EDITORIAL

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FROM LOCAL EVIDENCE TO GLOBAL RELEVANCE: ADVANCING HEALTH RESEARCH THROUGH CONTEXT, COLLABORATION, AND TRANSLATION

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Consequential medical knowledge is best generated in settings that reflect the everyday experience of medical practitioners, patients and their caregivers; across hospitals, communities, institutions, and the health systems within which they all exist. This issue of the journal provides a compelling illustration of this perception. Its 27 contributions span diagnostic medicine, surgery, cardiology, oncology, infectious diseases, public health, medical education, rehabilitation, laboratory medicine, critical care, reproductive health, and research methodology. Although diverse in subject matter, they share a common intellectual purpose: to generate evidence that is responsive to the realities of the populations and health systems in which care is delivered.

A striking feature of this collection is its grounding in African clinical and community settings, demonstrating the value of assessing locally relevant questions and addressing context-appropriate concerns systematically. It reflects essentially that epidemiological patterns differ between populations; diagnostic thresholds may perform differently across settings; health-seeking behaviour is influenced by social and cultural circumstances; and the effectiveness of interventions depends, in part, on the systems in which they are implemented.

The radiological studies in this issue exemplify this principle. The retrospective assessment of meniscal injuries on knee MRI contributes to the characterisation of imaging patterns in an African clinical population, while the study of normative ocular metrics among healthy infants provides reference information with potential relevance to paediatric ophthalmic assessment. The review of population-specific auricular morphometry further reminds us that anatomical variation is not simply an academic observation: it may have implications for forensic anthropology and reconstructive surgery.

Clinical medicine is represented through studies that examine conditions across different stages of disease and different levels of healthcare. The 20-year retrospective study of hypertrophic cardiomyopathy at the University College Hospital, Ibadan, reflects the importance of longitudinal institutional experience in the understanding of such complex cardiovascular disease. The investigation of C-reactive protein in hypertensive heart failure with and without atrial fibrillation explores the intersection between inflammation and cardiovascular phenotype, while the study of vitamin D status and cardiovascular disease risk among office workers addresses a contemporary question regarding how occupational characteristics impact cardiovascular health and how they can be improved. The oncology contributions similarly demonstrate the value of integrating clinical, pathological, biochemical, and epidemiological perspectives.

Reproductive, maternal, neonatal, and child health are represented by several contributions that move beyond biomedical endpoints to consider the circumstances in which health interventions succeed or fail. This emphasis on context is particularly relevant to the article examining the health and social impacts of digital technology on African children. This article re-examines questions concerning exposure, behaviour, privacy, safety, and social wellbeing of children being exposed to the world of internet and social media. The issue also gives considerable attention to infectious diseases. The investigation of pulmonary tuberculosis risk factors among prison inmates draws attention to the intersection of communicable disease and institutional environments. The study of nasal carriage of *Staphylococcus aureus* among health-profession students, including comparison between preclinical and clinical phases of training, addresses how the environment predisposes to infection. These studies demonstrate how surveillance can serve both clinical and preventive purposes.

Perhaps especially timely is the methodological contribution emphasizing that exclusion criteria are not simply the inverse of inclusion criteria. This seemingly straightforward distinction has profound implications for clinical and health research, one that is particularly relevant to the researcher.

These articles collectively illustrate an important feature of contemporary medicine: rare diseases and common diseases require different forms of evidence, but both demand methodological discipline. A case report can illuminate an unusual clinical possibility. A retrospective cohort can reveal patterns across years of institutional

experience. A cross-sectional study can characterize a population at a particular point in time. A narrative review can synthesize a fragmented literature and identify policy questions. None of these designs can answer it all; their value depends on whether the research question, methods, analysis, and interpretation are appropriately aligned. This, the editorial team has ensured was adhered to, in a bid to provide reliable medical evidence for the scientific community

This issue therefore invites us to think not only about what research discovers, but also about what happens after discovery. The manuscripts in this issue demonstrate that locally generated evidence can have global relevance when it is methodologically rigorous, clinically meaningful, transparently communicated, and connected to the realities of the people and systems it seeks to serve.

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