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First word

At the end of the BOLD (Burden of Obstructive Lung Disease) study on Chronic Obstructive Pulmonary Disease (COPD) carried out in Ife, Nigeria, in collaboration with Imperial College London, the findings of the research work were presented to the community from which the data was derived. I think this is the first time researchers have done this. The discussion that ensued was interesting with the community asking many questions about their respiratory health.

This is the way research should be done in the developing world. We should not only be interested in research but addressing the real issues; not just gathering data but sharing results with the people affected and possibly introducing interventional strategies to tackle the challenges that arise during the research. There must be a partnership between the academia (gown) and the town. Data collection and processing should not just stop at the level of publishing them in journals; we must institute means of reducing diseases in our communities.

This issue of *ARJM* shows that both communicable and non-communicable diseases pose major problems in Africa. In the past, emphasis was on pneumonia and tuberculosis. Now, we are seeing diseases like asthma and COPD on the rise, due to the increase in smoking and persistent use of biomass fuel. While we will like to encourage researchers to continue studies on epidemiological, investigative, and therapeutical research, we also want them to go further to see how to intervene and decrease the burden of these diseases in our society.

There is a need for integrated efforts among policy makers, researchers, donor agencies, and other philanthropists who are interested in respiratory diseases. We hope this issue will challenge the way we think and possibly help us to focus on a new strategy to reduce the burden of diseases in Africa.

Prof. Gregory Erhabor, Editor

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