Rheumatology practice in Post Ebola Republic of Liberia, West Africa: Personal experience

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Dear Editor

The *African Journal of Rheumatology,* the foremost Rheumatology journal of the African continent, which has continued to showcase the myriads of terrain of practice of rheumatology in the continent, and also illustrates the various rheumatic conditions prevalent in the continent.

I would like to share with colleagues my brief experience of the practice of rheumatology in Post Ebola Republic of Liberia, situated in the West African sub region. I was contracted by the Liberia College of Physicians and Surgeons (LCPS) as one of the sub specialist consultants for a program that the college is anchoring, with funding being provided by the John Snow Incorporates (JSI); a US based NGO, to provide rheumatologic care to the Ebola survivors population as well as the general population and to also help with capacity building in rheumatology in the various health facilities chosen for the program. I came to Liberia in late July 2017, and the program is to last for 11 months (ending in May, 2018). I am writing this letter after spending 3 months in Liberia, practicing rheumatology in both the urban and rural Liberia, so as to share my little experience with colleagues, and probably suggest some ways in which to improve the current situation.

The rheumatology manpower: Like many countries in the sub-Saharan Africa, Liberia also has dearth of rheumatology manpower. As at the time of my arrival, there was no resident rheumatologist in the whole of the country. Other rheumatology support staffs were equally inadequate. No single rheumatology nurse or occupational therapist, but few physiotherapists, working in the bigger hospitals. The medical doctors, the Physician Assistants (PA's) and nurses have been the personnel taking care of people with rheumatic complaints in all health facilities in Liberia.

The rheumatology clinics: These were virtually non-existent in all the health facilities of Liberia for obvious reasons. Patients with rheumatic complaints are seen in the General Out Patients Clinics by the above mentioned categories of staff. This scenario is not peculiar to rheumatology patients though. With my arrival, I have started rheumatology clinics in Redemption Hospital and John F Kennedy Memorial Centre (located in Montserrado County), in Phebe Hospital (Bong County) and in Tellewoyan Memorial Hospital (Lofa County). These were all possible with much support from the LCPS, JSI and the individual management of the various health facilities.

The rheumatology laboratory support: As in many countries in the West African sub-region, laboratory support for evaluating rheumatic diseases is quiet inadequate in Liberia. Rheumatologic investigations like Rheumatoid Factor, Anti CCP, HLA B27, ANA, ENA etc are not available in Government health facilities and when/ where available in private facilities; they are too expensive, especially for the common patient. Other ancillary investigations (such as ESR, CRP, E/U/ Cr, LFT's, etc) are equally not readily available in the Government health facilities. X-rays are readily available but other radio diagnostic facilities (such as CT scan, MRI, DEXA scan etc.) are lacking in many Government facilities.

The spectrum of rheumatology patients: In the past 3 months that I have consulted in at least 4 health facilities located in 3 counties (Montserrado, Bong and Lofa), the spectrum of cases I have seen are similar in the 3 counties. The degenerative arthritis predominates in all the facilities, with lumbar spondylosis being the commonest condition. Other degenerative conditions seen were knee osteoarthritis, hip OA and hand OA to a lesser extent. A couple of patients with

Rheumatoid Arthritis (RA) were also seen in all the 4 facilities visited; many thanks to the 2010 ACR/EULAR Classification Criteria[1] that made it possible for us to make definite diagnosis of RA in all the cases. Cases of gouty arthritis were equally seen, including tophaceous gout. We also had a suspected case of septic knee arthritis, but we could not have a culture support.

Other groups of rheumatologic conditions encountered are the soft tissue rheumatism; we saw a couple of patients with adhesive capsulitis, rotator cuff syndromes, lateral epicondylitis, medial epicondylitis, trigger finger, de quervain's tenosynovitis, anserine bursitis, popliteal cysts, plantar fasciitis etc. We are yet to encounter patients with connective tissue diseases, vasculitis and spondyloarhropathies, possibly because of the short duration of my report.

The rheumatology medications: This is another area where the healthcare system in Liberia is lacking for obvious reasons. There is paucity or unavailability of common rheumatologic medications across all the health facilities visited. The readily available drugs were paracetamol, ibuprofen, diclofenac, tramadol and prednisolone. Other NSAID's are not available, especially Cox-2 selective inhibitors. The Disease Modifying Anti Rheumatic Drugs (DMARD's) both traditional and the biologics are not available in the health facilities of Liberia. Few pharmaceutical outlets stock the traditional DMARD's like methotrexate, sulphasalazine and hydroxychloroquine, but the price is inhibiting to the patients. The biologics are completely not available in the country. Other drugs like allopurinol, colchicine, bisphosphonates, intra articular hyaluronan, and methyl prednisolone are equally not available in the Government health facilities, and when available in the commercial pharmaceutical outlets, they are too expensive for the patients to afford.

Conclusion-A call for action: I hereby wish to make a passionate appeal to our regional body (AFLAR) to look into the situation of rheumatology practice in Liberia, particularly along the items enumerated above, and fashion out ways of remedying the problems, i.e. in the areas of manpower, diagnostics and medications. To my mentors and colleagues, I urge us to create time and leave our comfort zones so that we can come into this type of terrain and change the situation for good. I am very optimistic that in the nearest feature, if similar visits are undertaken by colleagues, the story will surely be different. The Government of Liberia, the donor agencies and the People of Liberia are having the zeal to further strengthen rheumatology practice in the country, and this surely provides us with ample opportunity to capitalize on this will power.

Thank you very much for given me the opportunity to share my little experience practicing rheumatology in Liberia.

Reference

1. Aletaha D, Neogi T, Smith AJ, *et al.* Rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Arthritis Rheumatism.* 2010; **62** (9): 2569-2581.