EDITORIAL

The need for Investment in Longitudinal Community-Based Cohorts

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In a developing country like Ethiopia, with a substantial population size and several public health challenges, including poverty, malnutrition, and diseases, it is important to have a good understanding of the health and well-being of the population. One effective method to achieve this is through community-based longitudinal cohorts. These cohorts provide insights into the dynamics of issues on the ground over time.

Cohorts are groups of people that are monitored over time to track their health and well-being. This information can be used to identify risk factors for disease, evaluate the effectiveness of interventions, and make policy decisions. Cohorts can be open-cohorts or closed-cohorts depending on the planned design and purpose and may take several years, even decades, to complete. They are cost and time-intensive but provide a very high level of evidence. Therefore, it is crucial for relevant stakeholders to strategically plan for them.

Some examples of existing initiatives, such as Health and Demographic Surveillance (HDS) of the INDEPTH Network and PMA 2020, should be mentioned. Especially with the current demographic and epidemiologic transitions Ethiopia is passing through, longitudinal evidence is highly sought after.

These cohorts can provide valuable information about the health and well-being of the population, which can be used to improve lives and well-being. As already mentioned, community-based longitudinal cohorts help to identify risk factors for diseases. This information can then be used to develop interventions to prevent disease. For example, if a cohort study finds that a particular group of people is at high risk for a certain illness and or risk factor, interventions can be developed to target that group. Community-based longitudinal cohorts are also used to evaluate the effectiveness of community-based interventions. This holds significance as it enables policymakers to make informed decisions regarding the effectiveness of different interventions.

For example, if cohort data suggests that a particular intervention is effective in reducing the risk of diabetes, then policymakers can make decisions to scale up that intervention. Such cohorts, therefore, can be used to make policy decisions as they provide information about the health and well-being of the population. This information can be used to make decisions about things like health care, education, and social welfare. For example, if a cohort study finds that a particular group of people is at high risk for poverty, then policymakers can make decisions to target that group with poverty alleviation programs.

In addition to the reasons mentioned above, community-based longitudinal cohorts have the potential to facilitate trust-building between communities and researchers. This is important because it can make it easier to conduct research in the future. When communities feel like they are being listened to and that their concerns are being taken into account, they are more likely to be willing to participate in research. This can lead to more accurate and reliable data, which can be used to improve the lives of people in the community.

Overall, community-based longitudinal cohorts are a valuable tool for improving the health and well-being of people in developing countries like Ethiopia. They can help to identify risk factors for disease, evaluate the effectiveness of interventions, and make policy decisions. Furthermore, they can help to build trust between communities and researchers. It is high time for the government and strategic partners to invest in such cohorts by considering their value they bring in terms of data quality and reliable information over time.

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