

# Pension Systems / Demography & Mortality

Lecture notes: Mortality – part II

University of Copenhagen, Autumn 2021

Snorre Jallbjørn & Søren F. Jarner

# Recap – Notation and operators

Suppose  $v(x, t)$  is a demographic function of interest and  $w(x, t)$  is some weighting function, where  $x$  is age and  $t$  is time.

- Mean value: Let a *bar* over a function denote the (weighted) average over the  $x$ -variable

$$\bar{v}(t) := \frac{\int_0^\infty v(x, t)w(x, t)dx}{\int_0^\infty w(x, t)dx}$$

- Note: Not clear from notation which weights are used!
- Time derivative: Let a *dot* over a function denote its derivative w.r.t. time

$$\dot{v}(x, t) := \frac{\partial}{\partial t} v(x, t)$$

- Relative derivative: Let an *acute accent* over a function denote its relative deriv. w.r.t. time

$$\acute{v}(x, t) = \frac{\dot{v}(x, t)}{v(x, t)} := \frac{\partial}{\partial t} \log v(x, t)$$

# Recap – Vaupel & Canudas-Romo decomposition

Covariance can be decomposed into  $\text{Cov}_w(v, u) = \overline{vu} - \bar{v}\bar{u}$

The mortality improvement rate is  $\rho(x, t) := -\dot{\mu}(x, t) = -\frac{\partial}{\partial t} \log \mu(x, t)$

- The average improvement rate is  $\bar{\rho}(t) = \int_0^\infty \rho(x, t) \mu(x, t) S(x, t) dx$

The Vaupel & Canudas-Romo decomposition

$$\dot{e}(0, t) = \bar{\rho}(t) e^\dagger(0, t) + \text{Cov}_f(\rho, e),$$

where  $e^\dagger(x, t) = \frac{1}{S(x, t)} \int_x^\infty \mu(u, t) S(u, t) e(u, t) du$  is the average number of years of life lost due to death.

Interpretation of  $\dot{e}(0, t)$ :

- Direct effect:  $\bar{\rho}$  is the proportion of deaths averted (lives saved), while  $e^\dagger$  is the avg. years gained per saved life.
- Secondary effect: Covariance term captures heterogeneity in  $\rho$

# Recap – Life table entropy

The life table entropy conditional on survival to age  $x$  is

$$\mathcal{H}(x, t) = \frac{\int_x^\infty (I(u, t) - I(x, t)) S(u, t) du}{\int_x^\infty S(u, t) du} = \frac{e^\dagger(x, t)}{e(x, t)}.$$

It is a measures of concavity of the survival function (and the mortality compression/expansion process).

Two extremes:

1. Maximum equality ( $\mathcal{H} = 0$ ) : A population in which everyone attains the maximum life span (age  $\omega$ )
2. Maximum disparity ( $\mathcal{H} = 1$ ) : A population in which no age is favored at death, i.e.  $\mu(x) = \mu, \forall x \geq 0$

Note that  $\mathcal{H}$  can exceed 1. In particular, whenever  $e(x)$  is monotonically increasing, e.g.  $\mu(x) = \frac{1}{(1+x)^2} \Rightarrow \mathcal{H} = 2$

By the Vaupel & Canudas-Romo decomposition:  $\dot{e}(0, t) = \bar{\rho}(t)\mathcal{H}(0, t) + \frac{\text{Cov}_f(\rho, e)}{e(x, t)}$

The life table entropy can thus be viewed as the life expectancy elasticity subject to a change in mortality

# Agenda

atp=

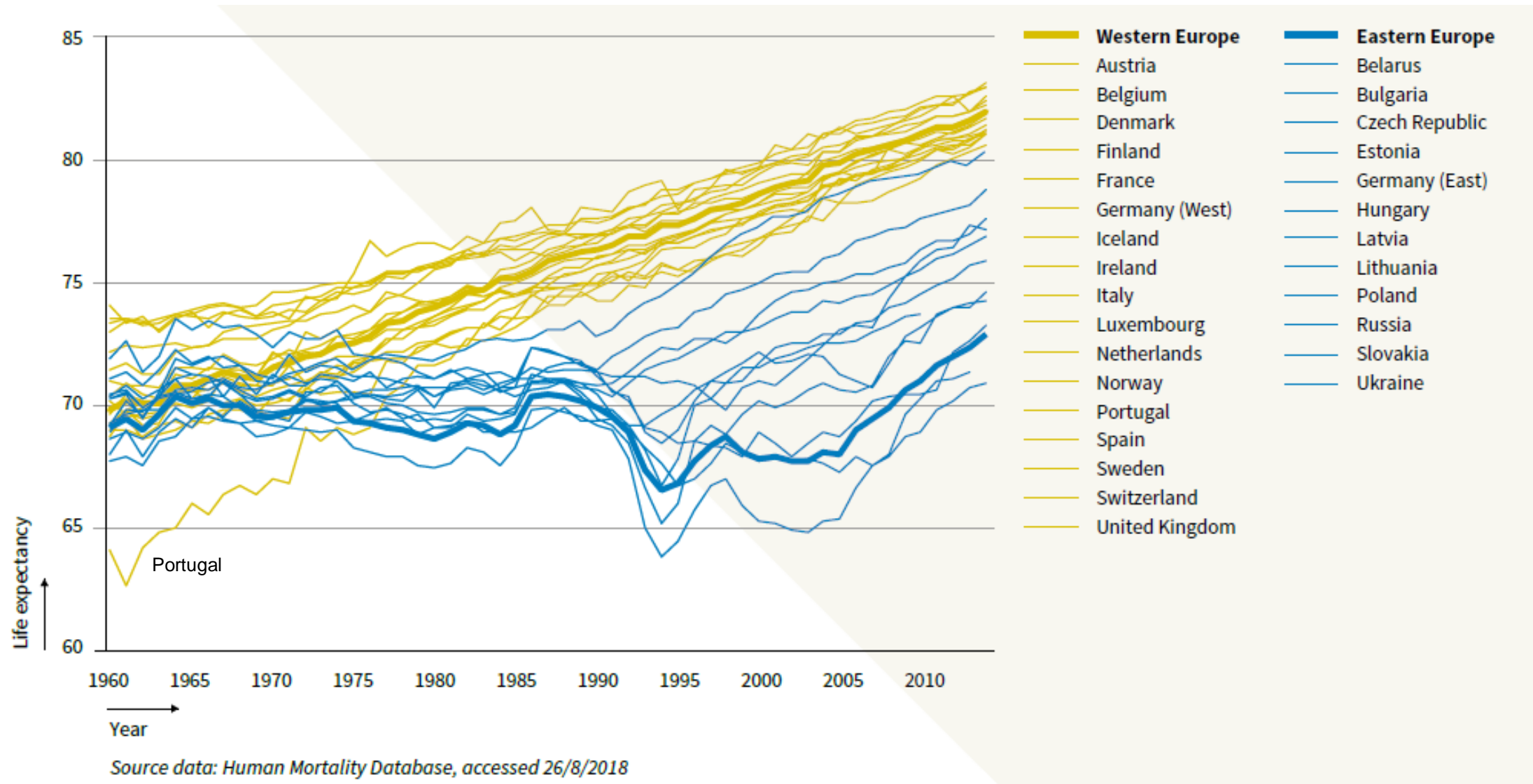
- #1 Diverging projections and coherence**
- #2 Li-Lee model**
- #3 The SAINT projection methodology**
- #4 Cointegration and modelling the gender gap**

# #1

Diverging projections and  
coherence



# Common life expectancy evolution in Western Europe



# Incoherent mortality projections

- **Convergence of mortality levels**

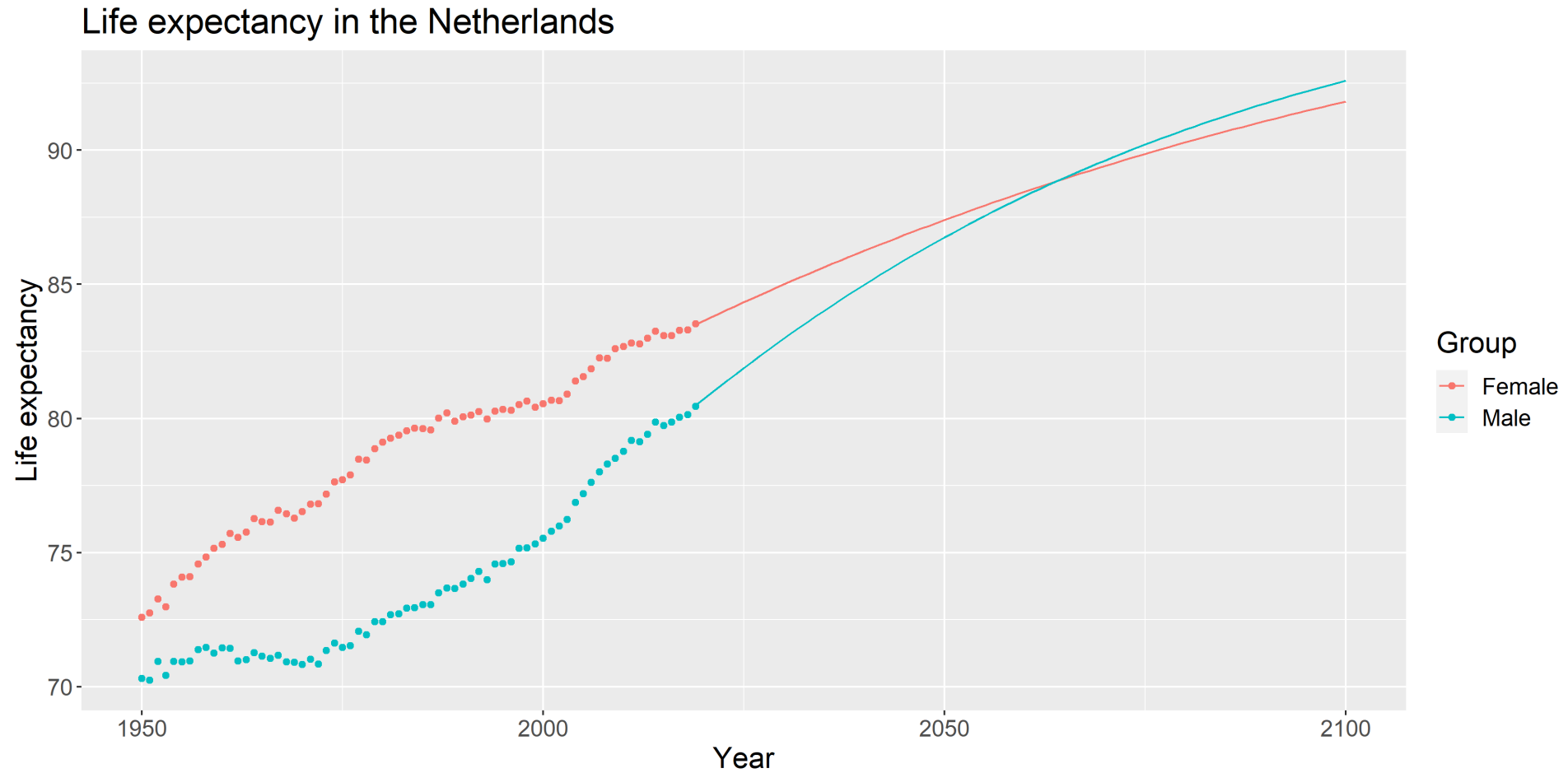
- Similar mortality evolution in most developed countries, due to similarities in socio-economic factors, lifestyle, level of treatment etc.
- Mortality levels are likely to continue to evolve in parallel with temporary country-specific deviations

- **Incoherent mortality projections**

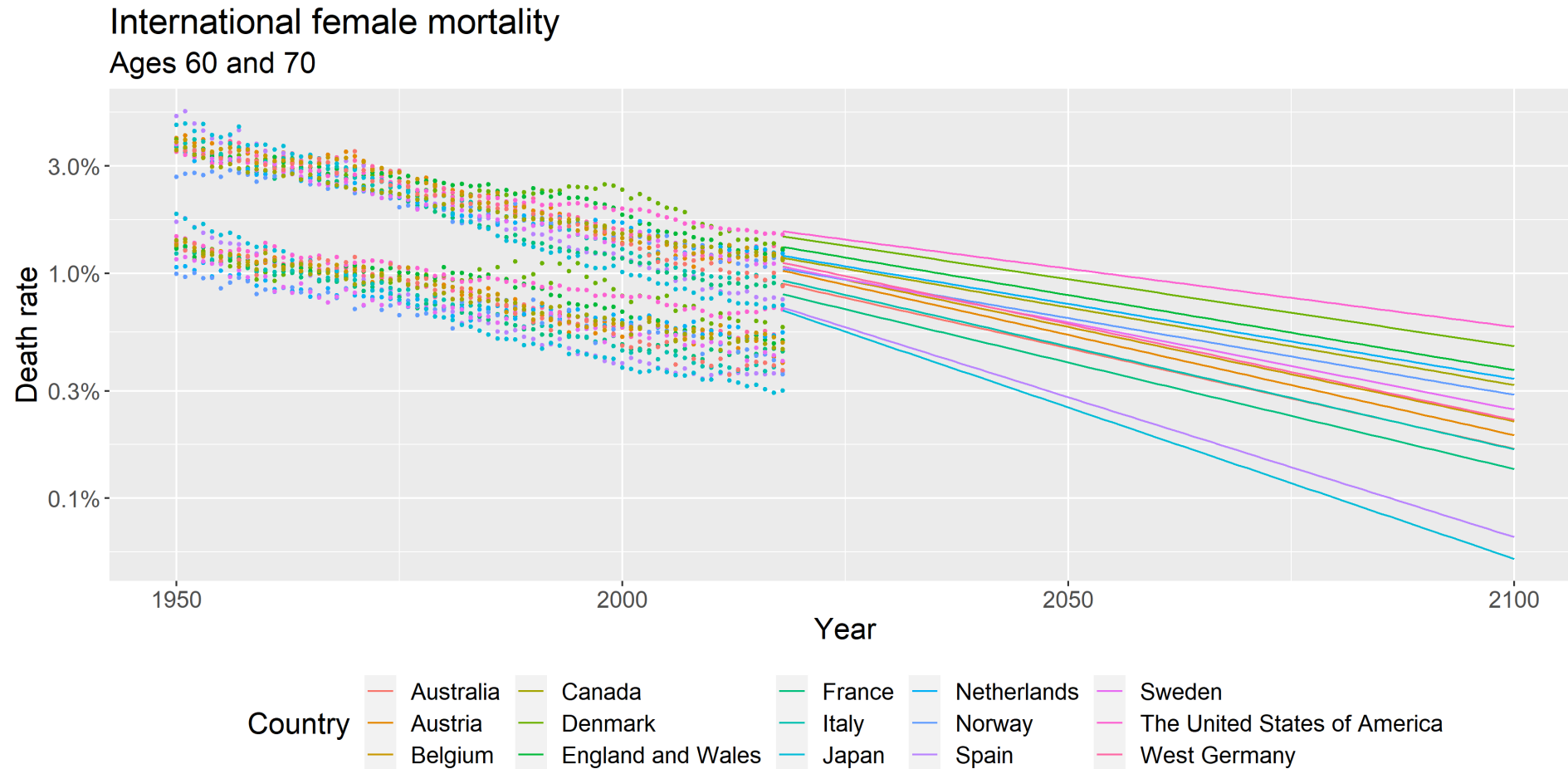
- Separate analyses exaggerate short-term differences and lead to *diverging* projections
- Seems highly implausible in the light of historic similarities
- Same problem for sex-specific forecasts
  - Divergence and mortality crossover



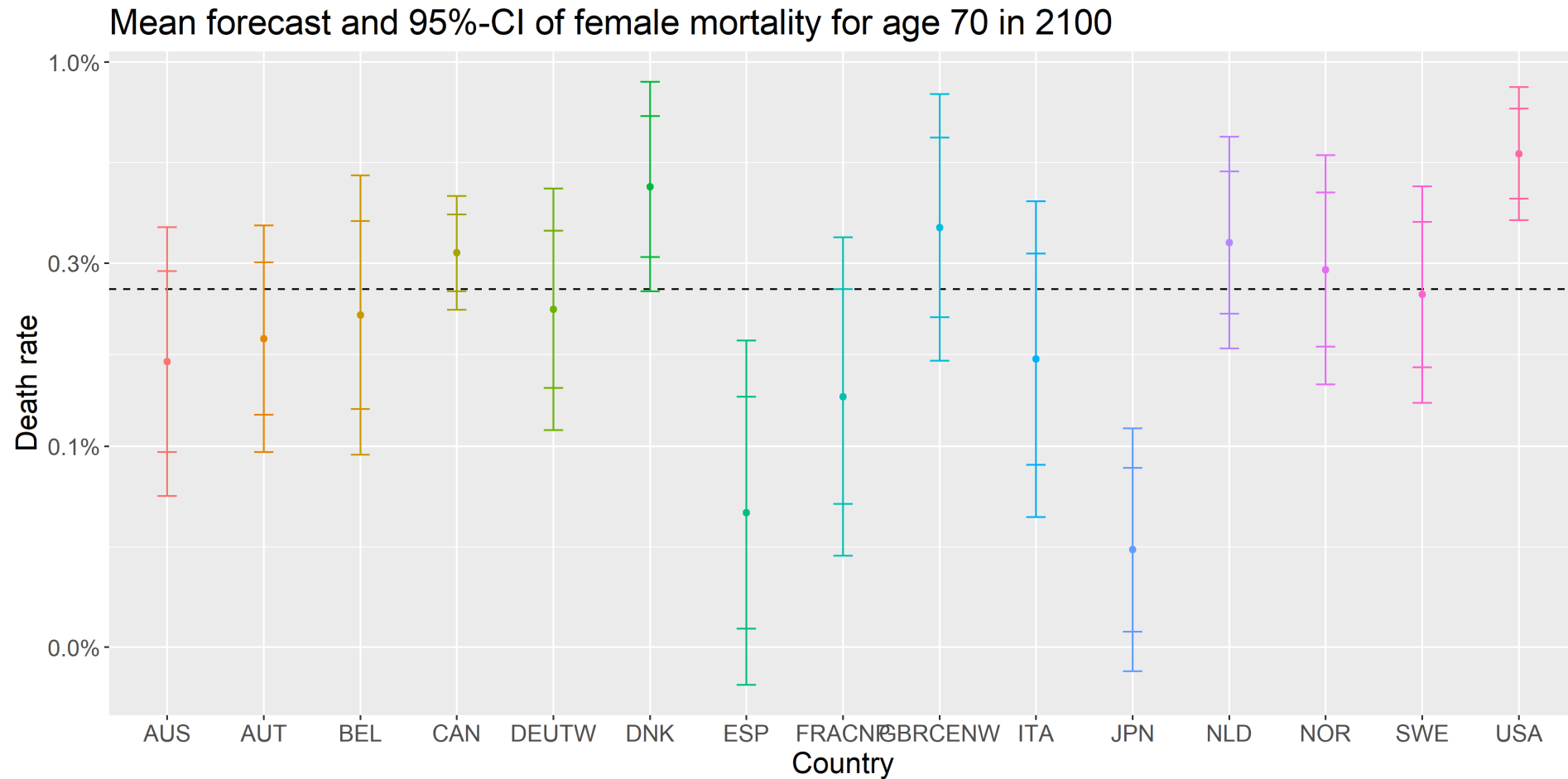
# Life expectancy crossover from separate LC-analyses



# Divergent Lee-Carter projections from separate analyses



# Large variation in projected mortality and levels of uncertainty



# Coherence

Let  $\mu_i(x, t)$  denote the force of mortality in population  $i$  (age  $x$ , time  $t$ )

A two-population mortality forecast is said to be **coherent** if the relative mortality rates converge for each age

$$\frac{\hat{\mu}_1(x, t)}{\hat{\mu}_2(x, t)} \rightarrow R(x), \text{ for } t \rightarrow \infty$$

for positive age-specific constants  $R(x)$ .

- Formalizes the notion of mortality rates “staying together”
- ... but it is a very strict requirement!
- In the following, we will look at ways of achieving coherence

# Coherent mortality modelling: Short-term deviations from a long-term trend

- **Stylized facts**

- **All countries appear to follow the same long-term trend**

- But improvements occur at different times in the individual countries
    - Variation in annual improvement rates differ between countries

- **Separate analyses**

- Diverging projections with non-overlapping confidence intervals
  - Unreasonable variation in forecasting uncertainty
    - inability of RW to distinguish between short- and long-term uncertainty

- **Coherent mortality projections**

- Model common long-term trend
  - Allow country-specific short-term deviations from trend

# #2

## The Li-Lee model



# The Li-Lee model

## ■ The Li-Lee model

- Introduced by Li & Lee (2005). "*Coherent mortality forecasts for a group of populations: An extension of the Lee-Carter method*"

- The Lee-Carter model:

$$\log \mu(x, t) = \alpha_x + \beta_x \kappa_t \text{ where } \kappa_t = \kappa_{t-1} + \theta + \omega_t \text{ is modelled as a RWD}$$

- To avoid long-run divergence in mean mortality forecasts for a group using the LC method, it is a sufficient condition that all populations in the group have the same  $\beta_x$  and the same drift term  $\theta$ .
- The common factor model:

$$\log \mu_i(x, t) = \alpha_{x,i} + B_x K_t$$

- $B_x$  and  $K_t$  are common factors, determining the long-term trend
- The augmented common factor model (Li-Lee model):

$$\log \mu_i(x, t) = \alpha_{x,i} + B_x K_t + \beta_{x,i} \kappa_{t,i}$$

- $\beta_{x,i}$  and  $\kappa_{t,i}$  are population-specific factors, controlling short-term deviations from the trend

# Time dynamics

- The joint  $K_t$ -index is assumed to follow a random walk with drift

$$K_t = K_{t-1} + \theta_K + \sigma_K \omega_t, \text{ where } \omega_t \text{ is iid } N(0,1)$$

- For the model to be coherent,  $\kappa_{t,i}$  must be forecasted as a stationary process
  - e.g. a random walk without drift or a first order autoregressive model
  - usually the latter is preferred:

$$\kappa_{t,i} = \phi_i \kappa_{t-1,i} + \theta_i + \sigma_i \omega_{t,i}, \text{ where } \omega_{t,i} \text{ is iid } N(0,1) \text{ and } |\phi_i| < 1$$

- This accomodates short-term differences from the main trend...
- ... but this difference diminishes over time



# Identification issues

Like its ancestor, the Lee-Li model suffers from an identifiability problem

- For any  $c_1, c_2 \in \mathbb{R}$  and  $d_1, d_2 \in \mathbb{R} \setminus \{0\}$ , the model is invariant under the transformation

$$\{\alpha_{x,i}, B_x, K_t, \beta_{x,i}, \kappa_{t,i}\} \mapsto \left\{ \alpha_{x,i} + d_1 B_x + d_2 \beta_{x,i}, \frac{B_x}{d_1}, d_1(K_t - c_1), \frac{\beta_{x,i}}{d_2}, d_2(\kappa_{t,i} - c_2) \right\}$$

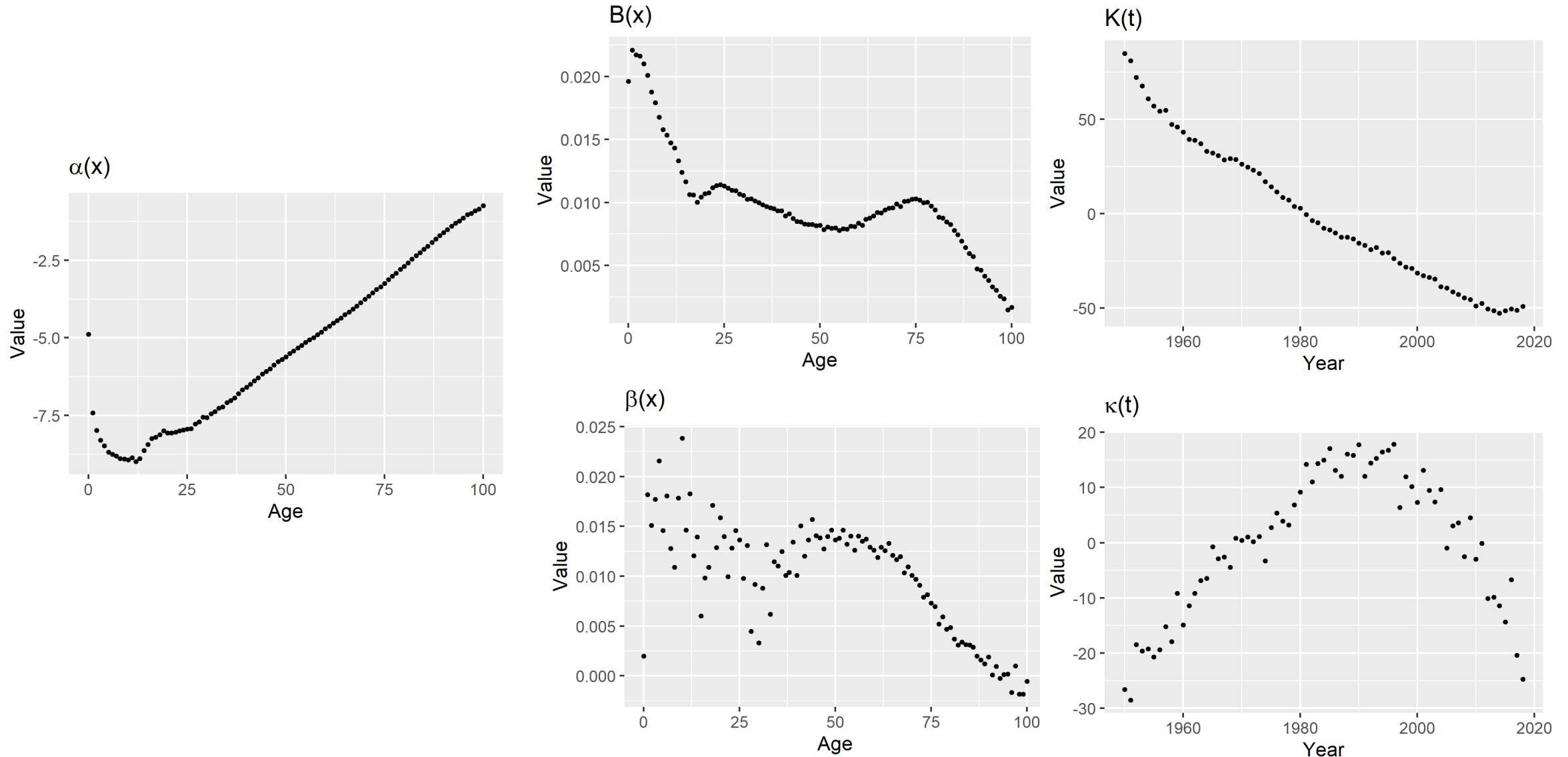
- $K_t$  and  $\kappa_{t,i}$  are only defined up to a linear transformation
- $B_x$  and  $\beta_{x,i}$  up to a multiplicative constant
- $\alpha_{x,i}$  up to an additive constant
- Note that the invariant transformations are the straightforward extensions of the LC ones
- Typical constraints are therefore

$$\sum_x B_x = 1, \sum_t K_t = 0, \sum_x \beta_{x,i} = 1, \sum_t \kappa_{t,i} = 0$$

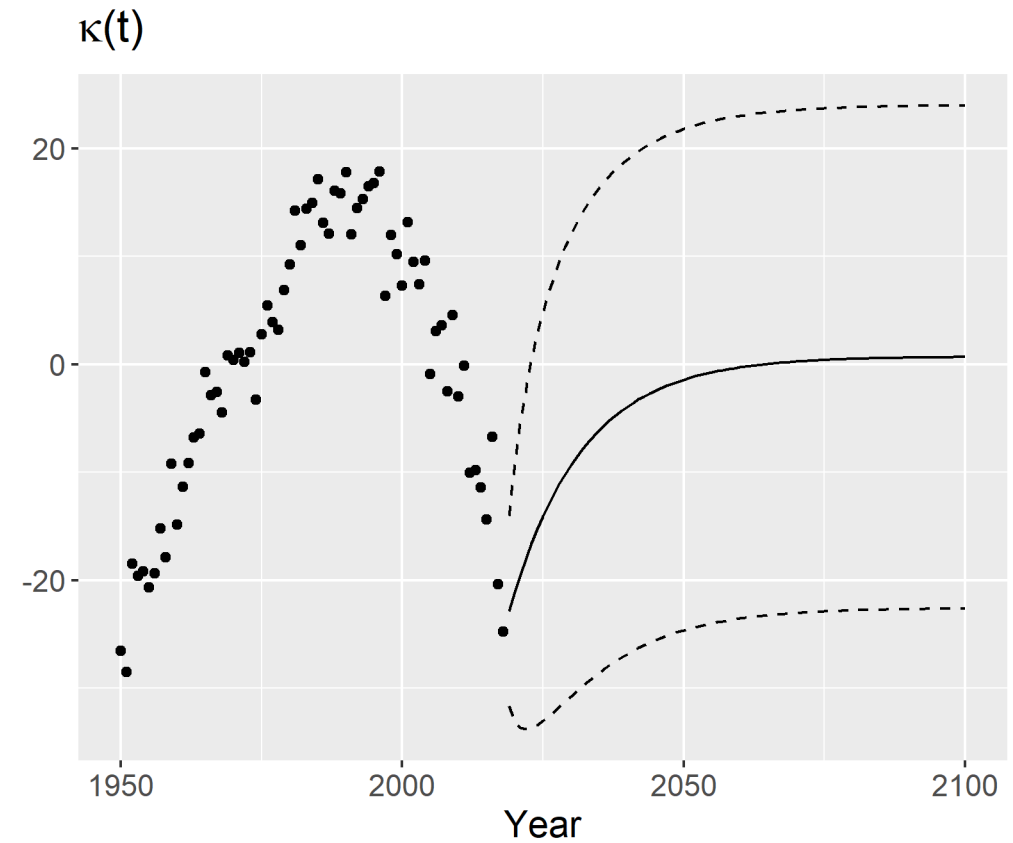
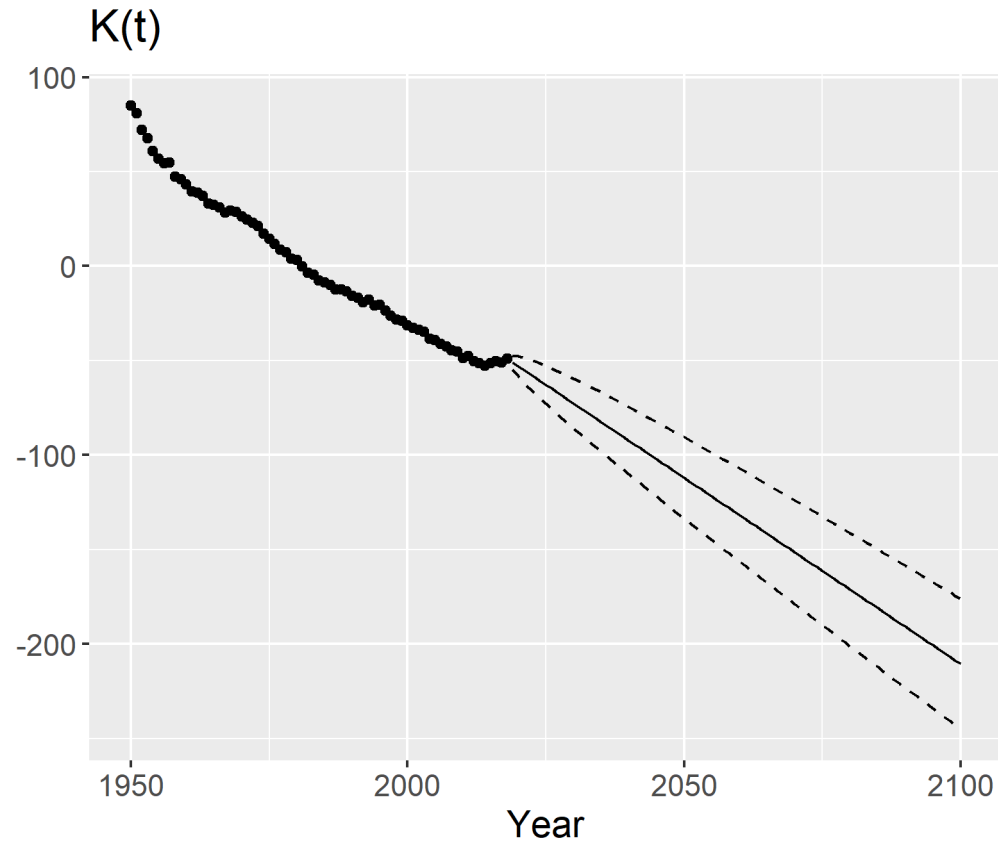
# Model fitting

- Li and Lee (2005) propose a two-step SVD procedure to estimate model parameters
  1. Estimate  $B_x$  and  $K_t$  by applying the standard Lee-Carter SVD procedure to the pooled population dataset. Adjust  $K_t$  to fit the groups average life expectancy.
  2. Estimate  $\hat{\alpha}_{x,i} = \frac{1}{T-1} \sum_t \log m_i(x, t)$  as the time-average of the log empirical death rates. Then use SVD on the residual matrix  $\{\log m_i(x, t) - \hat{\alpha}_{x,i} - \hat{B}_x \hat{K}_t\}$  to determine  $\beta_{x,i}$  and  $\kappa_{t,i}$ .
  
- Alternatively, we could use the Poisson assumption  $D_i(x, t) | E_i(x, t) \sim \text{Pois}(E_i(x, t)\mu_i(x, t))$ 
  - Log-likelihood:  $l = \sum_{x,t,i} D_i(x, t) \log(E_i(x, t)\mu_i(x, t)) - E_i(x, t)\mu_i(x, t) - \log(D_i(x, t)!) )$
  - Derive iterative update scheme using Newton-Raphson:  $\theta' = \theta - \frac{\partial l / \partial \theta}{\partial^2 l / \partial \theta^2}$
  - Adjust parameters following each iteration such that identification constraints are satisfied

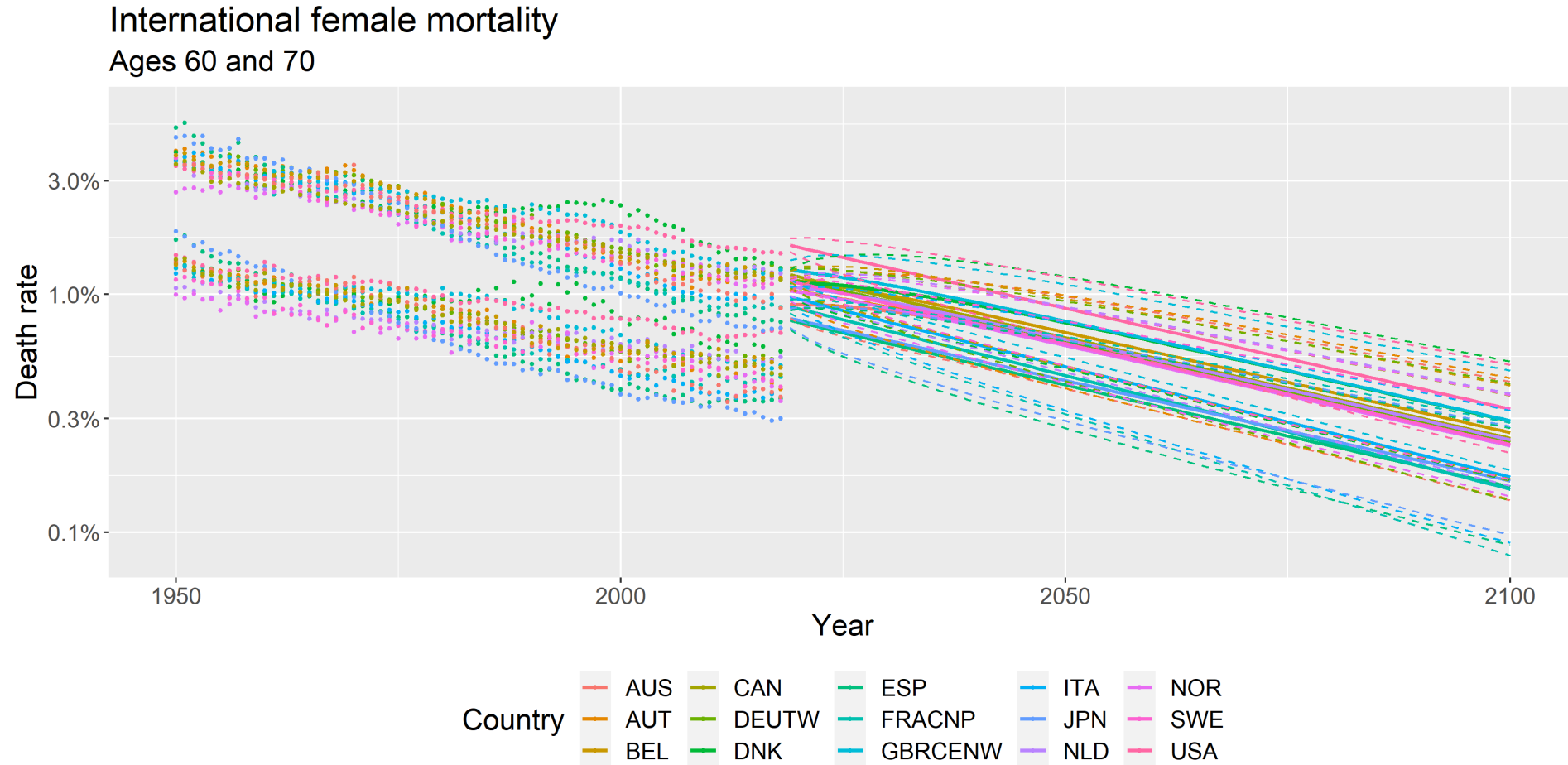
# Li-Lee model parameters example, Denmark (1/2)



# Li-Lee model parameters example, Denmark (2/2)



# Li-Lee model coherent forecast example



# #3

## The SAINT methodology



# Spread Adjusted InterNational Trend

## ■ Two-step projection method

1. Model and project **reference** population mortality
  2. Model and project the “distance” (spread) between **target** population mortality and the reference level of mortality
- Rationale: Easier to extract a long-term trend from a large dataset, than a small dataset, since idiosyncratic features are typically more pronounced in the latter.

## ■ Model for population $i$

$$\log \mu_i(x, t) = \log \mu_{\text{ref}}(x, t) + \log(y_{i,t}^T r_x)$$

- The spread,  $\log \mu_i(x, t) - \log \mu_{\text{ref}}(x, t)$ , is parameterized by  $r_x$ 
  - e.g. level, slope and curvature
  - for example,  $r_x = (1, x - x_0, (x - x_0)^2)^T$
- Multivariate, *stationary* time series model for  $y_{i,t}^T$  controlling length and magnitude of deviations (spread)

## Example (1/4): Trend and spread model

- Let  $\mu_{\text{ref}}(x, t) = \exp(\alpha_x + \beta_x \kappa_t)$ , i.e. Lee-Carter
- Use a three-dimensional VAR(1) model for  $y_{i,t}^\top$

$$y_{i,t} = A_i y_{i,t-1} + c_i + \varepsilon_{i,t}, \quad \varepsilon_{i,t} \sim N_3(0, \Omega_i)$$

- In this case, the forecast variance is

$$\text{Var}(\log \mu_i(x, T + h)) = \underbrace{h \hat{\beta}_x \hat{\sigma}^2}_{\rightarrow \infty} + \underbrace{\text{Var}(y_{i,T+h}^\top r_x)}_{\rightarrow k_i < \infty} \quad \text{for } h \rightarrow \infty$$

- First term: Lee-Carter variance of the common long-term trend
- Second term: The (bounded) variance of the country-specific spread



# Example (2/4): Spread parametrization

## Country specific mortality

$$\mu_{\text{target}}(x, t) = \mu_{\text{ref}}(x, t) \exp(y_{0,t} + r_1(x)y_{1,t} + r_2(x)y_{2,t})$$

with

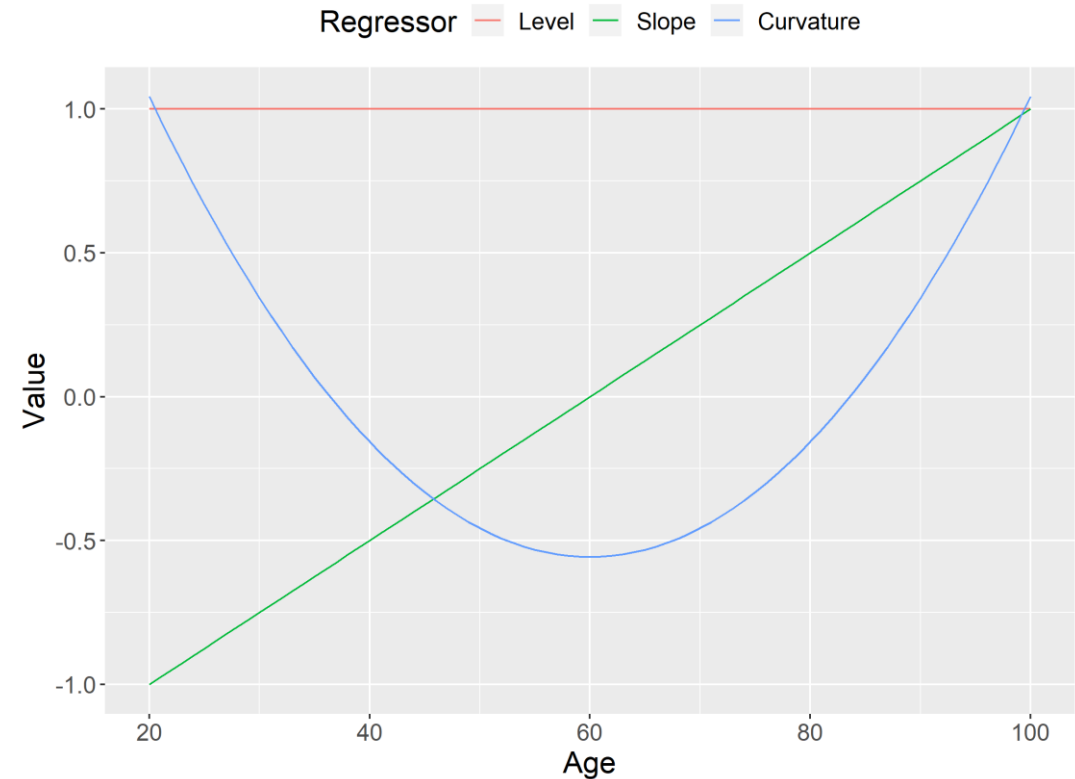
$$r_1(x) = (x - 60)/40$$

$$r_2(x) = \frac{\left(x^2 - 120x + \frac{9130}{3}\right)}{1000}$$

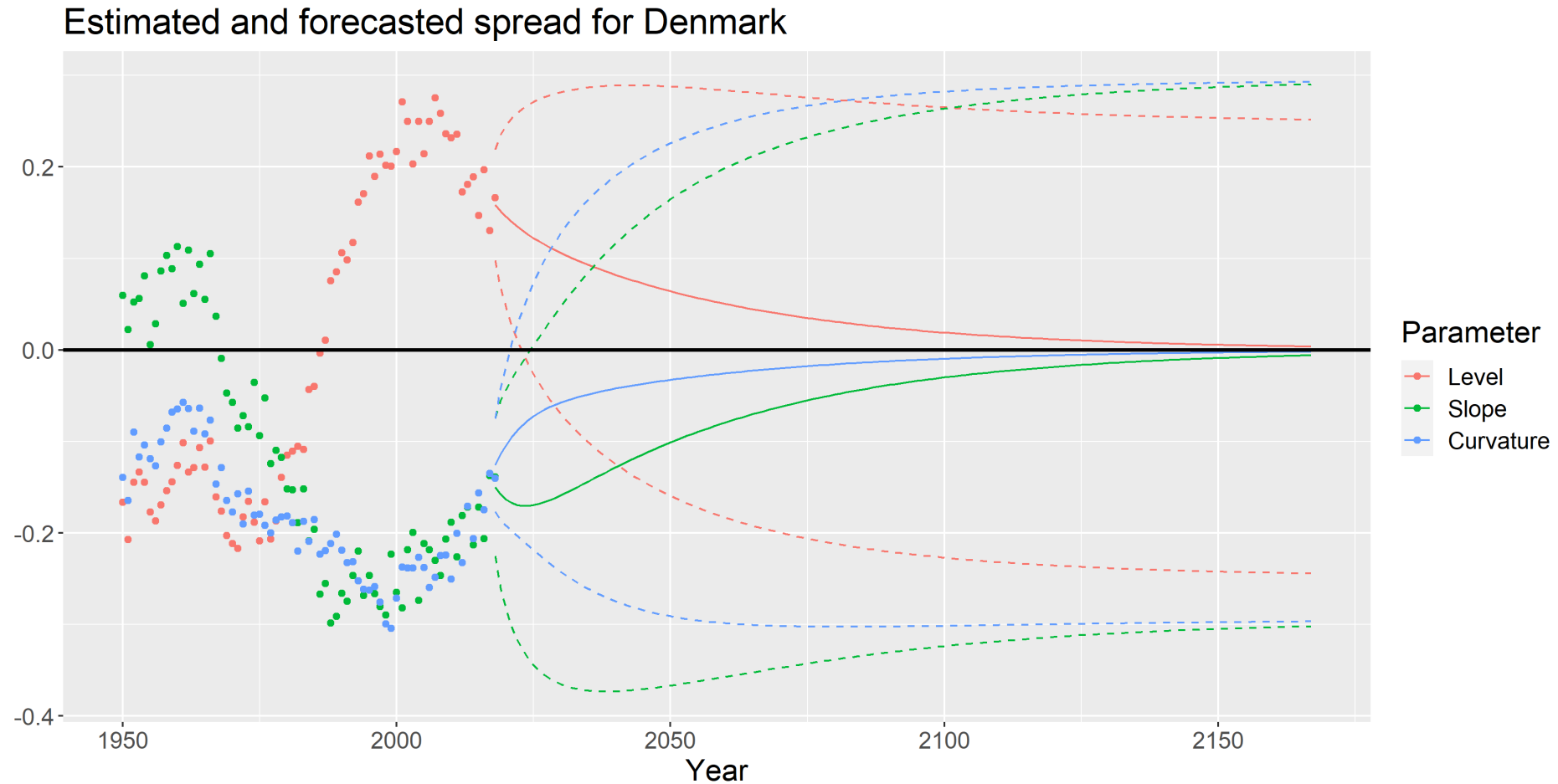
Mean zero, orthogonal regressors  
normalized to (about) 1 at age 20 and 100

$$(y_{0,t}, y_{1,t}, y_{2,t})^\top = A(y_{0,t-1}, y_{1,t-1}, y_{2,t-1})^\top + e_t, e_t \sim N_3(0, \Omega)$$

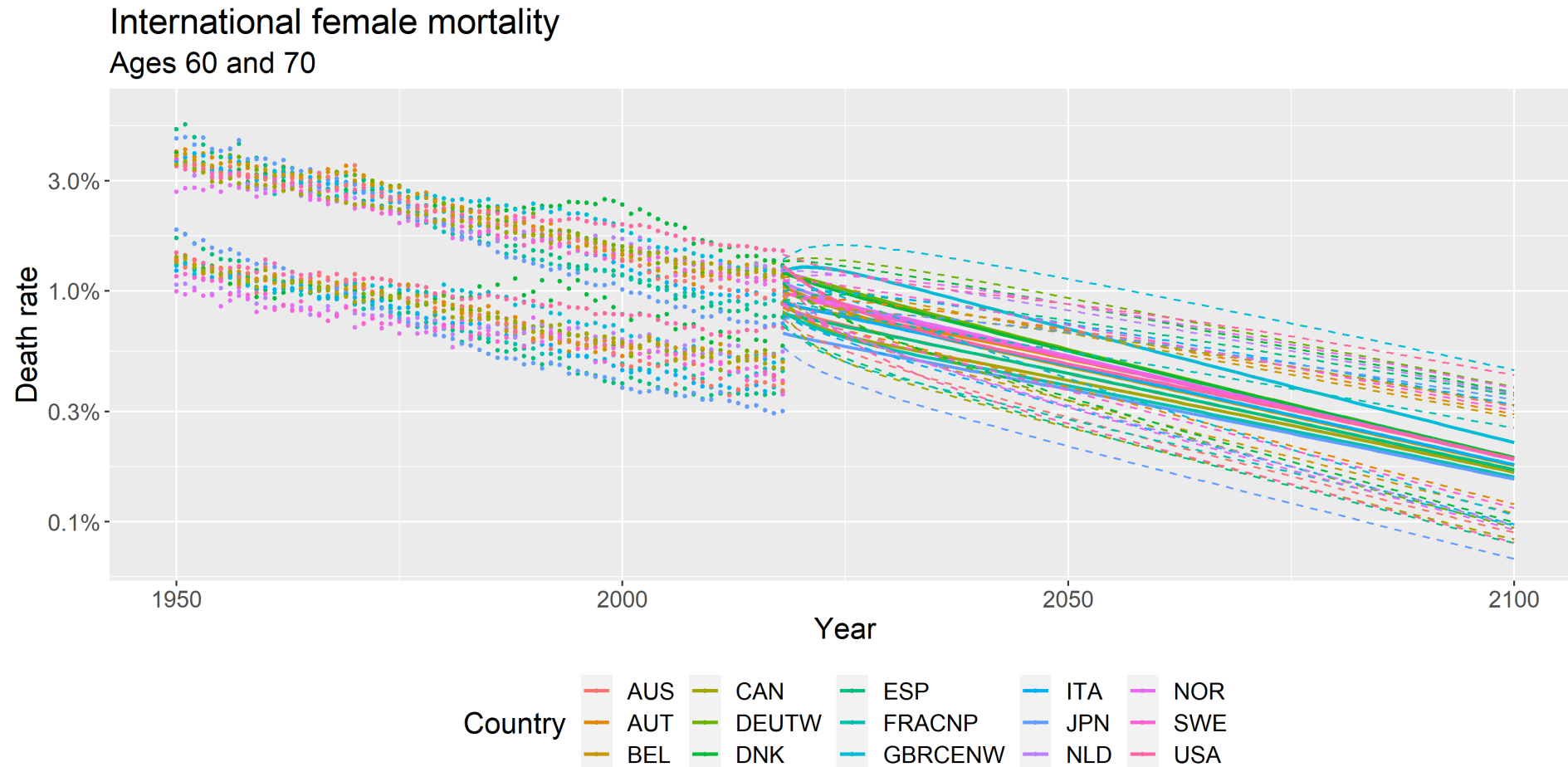
- The spread is *assumed* to fluctuate around zero
  - that is, no mean term included in the model
- The spread controls the length and magnitude of deviations



# Example (3/4): Spread parameter forecast



# Example (4/4): Coherent projections and levels of uncertainty



# A short digression on the mortality benchmark of the Danish FSA (1/2)

The longevity benchmark used by the Danish FSA is based on the SAINT projection methodology

- **Reference trend**

- Based on pooled data provided by Danish life insurance companies and multi-employer pension funds
- Reduction factor mortality model:  $\mu_s(x, T + h) = \mu_s(x, T) \cdot (1 - R_s(x))^h$  for  $s \in \{\text{female, male}\}$ 
  - Each year, the FSA provides the current observed mortality level  $\mu_s(x, T)$  and the reduction factor  $R_s(x)$
  - Essentially, these quantities are determined by a Lee-Carter model

- **Company specific mortality**

- Given the benchmark, each company estimates its own company-specific mortality relative to the benchmark

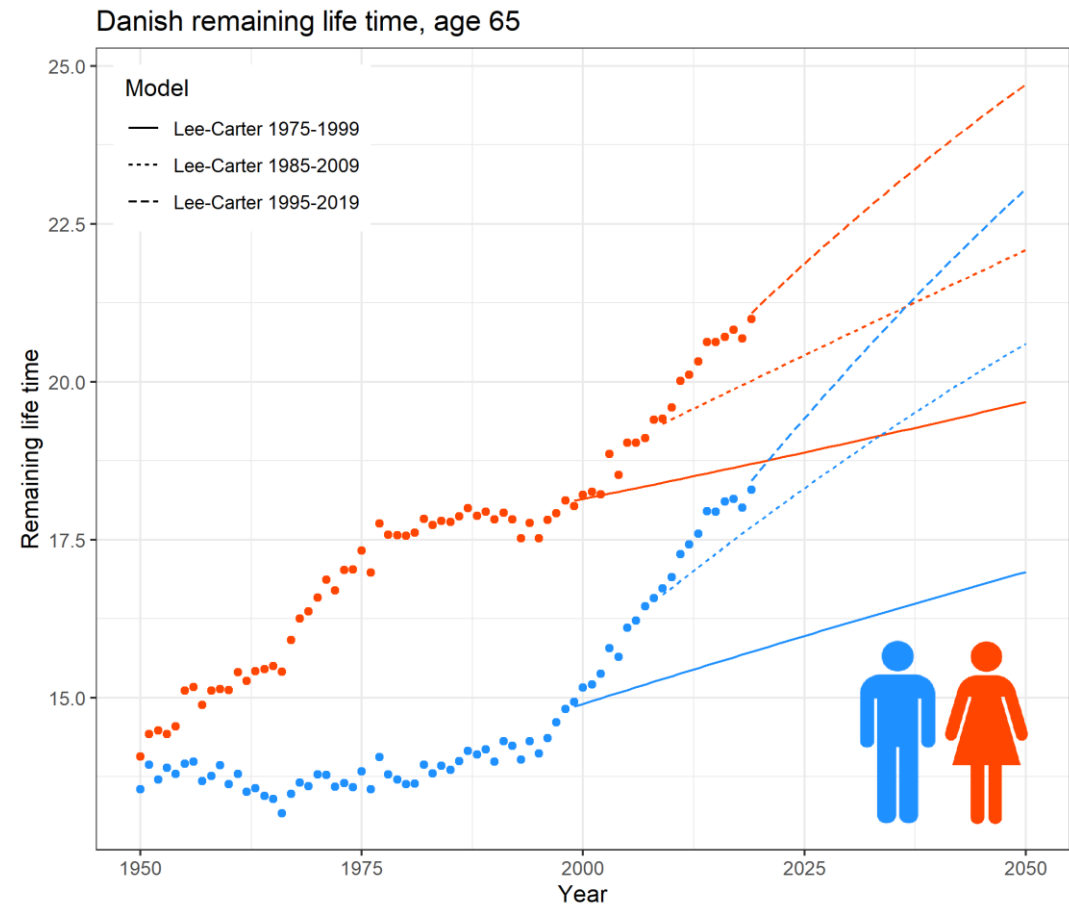
$$\mu_s^{\text{company}}(x, t) = \mu_s^{\text{FSA}}(x, t) \exp(y_i^T r_x), \text{ where } r_x \text{ contains 3 regressors specified by the FSA}$$

- The y-parameters are estimated by the company and subject to a significance test in which non-significant parameters are set to zero.
- The estimation is performed each year and is based on the mortality experience of the company's portfolio over the last 5 years.

# A short digression on the mortality benchmark of the Danish FSA (2/2)

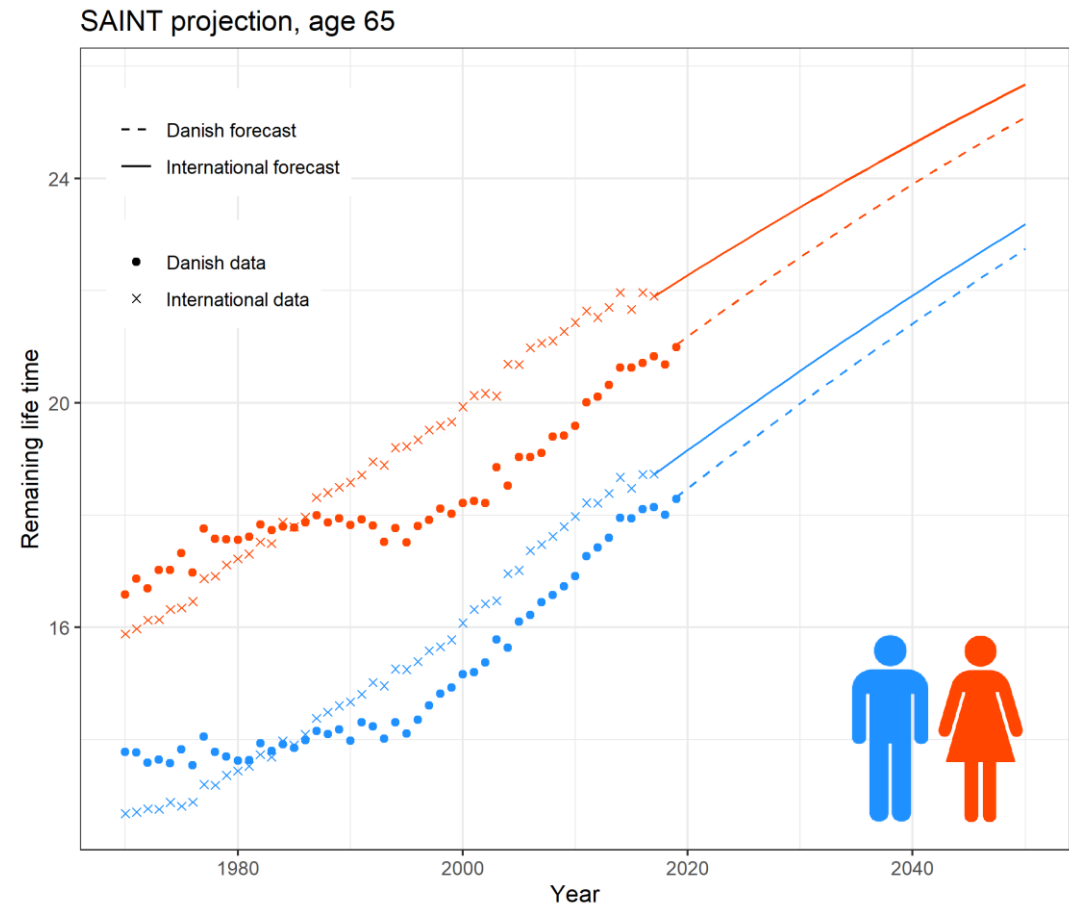
## ■ Danish FSA life expectancy benchmark

- **Based on the Lee & Carter (1992) model**
  - Log-linear projection of age-specific death rates
- **The model preserves historical trends**
  - In situations with varying rates of improvements (e.g. Denmark), the projection is very sensitive to the window of estimation
- **The figure shows three different projections**
  - Very different even though periods are overlapping
  - The FSA previously used the last 30 years for estimation, but now uses only the last 20 years of data to avoid the “kink” in 1995.
  - Shortening the estimation window solves the “update” problem, but seems problematic for long-term projections



# SAINT model currently used at ATP

- **SAINT = Spread Adjusted InterNational Trend**
  - Forecasting of small populations with the aid of larger reference populations
  - ATP uses SAINT to forecast Danish/ATP mortality using Western European mortality as reference
  - *Based on the empirical “fact” that large populations are often much more stable than small populations*
- **Projection of Danish/ATP mortality in two steps**
  1. **Project international mortality based on a “long” estimation period**
    - Large international dataset consisting of 18 countries, primarily Western Europe
    - *Frailty*-component gives rise to increasing rates of improvements in old-age mortality
    - Gender gap preserved through a simultaneous projection of both sexes using *cointegration* techniques
  2. **Project the spread between Denmark/ATP and the international trend**
    - Denmark is assumed to converge on the international trend

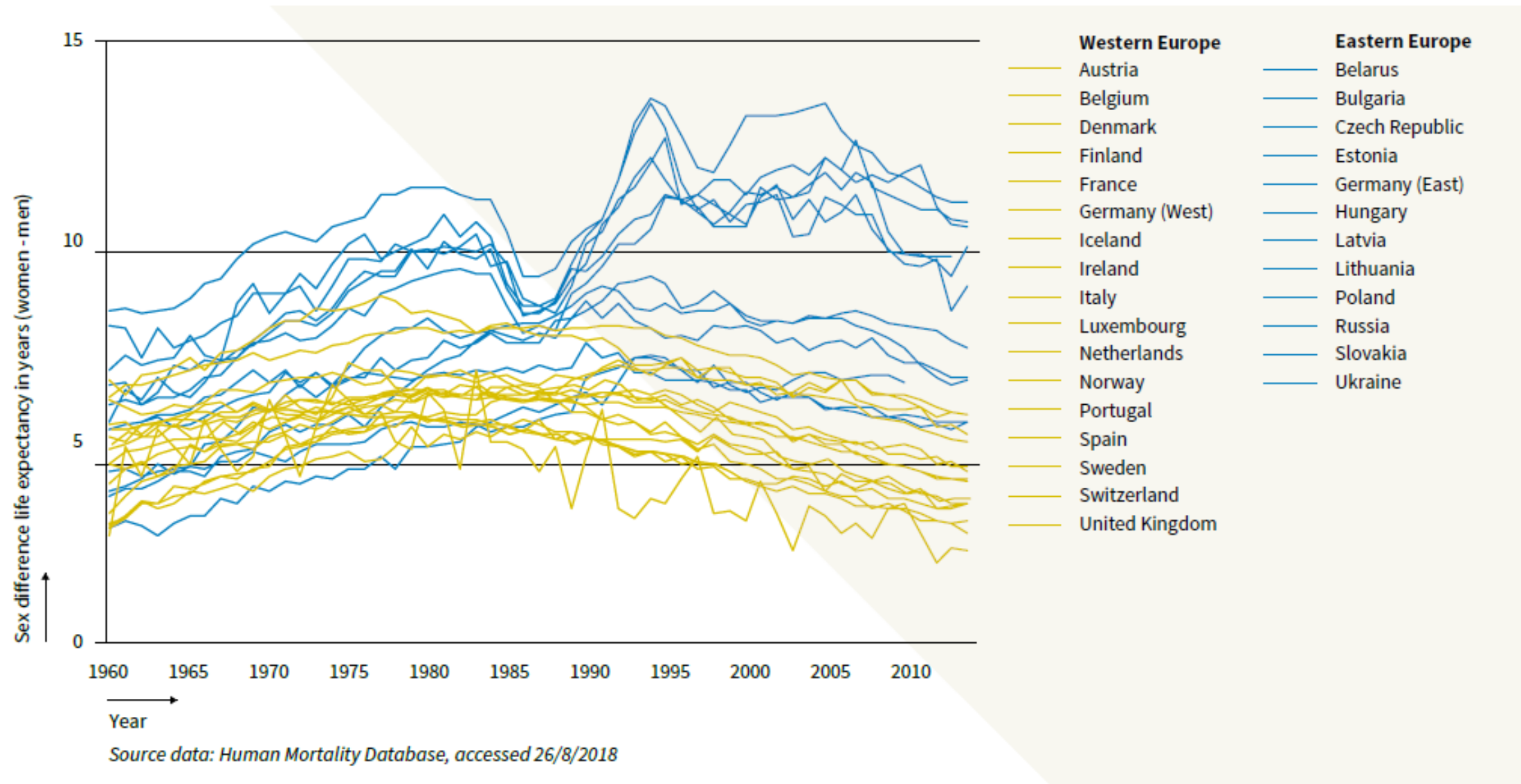


# #4

## Modelling the gender gap



# Common gender gap pattern in Western Europe





# Preserving gender gap by cointegration

Model parameters by an error-correction model on the form

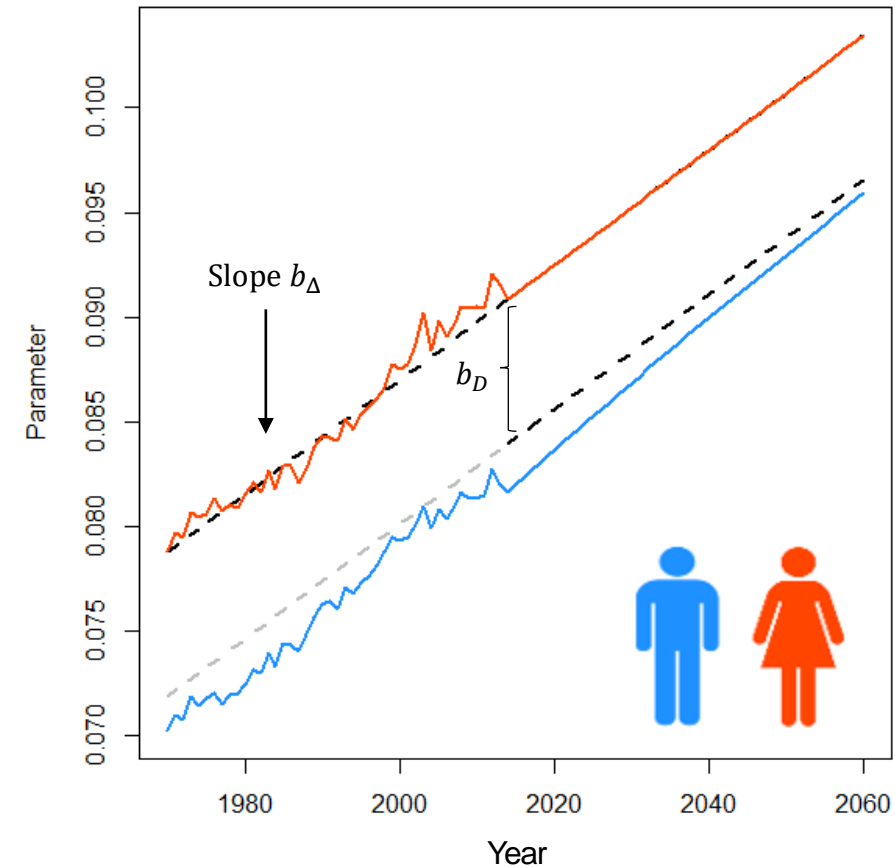
$$\begin{aligned} \begin{pmatrix} \Delta X_t^f \\ \Delta X_t^m \end{pmatrix} &= \begin{pmatrix} a_1 \\ a_2 \end{pmatrix} (X_{t-1}^f - X_{t-1}^m) + \begin{pmatrix} b_1 \\ b_2 \end{pmatrix} + \varepsilon_t \\ &= \begin{pmatrix} a_1 \\ a_2 \end{pmatrix} (D_{t-1} - b_D) + \begin{pmatrix} b_\Delta \\ b_\Delta \end{pmatrix} + \varepsilon_t \end{aligned}$$

where  $X$  is the parameter of interest

$D_t = X_t^f - X_t^m$  is the difference at time  $t$

$b_D$  = stationary difference between parameters

$b_\Delta$  = common slope of the two parameters



**Figure:** Example for Gompertz slope

- Historic slope for females continues ( $a_1 = 0$ )
- Stationary difference reduced to 75% of jump-off value
- Males approaching females with half-life of 25 years

# Example: Simulated cohort life expectancy of a 60 year old

