



# TANZANIA

**Population** 55.5 million **Area** 945,087 sq km (364,900 sq miles)  
**Major languages** English, Swahili **Major religions** Christianity, Islam  
**Life expectancy** 63 years (men), 67 years (women) **Currency** Tanzanian shilling



The East African country Tanzania lags far behind when it comes to eye care. There are barely any ophthalmologists and governmental health is focused largely on mother and child health, fighting malaria and the treatment of HIV. In Tanzania, ECF therefore continues to emphasize the importance of transferring knowledge and expertise. From 2008 to 2017, a number of Dutch ophthalmologists traveled to the university training course facility in Moshi, the Kilimanjaro Christian Medical Centre (KCMC).<sup>81</sup> The students followed both theoretical and practical classes given by the doctors for a few months. Almost from the beginning, Coen Koppert, one of the ophthalmologists, has travelled to Moshi annually.

ECF first started operations in Tanzania in 2006,<sup>82</sup> where the Kilimanjaro Centre for Community Ophthalmology (KCCO) in Moshi had just decided to increase the flow of patients to the eye clinics. This was accomplished by offering one-hundred-and-sixty-five village elders a course in basic eye health. In the two years that followed, religious leaders in the villages, among others, were also trained.

In 2009 American pediatric ophthalmologist Lee Woodward came to KCMC in Moshi. ECF supported him in setting up the training course in pediatric ophthalmology.

81 Retrieved June 14, 2019 from Kilimanjaro Christian Medical Centre (KCMC): <https://www.kcmc.ac.tz>  
 82 Coen Koppert, (Dutch) Friesch Dagblad 2013 (November, April).



In 2015, ECF had an orientation trip in Tanzania. During this visit ECF was asked to support an eye care project in the Morogoro region. The outcome was positive and that very same year money was made available to train eye doctors. In 2016, a survey was conducted in the entire Morogoro region to make a rapid assessment of avoidable blindness (RAAB) of the nature and scope of eye disorders.<sup>83</sup> The results were subsequently shared in a workshop with national, regional and district eye care coordinators and with the policy makers and planners of the regions and districts. During these workshops the needs in the districts were inventoried and charted. In 2017 the project partner, with help from an external consultant, drew up a project proposal.

## Morogoro

Morogoro is a region in the southeast of Tanzania. The region is approximately twice the size of the Netherlands and has a population of around 2.2 million.<sup>84</sup> Residents of Morogoro often have to walk long distances to reach the district or regional hospitals. These hospitals, however, do not have eye care services due to a chronic lack of eye care professionals, instruments and facilities in the area. This serious shortage of qualified eye care staff is one of the biggest obstacles in providing adequate eye health services to eye patients in the country. In 2015 the Regional Health Department in Morogoro asked ECF to support eye health related activities and infrastructure in the region.



▲ Ton Lefeber doing an eye check, 2009  
▲ Eye screening at Mwik

83 Belanrapu, T. IAPB Vision Atlas, First edition 2017. London: IAPB 2017.

84 Population Distribution by Administrative Areas Annual (2012). Population and housing census: [http://www.tzdp.gov.or.tz/fileadmin/documents/dpg\\_internal/dpg\\_working\\_groups\\_clusters/cluster\\_2/water/WSDP/Background\\_information/2012\\_Census\\_General\\_Report.pdf](http://www.tzdp.gov.or.tz/fileadmin/documents/dpg_internal/dpg_working_groups_clusters/cluster_2/water/WSDP/Background_information/2012_Census_General_Report.pdf)

## IMPRESSIONS BY OPHTHALMOLOGIST COEN KOPPERT

"Together with my students I peer at the patient's eye through the viewer of the microscope. Is everything in order? That is the big question for every doctor anywhere on earth including the doctors here at the eye department of the academic hospital KCMC in Moshi, Tanzania. Eye doctors are rare in sub-Saharan Africa, which has a ratio of roughly two ophthalmologists to one million inhabitants. A Dutch ophthalmologist can assist his or her students during their first two months of training when they learn both theoretic and practical skills. That process often works both ways. During my lectures on 'AIDS and eyes' I have learnt a great deal from the young doctors who told me about their experiences.

The emphasis often lies on the skillful handling and maintenance of the instruments, which are costly and delicate. Determining visual acuity is one of the skills that are taught. An eye doctor's most important instrument is the ophthalmoscope, which used to be a hollow mirror with a hole in the middle. The mirror was long ago replaced with a prism: an ophthalmoscope. As long as the batteries are in working order, this handy instrument can be used all over the world to thoroughly examine eyes. Ophthalmology is a mobile profession thanks to this instrument.

Health care is globalizing. That doctors are gaining new experiences abroad is a good thing, also for the Netherlands. After years of involvement in this ECF project, I am convinced that the quality level of the training course in the KCMC is very high and that its management is in good hands. The time and money that has been spent on the training courses pays off in due course."

The project's goal, among others, is to strengthen eye care services by improving capacity. Acquiring more skills and increasing knowledge of eye care will lead to quicker and more accurate diagnoses by the community health workers in the districts and, where necessary, to quicker referrals of patients to hospitals. Eye care departments in district hospital receive support from ECF and personnel are trained to give their patient good quality eye care. Awareness promoting activities on eye health in the community will lead to patients seeking treatment independently and sooner so that the eye health network can then refer them to the appropriate eye care facility. These eye care services should be accessible and affordable. The project is especially intended to help the most vulnerable people in the community, such as women and children.

### Current situation

Daniel Wilbard has run ECF Tanzanian activities since 2018. In 2010, eye diseases were ranked tenth among the top ten diseases in Tanzania. In 2017 prevalence of blindness was estimated to be at 2.8 %, significantly higher than the world average of 0.48 %.<sup>85</sup> ECF is accelerating efforts to improve eye care services in Tanzania. Eye health seeking behaviour has increased since ECF started in Tanzania with the treatment of people with cataracts and screening people for eye conditions. The end goal is to contribute to the elimination of avoidable blindness and visual impairment in Tanzania. For that to be achieved, ECF will need to increase coverage to other areas.



▲ Dr. Arie van Oosterwijk with his colleagues  
▲ During a medical training

▲ Ad Verbeek with his patient, 2013  
▲ Houdijn Beekhuis training at KCMC, 2010

## ECF FAMILY IN TANZANIA

ECF maintains contact with Morogoro Regional Referral Hospital and St. Francis Referral Hospital, with Dr. Secondri Njau, Dr. Azza Lyimo, Dr. Malik and Dr. Shilla. Please see the inside cover of this publication for a full ECF Family List.