

tion of deaths, because most people who die in poor countries will not have access to an orthodox health-care worker. India has had since 1971 a low-cost sample registration system (SRS) of documenting births and deaths in a few thousand sample areas throughout the country, from which national death and fertility rates have been estimated. Adding information on causes of death to the SRS was highly cost-effective: we spent less than US\$ 1 million for 1 million households. Over the next few years, the SRS can effectively monitor the impact of the Indian government spending an extra 1–2% of gross domestic product (some US\$ 8–16 billion a year) on health. So the correct question might be how can we NOT afford to count the dead? Sample systems are certainly not perfect, but represent a reasonably rapid way of improving information on causes of death. We cannot really measure progress in disease control in Africa, for example, if we don't know the major causes of death reliably in children, but particularly in adults.

*Q: You have also studied “missing” female births in India, apparently associated with pre-natal sex determination and selective abortion of female fetuses. On an issue like this, how do you balance scientific objectivity with advocacy?*

A: My two young daughters ask me the same question! The best advocacy is serious objectivity. Our study of 135 000 births in 1 million homes found that selective abortion may account for 500 000 missing girls every year – about 10 million missing girls from 1985–2005. This article caused a huge storm in India. I am hopeful that the debate will continue. Selective abortion was recently shown on Indian soap operas, for example.

I am an optimist: I believe that if people – the public at large and decision-makers alike – are given trustworthy information, they will respond appropriately. The scientific community has a responsibility to be rigorous and objective in the information it provides, without resorting to “advocacy numbers”. Getting the numbers right is an area where WHO can play a leading role.

*Q: Even without good data, there still has to be priority-setting. How can decision-makers attract attention to less glamorous problems?*

A: Governments, research agencies and public health institutions have to focus not only on the dramatic, but the routine. The twentieth century saw 20 to 100 million deaths from pandemic flu and 200 million deaths from wars and famine, but 2 billion deaths from

preventable childhood causes. Today, we've got unprecedented attention to global health, including from the media and pop stars. I'm optimistic that the coming decade could be transformative for health. A concerted effort against a few big diseases globally could transform developing countries. That needs the ruthless discipline that good public health science demands.

*Q: Where is this “ruthless discipline” needed?*

A: Ruthless discipline in objectivity, measurement and in priority-setting: we need to identify the big problems and approach them seriously. We need to fund only interventions that work (in the case of smoking – taxes, advertisement bans and cessation clinics) and not resort to wishful thinking (for example, anti-smoking messages within school health curricula). Moreover, in this Internet era, even weak or biased research can easily create headlines and force governments to react to what appear to be priorities. To counter some of these flights of fancy, we need to ensure ongoing and sufficient public funding of epidemiological research. Such research keeps political attention focused on the big problems and also helps to keep politicians accountable for better health. ■

### Recent news from WHO

- On 29 January, WHO Director-General Dr Margaret Chan welcomed the Bill & Melinda Gates Foundation pledge of US\$ 10 billion over the next ten years to accelerate **global vaccine efforts**. “The Gates Foundation’s commitment to vaccines is unprecedented, but needs to be matched by unprecedented action. It’s absolutely crucial that both governments and the private sector step up efforts to provide life-saving vaccines to children who need them most,” said Dr Chan.
- The Bill & Melinda Gates Foundation announcement comes on the tenth anniversary of the establishment of the **Global Alliance for Vaccines and Immunization (GAVI)**. Dr Chan also congratulated the GAVI Alliance on its accomplishment of reaching 257 million additional children with new and underused vaccines.

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