Reviewer's report

Title: Mortality profiles in a country facing different stages of epidemiological transition: An analysis of registered data

Version: 1 Date: 2 October 2008

Reviewer: Chalapati Rao

Reviewer's report:

Major compulsory revisions.

1. The authors have used age-standardized mortality rates to assess mortality differentials at sub national level as well as to assess trends over time. However, summary life table measures such as life expectancy at birth, risks of under five mortality, and adult mortality (risk of dying between 15 and 60) are conventional measures that are more informative in assessing such differentials; and are routinely used in WHO reports to compare mortality across countries. Hence, the authors should calculate these measures at least for urban/rural; and the four major regions. These should be reported both from raw data as well as following adjustment for under-registration.

2. The actual method applied in assessing under registration using model life tables needs to be described with more clarity. The authors should also include a note in the discussion of other methods that could be applied to assess under registration, as in the following reference:


2. The cause of death categories reported should be qualified with corresponding ICD codes, preferably from both ICD 9 and 10. The categories used here do not correspond clearly with any known list, e.g. Acute Airways Disease is non-specific (and is not a category in ICD 10; or even the PAHO 6/67 List); and suggests Acute Asthma; but over here includes deaths due to pneumonia; which is actually a parenchymal disorder. Hence, ICD codes will at least provide an understanding of the conditions included in each reported category.

3. The raw data would have proportions of deaths that had been assigned to the ICD Chapter 'Symptoms, signs and ill-defined conditions' for each year. These proportions should be reported, for readers to get an idea of the overall data quality, an the potential biases that could exist in the available proportions for specific cause categories.
Discretionary Revisions

1. Given the significant under reporting in many of the departments, the author could probably restrict the main analyses to the four regions, which themselves demonstrate significant heterogeneity in mortality profiles. Additional information on heterogeneity at department level could be mentioned in the text.

2. The authors declare in the discussion that there is no audit system to evaluate the quality of data from registration systems. They could read the following articles that provide some details on frameworks for such evaluation.


3. There are some portions of the text (particularly in the discussion) which could be reworded to provide greater clarity and ease in reading; and these changes could be effected by a close review by an experienced English language scientific expert.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.