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Welcome to this March 2019 issue of *African Health Sciences*. It comes at a time when our continent has been hit by a major cyclone along the south east coast, affecting largely Mozambique, Malawi and Zimbabwe.¹

Meanwhile we continue struggling with a huge burden of endemic infectious diseases with worrying non-communicable diseases, especially cancer and diabetes mellitus.

Thus, we have papers on TB susceptibility², sputum collection for TB diagnosis in Burkina Faso³, and a review of long neglected diseases such as leishmaniasis⁴, schistosomiasis⁵ and *Hymenolysis nana*⁶. While Ugandan authors⁷ bring us to speed on bednets, a Tunisian group, have an interesting treatise on resistance to temephos⁸ and organophosphate⁹ by *Culex pipiens pipiens* mosquitoes. The infectious disease theme continues with three papers^{10,11,12} on *Staphylococcus aureus*. This is followed by very interesting work on various viral illnesses^{13,14,15,16}, and disinfection¹⁷. An exploration on immuno deficiencies then follows^{18,19}. This leads into sexual and reproductive health issues. Specifically, there is a report on high risk sexual behaviors among adolescents in Nigeria²⁰, and sexual harassment in higher education institutions in South Africa²¹. This is followed by issues of gender based violence in Nigeria and Mozambique^{22,23}.

The theme then thrusts us into the issue of risk factors for still births in Pakistan²⁴, prevention of postpartum haemorrhage²⁵, and UTIs in pregnancy²⁶, universal health access²⁷, and feticide²⁸. Newborn survival²⁹, resuscitation³⁰, malnutrition³¹, child health services in Uganda³², and vaccination coverage³³ cap this section on child health.

Now to the long awaited but ubiquitous challenge of non-communicable diseases! But you people! What are we going to do? The section includes a randomized clinical trial of *fennugreek* versus glibenclamide for treatment of diabetes mellitus³⁴ and gives us a flavour of indigenous knowledge and herbal medicine. The next five papers all

tackle aspects of diabetes mellitus (DM). Hence, we have one paper on the use of neutrophil to lymphocyte ratio for assessing control in type2 DM³⁵, albumin to creatinine ratio for microalbuminuria in DM³⁶, diabetic foot ulcers³⁷, use of the insulin pen³⁸, and perceived barriers to insulin the therapy in type 2 DM patients³⁹.

Now to other non-communicable diseases (NCDs). Anthracyclines and cardiotoxicity in cancer patients⁴⁰, mitral valve disease⁴¹, prostate specific antigen⁴², DNA in Barrett's esophagus⁴³, amelostoma and reactive hyperplasia in Nigeria^{44,45} and precancerous lesions and HIV in Ethiopia⁴⁶ all usher in diverse but disturbing cancers.

The next papers are on aspects of practice of surgery, psychiatry and medicine in Africa. Strange bed fellows? Hence, we have a paper on the use of the laryngeal mask on post-operative sore throat⁴⁷, vortioxetin for depression⁴⁸, orthopedic back pain and depression⁴⁹, propofol for emergency tonsillectomy⁵⁰, elective abdominal surgery complications⁵¹, hypertensive crises⁵², surgical emergencies⁵³, surgical needs of the elderly⁵⁴, and prophylactic removal of the third molar⁵⁵.

We conclude this rich menu of papers with what one would call a mixed salad: effect of oral contraceptives on periodontal health⁵⁶; mental health and temporomandibular disorders⁵⁷; and end with the reliability and validity of the patient activation measure PAM⁵⁸.

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