INTRODUCTION
Adult mortality in sub-Saharan Africa is difficult to estimate because of the lack of reliable data. We provide original estimates of adult mortality (between ages 15 and 60) in the rural population of Mlomp, in Senegal, which has been monitored for twenty years.

POPULATION AND DATA
In Mlomp, the demographic surveillance started in 1985 with an initial census. The demographic events (births, deaths, migrations and unions) are recorded yearly. Causes of death are determined using verbal autopsies.

Mlomp is located in south-west Senegal, in Casamance. The population is rural. They are mostly Diola, animist or Catholic. The local health care system has been functioning since the early 1960s, with a dispensary and a maternity clinic.

The climate is subtropical with alternating dry and rainy seasons. Rice cultivation is the main local economic activity. Men migrate during the dry season (fishing/harvesting palm wine), and young women migrate before their marriage in urban areas (domestic servant).

The population totalled 8,008 persons in January 2005. During the period 1985-2004, fertility (TFR = 4.2 children per women) and child mortality (Q<sub>0</sub> = 0.101) were relatively low for a rural area in Senegal.

ADULT MORTALITY LEVEL
Probability of dying between the ages of 15 and 60, by sexe and period

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<tbody>
<tr>
<td>Men</td>
<td>0.269</td>
<td>0.300</td>
<td>0.329</td>
<td>0.339</td>
<td>0.310</td>
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<tr>
<td>Women</td>
<td>0.134</td>
<td>0.182</td>
<td>0.170</td>
<td>0.189</td>
<td>0.167</td>
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1) The level of mortality is low for women & high for men.
2) Adult mortality has increased for each sex.

CAUSES OF DEATH AMONG ADULTS
Mortality rate by cause of death, period, sex, and age group

3) Dramatic impact of the sinking, in September 2002, of the "Joola" (the boat which connected the Casamance region and Dakar, the capital).
4) Major causes of death: injuries, neoplasms, cardiovascular diseases, and tuberculosis.
5) Trends are not easy to observe.

DETERMINATION OF CAUSES OF DEATH
Physicians establish the cause of the death on the basis of verbal autopsies: questionnaires administered to a relative of the dead person to collect history of the disease and the symptoms prior to death. The validity of the method depends on specificity (a wrong cause of death may be diagnosed), and sensitivity (a death can be attributed to a cause other than the real one) of the causes.

In Mlomp, medical information provided by health institutions (dispensary and maternity clinic) help the physician to diagnose and increase the specificity. But, a large proportion of deaths between ages 15 and 60 are ill-defined: general symptoms (4%), particular symptoms (9%) or unknown cause (11%). The methodology used for analysis is a re-distribution of ill-defined causes across all the other groups of causes, proportionally by sex and age group.

CONCLUSION
Adult mortality has been increasing in Mlomp since 1985. And there is a large difference between men and women, due in part to high violent mortality among men. Mortality from communicable diseases remains high, and non communicable diseases seem to have a larger impact than in an industrialized population.

Adult mortality in Mlomp is characterized by a double burden: communicable and reproductive diseases on the one hand, non-communicable diseases and injuries on the other.