



MEDICAL RECORDS  
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# AWOJOBICLINIC ERUWA

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## PRIMARY EYE CARE IN IBARAPA DISTRICT - A TRIBUTE TO DR B G K AJAYI

### INTRODUCTION

This week, the Ophthalmological Society of Nigeria is holding her annual conference in Ibadan, Oyo State and my senior colleague and benefactor, Dr B G K Ajayi, is the chairman of the Local Organizing Committee.

Dr Ajayi and I are Ibarapa graduates, the other name for medical graduates of the University of Ibadan. Our close relationship, which started in 2001, culminated in the establishment of the Akef El Magraby Eye Clinic, AMEC, Eruwa in 2008. (Figures 1 & 2) The details are enclosed below in my report at the commissioning of the Clinic titled "DR B G K AJAYI – LEADERSHIP BY EXAMPLE".

In that report, I wrote: "Egbon does not want me to talk about the cost of this project but I wish to state that he has been responsible for ninety per cent of the funds. No grants received or disbursed yet!!". In view of the depth of corruption and mistrust in the society, I want to give the details of the financial transactions involved in the construction of AMEC at the time of commissioning when there were two completed buildings and the third at the foundation level.

The total cost was ELEVEN MILLION NAIRA. Two million naira was paid into the bank account of Awojobi Clinic Eruwa and the rest instalmentally by cash. The last disbursement of N2.5 MILLION NAIRA was given to Mrs Atinuke Awojobi three months before the commissioning. The Catholic Archdiocese of Ibadan provided ONE MILLION of the TWO MILLION paid into the bank account while the rest was the personal fund of Dr Ajayi. So, the question is: "How many Nigerian couples can exchange ELEVEN MILLION NAIRA virtually without documentation and still be friends six years later?". I want to thank Egbon for the mutual trust and the encouragement he gave me to stay at the frontline.



Figure 1



Figure 2

Since then, the third building and two conjoined three-bedroom flats have been completed. The four wings have been named after eminent ophthalmologists: OYIN OLURIN, ADENIKE ABIOSE, BRADLEY R STRAATSMA and BRUCE E SPIVEY

At a lecture marking the four decades of University College Hospital, Ibadan in 1997 our teacher, Emeritus Professor O O Akinkugbe said: *'Bricks and mortar do not determine excellence in performance or productivity.'* And, he quoted another philosopher, Amiel: *'Institutions are worth no more than those who work them.'*

Since the commissioning of AMEC, primary eye care (mostly cataract surgery) has been offered to the people of Ibarapa and now, many patients from neighbouring cities are availing her services like the situation in the adjacent Awojobi Clinic Eruwa. Dr L Siben, a Camerounian with the diploma in ophthalmology of the West African College of Surgeons, WACS, was resident until he departed to his home country in April 2014. Now, senior registrars of the Eleta Eye Institute, Ibadan provide the services.

**At this point, I should highlight the retrogressive step of the WACS in cancelling the diploma programme in the face of the unmet cataract burden in the society and the nefarious procedure of couching that is still rampant in the populace. THE PAIN IS STILL LINGERING!!!**

In 2013, Dr Ajayi gladly accepted to chair the Board of Trustees of the OLAJIDE AJAYI CANCER CENTRE ERUWA which is programmed to offer radiotherapy service in August 2015 by the grace of God. [www.olajideajayicancercentre.org](http://www.olajideajayicancercentre.org)

He has also given me the opportunity to publish two of his seminal papers: THE BEAUTY OF PAIN (ISBN 978-978-938-980-3) and THE LINGERING PAIN (ISBN 978-978-938-981-0).

**This edition of MEDRACE is dedicated to Dr Benedictus 'Gboyega' Kunle Ajayi in appreciation of his leadership qualities and contribution to sustainable eye care in Ibarapa district.**

**Dr Oluyombo A Awojobi**

**23<sup>rd</sup> August 2014.**

**DR B G K AJAYI  
- LEADERSHIP BY EXAMPLE**



The Awojobis, guests of the Ajayis.  
29<sup>th</sup> April 2007



The President and The Lecturer OSN Congress  
10<sup>th</sup> September 2003, Ilorin

by

**Oluyombo A Awojobi**

At the commissioning of A-M Eye Clinic, Eruwa, Oyo State, Nigeria, Friday 24<sup>th</sup> October 2008.

I graduated from the University of Ibadan at the University College Hospital, UCH, Ibadan in 1975. That was two years after Dr B G K Ajayi. I cannot claim I knew him then but we had in common, great teachers in Prof and Prof Mrs E O Olurin, Prof and Prof Mrs B O Osuntokun, Emeritus Prof T O Ogunlesi, Prof Emeritus T F Solanke, Prof A Adeloye and Prof O O Ajayi who shared the disciplines of surgery, ophthalmology, neurology and community medicine.

For residency training, Egbon (Elder Brother), as I call Dr Ajayi, went into ophthalmology and I opted for surgery, both of us in UCH. However, after specialization, he stayed in the city of Ibadan and in 1983, I headed for the rural town of Eruwa, in Ibarapa district, to fulfill the surgical mandate of the founders of Ibarapa Community and Primary Health Programme, ICPHP. We are privileged to have among us today the Father of ICPHP, Emeritus Prof T O Ogunlesi who was the first Ibadan medical student!! As medical students and I, as a surgical resident, we had spent some weeks in this district during our training. We call ourselves 'Ibarapa Graduates'.

It is pertinent to state that this programme, established in 1963, predated the World Health Organization's Alma Ata Declaration on Primary Health by 15 years. I love to state that this is the only good thing our country has given the world. So, you are all welcome to the birthplace of Primary Health Care.

In fulfilling the surgical mandate, I have recorded my experiences of the last quarter of a century in the ways we were taught: grand round presentations, invited lectures, conferences at home and abroad, symposia, seminars and publications in local and international journals.

My first presentation was the surgical grand round (Making the Pyramid work) at the Department of Surgery, UCH, Ibadan on 4<sup>th</sup> March 1986 during which I made reference to the ophthalmic problems I was facing:

*"The referral rate in all patients is about 1 in 500 or 2 or 3 patients per month and 1 in 300 surgical patients comprising mainly ophthalmic problems (cataracts and pterygium)."*

In 2001, my chief started an outreach of his city-based practice, Ojulowo Eye Hospital, at Awojobi Clinic Eruwa. In 2003, the Ophthalmological Society of Nigeria, OSN, invited me to give the second President's Lecture (TWENTY YEARS OF PRIMARY CARE SURGERY IN IBARAPA) at the 28<sup>th</sup> annual congress in Ilorin. Egbon was the President of OSN. On that occasion, I made the following remarks about him.

#### **TRAINING AT THE UNIVERSITY COLLEGE HOSPITAL IN 70'S**

*"Finally, we were some steps behind senior colleagues like my chief, Dr B G K Ajayi, so the learning environment was so conducive the word failure was not in our dictionary!! In fact, during examinations, it was assumed we had passed until proved otherwise."*

#### **PRIMARY EYE CARE AT AWOJOBIBI CLINIC ERUWA**

*"The referral rate – mostly to UCH and other specialists in Ibadan was 1 in 1500 patients overall and 1 in 1000 surgical patients. They comprised patients with cataracts and pterygia. While onchocerciasis is endemic in Ibarapa district, the ocular complications are, fortunately, rare. Its peculiar presentation with musculoskeletal pains has been well documented by the late Dr C A Pearson."*

*"As the number of patients with eye problems requiring the ophthalmologist's attention increased, my chief, Dr B G K Ajayi started a rural outreach of his practice based in our clinic in October 2001. He comes monthly (usually the last Thursday) without fail and the demand is on the increase. To date, he has seen a total of 341 patients. There is a plan for operative sessions too. One day, I am sure, he will give a more detailed account of his experience to this Society. On behalf of these patients, I wish to express our thanks to you, Sir."*

*"On our part, we have limited ourselves to extracting foreign bodies from the cornea. These included metal chips from welders; sand, grass blades and thorn from farmers and pellets of bullets from hunters. We have excised disfiguring neurofibroma of the eyelid and meibomian cysts of the lid. We have treated conjunctivitis and cavernous sinus thrombosis as well. The introduction of the National Programme on Immunization has reduced the incidence of measles and its ocular complications. Primary malignant tumours of the eye in children and adults are rare. We have seen two cases of retinoblastoma out of 1 010 malignant tumours in 20 years."*

At an invited lecture (THE TRAVAILS OF RURAL SURGERY IN NIGERIA AND THE TRIUMPH OF PRAGMATISM) I delivered at the Obafemi Awolowo College of Health Sciences, Sagamu on 13<sup>th</sup> December 2005, I reported that he had operated four times in our Clinic using his equipment brought from Ibadan.

On 4<sup>th</sup> August 2006, my chief delivered the 9<sup>th</sup> Faculty Lecture of the Faculty of Ophthalmology, National Postgraduate Medical College of Nigeria at UCH, Ibadan. While discussing THE BEAUTY OF PAIN, he highlighted the pains experienced by patients with eye problems who seek care in the teaching hospitals and efforts that he and others had made to ameliorate them:

*"Similarly, through the cooperation of the Catholic Bishop of Oyo Diocese, the Atupa Eye Clinic (on the premises of Our Lady Hospital, Iseyin) was established. This well-equipped eye centre is the only one providing services to the entire area of Oyo North. Recently, Ojulowo Eye Clinic (run by Dr BGK Ajayi) ceded its outreach centre at the Awojobi Clinic Eruwa to Atupa Eye Clinic, thereby placing the sole responsibility for providing eye care for the entire Ibarapa and Oyo North areas of Oyo State on its shoulders. Dr Oluyombo Awojobi, one of the greatest practical community surgeons of*

our time, has provided the conducive environment for eye care work at his hospital free of charge. For Ophthalmology to succeed in rural Nigeria, we have a lot of lessons to learn from Dr Oluyombo Awojobi and the Awojobi Clinic Eruwa.

"In the USA, the brains that "drained" within the country such as Drs Oluyombo Awojobi and Tony Marinho and many of the highly skilled returning specialists would have been made Adjunct Professors and encouraged to make further contributions to the university they love to serve and would have served free of charge. The posts of Emeritus Professor are few and far between, but there are many more others who could be of help outside these ranks. The universities need them for development and progress."

On Thursday 19<sup>th</sup> April 2007, I showed Egbon our new source of fuel for the furnace – maize cobs!! After his usual monthly clinic at ACE, I invited him on a conducted tour of the General Hospital, Igboora, 27km from Eruwa, to see the efforts we have made to resuscitate ICPHP.

On his return to Ibadan, the following text messages were exchanged on the mobile telephone:

**Dr Ajayi:**

"Thanks for taking me round. You are doing a great job and opened my eyes to greater possibilities for eye care. God bless you and give you long life in good health.

"Thank God for the gift of you and Tinu (Mrs Awojobi). Those maize cobs, can they be compressed into small cakes for better and more lasting storage? They may also be of great commercial value.

"Top secret. May share with Tinu only. I want to build an Eleta Institute Annex to operate on same principle as ACE. Decide if you want it at Igboora or Eruwa."

**Awojobi:**

"Thanks my chief. We will think about it.

"Thanks, Egbon, for the messages. Our answer is positive. We will give the details in writing in a few days. Tinu and Yombo."

**Dr Ajayi:**

"Secret. May share with Tinu only. Thinking of Eleta Institute Annex to complement ACE. Decide if you want it at Igboora or Eruwa. One million personal fund ready."

On 20<sup>th</sup> April 2007, Tinu delivered the letter below to Egbon at Ojulowo Eye Hospital, Ibadan.

**20<sup>th</sup> April 2007.**

**Dr B G K Ajayi  
Ojulowo Eye Hospital  
Ibadan.**

**My dear chief,**

**Thanks for the sms and congratulations again on the recent award in Dubai. Wishing you more successes in life.**

**Since you started the rural outreach of your practice at Awojobi Clinic Eruwa, ACE, in October 2001, our horizon in health care delivery to the rural populace was extended. We envisaged a total pyramidal structure of health care delivery located at the same site. In other words, in the nearest future, ANY patient walking into ACE will receive all the necessary care without being referred to other institutions.**

**It is our vision that your practice at ACE will blossom into a DR B G K AJAYI EYE FOUNDATION. Along this line, I wish to formally inform you that Dr Mrs M B A Walker, wife of my classmate, Dr Dapo Walker, started an outreach of her NGO at ACE some months ago. She assists the HIV positive patients.**

**Sir, you will recollect that my friend and classmate, Dr Patrick Olusegun Olutola, after going through a successful renal transplant in India, resolved to set up a KIDNEY FOUNDATION at ACE. So, as usual, Egbon, you have taken the lead in precipitating and actualizing our vision of TOTAL HEALTH CARE UNDER ONE ROOF like the Mayo Clinic in America – the model after which we have established ACE.**

*To this end, we unequivocally present ACE for the Eye Institute of your dream and it is our fervent prayer that GOD in His infinite mercy will continue to bless and prosper you and all who are yours till eternity, Amen. I am ready to discuss the plan of the building with you and start the construction as soon as possible. As always, with GOD on our side, we will contribute our own quota to the enterprise.*

*We have been planning to celebrate the 21<sup>st</sup> anniversary of ACE in October 2007 and what a memorable day it will be when an almost completed building is presented to people of goodwill for further assistance. GOD is our hope and strength, a very present help in trouble (Psalm 46).*

*Thanks, Egbon, for providing that all-important leadership.*

*Yours sincerely,*

*Oluyombo A Awojobi.*

On receipt of the letter, Egbon sent this text message on 25<sup>th</sup> April 2007.

"Thanks for your letter, **which was touching in its manner of delivery and content**. Can the three of us, Tinu, you and I meet? Thursday, Saturday or Sunday."

On Sunday 29<sup>th</sup> April 2007, Tinu and I were guests of my chief, his wife and son. Over a sumptuous lunch, we discussed in detail the execution of the project we are commissioning today.

On 7<sup>th</sup> May 2007, construction works started with the clearing of the land. While traveling out of the country on 14<sup>th</sup> June, he sent this email:

*Date: Thu, 14 Jun 2007 21:20:25 +0100*

*From: "Benedictus Ajayi" <beegeekay@gmail.com> Add to Address Book Add Mobile Alert*

*Yahoo! DomainKeys has confirmed that this message was sent by gmail.com. Learn more*

*To: "Dr Awojobi" <oluyombo1@yahoo.com>*

*Subject: Re: 21ST ANNIVERSARY - AWOJOBICLINIC ERUWA*

*Dear Yombo And Tinu,*

*I must congratulate you for your uncommon wisdom and foresight. The day is not only worth celebrating, you are both worth celebrating because you are celebrities in your own right. I MUST make some contribution to this project. I will write something.*

*I am writing this piece at the Murtala Mohammed Airport while waiting to board the flight to UK and from there to Marrakech. And that reminds me of the mail I wanted to forward to you. I will do that straight away.*

*May I also thank you for overseeing the project - Eleta Eye Institute Annex. **From the mail that I am forwarding you will see why I wanted it for the Mission. I am more likely to get really good support if it is for the Mission than if it is regarded as a personal outfit. The Archbishop has already approved the sum of \$15, 000.00 for equipment which I hope to order on this trip.***

**I will see you when I return. It is just as good that I gave you the one million naira additional sum when I did. It is ALL gone now and I am broke. But whatever it takes, the project must be functional by September Deo Volente.**

*We are about to start boarding now. See you later.*

*BGK*

On 3<sup>rd</sup> November 2007, Awojobi Clinic Eruwa celebrated her 21<sup>st</sup> anniversary and a book, PRIMARY HEALTH CARE IN WESTERN NIGERIA 1977 – 2007, was published to commemorate the event. My chief contributed a chapter. (Appendix)

Dr Ajayi, a practising Catholic and a compassionate medical officer, has succeeded in getting the Catholic Archdiocese of Ibadan to accept the naming of this annex after Akef El-Maghraby, a practising Muslim and another compassionate doctor **"who has done a great deal for Ophthalmology and eye care in Nigeria and Oyo State which has benefited**

**tremendously from his generosity**". In keeping with the Hippocratic Oath he swore to at graduation, he has also honoured his mentors at home (Prof Mrs Oyin Olurin) and abroad (Dr Bradley R Straastma and Dr Bruce E Spivey) by naming wings of the complex after them. Another teacher, Prof Mrs O Osuntokun is reading the Key Note Address. In effect, Dr Ajayi is **"giving unto Caesar that which is Caesar's when Caesar is alive"**. Our other teachers, colleagues and friends are here in large numbers to appreciate the good works of Dr BGK Ajayi. We are grateful to you all.

It is not surprising this is happening in Eruwa, which is noted for religious and ethnic tolerance and a town where land is not sold. Once again, Eruwa has demonstrated one of **"The imperatives for a community in search of health development"**. This occasion, taking place on Friday, an Islamic holy day, signifies our unity of faith in the ONE that is I AM THAT I AM, *ALLAHU AKIBARU*. Earlier in the day, the traditionalists have beaten the weekly drums at the palace of our Royal Father, the Eleruwa of Eruwa!!

We are grateful to His Grace, Archbishop F A Job and His Royal Majesty Oba S A Adegbola, Akindede I, the Eleruwa of Eruwa for making this event possible. It is our prayer that you will continue to be the beckon of peace and progress in our nation.

And so, in less than 18 months and with gratitude to God Almighty, Dr B G K Ajayi, an Ibarapa Graduate, has fulfilled the unwritten pledge of all Ibadan medical graduates to uplift the Ibarapa Community and Primary Health Programme as a fitting tribute to our alma mater as it celebrates three score of relevance to our nation in a few weeks. Dr Ajayi and his alma mater were born in the same year!! Not a coincidence he is the current President of the Ibadan College of Medicine Alumni Association. My chief has been quite busy in the last few months. He gave out his daughter in marriage six days ago and he will be on the move again next week!

**Egbon does not want me to talk about the cost of this project but I wish to state that he has been responsible for ninety per cent of the funds. No grants received or disbursed yet!! On his behalf, we appeal for more assistance believing in the Yoruba adage 'Eleru lo mangbe ni bi ti o wuwo' (the man with a problem should initiate the solution) which my chief has amply demonstrated.**

Multiple congratulations and thanks, Egbon, for your LEADERSHIP BY EXAMPLE.

APPENDIX

### PRIMARY EYE CARE IN WESTERN NIGERIA

by

Dr B G K Ajayi

Ojulowo Eye Hospital, Ibadan

With a population of 140million, it is estimated that there are over 2 million blind people in Nigeria and another 5 million with uncorrected refractive error and un-enhanced low vision.<sup>1</sup> About 30% of these live in Western Nigeria, an area lying south and west of the River Niger. In the 1950's, the entire area (with the exception of the present day Kwara and Kogi states) was under the Western Regional Government, which was one of the three federating units of Nigeria.

The causes of blindness in this region, as in most parts of Nigeria, are age related cataract; infections, such as measles, trachoma, onchocerciasis and bacterial conjunctivitis; trauma; glaucoma; childhood blindness; uncorrected refractive error and un-enhanced low vision.<sup>2</sup>

The total backlog of cataract blind eyes (VA <6/60) is about 4.5 million. The estimated annual incidence of cataract (new cases) is 1.04 million. The estimated annual current number of cataract surgeries done in Nigeria is about 45,000.<sup>3</sup> The unmet annual need is approximately 1 million. It is immediately obvious that Nigeria cannot cope with the daunting task of clearing the backlog of cataracts.

In order to address the problem of blindness due to cataract, Nigeria needs to have a Cataract Surgical Rate (CSR) which is at least as great as the incidence of cataract. Cataract Surgical Rate has been defined by World Health Organization, WHO, as the number of cataract surgery performed per million population per year<sup>4</sup>. Thus in reality, Nigeria needs to do 1 million cataract surgeries per year against the current annual volume of 45,000 cataract surgeries.

Approximately 10 million cataract operations are performed each year in the world with rates varying from 100 to 6000 operations per million population per year. In India the CSR is about 3000 but in Nigeria, like most developing countries, the current CSR is about 300 against the minimum of 2000 recommended by WHO<sup>5</sup>.

Several factors combine to influence the number of eye surgery that should be performed in a community. These are age, threshold used to determine whether an individual is suitable or eligible for cataract surgery and the *cataract surgical coverage*, CSC, which is the proportion of those who actually have the surgery they need. This is a function of the effectiveness of healthcare delivery services in the community. Where services are poor, inappropriate,

inaccessible or unaffordable, health services would not be utilised and people with un-operated cataract would accumulate to form a surgical backlog. Thus CSC could be used as an indicator of the effectiveness or quality of healthcare in a community.

Even though tackling cataract is not synonymous with primary eye care, if we can tackle the problem of cataract effectively, other eye problems can be simultaneously addressed. We must apply the principles of Primary Health Care to Primary Eye Care if we are to make any impact. These are fair distribution, community involvement, focus on prevention, appropriate technology and multi-sectoral approach<sup>6</sup>

**It is remarkable that long before the Alma Ata Declaration by WHO<sup>7</sup> in 1978, the concept of primary health care had been espoused and practised in the Igbo Ora/Eruwa areas by the visionaries of the University of Ibadan Medical School, who insisted and ensured that Community Medicine should be an integral part of the medical students' curriculum.<sup>8</sup> Unfortunately, like most things in developing countries, the vision almost disappeared with the visionaries; the effort was not sustained and the "building" almost collapsed. We must forever thank the likes of the late Dr. C A Pearson and Dr. O A Awojobi for their relentless advocacy to ensure that the Igbo-Ora Community Health Project survived.**

Seven years ago, Dr. Awojobi gave an inspiring guest lecture about his activities in Eruwa as a rural surgeon at the Grand Round of the Department of Surgery, UCH.<sup>9</sup> The total absence of eye care at any level was observed during this lecture, thus prompting me (as one of the earliest beneficiaries of the Community Medicine posting in 1969) to establish some presence in this community in 2001 and later at Iseyin.<sup>10</sup>

Today, the situation in Eruwa/Igbo-Ora axis, which can be described as the archetype of Primary Health Care in Nigeria is an ominous sign that organised primary eye care is completely lacking in Western Nigeria and certainly in the entire country. The evidence is overwhelming: the ancient practice of couching of cataracts is ever increasing and harvests of between 100 and 500 completely white cataracts during a 2-3 day eye-camp are commonplace. Above all, the prevalence of blindness is also on the increase.<sup>11</sup>

The National Vision 2020 - Right to Sight Programme is still finding it very difficult to overcome the initial inertia and if there is going to be any movement, the push must come from the private sector. The first thrust in this direction has indeed come from this sector and Dr. Kunle Hassan of the Deseret Community Eye and Vision Institute, in Ijebu Mushin, Ogun State has commenced what could be regarded as a model for eye care in Nigerian communities. Here in Eruwa, an almost similar model is being established with the Eleta Eye Institute and its annex AM-Eye Clinic.

The essential elements of PHC will be applied in order to reduce significantly preventable eye diseases and blindness in the area. Thus services provided would cover all aspects of primary, secondary and tertiary prevention targeting all community members irrespective of whether they have or do not have eye problems. This is the point where community based care differs from hospital-based services. It recognizes three groups of people in need of eye care screening:

1. Those without any recognizable eye disease – the healthy group.
2. Those with certain eye diseases.
3. Those at risk of eye diseases.

Community participation will be ensured by the training of a fairly educated person (such as a retired teacher) from each ward of the local government to be able to identify common eye problems. Each ward will have a direct link with the service centre – the AM-Eye Clinic to which any referral will be made if and when necessary. This will allow universal coverage and equitable access to eye health by members of the community.

**The location of AM-Eye Clinic on the premises of Awojobi Clinic Eruwa is unique. At the 9<sup>th</sup> Faculty Lecture of the Faculty of Ophthalmology of the National Postgraduate Medical College of Nigeria given by me, I said "for ophthalmology to succeed in rural Nigeria we have a lot of lessons to learn from Dr. Olujobi Awojobi and the Awojobi Clinic Eruwa (ACE)."<sup>12</sup> Primary eye care must focus on quality, cost effectiveness and sustainability in terms of personnel and finance. Thus the realization of AM-Eye Clinic Eruwa is a confirmation that this was not just a mere rhetoric but that the work of Awojobi and his visions are worthy of emulation.**

It is pertinent to state that the Eleruwa of Eruwa freely gave the land on which AM Eye Clinic is being built to the Catholic Mission through the author without any encumbrances. Even more impressive is the fact that Dr. Awojobi sat with me to design the buildings and he is supervising the construction as well. The hospital will run along the same lines and principles of ACE, which is an epitome of prudent and efficient use of human and material resources, local, practical and affordable technology and innovative solutions to energy and water supply problems.

**For Vision 2020, Right to Sight, to accomplish its objectives in Nigeria, it is imperative that primary eye care is implemented in the community or at the primary level of health care. Primary eye care is an indispensable building block for Vision 2020 and thus for blindness prevention in Western Nigeria or in any part of Nigeria. Without primary eye care only persons who present in our hospitals will be treated and little will be achieved in terms of prevention. Primary eye care cannot function effectively in isolation. It must be integrated into the health care with good and effective referral systems to the secondary and tertiary levels.**

This is the essence of Eleta Eye Institute (EEI) Ibadan and its annex, the AM-Eye Clinic, Eruwa. At these levels too, appropriate facilities and well trained personnel must be provided with essential tools to do the work otherwise the referral system will breakdown and the confidence of the people in the system would be lost.

I am not aware of any other similar health institution in Nigeria that has received as many high profile visitors and accolades from the health sector and government than the Igbo-Ora Community Health Project and Awojobi Clinic Eruwa. **They come, they see, they make beautiful comments, but Igbo-Ora and Eruwa remain the same. They have, for inexplicable reasons, done little or nothing to translate what they have seen or said to practical solutions towards improving the plight of our people. But this is not peculiar to the health sector alone.**

Now that the needs are more pressing and the available resources cannot cope with the demands, **this is the time for our governments to awaken from slumber and place more emphasis on primary eye care by putting into practice the wonderful examples of Ibarapa Community Health Programme, Igbo Ora and Awojobi Clinic Eruwa.**

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Egbon (arrowed) at a surgical grand round, UCH, Ibadan, 26<sup>th</sup> September 2000.



Egbon operating at ACE, grand student Ayo Awojobi watching closely 29<sup>th</sup> July 2004.



Construction of A-M Eye Clinic started in earnest using ACE mobile concrete mixer 31<sup>st</sup> July 2007



First surgery at A-M Eye Clinic 26<sup>th</sup> September 2008