Reviewer's report

Title: Social autopsy: Providing evidence on failures in the pathway to survival, and increasing awareness to empower communities and engage health programs

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Reviewer: Maria de Fatima Marinho de Souza

Reviewer’s report:

It was a pleasure to read the paper. It has a nice style and good foundation; it contributes to the debate about the determinants of Child and Maternal death, and the Health Care issue.

I could not find any important problems in the text. So I will raise some minor points to debate with the authors.

One point is about the Three Delay Model, and the significance of separating the access to health services in different delays.

The Three Delay Model

1- The model starts off with the first delay on the identification of risk signs at home and not seeking medical help in time.

2- The second delay is related to the accessibility to health care services when concerning social-geographical barriers (physical-social obstacles between the community and health care services etc)

3- The third delay is related to the accessibility to health care services when social-institutional barriers are concerned (cultural differences, human resources, the ability of health care services to respond, etc)

Points to be debated:

a. Wouldn’t the first delay be the result of the other delays? Wouldn’t the community’s knowledge on the difficulties of access to health care also be a determinant in the delay to seek assistance? If an easy access to health care existed along with transportation and health assistance to those who seek it, wouldn’t a family’s delay be the same?

b. Are the second and third delays representatives of the difficulties or lack of access to health care assistance? Aren’t these issues a result of poor planning of the organization and operation of health care systems?

Another point to be made is the “no blaming” approach. I agree that if you are trying to have a diagnostic of the situation and figure out a broader model of determination than to start off by blaming everyone is not the best strategy and it can bring more problems than solutions. On the other hand, it is also important to consider that there is a lot of negligence when it comes to the health care
service’s dealing with the poor population and that can cause damage to people’s health and even death. Observe that in the verbal autopsy article that took place in Brazil in a state in the Northeast part of the country, families would seek and get health care assistance to their kids, but “almost all the infants who died at home, however, had been examined one or more times by a doctor, and 36% of them had been hospitalized during the disease episode that resulted in death”.

This is the most common scenario in countries with a good health care coverage and high infant mortality within the poor population. Therefore, the responsibility that lies within rulers and health workers is vital to maintain sustainable changes in time. One point that is always discussed with hospital directors and regional health managers is that when applying verbal autopsy questionnaires within any country, we will find problems in health care assistance, several doctor misconducts and negligence. What we want is to discuss these issues with them and seek joint solutions.

The issue of hiding maternal deaths by omitting the information happens in all countries that have started the auditing process of these deaths. It is fundamental to establish the process of surveillance of deaths of women within reproductive age and hence to show that every death that happens is relevant and there will be action from part of the public authorities and the community with the intent of acknowledging the causes, preventing future deaths and promoting health.

Lastly, I would like to commend the care the authors had in valuing the empowerment of the community as a fundamental strategy to necessary social changes in order to prevent maternal and infant deaths, as well as other deaths. In our experience, only an empowered population that is conscious of the health issues that affect them can really change the health care situation in the poorest areas and give sustainability to these changes.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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.