

OVERVIEW**KIDNEY TRANSPLANT IN ETHIOPIA: WHAT IS IN THIS ISSUE?**Jeffrey D. Punch, MD^{1*}

In this issue of the Ethiopian Medical Journal (EMJ), a series of eight reports describe the development of a renal transplant program at St. Paul's Millennium Medical College (SPMMC). A team of surgeons and nephrologists from SPHMMC were assisted in this endeavor by a team of surgeons and nephrologists from the United States of America (U.S.A). The articles review the historical milestones of renal replacement therapy in Ethiopia beginning in 1970. They highlight the unsustainable efforts to offer dialysis in different settings until 2004 and 2013, when effective dialysis was made available in the private and public sectors, , respectively. Followed by initiation of a live donor kidney transplant program in Addis Ababa in 2016 (1). The Ethiopian Federal Ministry of Health did a commendable work in playing the lead role in initiating and supporting the program.

Two and a half years of planning was necessary before the first live donor kidney transplant was accomplished. In this series of articles, the team reports on a novel approach used during the development of the program (2). Swine transplants were done to test the readiness of facilities, the staff and the medical team at the Hospital. This effort turned out to be highly successful allowing the team to overcome many potential challenges prior to undertaking the first nephrectomy and kidney transplant in September 2016.

In this Issue of EMJ, three reports on the outcome of patients who had kidney transplantation are presented. Overall, graft and patient survival was highly successful (3). This can largely be ascribed to the meticulous planning that that was effectively executed by the team. In addition, an article in this Issue reviews the surgical complications of the first 52 live donor kidney transplants (4). Although the patients were followed up for short period, the proportion of patients with immediate surgical complications was comparable to what one would expect of programs in well-developed settings. The team also reviewed Kidney donor outcome, which was found to be acceptable (5).

The team at SPHMMC has begun advancing the field by analyzing and reporting various aspects of its experience, including the report in this Issue on the prevalence of metabolic syndrome in the patient population at the facility (6), and a case report on BK viral nephropathy (7). Another important report in the series looks at pre-existing knowledge and attitudes of medical students at SPMMC. Knowledge among students was good, but many negative attitudes were documented (8). A case has thus been made for the importance of educational efforts and future research in this area, since future physicians will play an important role in the development of ongoing organ donation efforts in Ethiopia.

The success of this program suggests that highly sophisticated medical care can be provided in a developing setting and can be sustained without ongoing external assistance. Previously, complex medical procedures of this nature were usually performed by short-term medical/surgical missions, which bring with them the supplies and auxiliary staff. While these efforts benefited a small group of patients, they were not sustainable and as they were not coupled with local capacity building. In fact, it can be argued that such efforts could even undermine local efforts to develop local capacity to perform such procedures.

In the live donor kidney transplant program described above, the efforts put in place a program that can function independently in a completely sustainable way. This can serve as a model on how future efforts need to support local partners develops capacity to sustain programs. Such short-term support initiatives should also focus on training physicians, surgeons, nurses, and other staff to ensure continuity of services. Our experience at the SPHMMC has demonstrated that through a steadfast support from leadership, a dedicated team of local physicians can establish effective, quality and sustainable programs if assisted as deemed necessary by visiting professionals who guide programmatic development in a careful and deliberate manner.

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