

Editorial

Its now official: we are on MEDLINE and Index Medicus

Yes it is official! *African Health Sciences* has now been accepted on MEDLINE/Index Medicus. There is no doubt that this will have a major impact on the future influence and impact of the journal and in the process contribute to the information revolution sweeping across the African continent. Many thanks to our contributors, readers, editorial advisors and well wishers. Without your support this would not have been possible. We greatly appreciate your support. Please keep the torch burning: one good turn deserves another.

In this first issue of 2003 *African Health Sciences* has a recurring theme: quality of health care. Thus Ogwal Okeng and colleagues' article on chloroquine on the Uganda market¹ sends a clear message: there is need for vigorous pharmacovigilance in view of the fact that 50% of chloroquine injection sample failed the safety test!

In keeping with its international nature, *African Health Sciences* brings you results of a study on family communication about HIV/AIDS and sexual behaviour among secondary school students in Accra Ghana². Adu-Mireku found that 1 in 4 students were sexually experienced and of these 64.7% had had their first sexual intercourse by 16 years. Unfortunately more than half had had unprotected sex. However communication with family members, about HIV/AIDS especially between students and parents increased the odds of condom use. Food for thought?

Richard Idro's article on malaria³ reminds us that malaria is a devastating illness especially when accompanied by the twin complications of severe anaemia and cerebral malaria. While our understanding of malaria pathophysiology increases by the day, there is need for innovative strategies to operationalise malaria control strategies with proven scientific value such as use of insecticide-treated materials.

Returning to the theme of school health, Wandera and Twa-Twa's study of oral health⁴ of primary and secondary school pupils in Uganda showed 1 in 3 pupils had dental caries and 1 in 6 had fluorosis. Factors contributing to these disturbing findings need urgent attention.

Also needing attention are blood glucose monitoring systems in Uganda. In their paper on

the accuracy of self monitoring blood glucose meter systems in Kampala, Bimenya and colleagues⁵ report that the systems are poor performers, and call for a quality control system. Perhaps the Uganda Bureau of Standards or the National Drug Authority need to be proactive and take the initiative to save what appears a very disturbing state of affairs.

You talk of innovation! Emily Muga⁶ of the Tropical Institute of Community Health and Development (TICH) in Kisumu, Kenya reports results of an interesting study of disability in children using the 'ten questions' screen. Emily calls for concerted efforts to sensitize parents and communities about disability especially about the need for community based interventions which do not require highly specialized personnel.

In his special article, Prof. Paget Stanfield formerly of the Makerere Medical School in Kampala, now living in retirement in the UK, provides counsel of perfection.⁷ In a parental style he reminds us of the attributes of good practice.

In our practice points we bring you the Uganda Breast Cancer guidelines whose objective is to foster early detection, harmonize treatment and referral of patients.⁸ We hope that it will assist in highlighting breast cancer as a very important public health problem. Finally don't forget. *African Health Sciences* is now on MEDLINE/Index Medicus. It is your gateway to a large international audience and knowledge. Go for it!

References

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