

# Age patterns and sex ratios of adult mortality in countries with high HIV prevalence: Supplementary Material

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## APPENDIX A LIST OF COUNTRIES AND METHODOLOGY USED BY THE UN POPULATION DIVISION TO ESTIMATE ADULT MORTALITY

Table S1 lists all countries included in the analysis, their region (according to the United Nations), and indicates which approach was used by the UN Population Division to estimate adult mortality.

Mayotte, Seychelles, Saint Helena and Sao Tome and Principe were not considered because UNAIDS does not create files for countries with populations lower than 250,000. UNAIDS did not produce estimates for Comoros in 2016 either. We also excluded Eritrea because we did not have access to survey or census data to estimate adult mortality, and Mauritius because this country now has a complete system of death registration with accurate cause-of-death data.

Country	Group	Region	Max HIV prev (%)	HIV modelling	Estimation method	Model age pattern
Angola	1	Middle Africa	0-7	Yes	Model life tables	CD North
Benin	1	Western Africa	0-7	No	Relational model	CD North
Burkina Faso	1	Western Africa	0-7	No	Relational model	CD South
Burundi	1	Eastern Africa	0-7	Yes	Model life tables	CD North
Cameroon	1	Middle Africa	0-7	Yes	Model life tables	CD North
Cape Verde	1	Western Africa	0-7	No	Model life tables	CD West
Chad	1	Middle Africa	0-7	No	Model life tables	CD North
Congo	1	Middle Africa	0-7	Yes	Model life tables	CD West
Côte d'Ivoire	1	Western Africa	0-7	No	Relational model	CD North
DRC	1	Middle Africa	0-7	No	Model life tables	CD North
Djibouti	1	Eastern Africa	0-7	No	Model life tables	CD North
Equatorial Guinea	1	Middle Africa	0-7	Yes	Relational model	CD North
Ethiopia	1	Eastern Africa	0-7	Yes	Model life tables	CD North
Gabon	1	Middle Africa	0-7	Yes	Model life tables	CD North
Gambia	1	Western Africa	0-7	No	Relational model	CD South
Ghana	1	Western Africa	0-7	No	Relational model	CD North
Guinea	1	Western Africa	0-7	No	Relational model	CD South
Guinea-Bissau	1	Western Africa	0-7	No	Relational model	CD South
Liberia	1	Western Africa	0-7	No	Relational model	CD South
Madagascar	1	Eastern Africa	0-7	No	Relational model	CD North
Mali	1	Western Africa	0-7	No	Relational model	CD South
Mauritania	1	Western Africa	0-7	No	Relational model	CD South
Niger	1	Western Africa	0-7	No	Relational model	CD South
Nigeria	1	Western Africa	0-7	No	Relational model	CD South
Rwanda	1	Eastern Africa	0-7	Yes	Model life tables	CD North
Senegal	1	Western Africa	0-7	No	Relational model	CD South
Sierra Leone	1	Western Africa	0-7	No	Relational model	CD South
Somalia	1	Eastern Africa	0-7	No	Model life tables	CD North
South Sudan	1	Eastern Africa	0-7	No	Model life tables	CD North
Togo	1	Western Africa	0-7	No	Relational model	CD South
CAR	2	Middle Africa	7-17	Yes	Relational model	CD North
Kenya	2	Eastern Africa	7-17	Yes	Relational model	CD North
Malawi	2	Eastern Africa	7-17	Yes	Model life tables	CD South
Mozambique	2	Eastern Africa	7-17	Yes	Model life tables	CD North
Uganda	2	Eastern Africa	7-17	Yes	Relational model	CD North
UR Tanzania	2	Eastern Africa	7-17	Yes	Model life tables	CD North
Zambia	2	Eastern Africa	7-17	Yes	Model life tables	CD North
Botswana	3	Southern Africa	17+	Yes	Model life tables	CD West
Lesotho	3	Southern Africa	17+	Yes	Model life tables	CD West
Namibia	3	Southern Africa	17+	Yes	Model life tables	CD West
South Africa	3	Southern Africa	17+	Yes	Model life tables	UN Far Eastern
Swaziland	3	Southern Africa	17+	Yes	Model life tables	CD West
Zimbabwe	3	Eastern Africa	17+	Yes	Model life tables	CD North

Table S1 – Classification of countries by region and group and methods used by UNPD to estimate adult mortality

## APPENDIX B DATA SOURCES FOR ADULT MORTALITY

Table S2 lists all data sources on adult mortality included in this analysis.

All DHS conducted in SSA with a maternal mortality module were included, except two surveys: the DHS conducted in Sudan in 1990 because the dataset is not standardized, and the DHS for Nigeria 1999 because of evidence of abnormally large non-sampling errors [1]. Sibling histories from the World Health Surveys were also discarded since they seem to be of lower quality than those collected in DHS, as indicated by the high percentage of missing data on the timing of deaths [2].

For other data sources, the acronyms used in Table S2 are: BDS is Botswana Demographic Survey, DS is Demographic Survey (various countries), DHS is Demographic and Health Surveys, PCS is Malawi 1970-1972 Population Change Survey, FFS is the Malawi 1984 Family Formation Survey, GFFS are the Global Fund Facility Surveys, EDPR is Côte d'Ivoire 1978-1979 Multi-round Demographic Survey, EIS is Côte d'Ivoire 2005 'Enquête sur les indicateurs du sida', DSS is Nigeria 1965-1966 Rural Demographic Sample Survey.

Asterisks in Table S2 identify data on recent household deaths for which it was possible to adjust for under-reporting. About half of point estimates from vital registration, censuses and large-scale surveys were adjusted. The Generalized Growth Balance method was used to estimate the differential coverage between censuses, and the Synthetic Extinct Generations method was applied on the reported deaths and the corrected enumerated populations [3]. Demographers usually drop older and younger age groups to estimate adjustment factors to account for under-reporting in order to reduce biases induced by age exaggeration or varying completeness by age [4, 5]. Here we selected the age ranges based on visual inspection of diagnostic plots for each pair of censuses, and in most cases, we considered all ages groups from 20 to 70 years (Table S3).

Estimates from vital registration in Zimbabwe (adjusted for underreporting) were taken from Feeney (2001) [6]. For South Africa, estimates from vital registration are taken from Dorrington (2013) [3] and obtained from registered deaths for the years 2001 to 2007, the populations enumerated in the 2001 Census and the 2007 Community Survey, and an estimate of the number of net migrants between 2001 and 2007. We also included estimates of the probability  ${}_{45}q_{15}$  from the Rapid Mortality Surveillance System for the years 2000, 2005, and 2009 to 2014 [7].

Country	Group	DHS sibling survival data	Recent household deaths and vital registration
Angola	1		
Benin	1	1996, 2006	
Burkina Faso	1	1998-1999, 2003, 2010-MICS	2006 Census, 2008 GFFS
Burundi	1	2010	
Cameroon	1	1998, 2004, 2011-MICS	1976 Census*, 1987 Census
Cape Verde	1		
Chad	1	1996-1997, 2004	
Congo	1	2005, 2011-2012	
Côte d'Ivoire	1	1994, 2005 EIS, 2011-2012-MICS	1978-1979 EDPR, 1998 Census, 2005 EIS
DRC	1	2007, 2013-2014	
Djibouti	1		
Equatorial Guinea	1		
Ethiopia	1	2000, 2005, 2011	2007 Census
Gabon	1	2000, 2012	
Gambia	1	2013	
Ghana	1	2007 Special	
Guinea	1	1999, 2005, 2012	1983 Census*, 1996 Census
Guinea-Bissau	1		
Liberia	1	2007, 2013	
Madagascar	1	1992, 1997, 2003-2004, 2008-2009	1993 Census
Mali	1	1995-1996, 2001, 2006, 2012-2013	1976 Census*, 1987 Census*, 1998 Census*, 2009 Census
Mauritania	1		1988 Census
Niger	1	1992, 2006, 2012-MICS	
Nigeria	1	1999, 2008, 2013	1965-1966 DSS, 2008 DHS, 2013 DHS
Rwanda	1	2000, 2005, 2010, 2014-2015	2002 Census
Senegal	1	1992-1993, 2005, 2010-2011-MICS	2002 Census
Sierra Leone	1	2008, 2013	2004 Census
Somalia	1		
South Sudan	1		
Togo	1	1998, 2013-2014-MICS	1961 ED, 1981 Census, 2010 Census
CAR	2	1994-1995	1959-1960 Survey, 1988 Census*, 2003 Census
Kenya	2	1998, 2003, 2008-2009, 2014	Vital registration
Malawi	2	1992, 2000, 2004, 2010	1970-1972 PCS, 1984 FFS, 1987 Census*, 1998 Census*, 2008 Census
Mozambique	2	1997, 2003, 2011	1997 Census*, 2007 Census
Uganda	2	1995, 2000-2001, 2006, 2011	2002 Census, 2006 DHS
UR Tanzania	2	1996, 2004-2005, 2010	1967 Census*, 1988 Census*, 2002 Census
Zambia	2	1996, 2001-2002, 2007, 2013-2014	2007 DHS, 2008 GFFS, 2010 Census
Botswana	3		1981 Census*, 1991 Census*, 2001 Census, 2006 BDS, 2011 Census
Lesotho	3	2004, 2009, 2014	1971-1973 DS, 1977 WFS, 1980 Survey, 1986 Census*, 1996 Census*, 2001 DS, 2006 Census
Namibia	3	1992, 2000, 2006-2007, 2013	2001 Census, 2006-2007 DHS, 2011 Census
South Africa	3	1998	Vital registration*
Swaziland	3	2006-2007	1997 Census*, 2007 Census
Zimbabwe	3	1994, 1999, 2005-2006, 2010-2011	1992 Census*, 2002 Census*, 2005-2006 DHS, 2012 Census, Vital registration*

Table S2 – Data sources used for adult mortality (data sources adjusted for underreporting are indicated by an asterisk)

Country	group	Data.source1	Data.source2	agetrim.m	agetrim.f	completeness.m	completeness.f
Cameroon	1	1976 Census	1987 Census	25-60	15-50	0.80	1.05
Guinea	1	1983 Census	1996 Census	15-70	15-70	0.72	0.65
Mali	1	1976 Census	1987 Census	15-50	15-50	0.80	0.64
Mali	1	1987 Census	1998 Census	25-70	25-70	0.47	0.39
Mali	1	1998 Census	2009 Census	25-70	25-70	0.41	0.36
Central African Republic	2	1988 Census	2003 Census	15-70	15-70	0.88	0.78
Malawi	2	1977 Census	1987 Census	15-60	15-60	0.41	0.24
Malawi	2	1987 Census	1998 Census	25-70	25-70	0.46	0.30
Malawi	2	1998 Census	2008 Census	25-70	25-70	0.56	0.54
Mozambique	2	1997 Census	2007 Census	15-70	15-70	0.76	0.63
United Republic of Tanzania	2	1967 Census	1988 Census	25-70	25-70	0.75	0.85
United Republic of Tanzania	2	1988 Census	2002 Census	25-70	25-70	0.72	0.88
Botswana	3	1981 Census	1991 Census	20-70	20-70	1.03	1.07
Botswana	3	1991 Census	2001 Census	20-70	20-70	0.97	1.03
Lesotho	3	1986 Census	1996 Census	15-70	15-70	0.72	0.65
Lesotho	3	1996 Census	2006 Census	25-70	25-70	1.56	1.22
Swaziland	3	1997 Census	2007 Census	25-70	25-70	0.88	0.94
Zimbabwe	3	1992 Census	2002 Census	45-70	45-70	1.09	0.84
Zimbabwe	3	2002 Census	2012 Census	45-70	30-65	0.84	0.81

Table S3 – Age trims considered for death distribution methods and completeness estimates

## APPENDIX C DATA SOURCES FOR THE ORPHANHOOD PREVALENCE

Table S4 lists all data sources used for the orphan prevalence. Acronyms used in this Table are: DS is Demographic Survey (various countries), WFS is World Fertility Survey (various countries), CS is South Africa 2007 Community Survey, PCS is Malawi 1970-1972 Population Change Survey, ICDS is Zimbabwe 1997 Inter-Censal Demographic Survey, DBS is Kenya 1973 Demographic Baseline Survey, NDS is National Demographic Survey, EPR is Benin 1981-1983 Multi-round Survey, PS is Population Survey, EDPR is Côte d'Ivoire 1978-1979 Multi-round Demographic Survey, SDS is Rwanda 1996 Socio-demographic Survey, FMS is Somalia 1980 Fertility and Mortality Survey.

Country	Group	DHS	Censuses	Others
Angola	1			
Benin	1	1996, 2001, 2006, 2011-2012	2002	1981-1983 EPR
Burkina Faso	1	1993, 2003, 2010-MICS	2006	
Burundi	1	2010	1990	
Cameroon	1	1991, 1998, 2004, 2011-MICS	1987	
Cape Verde	1	2005-RHS		1963-1964 PS
Chad	1	1996-1997, 2004	1974	
Congo	1	2005, 2011-2012	1988, 1998	1978-1979 EDPR
Côte d'Ivoire	1	1994, 2011-2012-MICS		
DRC	1	2007, 2013-2014		
Djibouti	1			
Equatorial Guinea	1			
Ethiopia	1	2000, 2005, 2011	2007	
Gabon	1	2000, 2012		
Gambia	1	2013	1973, 1983, 2003	
Ghana	1	1993, 1998, 2003, 2008		
Guinea	1	1999, 2005, 2012		
Guinea-Bissau	1			
Liberia	1	2007, 2013		
Madagascar	1	1992, 1997, 2003-2004, 2008-2009		
Mali	1	1995-1996, 2001, 2006, 2012-2013	1987, 1998, 2009	1964-1965 PS, 1981 WFS
Mauritania	1			
Niger	1	1992, 1998, 2006, 2012-MICS	1988, 2001	
Nigeria	1	1999, 2003, 2008, 2013		
Rwanda	1	1992, 2000, 2005, 2010, 2014-2015	1991, 2002	1996 SDS
Senegal	1	1992-1993, 2005, 2010-2011-MICS	1988	
Sierra Leone	1	2008, 2013	1974, 1985, 2004	1973 Pilot Census
Somalia	1			
South Sudan	1		1973, 1993, 2008	
Togo	1	1998, 2013-2014-MICS		
CAR	2	1994-1995		
Kenya	2	1993, 1998, 2003, 2014	1969, 1979, 1989, 1999	1973 DBS, 1983 NDS
Malawi	2	1992, 2000, 2004, 2010	1966, 1977, 1998, 2008	1970-1972 PCS, 1982 MDS
Mozambique	2	1997, 2003, 2011	1997, 2007	
Uganda	2	1995, 2000-2001, 2004-2005 AIS, 2006, 2011 AIS, 2011	1969, 1991, 2002	
UR Tanzania	2	1991-1992, 1996, 1999 RCHS, 2004-2005, 2010	1978, 1988, 2002	
Zambia	2	1992, 1996, 2001-2002, 2007, 2013-2014		
Botswana	3		1971, 2001	
Lesotho	3	2004, 2009, 2014	1986, 2006	1971-1973 DS
Namibia	3	1992, 2000, 2006-2007, 2013	2001	
South Africa	3	1998	1996, 2001	2007 CS
Swaziland	3	2006-2007	1976, 1986, 1997, 2007	
Zimbabwe	3	1994, 1999, 2005-2006, 2010-2011	1982, 1992, 2002	1997 ICDS

Table S4 – *Data sources used for orphanhood estimates*

## APPENDIX D MODEL LIFE TABLES

Estimates are sensitive to the choice of the age pattern used to infer background mortality. In the 2015 WPP, the North and South models of Coale-Demeny were predominantly used, except in Southern Africa, where mortality was also modelled based on the West model of Coale-Demeny and UN Far Eastern model [8, 9] (Table S1).

In the North model, the probability of a female surviving to age 5 ( ${}_5p_0$ ) implied by a life expectancy at birth of 50 years (0.183) corresponds to a probability of dying between ages 15 and 60 ( ${}_{45}q_{15}$ ) of 0.337. With the South model, the same proportion of females surviving to age 5 corresponds to a life expectancy of 54 years and a probability  ${}_{45}q_{15}$  that is 30% lower (0.243). Differences are smaller between the North and West models (Figure S1). In adulthood, the West model corresponds to slightly higher mortality rates for females when the life expectancy is below 60. The ratio of North to West death rates increases steadily as the mortality decreases. Differences between the West and North models are more pronounced for males. Finally, the Far Eastern pattern, known to reflect high rates of mortality from tuberculosis, exhibits extreme levels of adult mortality for a given level of child survival.

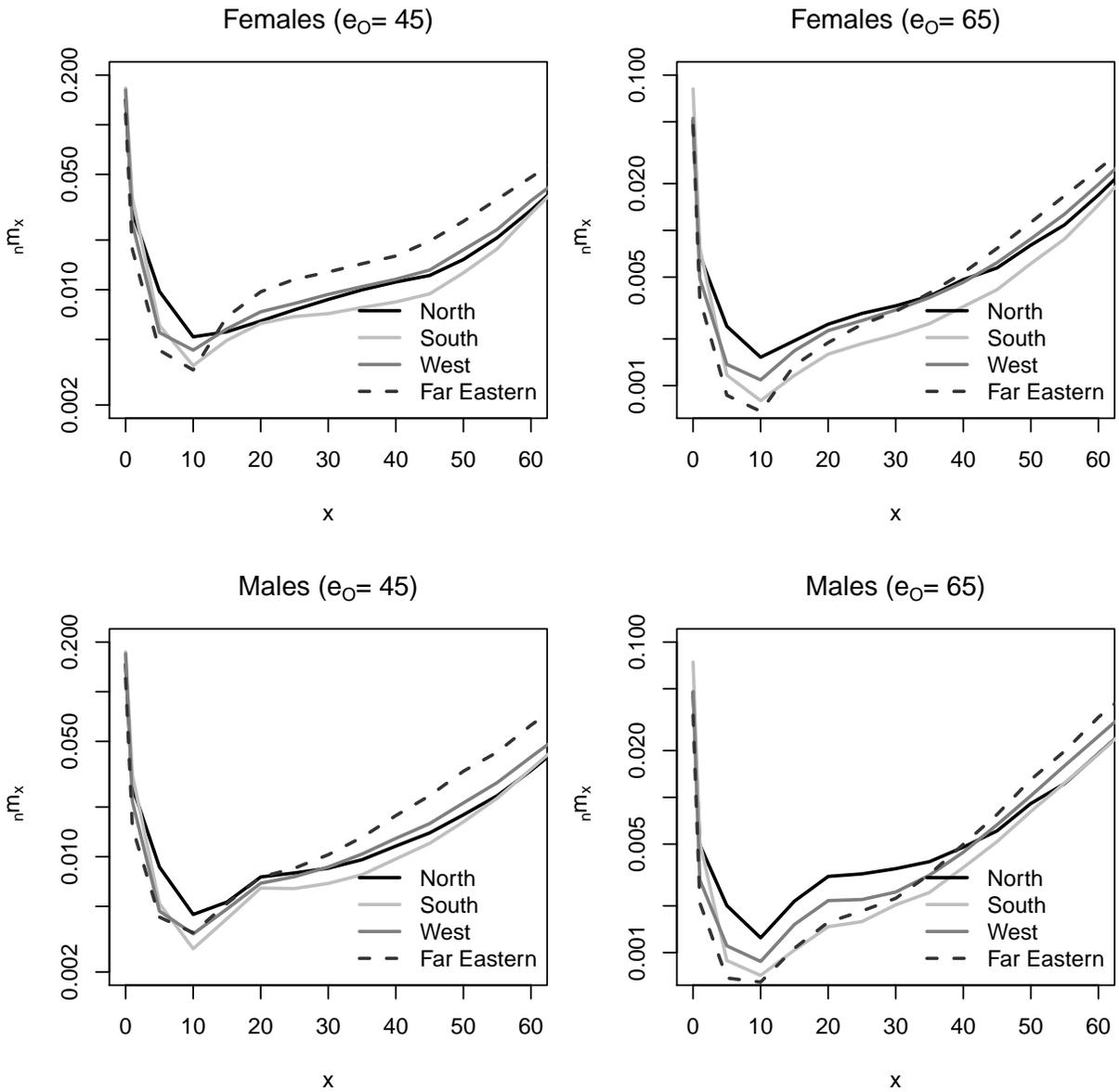


Figure S1 – Mortality rates (log-scale) implied by different model age patterns for life expectancies at birth of 45 and 65 years

## APPENDIX E COUNTRY SPECIFIC PLOTS

Figures S2 to S4 present model-based and survey or census estimates for 9 countries in the three groups considered: Benin, Burkina Faso and Mali for low-HIV countries, Kenya, Uganda and Zambia for countries with intermediate HIV prevalence, and South Africa, Namibia and Zimbabwe for high HIV countries. These countries were selected because numerous data series were available.

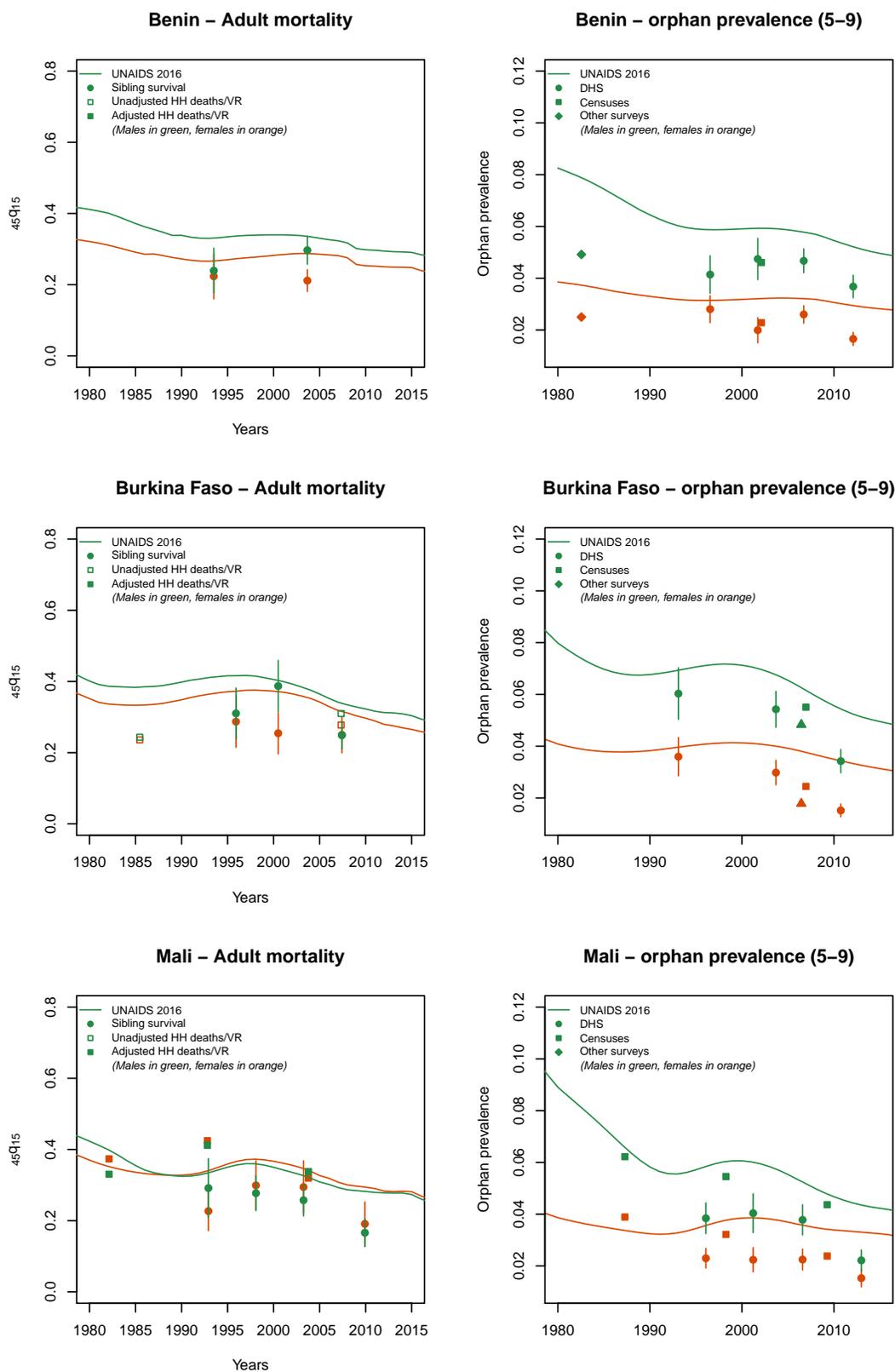


Figure S2 – Comparison of trends  $45q_{15}$  and prevalence of orphanhood among 5- to 9-year olds observed in surveys and censuses (point estimates) with Spectrum estimates (lines) for Benin, Burkina Faso and Mali. Vertical lines correspond to 95% confidence intervals around the point estimates.

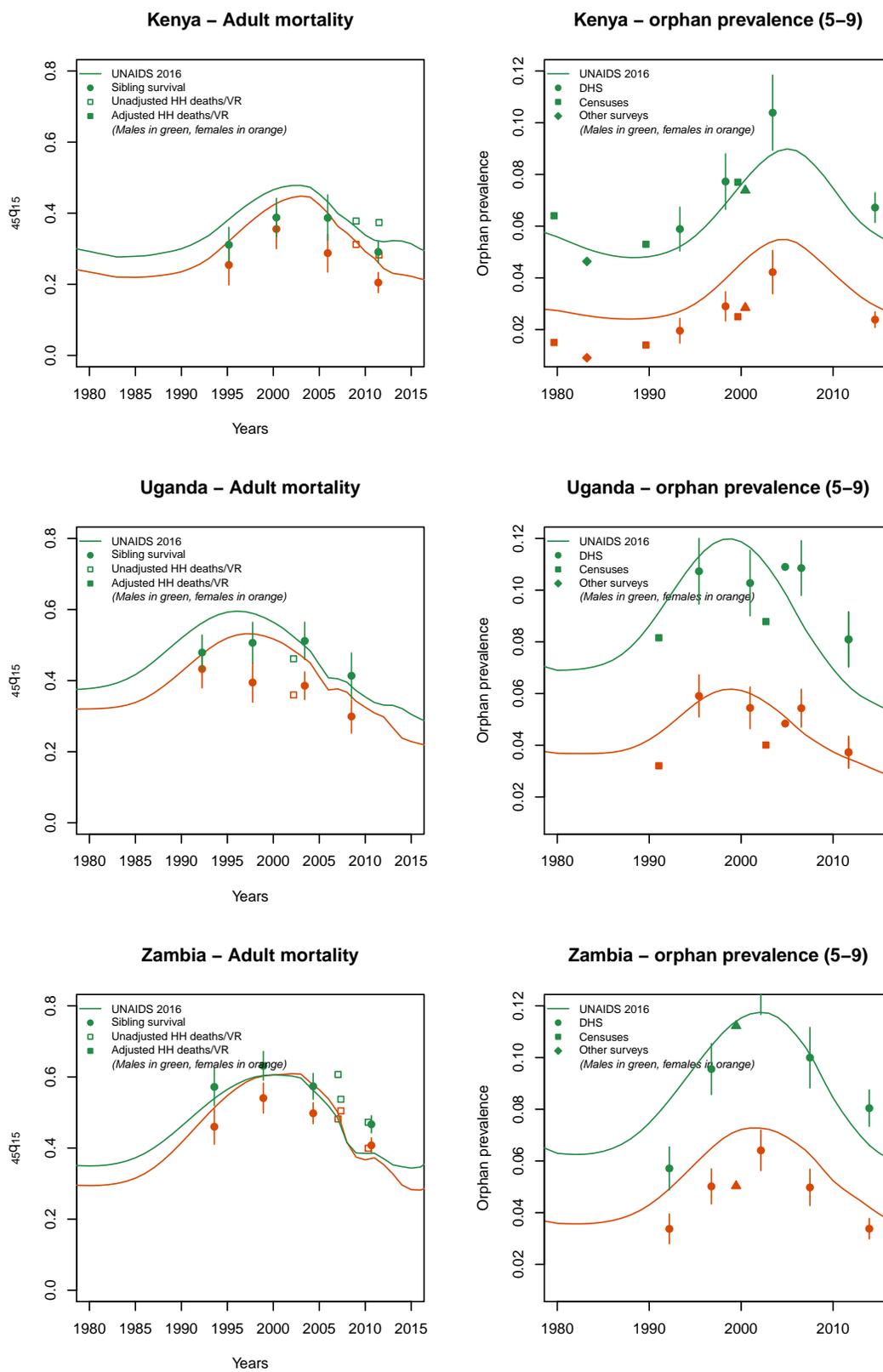


Figure S3 – Comparison of trends  $45q_{15}$  and prevalence of orphanhood among 5- to 9-year olds observed in surveys and censuses (point estimates) with Spectrum estimates (lines) for Kenya, Uganda and Zambia. Vertical lines correspond to 95% confidence intervals around the point estimates.

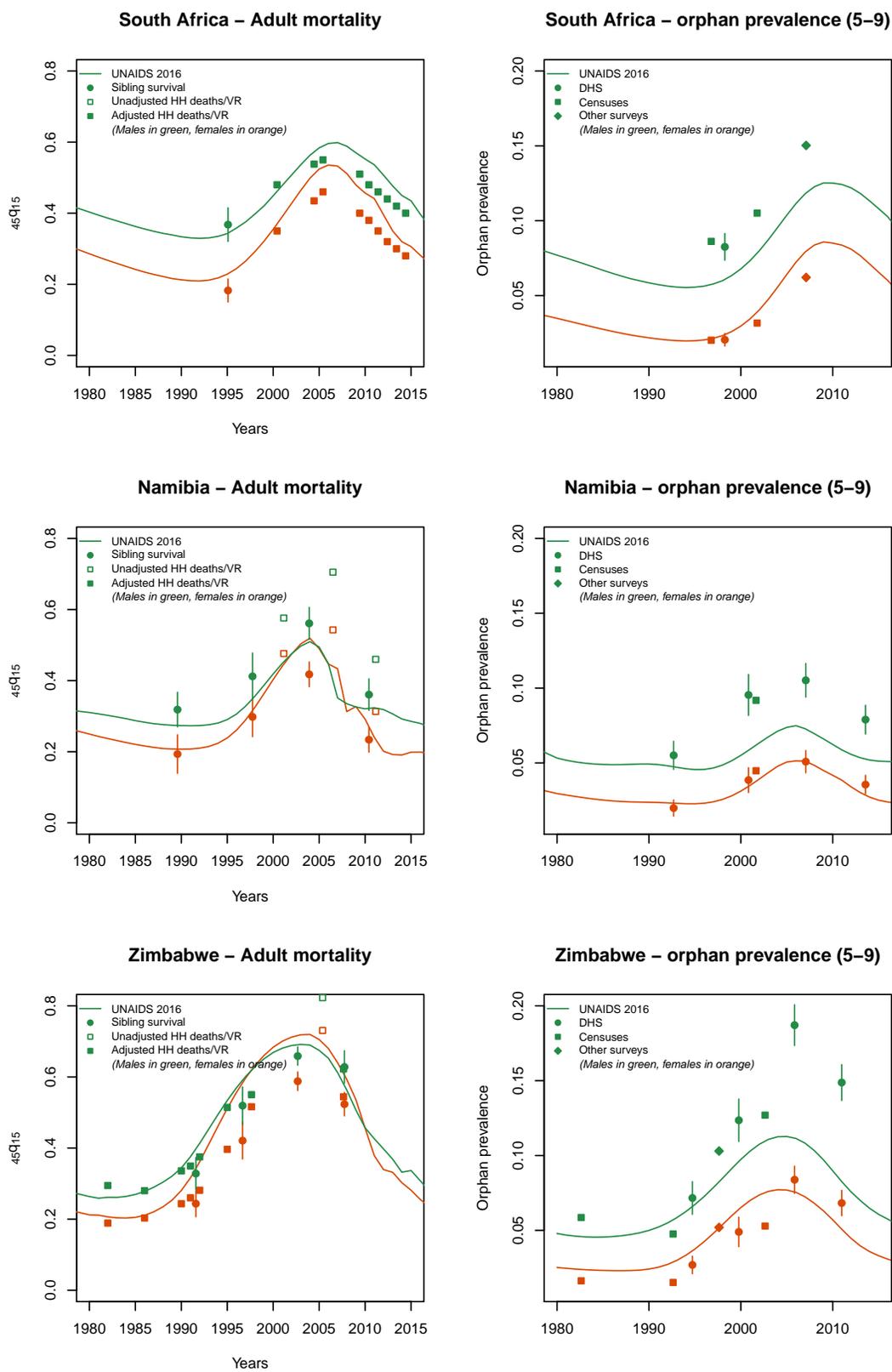


Figure S4 – Comparison of trends  $45q_{15}$  and prevalence of orphanhood among 5- to 9-year olds observed in surveys and censuses (point estimates) with Spectrum estimates (lines) for South Africa, Namibia and Zimbabwe. Vertical lines correspond to 95% confidence intervals around the point estimates.

## APPENDIX F REGRESSION ANALYSIS

Linear mixed-effects models were used to investigate further the patterns of discrepancies between model and empirical estimates. The same model is fitted first on the logged ratios computed from the probability  ${}_{45}q_{15}$  and then on orphan prevalence, for each sex. Models include as covariate the source of empirical estimates (sibling histories or recent household deaths for adult mortality; censuses, DHS/MICS or other surveys for orphanhood estimates). The HIV incidence among the population aged 15 to 49 as estimated by UNAIDS is also included as covariate, with a lag of 10 years to allow for a delay between changes in incidence and mortality increases [10]. For adult mortality, estimates from sibling survival, recent household deaths and vital registration were pooled together.

Regression results presented in Table S5 suggest that discrepancies are related to both the modelling of AIDS mortality and the background mortality. First, among males, the ratios of model to empirical estimates of orphanhood decline significantly as the HIV incidence among adults increases. This is not observed when considering maternal orphanhood. This suggests that the ratio of female to male incidence assumed in models could be too high. In Spectrum, this ratio starts at very low values in the beginning of the epidemic, and then increases rapidly to reach 1.38 in most countries. However, there is little evidence on sex ratios of incidence, especially in the more distant past.

Regression results also indicate that the background mortality could be too low in countries with very high HIV prevalence, especially among males.

In addition, there is a large variation in the congruence with UNAIDS estimates according to the data source used to obtain empirical estimates. For adult mortality, DHS sibling histories provide significantly lower mortality rates than reports on recent household deaths, especially among females. By contrast, maternal orphanhood estimates are significantly higher when obtained from DHS and MICS, as compared to census data.

The relationship between the empirical and model-based estimates differs across countries, as shown in Figure S5, which presents the conditional modes and 95% prediction intervals of the country-specific random effects. This Figure can be used to detect deviations from UNAIDS 2016 estimates which would not be sufficiently captured by fixed effects. For example, Tanzania stands out as a case where UNAIDS estimates of adult mortality for both sexes are significantly higher than empirical estimates, even after taking into account fixed effects. The same is true for this country for orphanhood. By contrast, Rwanda, Burundi, South Sudan and Lesotho have ratios of model-based to empirical estimates of orphanhood that are significantly below ratios predicted based solely on fixed effects.

Table S5 – *Linear Mixed-Effects Models*

	<i>Dependent variable:</i>			
	log( <sub>45q15</sub> UNAIDS/DHS-Censuses) Females (1)	log(Orphan rates UNAIDS/DHS-Censuses) Males (2)	log(Orphan rates UNAIDS/DHS-Censuses) Maternal (3)	log(Orphan rates UNAIDS/DHS-Censuses) Paternal (4)
Incidence (15-49)	-0.015 (0.016)	-0.020 (0.016)	-0.018 (0.019)	-0.054*** (0.019)
Sibling survival (vs. HH deaths)	0.143*** (0.031)	0.089*** (0.031)		
DHS/MICS (vs. censuses)			-0.133*** (0.046)	-0.067 (0.044)
Other survey (vs. censuses)			-0.113 (0.100)	-0.062 (0.096)
Group 2: intermediate HIV	-0.044 (0.053)	-0.047 (0.060)	-0.040 (0.095)	-0.003 (0.105)
Group 3: high HIV	-0.058 (0.062)	-0.144** (0.069)	-0.178* (0.107)	-0.418*** (0.117)
Intercept	0.120*** (0.036)	0.069* (0.038)	0.401*** (0.060)	0.186*** (0.062)
Random effects				
# of countries	36	36	43	43
St. deviation of the random effect	0.085	0.106	0.198	0.231
Observations	159	159	199	190
Log Likelihood	29.244	28.127	-41.649	-24.310
Akaike Inf. Crit.	-44.487	-42.254	99.299	64.620
Bayesian Inf. Crit.	-23.005	-20.772	125.645	90.597

*Note:* \*p<0.1; \*\*p<0.05; \*\*\*p<0.01

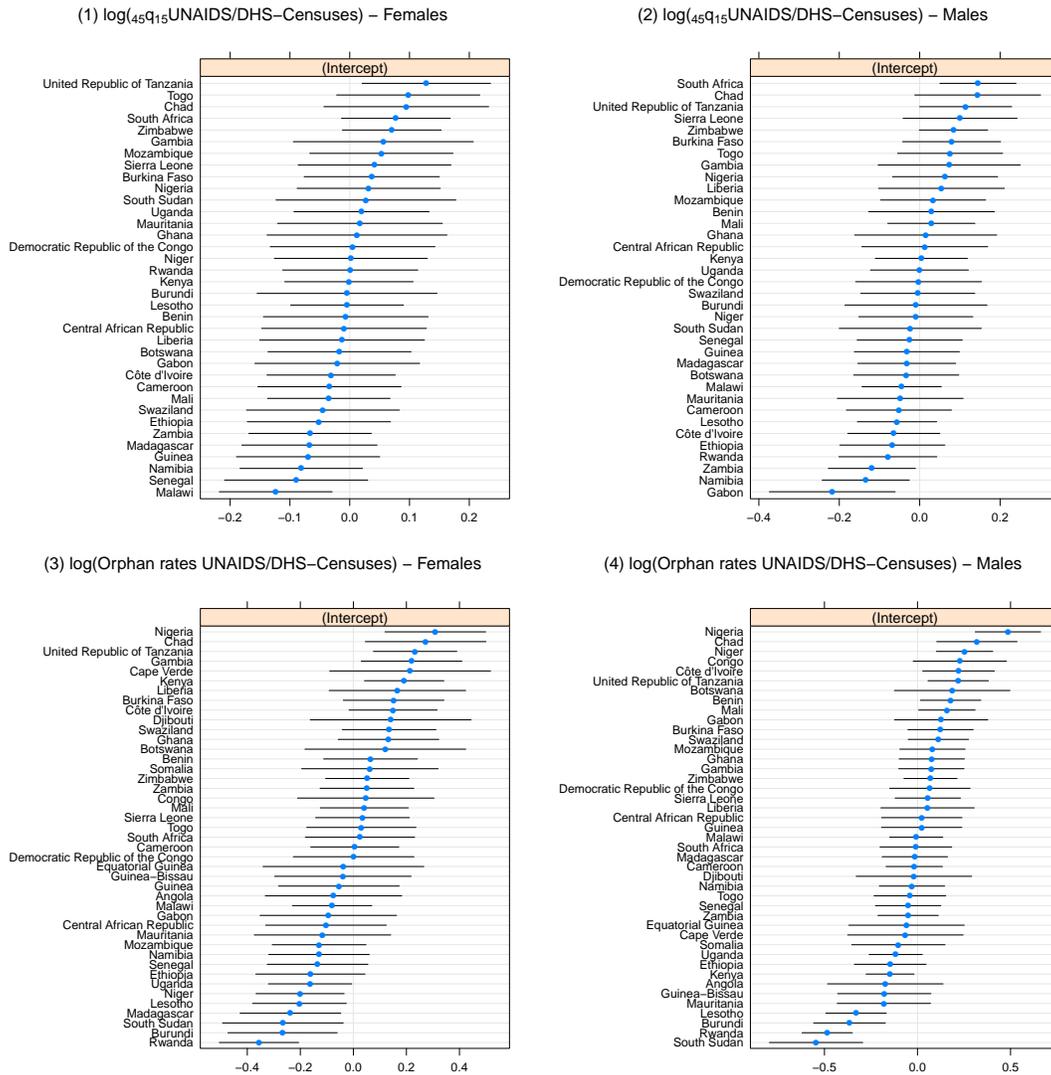


Figure S5 – Caterpillar plots for conditional modes and 95% prediction intervals of the country-specific random effects

## APPENDIX G AGE PATTERNS OF MORTALITY FROM RECENT HOUSEHOLD DEATHS

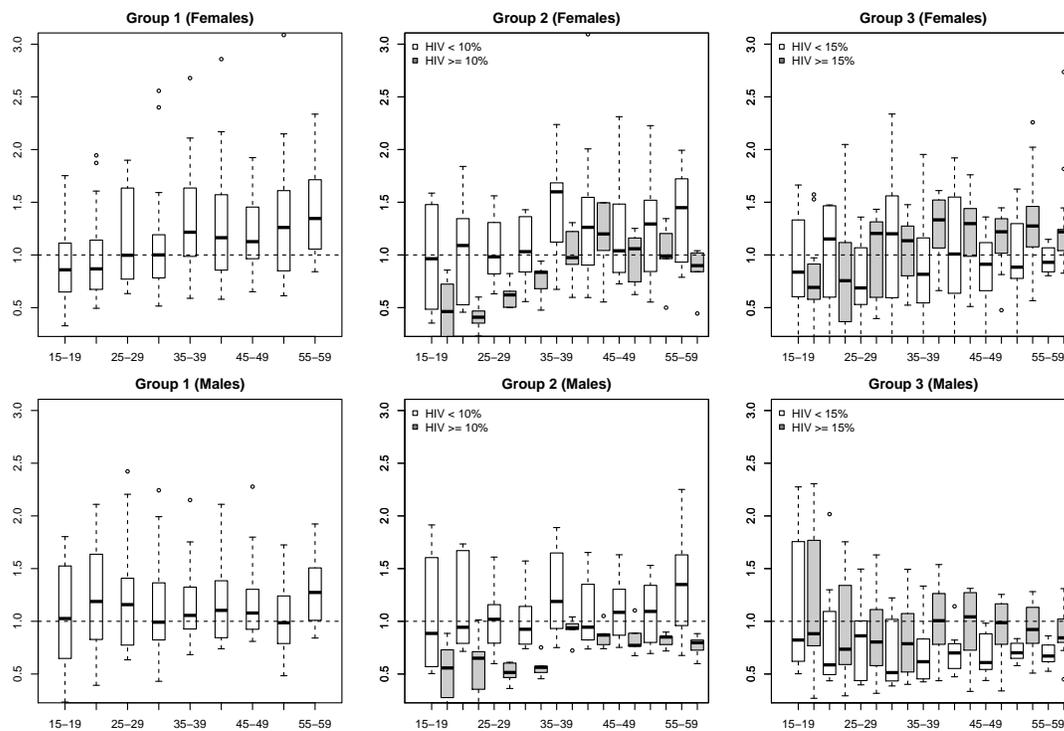


Figure S6 – Ratios of UNAIDS 2016 age-specific mortality rates to estimates derived from recent household deaths, by sex, group of country, and level of HIV prevalence

## REFERENCES

- [1] T. Pullum, “An Assessment of the Quality of Data on Health and Nutrition in the DHS Surveys, 1993-2003.” DHS Methodological Reports No. 6., Calverton, Maryland: Macro International Inc., 2008.
- [2] Z. Obermeyer, C. Murray, and E. Gakidou, “Fifty years of violent war deaths from Vietnam to Bosnia: analysis of data from the world health survey programme,” *BMJ*, vol. 336, pp. 1482–1486, 2008.
- [3] R. Dorrington, “The Synthetic Extinct Generations method,” in *Tools for demographic estimation* (T. . Moultrie, R. Dorrington, A. Hill, K. Hill, I. Timæus, and B. Zaba, eds.), Paris: International Union for the Scientific Study of Population, 2013.
- [4] C. Murray, J. Rajaratnam, J. Marcus, T. Laakso, and A. Lopez, “What Can We Conclude from Death Registration? Improved Methods for Evaluating Completeness,” *PLoS Med*, vol. 7, p. e1000262, 04 2010.
- [5] K. Hill, D. You, and Y. Choi, “Death distribution methods for estimating adult mortality: Sensitivity analysis with simulated data error,” *Demographic Research*, vol. 21, pp. 235–254, 2009.
- [6] G. Feeney, “The impact of HIV/AIDS on adult mortality in Zimbabwe,” *Population and Development Review*, vol. 27, 4, pp. 771–780, 2001.
- [7] D. Dorrington, RE andBradshaw, R. Laubscher, and N. Nannan, “Rapid Mortality Surveillance Report 2014.” Cape Town: South African Medical Research Council, 2015.
- [8] A. Coale, P. Demeny, and B. Vaughn, *Regional model life tables and stable populations (2nd ed.)*. New York: Academic Press, 1983.
- [9] United Nations, *Model Life Tables for Developing Countries*. United Nations publication, Sales No. E.81.XIII.7, 1982.
- [10] J. Todd, J. Glynn, M. Marston, T. Lutalo, S. Biraro, W. Mwita, V. Suriyanon, R. Rangsinsin, K. Nelson, P. Sonnenberg, D. Fitzgerald, E. Karita, and B. Zaba, “Time from HIV seroconversion to death: a collaborative analysis of eight studies in six low and middle-income countries before highly active antiretroviral therapy,” *AIDS*, vol. 21, pp. S55–63, 2007.