

From the Editor-in-Chief

This issue of *World Health & Population* presents papers that have been published online by *WHP* and are selected here as representative of recent contributions to the journal. Included are two manuscripts from China, one each from Bangladesh and India, and one reporting on the development of the currently quite strong vital statistics system in South Africa.

Interest in achieving the Millennium Development Goals (MDGs) seems to be picking up the closer we find ourselves to the internationally determined milestone of 2015. We can only hope that the interest isn't "too little too late" for the countries furthest behind to achieve significant progress with regard to many of the MDGs. In the first article in this issue, Subir Saha and M. Kabir present results on survival of newborns in Bangladesh. In the Bangladeshi context, MDG 4 focuses on reducing mortality of children under five by two thirds from 1990 levels. Bangladesh is making significant progress in this area, as revealed through analysis of data from the Bangladesh Demographic and Health Survey (BDHS) reported by Saha and Kabir. Progress has been achieved mostly through reducing mortality among the 1- to 4-year-olds, through focusing on pneumonia, diarrhea, malnutrition and vaccine-preventable disease. Progress toward meeting MDG 4 through reduction in neonatal mortality has been harder to achieve, however, with the proportion of under-five deaths represented by neonates in this population increasing from 39% to 50% between the two BDHS reporting periods. Saha and Kabir recommend a more coordinated strategy integrating newborn health interventions with existing (and quite successful) safe motherhood and child survival programs. Perhaps coordinating ongoing efforts addressing maternal health (contained in MDG 5) and childhood mortality (MDG 4) would provide a way of doing this.

Xiaoming Sun and colleagues at the University of Toronto, Harvard, and Fudan and Jiaotong Universities in Shanghai report on the successful development of a hearing disabilities screening program for newborns in Shanghai. Although "universal newborn hearing screening programs" have been recommended in many countries for years, their implementation is far from universal. Sun et al. cite a 2003 study reporting that only 58% of US hospitals regularly employed the recommended two-stage hearing screening process. This study, however, demonstrates the feasibility of this important public health screening program and produced results and coverage exceeding those of many clinical programs in North America and Western Europe. The authors' pilot and feasibility studies, conducted between 2001 and 2007, involved all 105 hospitals engaged in deliveries in Shanghai. Remarkably, over 560,000 infants were screened, representing more than 90% of all births during that period in those hospitals. The rate of severe and permanent hearing impairment detected (0.146%) was in line with that typically found in other countries (0.1% to 0.3%). The authors also discuss treatment follow-up and the difficulties of serving the "floating populations," which is the focus of the second article on Chinese health in this issue.

Xiaoming Li, Bonita Stanton and colleagues have published a number of interesting research articles in *WHP* in the last 3 years concerned with the issues around rural-to-urban migrant health and healthcare in China. This article compares results on mental health symptoms for a population of rural-to-urban migrants with comparison groups of rural residents (those who have not migrated) and urban residents. Having two comparison groups is interesting for triangulating the results and providing robustness for the conclusion of a negative impact on mental health relating to migration. The differences remained significant even after multivariate analysis to control for various demographic factors and perceived health status. Problems of assimilation, discrimination and stigma among the migrant population identified by Li et al. in their research certainly contribute to the lower follow-up rates noted for these groups in the Sun study described above. Li et al. recom-

mend further investigation of the critical issues around rural–urban health in China. It is encouraging that this research group will likely remain at the forefront of research in this area.

In the fourth article in this issue, Chungkham Singh and Laishram Ladusingh present a study of household characteristics, infrastructure characteristics at the state level, and use of inpatient healthcare in India. Based on the 2004 Indian National Sample Survey, the authors apply multivariate techniques to look at the impact of various household, infrastructure and expenditure variables on use of inpatient healthcare services. Interestingly, household factors dominated over state-level factors, with the education level of the head of household being the most important explanatory factor. Substantial variation in proportion of the population hospitalized (by nearly a factor of two) was found across Indian states.

The final article in this issue describes the advances in statistical reporting in South Africa and the resulting contribution for monitoring progress on the MDGs, as well as for planning and implementation of healthcare programs in that country. Sulaiman Bah from King Faisal University describes the process that South Africa went through in the post-apartheid period to develop the robust death reporting system that exists today, and the excellent examples of international cooperation and support that brought the transformation about.

In summary, we hope that you find the articles in this issue of interest and value, and that you will also consult other papers recently released online at www.worldhealthandpopulation.com. *WHP* remains committed to its mission to provide a forum for researchers and policy makers worldwide to publish and disseminate health- and population-related research, and to encourage applied research and policy analysis from diverse global settings. Note also that *WHP* is indexed on MEDLINE and accessible through PubMed. We look forward to continued enthusiastic submission of manuscripts for consideration, peer-review and publishing. Finally, 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 email us.

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