Dear readers,

You are most welcome to the celebrated first issue of *African Health Sciences*. This issue marks the beginning and sets the foundation for this new journal which has been initiated by Makerere University Faculty of Medicine better known as Makerere Medical School. Starting a new journal is a major undertaking. In the world there are many examples of journals which were started only to wither away after some years and take their place in the archives of non sustainable publications. *African Health Sciences* has received long and careful planning to enable it to live on for generations. It is broad based covering a wide array of health sciences. It shall provide a forum for presentation of multidisciplinary and transdisciplinary health related studies and will strive to promote evidence-based health service delivery. Though initiated by Makerere's Faculty of Medicine it will serve the international community and especially the African region.

Prof. Nelson K. Sewankambo  
Dean, Faculty of Medicine  
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I am very pleased to welcome the first edition of *African Health Sciences*. As the Editor has rightly indicated, there are many reasons for such a journal. Firstly, it will be a forum for regional and local medical opinions which while relevant to local practice and research, may appear less important to the editors of journals in more developed countries. Secondly, it will be a forum for clinical research in the African continent. In these days of laboratory based sciences, clinical research sometimes appears as a poor relative alongside the 'cutting-edge' technology of molecular investigation. Indeed the precision, predictability, and elegance of modern DNA technology can make clinical research appear gross, poorly controlled, and essentially inaccurate. There is therefore a tendency to mimic the laboratory based disciplines of developed countries and to ignore the enormous potential of clinical studies. It is true that clinical studies are often imprecise and difficult to perform needing careful protocol development and statistical analysis but well performed clinical studies can make fundamental contributions to the understanding of disease and disease processes. The tropics abound in unique clinical material. This enormous strength is just as powerful as the sophisticated molecular technology pursued elsewhere. In many diseases, it will be careful clinical studies that will define the questions most relevant for our molecular colleagues to answer. Rather than attempt to mimic the high technology approaches more suitable to developed countries, we should build on our unique clinical strengths. Clinical research is not a second class pursuit but a difficult discipline which, if well performed, may make profound contributions to African health.

In my own field of sickle cell disease, I am convinced that clinical studies have much to contribute. The molecular basis of sickle cell disease was postulated by Linus Pauling over 50 years ago and confirmed seven years later, yet the enormous resources devoted to laboratory based studies have so far had little impact on the management of the disease at the bedside. It is clinical studies which have identified the major causes of morbidity and mortality and evolved simple, cost-effective interventions to reduce these. No single discipline has a monopoly of the truth and all may contribute. Many institutions in Africa have limited facilities and infrastructure; these will eventually be developed but in the meantime, Africa has unique clinical resources often not available in more developed areas. These are your strength. Clinical research need not be a poor relative but should be a powerful tool for the investigation of disease.

In the belief that this new journal will encourage African health care personnel to perform good clinical research and that the journal will provide a forum for peer-reviewed work of international status, the advent of *African Health Sciences* is to be welcomed by all in the scientific community.

Graham Serjeant  
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