Building a Diabetes Educational and Clinical Program in Kenya

CHARLES ‘BUD’ KAHN, MD

My wife and I first traveled to Eldoret in February, 2005. I was the Brown faculty member for the month, primarily responsible for teaching on a general medical ward at Moi Teaching and Referral Hospital (MTRH). Aside from these duties, I began a series of lectures in diabetes and clinical endocrinology for the residents.

What struck me the most was the inadequate care of the diabetic patients, particularly on the wards. Glucose values were sent to the lab as there was no bedside glucose monitoring. A1c testing was not available at MTRH or anywhere in western Kenya. Dietitians were present on the wards. However, diabetic education was very limited. There was an outpatient diabetes clinic but it was manned by one private physician, not trained as an endocrinologist, and a few residents.

Upon my return to Brown, I began to investigate what could be done. I was able to secure the first A1c machine to be used at MTRH. In addition, I received a contribution to buy the cartridges for the A1c machine from The Miriam Hospital medical staff. To further build the diabetes program, I solicited the help of others living and working in Kenya. I was joined in this effort by Nicholas Kirui, a Kenyan medical officer; Jemima Kamano, medical director of the AMPATH Primary Care Program, and Sonak Pastakia, PharmD and a long-term faculty member from Purdue.

Through the hard work of this team, the program has grown substantially over the past several years. The emphasis remains on both inpatient and outpatient diabetic care. The primary clinic is at MTRH, but there are now three outpatient satellites in other parts of western Kenya served by AMPATH Clinics. Eli Lilly & Co. has supplied insulin and Abbott Pharmaceuticals has provided the bedside glucose monitoring, which is used for diabetics in both the hospital and in the clinics.

At Moi, a pilot project has started of lending out the home glucose monitors to insulin- and non-insulin dependent patients and having them test twice daily. Phone calls are then made to these patients and appropriate adjustments are made in their treatment regimen. Furthermore, diabetes education has been established both at MTRH and at the satellite clinics. Several publications have been written based on the work of the program. Additional A1c machines have been secured. More satellite clinics will hopefully be added soon.

I have continued to stay involved with the program as an advisor. My wife and I have returned three more times to Eldoret. I know that the future of diabetes medicine in western Kenya is much brighter now than it was during my first visit in 2005.

Author

Endocrinologist Charles ‘Bud’ Kahn, MD is Clinical Professor of Medicine at the Alpert Medical School of Brown University.