

Editorial

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Building a rheumatology team for East Africa

A call for action!

The East Africa region comprising Burundi, Kenya, Rwanda, Tanzania and Uganda has an estimated population of 160 million [1], yet only has six rheumatologists. The challenge to meet the needs of so many people is therefore immense. Until recently, however, there was little perceived need for investment in rheumatic and musculoskeletal diseases (RMDs), and the specialty of rheumatology was regarded as pointless, or esoteric at best [2]. Two important reasons underpinned this situation. First, RMDs were thought to be so uncommon in this region to be effectively irrelevant. Second, the burden of infectious diseases, typified by malaria and HIV, was so high that there was little space for anything else on the agenda of governments or other agencies. Why worry about diseases of the elderly, when life was short and RMDs in young people merited case reports for novelty value?

Today, although many things are different, the situation remains almost the same. Pioneering work from two rheumatologists in Nairobi, Kenya, has clearly demonstrated that not only the spectrum, but also the severity and prevalence of RMDs in East Africa, are very similar to those in the West [3]. A shock for everyone! Also, the changing lifestyle in the West, with increasing obesity, alcohol consumption and lack of physical activity [4], is being mirrored in East Africa and is likely to have a further impact on RMDs. Moreover, the Fit for Work survey undertaken in six European countries reported that 40% of patients with RMDs had impaired earnings, and over 65% were forced to retire because of their musculoskeletal condition [5]; a similar survey would yield startling results if reproduced in East Africa, with a higher proportion of manual workers, but lacking the safety-net benefits systems of the West. The data are starting to accrue to indicate that RMDs should now figure on the radar of East African Governments for investment. As yet, though, it has not.

Is this a lost cause, with generations of people destined to suffer unnecessarily? No—far from it! A combined approach, targeting support for growing specialist expertise, alongside raising awareness of RMD in the community, is starting to bear fruit. Starting with the ILAR East Africa initiative, mentoring for the one rheumatologist in Nairobi has spread, with support from rheumatology units in the UK, Canada and South Africa, to grow the number of rheumatology consultants in Kenya to the current six (plus one paediatric rheumatologist). This still falls far short of the WHO recommendations of at least one rheumatologist per 100 000 people.

However, rheumatology clinics now also run in Mombasa and Eldoret—yet the Kenyatta National Hospital remains the only public institution offering rheumatology services. Such a growth in consultant staff, together with a successful Masters' course that includes rheumatic diseases in Nairobi, means trainees are starting to see rheumatology as an attractive specialty, and the pharmaceutical industry is waking up to a potential market for RMD drugs in East Africa. This growth has led to the formation of the Kenyan ArthRheuma Society, which held its second annual meeting in July 2016, attended by several international speakers.

In parallel with developments in secondary care, the need to educate primary care and community doctors about RMDs is being addressed by raising the awareness of undergraduates through a move to include these conditions on the medical curriculum. In addition, trained rheumatologists are now helping to deliver this teaching in at least some medical schools. The medical curricula are not only for medical students, but also for residents and students of other relevant health professions; this needs to be expanded to include rheumatology. Setting up regional rheumatology leagues within the umbrella of the ArthRheuma Society should help to deliver relevant courses with clear curricular goals, including continuing medical education.

Collaborations between rheumatology associations and universities will help strengthen existing teaching, provide core knowledge of the RMDs to all practitioners and encourage rheumatology as a specialty within that region. An example is the UWEZO initiative, which comprises a team of rheumatologists, doctors, patients and researchers from the UK, Sweden and Kenya [6]. This programme was initiated in 2012 with funding from the International Rheumatology League and Cornwall Arthritis Trust and aims to improve access to basic musculoskeletal health care at the local level in communities across Kenya: a project that could be a model for other countries.

However, these initiatives are only the tip of the iceberg, and there remains a woeful lack of training opportunities for those considering specialization as rheumatologists. All the current rheumatologists had to travel abroad to receive their training, with attendant financial constraints. Developing hybrid programmes of local and international training, as occurs in Kuwait and Saudi Arabia, may be more feasible. What would be best, though, is training provided by East African Specialists in East Africa. With the recent increase in specialists in Kenya, this is now starting to become achievable.

Unfortunately, one crucial part of the jigsaw of RMD care in East Africa remains totally absent: the utilization of specialist nurses and allied health workers. Worldwide, they have been shown to improve rheumatology services through their ability to enhance safety and quality, coordinate care and deliver maximal cost-effectiveness to services [7]. Much has been achieved in highlighting the true burden of RMDs in East Africa, and in starting to grow the workforce to address this, and this been possible due to support from the international community, matching the vision and dedication of the rheumatology pioneers of the East Africa region.

Building true rheumatology services appropriate for the needs of East Africa cannot happen by this route alone. What is required is a recognition by the National Governments of the East African countries of the size, scope and, very importantly, economic benefits of addressing this burden. With data accruing about the scope of the problem, a small base of trained African rheumatologists supported by international experts—and with the support of newly forming patient groups—the time is coming for making a breakthrough. We throw down the gauntlet and ask the governments to rise and accept this challenge—because the successful management of RMD is of benefit to all.

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