

## **“WE ARE WHAT WE REPEATEDLY DO. EXCELLENCE, THEN, IS NOT AN ACT BUT A HABIT”. ARISTOTLE.**

We are delighted to be back to work, back to operating and back to reconnecting with each other. Am delighted we have a volume 5 no. 2 issue, with articles from Kenya, Ivory Coast and Zimbabwe. Whilst still in the midst of the COVID 19 pandemic, restricted travel abroad has resulted to either online training or postponement of specialized medical training or fellowships for some. We have been fortunate to have monthly Continuous Medical Education (CMEs) amidst the pandemic. The scope of CMEs have indeed evolved over the years from clinical updates to personal development CMEs which target social and managerial development skills, leadership and communication, research and scientific writing, to multidisciplinary patient care and now more recently to virtual CMEs.

Evidence-based studies suggests that no practitioner can hope to remain competent for more than a few years after graduating without a program of active learning. As such a system of life-long learning must be followed. The health goal (SDG 3) is to ensure healthy lives and promote wellbeing for all at all ages. The SDG declaration emphasizes that to achieve the overall health goal universal health coverage and access to quality healthcare must be achieved. “No one must be left behind”. That said, Africa accounts for 29% of the global health burden with only 3.5% of healthcare professions. According to the WHO global health workforce statistics, both Kenya and Zimbabwe have 0.2 physicians per 1000 people<sup>1</sup>.

At the start of the millennium, Zimbabwe underwent both political and economic upheaval which resulted in reduction of government funding of health institutions and State Universities. Subsequently, there was an exodus of Academic Faculty with many leaving the country for better remuneration elsewhere<sup>2</sup>. With hyperinflation, there has been a reduction in patients seen in the public hospitals which has subsequently reduced clinical exposure for medical trainees<sup>2</sup>. Therefore in order to achieve the goals of SDG3 it is imperative that a collaboration between the private and public sector be forged to ensure quality and accessible healthcare for all is achieved.

A Complete Blood Count (CBC) is routinely carried out before during and after cancer treatment. The CBC roughly estimates the patient's anaemic, nutrition, inflammatory, and immunologic status. Results from a cross-sectional case control study done in Kenya, showed that patients with mucosal head and

neck squamous cell carcinoma had significantly lower levels of haemoglobin and mean corpuscular volume, which was directly proportional to the stage of cancer<sup>3</sup>.

The WHO describes probiotics as live microorganisms, which when administered in adequate amounts confer a health benefit to the host. They are mainly consumed in fermented foods such as cheese and yoghurt. Their inherent biological feature enables them to predominate and prevail over potential pathogenic microorganisms. Probiotics that have been tailored to treat atopic diseases are growing in the market. A review of literature using PubMed search engines to determine the contribution of probiotics in the management of chronic rhinosinusitis showed no consensus on the sinus microbiome, due to the imbalance of bacteria species in the sinuses. *Lactobacilli* strains have been the most widely used probiotics and its administration via nasal route has been effective both in adjuvant therapy and prevention of chronic rhinosinusitis<sup>4</sup>.

I hereby invite you to read the articles with a sense of critique and I will be glad to publish any letters that will emerge from this issue. I wish you all an enjoyable reading.

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**Editor-in Chief**

## **REFERENCES**

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