

## From the Editor-in-Chief

**T**his issue of *World Health & Population* presents papers that have been published online by *WHP* and are selected here as representative of recent outstanding contributions to the journal. It is a particularly interesting issue in that only two of the five articles, both from Bangladesh, report the empirical health services research typical for *WHP*. The other three papers, from settings as diverse as Haiti, China and Chile, are all descriptive and/or observational studies, reflecting the policy orientation of *WHP* perhaps more strongly than have recent issues of the journal. We hope readers will enjoy the slight change of focus for this issue, and we welcome feedback, suggestions and future contributions.

The first of the two empirical research articles from Bangladesh examines practice patterns associated with the diagnosis and treatment of tuberculosis (TB), based on extensive surveys in the two largest urbanized areas of Bangladesh: Dhaka and Chittagong. The surveys included a wide span of providers – public and private, licensed and unlicensed – that see adults with chronic cough who could be suspected of having TB. The study reports that over 50% of respondent providers and patients were aware of the WHO-recommended Directly Observed Treatment Short Course (“DOTS”) strategy and DOTS clinics. However, fewer than 16% of patients sought care in DOTS clinics, and the number of referrals from private practitioners to DOTS facilities was essentially nonexistent. The authors recommend better communication and coordination of services between the Bangladesh National TB Control Program and providers seeing patients with chronic cough.

The second article in this issue of *WHP* is a short but extraordinary description of specific relief efforts in Haiti following the January 10, 2010 earthquake that devastated the capital, Port-au-Prince, and the surrounding area. The 16-member Toronto Rehabilitation Institute “Team Haiti” group, led by *WHP* Associate Editor Michel Landry, travelled to Haiti with three objectives: provision of direct clinical care, clinical education and support for local healthcare providers, and an assessment of broader rehabilitation needs in Haiti. Despite the potential for feeling overwhelmed by the vastness of the need they observed, the team returned, like so many providers of humanitarian care, inspired by the courage, sacrifice, hard work and optimism of the people and providers they were serving. In a cautionary and sobering note, however, Landry et al. point out that the exemplary early response to the disaster saved many lives, but the rehabilitation needs of the survivors are extensive and long term. Unfortunately, the attention span of the world community is often such that long-term follow-up is rare. We can only hope that will not be the case for Haiti after the devastation earlier this year.

The Li article, “Healthcare Reform in China,” is a descriptive study of the transition in the Chinese healthcare system from an essentially free and comprehensive (at least in design and intent) healthcare system to a system that includes broader use of insurance, personal medical accounts and review of alternative treatments. Initial reforms were begun in 1994, with new strategies announced in 2009. Li discusses various specifics, including both dental care and traditional medicine, and the impact on an increasingly aging population. He concludes with some observations about the “road ahead” for healthcare in China.

Our fourth article is a very interesting observational study of healthcare for indigenous people in Chile. Although there has been interest in indigenous healthcare practices in many countries, there is relatively little documentation of efforts to integrate local, traditional practices and cultural beliefs into a “westernized” healthcare system focusing on curative, allopathic medicine. Such an approach is reported from a sociological/anthropological viewpoint by Maria Torri, however, in her article “Health and Indigenous People: Intercultural Health as a New Paradigm.” The Makewe hospital,

in a non-urban area of Chile with a high indigenous Chilean population, has been controlled since 1999 by the local “Indigenous Association,” with effective and extensive community participation. In 2008, Torri conducted 42 semi-structured and open-ended interviews with stakeholders at all levels at Makewe. The first issue that might come to mind when considering the integration of traditional healthcare with western healthcare is conflict in beliefs regarding healthcare practices. Torri’s case study, however, also brings up other very interesting payment, religious, regulatory and economic sustainability issues that are part of “the contentious nature of intercultural health.” There is a great deal of additional interesting work that can be done in this area, in particular to examine the impact on health outcomes of intercultural, integrative healthcare delivery for indigenous populations. Torri’s article is an important first effort.

The final article in this issue is a study of the impact of birth spacing on infant and child mortality in Bangladesh. Using Bangladesh Demographic Health Survey (BDHS) data, Shamina Akter et al. illuminate the relationship of birth intervals on mortality from an empirical, life table approach. Probability of survival to 3 years increased steeply and dramatically from birth spacing of less than 12 months, and peaked for children spaced 54 to 60 months apart. Interestingly, it declined somewhat for birth intervals greater than 5 years. The authors acknowledge the multifactorial nature of infant and child mortality; however, the simple intervention of increased birth spacing, achievable through basic family planning, can contribute importantly and independently.

In conclusion, we hope that you find the papers in this issue interesting and worthwhile, and that you will also consult others recently released online at [www.worldhealthandpopulation.com](http://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. WHP is indexed on MEDLINE and is accessible through PubMed.

We look forward to continued enthusiastic submission of manuscripts for consideration, peer review and publication. Finally, the editors and publishers of WHP are always interested in any comments or suggestions you might have on the papers or the journal. Please feel free to write or e-mail us.

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