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The practice of rheumatology in Kenya: challenges and opportunities. ILAR visiting professorship program report

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Abstract International League of Associations for Rheumatology (ILAR) is committed to promoting the care of those with musculoskeletal diseases. To further this aim, ILAR sponsors visiting professorships to countries with minimal or underdeveloped rheumatology services to promote the awareness and improve skills in the management of musculoskeletal conditions. Professor Luis Espinoza was sponsored and visited Kenya in March 2005.

Keywords Education · ILAR · Rheumatoid arthritis · Rheumatology · Spodyloarthritis · Sub-Saharan Africa

Introduction

Musculoskeletal diseases constitute the commonest cause of disability in adults in developed countries, and regarding time lost from work, one in every seven patients attending a primary care clinic has a musculoskeletal complaint [1]. Although properly conducted epidemiological studies have yet to be performed, reports of population surveys from a variety of sub-Saharan African countries indicate that diseases such as rheumatoid arthritis, gout, and the connective tissue diseases are observed [2, 3].

While there may be debate concerning appropriate subspecialization within internal medicine in the African setting, there is no doubt that at present, rheumatology is being left far behind [3].

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With a population of just more than 30 million, Kenya has 5,000 doctors, 200 of whom are specialists in internal medicine (internists). Only two Kenyans have had some training in rheumatology. Only one is practicing rheumatology. The bulk of patients with rheumatic diseases are in the hands of “whoever they go to.”

There are no functional rheumatology clinics, and patient management is haphazard. This situation is exacerbated by the absence of epidemiological and clinical data on rheumatic diseases in Kenya. There are therefore no intervention strategies as there are no guidelines on patient management.

There are no well-developed curricular for teaching rheumatology. Thus, the result is inadequate teaching at universities and medical training institutions.

The practice of rheumatology is not well organized in hospitals. There is no specialist assigned to take care of patients with rheumatic diseases. Minimal resources are available for patient diagnosis and management. The needs are summarized in Table 1.

In Kenya, there are no organized rheumatic services both in the hospitals and in the community. There are no adequate resources to effectively diagnose and manage rheumatic disorders in Kenya [4]. Like in many countries in sub-Saharan Africa, there are no epidemiological data. There are no intervention strategies. There are no guidelines on patient management [4]. In a study whose aim was to determine the common musculoskeletal diseases among Kenyan patients attending an outpatient specialist rheumatology clinic, the spectrum and pattern of rheumatic disorders in Kenya were found to be similar to those seen in Western countries [5]. The need to address the challenge posed by the burden of rheumatic disorders in Kenya by setting up specialist rheumatology clinics was recommended [5].

Current efforts

The Africa League Against Rheumatism (AFLAR) under the chairmanship of Professor Girish M. Mody facilitated two symposia in rheumatology hosted by Kenya Associ-

Table 1 The needs for rheumatology in Kenya

Curricular development
Increasing awareness among health workers and policy makers and in the general population
Establishment of a referral rheumatology clinic
Upgrading of knowledge of physicians on rheumatic disorders
Hospital and population studies
Improved care and management of patients with rheumatic diseases

ation of Physicians. The interest generated resulted in the birth of the Association for Arthritis and Rheumatic Disorders of Kenya (AARD-K). Many physicians are now interested in rheumatology. The Kenyan government is showing keen interest and is considering rheumatology as a key area of concentration in the next phase of strategic planning for the Ministry of Health. Kenya is scheduled to host the 5th AFLAR Congress in February 2007. The minister of health in Kenya has endorsed the bone and joint decade.

Efforts to bring rheumatology to the national map in Kenya seem to be bearing fruits. However, there is a need for concerted efforts and sustained support and hence the need for International League of Associations for Rheumatology (ILAR) support through the visiting professorship program.

ILAR visiting professorship in Kenya: the report

The aims of the ILAR visiting professorship program in Kenya were to promote awareness of physicians on the burden of musculoskeletal disorders and to improve skills of physicians in the management of musculoskeletal conditions. The visit lasted from March 4 to 12, 2005.

The hosting organizations were Kenya Association of Physicians, Department of Medicine, University of Nairobi, and Association for Arthritis and Rheumatic Diseases of Kenya. The visit activities are summarized in Table 2, while the main outcomes are as depicted in Table 3.

Challenges for the future

This visit has posed challenges which will need to be addressed. Some of the challenges include, but are not limited to, obtaining funds to train additional rheumatologists, getting training places/institutions to train rheuma-

Table 2 ILAR visiting professorship in Kenya: activities

Speaking at the annual scientific conference of the Kenya Association of Physicians
Grand round speaking at the Department of Medicine, University of Nairobi
Speaking at the clinical meetings for the Nairobi Hospital and the Aga Khan Hospital in Nairobi
Speaking at postgraduate seminars in rheumatology—Department of Medicine, University of Nairobi

Table 3 ILAR visiting professorship in Kenya: main outcomes

1. Fifteen rheumatology sessions held in Nairobi
2. Three hundred physicians reached
3. Sixty residents in internal medicine and pediatrics reached
4. Fifty other health workers reached
5. Two physicians have already expressed interest in subspecializing in rheumatology
6. Meeting with the dean, Faculty of Medicine, University of Nairobi
7. Meeting with the principal, College of Health Sciences, University of Nairobi
8. Meeting with the Director of Medical Services, The Government of Kenya
9. Meeting with the chairman, Department of Medicine, University of Nairobi
10. Meeting with the chairman, Department of Medicine, Aga Khan University teaching hospital, Nairobi
11. Forty residents in internal medicine given ACR Core Curriculum in Rheumatology CDs donated by the ACR

tologists, and providing educational resources/materials and resource persons for future workshops and seminars. These areas should form the action points for ILAR and other collaborating bodies if the identified current difficulties of practicing rheumatology are to be resolved.

Conclusion

It is our hope that the goals that we set to achieve, namely, to promote awareness of physicians on the burden of musculoskeletal disorders and to improve skills of physicians in the management of musculoskeletal conditions, were met.

It is our hope that this meeting would somehow stimulate the interest of the medical house officers into a career in rheumatology. Three internists have already expressed interest in rheumatology and are seeking training opportunities. Due to the scarcity of rheumatologists in Kenya and the relative importance of rheumatic diseases, there should be better undergraduate and postgraduate trainings in these disorders to improve the recognition, diagnosis, and treatment of patients with rheumatic diseases. However, proper management of rheumatic conditions in Kenya will depend on the establishment of specialized clinics for rheumatology in the major hospitals, having more physicians trained in rheumatology, and in investment of more resources on research and in patient management. We strongly believe that the objectives of the ILAR visiting professorship (provide educational material, expert rheumatologists among others to parts of the world lacking rheumatology specialists) have been fulfilled. ILAR can play a lead role in facilitating the establishment of rheumatology in Kenya.

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References

1. Spector JD (1995) Epidemiology of rheumatic diseases. In: ML Snaith (ed) ABC of rheumatology. BMJ Publishing Group, London
2. Adebajo PA, Davis P (1994) Rheumatic diseases in African blacks. *Semin Arthritis Rheum* 24:139–153
3. Mc Gill PE, Oyoo GO (2002) Rheumatic disorders in sub-Saharan Africa. *East Afr Med J* 79:214–216
4. Oyoo GO (1998) Rheumatic disorders and HIV infection; need for research and management guidelines (editorial). *Healthline* 4:69–70
5. Oyoo GO (2004) Rheumatic disorders in Kenya: spectrum of disease. *Healthline* 8:63–66