

**COVID-19 Mortality and the Overweight:
A Global Perspective**

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Appendix

COVID-19 mortality: The European Centre for Disease Prevention and Control (ECDC) provides data on COVID-19 mortality. The Epidemic Intelligence team of the ECDC, as described on the relevant web pages (<https://www.ecdc.europa.eu/en/covid-19/data-collection>), has been collecting the number of COVID-19 deaths, based on reports from health authorities worldwide, since the beginning of the coronavirus pandemic. The ECDC follows a comprehensive and systematic process in data collection in order to insure the accuracy and reliability of the data: a team of epidemiologists screens up to 500 relevant sources to collect the latest figures, every day between 6.00 and 10.00 CET. ECDC receives regular updates from European countries through the Early Warning and Response System (EWRS), The European Surveillance System (TESSy), the World Health Organization (WHO) and email exchanges with other international stakeholders. This information is complemented by screening up to 500 sources every day to collect COVID-19 figures from 196 countries. This includes websites of ministries of health (43% of the total number of sources), websites of public health institutes (9%), websites from other national authorities (ministries of social services and welfare, governments, prime minister cabinets, cabinets of ministries, websites on health statistics and official response teams) (6%), WHO websites and WHO situation reports (2%), and official dashboards and interactive maps from national and international institutions (10%). In addition, ECDC screens social media accounts maintained by national authorities, including Twitter, Facebook, YouTube or Telegram accounts run by ministries of health (28%) and other official sources (e.g. official media outlets) (2%). Several media and social media sources are screened to gather additional information which can be validated with the official sources previously mentioned.

Percentage of overweight adults in the population: The Global Health Observatory (GHO) repository, WHO's gateway to health-related statistics for its Member States, provides data on the percentage of overweight adults in populations based on estimates of the prevalence of overweight men and women aged 18 and above by country. As described on the relevant web pages (<https://www.who.int/data/gho>), these estimates are based on data from random sampling of the general population of each country.

Median age: The World Population Prospects, of the United Nations Population Division, provides data on the 2019 median age of populations residing in countries around the world. As described on the relevant web pages (<https://population.un.org/wpp/>), median age (expressed in years) divides the population distribution so that there are as many persons with ages above the median as there are with ages below the median.

Population proportion of elderly: Estimates of the proportion of elderly (65 years or older) in populations, across countries, are based on the 2019 revision of age distributions provided by the World Population Prospects, of the United Nations Population Division (<https://population.un.org/wpp/>).

Population proportion of females: Estimates of the proportion of females in populations, across countries, are based on the 2019 revision of sex distributions provided by the World Population Prospects, of the United Nations Population Division (<https://population.un.org/wpp/>).

Income groups: We follow the World Bank Atlas method of classification of countries by income groups (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>) on the basis of 2019 per capita Gross National Income (GNI). Low income countries are defined as those with a per capita GNI of \$1,035 or less; lower middle income countries are those with a per capita GNI ranging from \$1,036 to \$4,045; upper middle income countries are those with a per capita GNI ranging from \$4,046 to \$12,535; and high income countries are those with a per capita GNI of \$12,536 or more.