



Editorial

Establishing a new frontier in respiratory health in Africa

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First, let me welcome everyone to the maiden edition of the Journal of the Pan African Thoracic Society (JPATS). This new journal heralds a new frontier in the leadership of the PATS in the fulfillment of its goal to improve lung health in Africa.

As I introduce the new Journal, I wish to clarify that PATS is no longer associated in any way with the African Journal of Respiratory Medicine or its publishers. The JPATS is the only official journal of PATS and it is wholly owned by PATS.

JPATS is positioned to provide high-quality original research, reviews, commentaries, case reports, editorials, letters to the editor, policy statements and guidelines in the area of pulmonary, critical care and sleep medicine, including thoracic surgery, thoracic oncology, environmental and occupational lung diseases, as well as respiratory public health-related research. Our aim is to provide an authentic, authoritative, and reliable platform not only for the publication of African-related research but also to be truly global in the information we share, and the appeal and readership we attract. We are driven by an editorial policy to publish research that not only has international flavor but also links research to practice and policy. We also aim to promote debate and discourse through stimulating editorial contributions from within and outside the editorial board.

We are keenly aware that the success of any journal hinges heavily on a strong, committed, and experienced editorial board and on the efficiency and quality of the review process. As chief editor, I am fortunate to have the support and broad expertise of a team of subeditors and editorial advisers from many African countries. Dr. Ahmed Garib (Egypt) and Dr. Clement Likhovole (Kenya) have clinical and basic science expertise and they are subeditors for the adult pulmonary section, with Prof. Stephen Gordon (Malawi) as editorial adviser. Dr. Adaeze Ayuk (Nigeria) and Dr. Marco Zampoli (South Africa) are pediatric subeditors with Professor Heather Zar (South Africa) as editorial adviser. Also, Dr. Victor Adepoju (Nigeria) and Dr. Jane Ong'ang'o (Kenya) serve as public health subeditors with Prof. Chakaya Muhwa (Kenya) as editorial adviser. Our network of students and faculty from the PATS MECOR program and our strong linkages with the British Thoracic Society, American Thoracic Society, European Respiratory Society, and many National Thoracic Societies across Africa provide us additional editorial expertise to leverage upon in the pursuit of our goals. In addition, we have secured a fully automated online manuscript management system and our double-blinded peer-review process is organized, seamless, prompt, and a good experience for authors, reviewers, and editors.

The theme of this issue: Advancing respiratory health in Africa: COVID-19 and beyond, is truly germane and in sync with the current global circumstance. We understand that COVID-19 is primarily a respiratory disease with multisystem involvement that has shown predilection

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for increased mortality among persons who fall into the conundrum of being older, in the low socioeconomic class, have pre-existing chronic disease and exposed to high levels of air pollution.^[1-3] Notwithstanding the relatively young African population (median age 20 years), these other risk factors for poor outcome for COVID-19 are pervasive in Africa. Low socioeconomic status which is associated with the reported racial disparity in mortality in Europe and the United States is a major challenge on the African continent where over a third of the population live below the poverty line.^[2,4] Many African cities are polluted, with three ranking among the 30 most polluted cities globally.^[5] Emerging evidence has shown that exposure to high level of ambient air pollution increases transmission of the SARS-CoV-2 virus and mortality from COVID-19.^[3,6] Particulate matter is postulated to transmit the virus within the atmosphere and deep into the lower respiratory tract. It also impairs respiratory defense from both long-term and short-term exposures.

It is noteworthy that the risk factors for increased morbidity and mortality from COVID-19 also underline the high burden of acute and chronic respiratory diseases faced by the African continent prior to the pandemic. The review articles by Zampoli *et al.*^[7] in this issue of JPATS highlights the burden of respiratory disease in Africa, the strides made in advancing respiratory health in Africa and directions for future efforts. The global lock down employed in the management of the COVID-19 pandemic had positive effect in mitigating the spread of the SARS-Cov-2 and on air quality, however, the increase in social and economic hardships may have caused a greater collateral damage in Africa where economic and social safety nets are limited. The letter to the editor by Schewitz *et al.*^[8] in this issue of JPATS highlights some of the unintended consequences of the response to this pandemic in Africa and brings to the fore the need for Africa to contextualize its response based on local exigencies. While social distancing, hand washing, and wearing of face masks are universal strategies for mitigating the pandemic, a nuanced approach is needed regarding lockdowns and suspension of services. I also believe that Africa should focus on harnessing the response to this pandemic for improvement in its health services, infrastructure, and policies for the prevention, diagnosis, and treatment of respiratory diseases. Improvement in social support and socioeconomic status of the African population which underpins exposure to multiple respiratory risk factors is crucial and may provide the greatest benefit for respiratory health during this pandemic and beyond. Uwaezuoke's^[9] review in this issue of JPATS examines the weak African health system and proposes approaches to harness the positive fall outs from this pandemic for sustained improvement in African health systems. For example, enhanced laboratory capacity for molecular testing as a fall out of this pandemic could improve the diagnosis of other viral diseases such as influenza which is usually unrecognized in many parts of Africa. The article by Anjorin *et al.*^[10] in this

issue demonstrates that influenza is a relatively common cause of febrile illness among Nigerian children. This is important because influenza is rarely diagnosed in Nigeria and there is no routine vaccination program for influenza in the country.

To conclude, I thank the PATS President Dr. Joe Alouch and the PATS executive committee for entrusting me with the task of leading this editorial board as chief editor for the next few years and for the support that I have received. We are cognizant of the challenges ahead of us in meeting the objectives we have set for this journal and the goal of building a lasting legacy for our association and the continent. The economic challenges in operating and sustaining a high-quality journal have made it imperative to institute a modest article processing fee for all accepted manuscripts and we have set a rate that is considered non-prohibitive for researchers across the globe. The reputation of excellence that PATS has built as a society is definitely a driving force behind this journal and our guiding principle as we face the task ahead. We are counting on the support of all PATS members and our global partners in our strive to take our place as the leading voice in respiratory related research in Africa.

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