

## In this month's *Bulletin*

### Counting the dead

In the first editorial (p. 162), Kenneth Hill introduces this theme issue on mortality. He highlights the central problem: the systematic measurement of mortality is a relatively recent discipline and that there are still major gaps, particularly in data from countries with high mortality. Yet reliable and timely health information is vital for the planning, implementation and evaluation of health programmes and policy. In the second editorial (p. 163), Frank Baiden et al. call for better use of existing demographic surveillance systems sites in training researchers and collecting useful data. Countries should capitalize on their demographic surveillance systems to improve collection of health information and monitor progress in disease control.

### Verbal autopsy

In their editorial (p. 164), Michel Garenne & Vincent Fauveau discuss the value but also the limitations of verbal autopsy, a method for establishing the cause of death through interviews with bereaved relatives. In their article (pp. 204–210), Mesganaw Fantahun et al. argue that while verbal autopsy has been practised for the last two decades there is still no consistent method for interpreting the results. Their study in Ethiopia showed that these results could be quickly and consistently interpreted using a mathematical model. Nadia Soleman et al. present an overview (pp. 239–245) of the verbal autopsy process and the results of a review of verbal autopsy tools and procedures used at demographic surveillance sites and in sample vital registration systems.

### Angola, Mexico and China (pp. 165–172)

In the News, Karen Iley reports from Angola on why it is so difficult to count malaria deaths, particularly in sub-Saharan Africa. Theresa Braine reports from Mexico, where 90% of deaths are counted but where poverty remains an obstacle to a complete

data set. Paul Mooney reports from China on how the world's most populous country counts its dead. In this month's interview, Kenji Shibuya argues that WHO has helped countries improve the quality, quantity and timeliness of cause-specific mortality data, but many challenges remain.

### Death classification in Cape Town (pp. 211–217)

Debbie Bradshaw et al. found that postmortem medical certification could be improved in Cape Town, South Africa, by shortening the list of possible underlying causes of death. The authors found that using an abridged list simplified the coding process and provided a useful tool for local public health surveillance. They stress that it is also important to present mortality data in a user-friendly form for decision-makers.

### Counting HIV/AIDS deaths in Zimbabwe (pp. 189–197)

Ben A Lopman et al. compared four methods of estimating adult mortality from HIV/AIDS in Zimbabwe. A mathematical model fitted to local age-specific HIV prevalence reached similar conclusions to a method involving a single question on household mortality, but not with the other two methods: repeated household censuses and an adult cohort study. The authors found that each of the four methods had its limitations, and that the use of longitudinal cohort data was advantageous in estimating HIV/AIDS deaths.

### Death in Africa and Bangladesh (pp. 181–188)

Martin Adjuik et al. analysed verbal autopsies from sub-Saharan Africa and from Bangladesh to find cause- and age-specific mortality rates. They found that the causes of death registered at the demographic surveillance sites in Africa were dominated by HIV/AIDS and malaria. These cases were different to those in Bangladesh, where the authors argue there is evidence of a transition from communicable

to noncommunicable diseases. The findings in Bangladesh may be due to changes in availability and effectiveness of public health interventions.

### MDGs: measuring progress

In its Policy and Practice article (pp. 225–232), the Child Mortality Coordination Group calls for a more collaborative effort to collect data and to improve health information systems in poor countries with high mortality. International agencies and academics need to continue their work to harmonize the estimation process. In their article (pp. 173–180) Kenneth Hill et al. look at ways to overcome the lack of suitable data needed to measure progress towards the Millennium Development Goal (MDG) on maternal mortality. Long-term investments in civil registration are required to generate such information to monitor progress.

### Public Health Classic: verbal autopsy (pp. 246–253)

Vincent Fauveau comments on a 1986 article by Michel Garenne & Olivier Fontaine on assessing the probable causes of death in countries that have incomplete death registration and no death certification system. He argues that although their text does not use the term "verbal autopsy", Garenne & Fontaine can be considered among the founders of the approach. Fauveau writes that their conference paper came at the right time to reinforce the crucial link between demography and public health.

### Lessons from the Field: Senegal (pp. 218–224)

Alexandre Dumont et al. found that when health-care professionals at a district maternity hospital in Senegal applied the findings of a maternal death review there was a significant decrease in maternal mortality within a three-year period. Maternal death review is the qualitative investigation of the causes of and circumstances surrounding maternal deaths, the results of which are fed into a continuous improvement of hospital services. ■