

## 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. The papers in this issue include research from South and Southeast Asia, Africa and Latin America.

Human resources in healthcare, which will be the focus of a theme issue of *WHP* later this year, are addressed through a focus on health manpower training in the first article in this issue, by Yanggratoke et al., “The Thai–Australian Alliance: Developing a Rural Health Management Curriculum by Participatory Action Research.” Competency and skill-based education has become widespread across the public health curricula in North America; this article describes how competencies and skills were identified for a primary healthcare management curriculum in rural Thailand. The article also shows a very successful collaboration between an academic institution and governmental agencies.

The second article, “Social Marketing for Early Neonatal Care: Saving Newborn Lives in Pakistan” by Iram Ejaz and Babar Shaikh, presents a litany of struggles with regard to assuring better outcomes for neonates. Inappropriate practices on the part of both providers and mothers are ingrained in the rural and impoverished communities included in their study area. The authors propose a robust “social marketing” approach, much more extensive than typical health education and extending beyond just the health sector. Such actions are critical if there is to be any chance for the country to reach the ambitious target of Millennium Development Goal 4 (MDG 4), to reduce by two thirds the under-five mortality rate. Bangladesh has made substantial progress since 1990 but still has a distance to go. Many of the recent articles in *WHP* have had a direct relationship to the MDGs, a highly appropriate theme and focus for this journal. This paper is an additional and helpful example.

The next article is from South America, and takes a very different focus from direct healthcare delivery, looking instead at health disparities from a sociological and demographic perspective. In “Determinants of Gender Differences in Health among the Elderly in Latin America” Antonio Trujillo et al. present a study of health and socio-economic gender differences among the elderly in four Latin American settings. Through sponsorship of the Inter-American Development Bank, and using Pan-American Health Organization data, the authors apply multivariate techniques to adjust for differences in sampled populations in cities in Argentina, Brazil, Chile and Mexico. The “gender gap” favouring males is persistent, and the authors conclude that health policies aimed at increasing the health status of women need to be combined with income policies to reduce income differentials, if this gap is to be reduced.

The problem of hospital-acquired infections is well known and documented in North America and Western Europe<sup>1</sup> and is often discussed in terms of very simple inventions that could have a large impact, such as proper handwashing.<sup>2</sup> The problem appears less well documented in low- to middle-income country settings; however, we could easily hypothesize it would even be more severe. In “The Potential for Nosocomial Infection Transmission by White Coats Used by Physicians in Nigeria: Implications for Improved Patient-Safety Initiatives,” C.J. Uneke and P.A. Ijeoma examine another relatively simple intervention beyond handwashing or antibiotic gels – that of using clean clinical garb. Microbiological analysis of cuffs and pockets of white coats in a teaching hospital in Ebonyi State, Nigeria, revealed a stunning bacterial contamination rate of over 91%. Variation in contamination rates was also identified by level of physician and area of the hospital. Implications for improved patient-safety initiatives are straightforward through improved clinician habits; however, behaviour change can be as difficult to realize on the part of providers as it is with patients.

The final article, “Safe Abortion Services in Nepal: Initial Years of Availability and Utilization” by Shyam Thapa, Kasturi Malla and Indira Basnett, documents what happened in Nepal with the

liberalization in 2002 of highly restrictive abortion laws. The legislative change was in recognition of the dangers of illegal abortions and was intended to improve maternal health and well-being. This policy change is highly consistent with MDG 5, to improve maternal health by reducing by three quarters the country's maternal mortality ratio and providing universal access to reproductive health services. Thapa et al. surveyed 672 clients at an urban maternity hospital and concluded that early results from legalizing abortion services have been successful in terms of access and satisfaction. This case study is particularly timely given the editorial that appeared last in *The Lancet*, "Unsafe Abortions: Eight Maternal Deaths Every Hour"<sup>3</sup> in response to the Guttmacher Institute report updating the status of abortion services and outcomes worldwide since 1999. Further follow-up on the experiences in Nepal will be interesting.

In conclusion, we hope that you find the papers in this issue interesting and valuable, 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.

John E. Paul, PhD  
Editor-in-Chief, World Health & Population  
[paulj@email.unc.edu](mailto:paulj@email.unc.edu)

## End notes

<sup>1</sup> See, for example, Vincent, J.L, D.J. Bihari, P.M. Suter, H.A. Bruining, J. White, M.H. Nicolas-Chanoine, M. Wolff, R.C. Spencer and J. Hemmer. 1995. "The Prevalence of Nosocomial Infection in Intensive Care Units in Europe: Results of the European Prevalence of Infection in Intensive Care (EPIC) Study." *JAMA: the Journal of the American Medical Association* 274(8): 639-44; and Richards, M.J., J.R. Edwards, D.H. Culver, R.P. Gaynes and the National Nosocomial Infections surveillance System. 1999. "Nosocomial Infections in Pediatric Intensive Care Units in the United States." *Pediatrics* 103(4): e39.

<sup>2</sup> Pittet, D., S. Hugonnet, S. Harbarth, P. Mourouga, V. Sauvan, S. Touveneau and T.V. Perneger. 2000. "Effectiveness of a Hospital-Wide Programme to Improve Compliance with Hand Hygiene." *The Lancet* 356(9238): 1307-12; and Pittet, D. 2003. "Hand Hygiene: Improved Standards and Practice for Hospital Care." *Current Opinion in Infectious Diseases* 16(4): 327-35.

<sup>3</sup> 2009. Unsafe Abortions: Eight Maternal Deaths Every Hour." [Editorial] *The Lancet* 374(9698): 1301.