

From the Editor-in-Chief

The papers presented in this issue of *World Health & Population (WHP)* represent diverse public health-related projects and issues in Africa, India, China, and Southeast Asia. Although these papers have inherent differences, there are also some interesting threads and commonalities, both in methods and subject matter.

“Use of Audit to Identify Maternal Mortality in Different Settings” by van Dillen, Stekelenburg, et al. examines the maternal mortality rate in the context of three African countries (Gambia, Namibia, and Zambia), and Netherlands. Although hospital audits or chart reviews are not a substitute for proper sample surveys, they can provide both important clinical direction as well as political support for addressing the critical public health and societal problem of avoidable maternal death. The authors put the issue in the context of United Nations Millennium Development Goal (MDG) 5, to reduce maternal mortality by 75% by 2015, and the HIV/AIDS epidemic, which negatively affects maternal health “through a cascade of interrelated factors.” Their analysis shows that generalizations regarding just high and low country economic status is inadequate to explain either the level or the predominate correlates of high maternal mortality, and that audits can be appropriately used to develop local will and local solutions.

“Reasons for Not Reporting Deaths: A Qualitative Study in Rural Vietnam” by Huy, Johansson, and Long offers very interesting insight into the intersection of religion, culture, and public health. Accurate mortality measurement is foundational in understanding a society’s level of health and development. When socio-cultural factors and belief systems result in either systematic underreporting of deaths or, as Huy et al. report, differential underreporting of deaths by age or other factors, then assessments or policy decisions based upon these data could be seriously mis-informed. Critical areas of differential underreporting discussed in the article include: (1) infant mortality, where deaths of very young infants may be overlooked because of a belief that they are “not fully people yet”; (2) HIV/AIDS, where there may be family stigma or shame; and (3) among migrants not registered as residents in the region. Underestimation in any of these three categories could have serious policy ramifications. The authors close by warning researchers against reliance on “verbal autopsy” methods of determining mortality, and encouraging the use of multiple data sources to provide more accurate estimates.

Sisra Sarma and Henry Rempel present an econometric analysis in “Household Decisions to Utilize Maternal Healthcare in Rural and Urban India.” Using data from the Government of India National Sample Survey they look at factors such as mother’s schooling, awareness of services, and accessibility on the maternal healthcare utilization decision. Accessibility is considered in terms both of distance to the nearest facility, as well as the availability of public transport. As with the van Dillen et al. paper, Sarma and Rempel also put the issue in the context of MDG 5 to reduce maternal mortality by 75% by the year 2015. Conclusions from the analysis include addressing both demand side issues in terms of improved educational activities directed toward pregnant women, and supply side issues in terms of reducing access barriers.

The paper by Fang, Li, et al. “Profile of Female Sex Workers in a Chinese County” is a continuation of the excellent series of articles published by this group of authors in *WHP*. (See also *WHP* 8:2 and 8:3) Continuing their theme of investigating and identifying critical rural-urban health differentials in China through both empirical and qualitative research, the authors show significant sexual and health behavior differences between sex workers who migrate to urban areas, versus those who normally reside there. Relating this to the growing incidence and prevalence of HIV in China they advocate for more effective prevention and intervention programs, particularly in the remote, rural areas from which a substantial portion of the sex workers originate. Although more research is needed, it is likely more cost effective to reach this population earlier and before migration.

Moving from measurement to management, “Strengthening Health Development at the Community Level in Thailand” proposes steps to encourage local management of health development. Researchers from Chonburi University in Thailand, and the University of Porto in Portugal carried out a qualitative, focus group data collection design, and developed a very interesting model on the process for strengthening health development by community mobilization. This article will be of particular interest to the health behavior/health education readers of *WHP*.

The last offering in this issue is study related to supply of pharmaceuticals in Tanzania. Like many resource-constrained economies, Tanzania relies a great deal on donated pharmaceuticals to meet its essential health care needs. “In-Kind Drug Donations for Tanzania” by Mariacher and Mtasiwa is a descriptive study based upon a mail survey of stakeholder knowledge and perceptions in this area. Although nearly all respondents agreed on the critical importance of drug donations, there were also many helpful insights regarding ways to better improve communication, coordination, and efficiency.

Finally we should note that all of these papers demonstrate the positive and fruitful collaboration that *WHP* encourages between researchers from the countries in which the research is being conducted, and collaborators at North American or Western European universities/research institutes. This kind of collaboration is particularly useful, we believe, in furthering the mission of *WHP* “to explore ideas, share best practices, and enable excellence in healthcare worldwide.” The editors and publishers of *WHP* are always interested in any comments or suggestions you might have on the articles or journal. Please feel free to write or e-mail us.

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