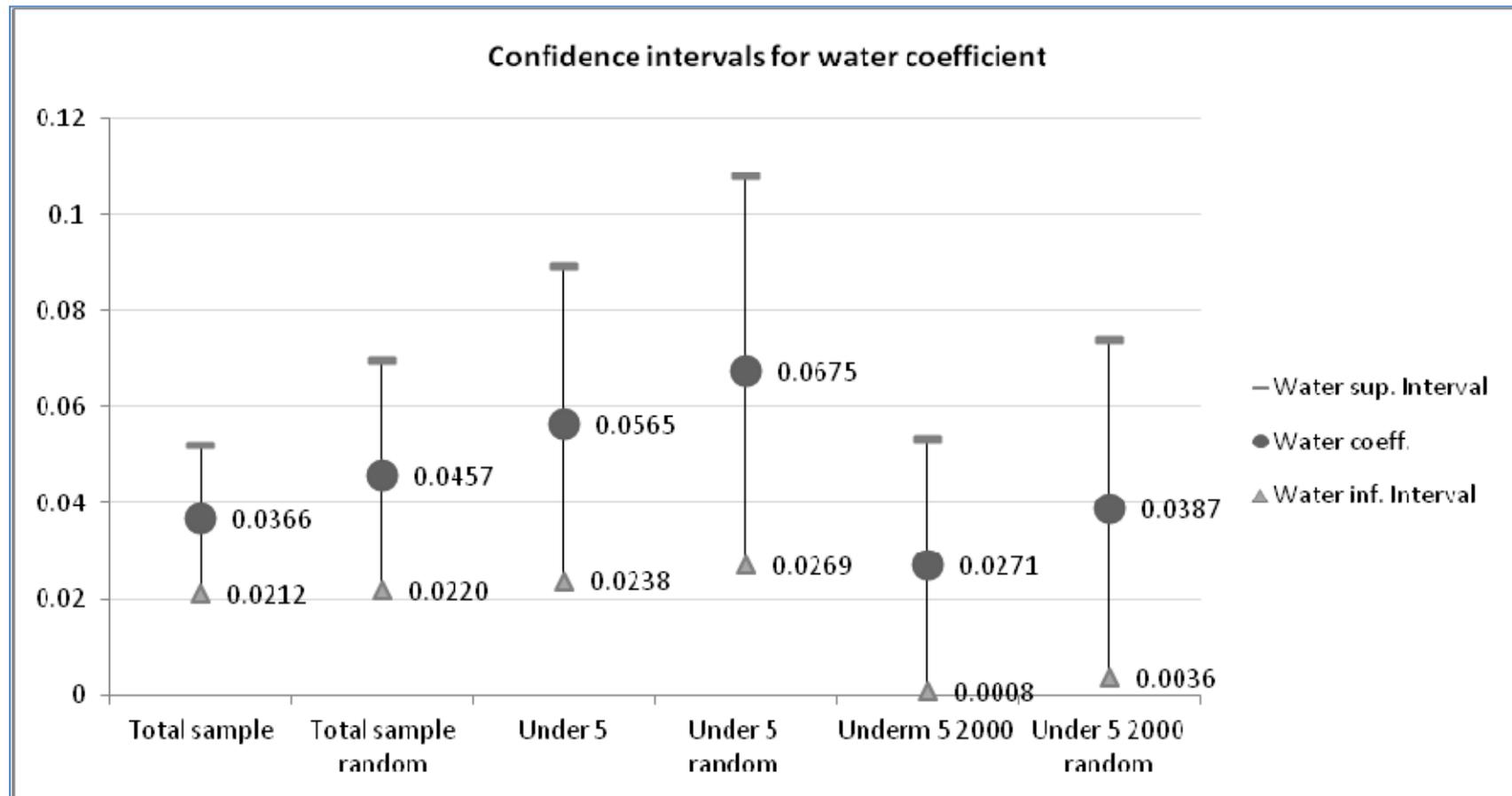
- Multinomial (ordered?)

- How about explaining the mortality rate at different ages (1-5) and compare the situation at different dates?

- Using both dimensions of the data
 - For two mothers with the same characteristics –except one– we can make differences and comparisons concerning their children
 - For a mother with two children we can try to control biological-genetic factors

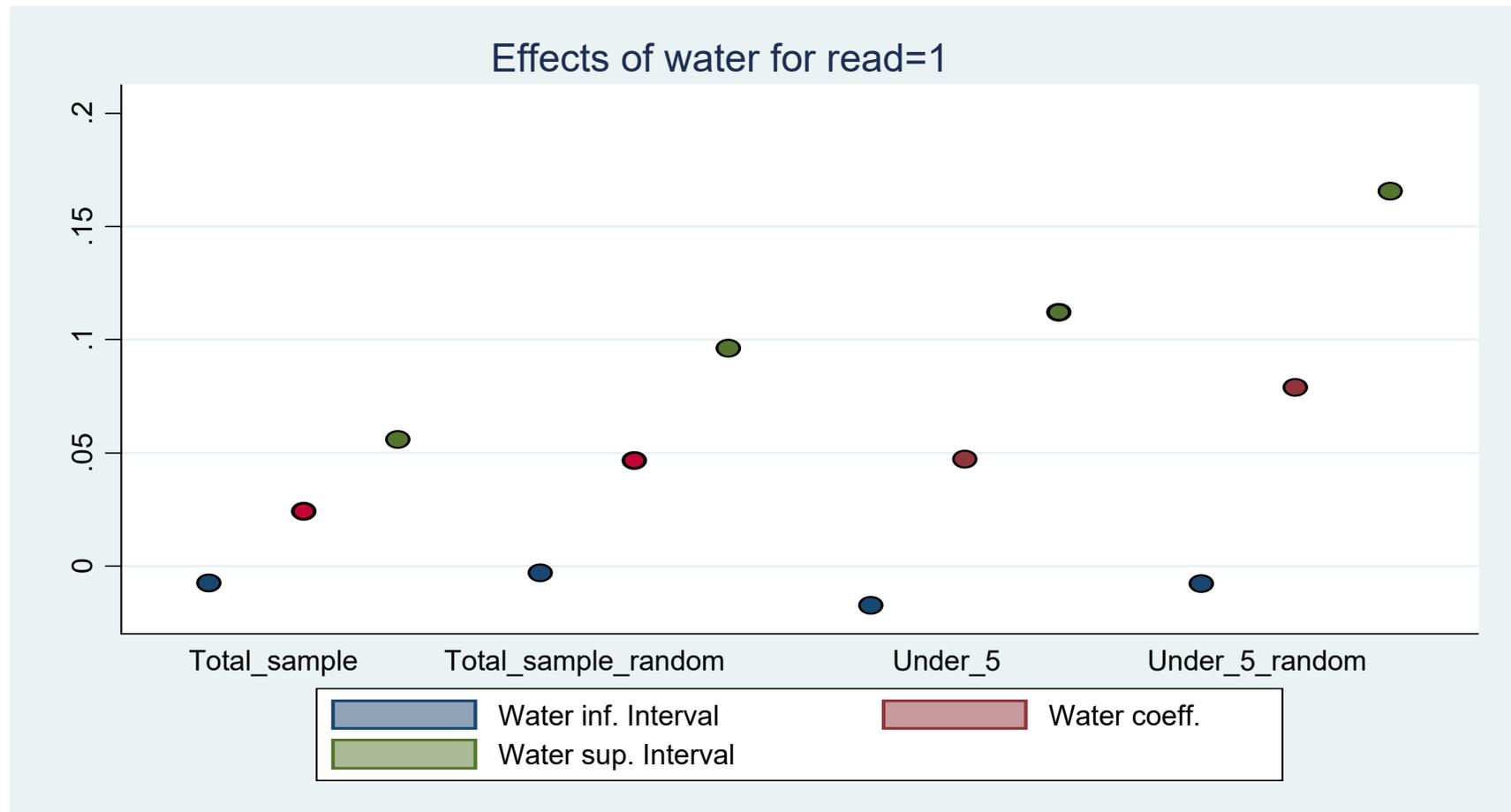
Results and interpretation

As if the results of the water coefficient were “the causal effect of water on mortality” (just to give an example)



Third comment

When they are interpreted as conditional reduced form coefficients (just to give an example, again, the effect of the water coefficient on mortality)



Results and (potential) misspecification

- Everywhere in the text you mention income (7 times) and wealth (11 times) but I cannot see these variables included
- Why results for random samples are upper (lower) thresholds?
Sample selection?

Fourth comment

- Just a suggestion. Several papers by Angus Deaton deserves to be read (and quote!), or at least:
 - The Great Escape. Health, Wealth and the Origins of Inequality, 2013, Princeton University Press
- But it is also important because I feel not only income and wealth but also inequality are important health explaining factors

Many thanks, again

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