Introduction

In 1978 a cooperation between the Universities of Nairobi/Kenya and Munich/Germany was started in the field of ophthalmology. The project has two major aims: (1) training of ophthalmologists in Kenya; (2) establishment of a department of ophthalmology in the University of Nairobi. The author has been working at this project as a lecturer in ophthalmology since 1978.

I. Ophthalmic programs

a) Curative services

Kenya’s population today is around 16 million out of whom only 10% live in the three biggest cities Nairobi, Mombasa and Kisimu. At present 32 ophthalmologists are working in Kenya, 3 with the University of Nairobi, 16 in government hospitals (5 in Nairobi, 11 in provincial and District Hospitals), 2 in Mission Hospitals, 1 with the Armed Forces, and 10 in full time private practice in the big cities.

Thus 11 ophthalmologists are working outside Nairobi in government health institutions and are for 15 million people. Health services in Kenya are given free of charge, the patient does not pay for outpatient or inpatient care for drugs, but he has to find his own transport to the nearest health station. This means that a patient has to travel up to 500 km to see an ophthalmologist which may involve considerable cost that many patients cannot meet. As it is not realistic to assume that curative services through eye surgeons can be expanded markedly in the near future, the government of Kenya started to train clinical officers ophthalmic (C.O.O.) 20 years ago. So far more than 50 C.O.O. have successfully gone through the one year training and work in Provincial and District Hospitals. They are able to diagnose and treat common eye diseases, participate in the work of mobile eye units and in education programs. About 15 of them perform cataract surgery on their own after having learnt it under close supervision of their respective Provincial Ophthalmologists.
Those C.O.O. who do not work in a station with an eye surgeon are regularly visited by their Provisional and District Ophthalmologist for clinics and surgery. At present government eye surgeons work in Mombasa (2) Nyeri (2), Meru, Machakos, Nakuru (2), Kakamega, Kismu, Eldoret.

If an eye patient goes for treatment to a rural dispensary without clinical officer ophthalmic he will be referred to the nearest hospital where a C.O.O. works. The C.O.O. will either treat the patient or if he cannot manage the disease he will refer the patient to the nearest hospital with an eye surgeon or ask the patient to return when the eye surgeon pays his visit to that particular station. The ophthalmologist may refer patients to Nairobi for special diagnostic or therapeutic services like fluorescein angiogram, ultrasonography, carotoid angiogram, photocoagulation, retinal detachment surgery, vitrectomy, chemotherapy, radiotherapy.

Besides the above described government eye service, voluntary and church organizations are operating in Kenya. These are the Royal Commonwealth Society for the Blind that mainly supports the Kenya Society for the Blind; Operation Eye Sight Universal — Canada that is the main funding agent for mobile eye units in Kenya; Christoffel Blinden Mission — Germany that supports the eye work in two mission hospitals, blind schools and ‘Sight by Wings’, a Kenyan organization that flies eye surgeons to remote areas and that runs a workshop for spectacles; Professor Weve Foundation — Holland that supports the teaching program at the University of Nairobi with equipment and runs the Professor Weve eye clinic near Kakamega; the International Eye Foundation — U.S.A. supports two ophthalmologists who work in Kenya Rural Blindness Prevention Project, teaching programs and surveys to assess the prevalence of eye disease and blindness; S.B.O. (Society against Blindness Overseas) — Holland supports one Dutch ophthalmologist who works in Kenya; DAAD (German Academic Exchange Service) supports two German Lectures in the University of Nairobi and has donated the basic equipment for the University eye clinic. All these organizations have a very useful role in a situation where government services alone cannot yet cope with the great number of eye diseases and blindness.

To coordinate the activities of these organizations, the ‘Prevention of Blindness Committee’ meets every 3 months in the Ministry of Health. This is the decision making body for eye work in Kenya. A five year plan that was produced by the Ministry of Health indicates what activities are planned for the near future: manpower planning, opening of new static or mobile eye units, requirements of drugs, beds, equipment.

b) Preventive programs

Kenya is a big country with poor, only partly educated, fast growing rural population with limited infrastructure, restricted public funds and lack of trained manpower ophthalmology. As said above, it would be unrealistic under those circumstances to try and copy the European system of purely