“The lack of some modalities of renal replacement therapy is a major issue in many African countries,” says Prof. Hesham Safouh

Lucie Semanská / IPNA Office

The upcoming junior class this September is the second IPNA-AfPNA class. Were you also a part of the organizing committee of the previous class last year? If so, what will be the main differences compared to the previous one, and what will the participants expect?

Yes, I did also organize the first IPNA-AfPNA Junior Class that was held in Cairo, in November, 2017. This time we are discussing a completely different set of topics. The first Junior Class discussed “Glomerular Disorders” and “Acute Kidney Injury”. This next class will discuss "Chronic Kidney Disease” and “Renal Replacement Therapy, including Renal Transplantation”. Last Junior Class we had a total of 73 attendants (read more about the junior classes below the interview).
We expect more attendance this time from Junior Egyptian pediatricians and pediatric nephrologists, as well as African pediatric nephrologists, due to the success of the previous meeting. We have two invited international speakers in addition to several local faculty speakers. They will be giving a total of 24 lectures, over two full days.

Two sessions are devoted to renal transplantation; could you tell a bit more about that?

There is no doubt that renal transplantation is the optimum way to manage end stage renal disease. Although cadaveric transplantation is permitted in Egypt, legally, still all transplantation is done from living donors. Adult renal transplantation has been going on for many decades. In our Cairo University Children Hospital, pediatric renal transplantation was initially slow to pick up, but after the families of children with end stage renal disease started seeing the wonderful results and the marked differences between the lifestyles of children on dialysis compared to those who were transplanted, most families were very motivated to provide living related donors for their children in need of such a procedure. Mothers are, of course, the main source of donated kidneys. All transplantation is done free of charge at the university hospital and children receive all post-transplantation medications free of charge, as well, through government-provided medical insurance. We are now performing about two to three pediatric renal transplantations a month with excellent results. We have surpassed the 100 patient mark a couple of years ago.

Africa is a continent with a great presence of NGOs. What do you think about their presence and work? Do you cooperate with any NGOs at Cairo University Hospital? What should NGOs be doing better for more mutual cooperation and for generally improving the conditions of health care in Africa?

Of course the role of NGOs in the support of the practice of pediatric nephrology in my country is very important. Although the government tries to offer free medical services at government hospitals and universities, still frequently, the costs of such services frequently exceed government funding, especially in units like a busy pediatric nephrology service. This is where support from those NGOs is needed. They have frequently been able to provide our unit with additional hemodialysis machines, financial support for expensive radiologic investigations and even for some expensive lab tests that can only be done in private institutions or at international labs when a specific sophisticated lab test is not available in our university.

In addition, direct financial aid is given to poor patients who cannot afford the cost of transportation from their homes, which are frequently hundreds of miles or more from the university hospital, in addition to the cost of accommodation in the capital while awaiting the results of the necessary medical investigations and procedures before and after renal transplantation, for example.

As far as Africa is concerned, these NGOs may have an even greater role to play by providing support for basic services needed by pediatric nephrology patients, since in many African countries there are still severe deficiencies in the management of cases of acute kidney injury, and no long term dialysis services due to a lack of trained personnel and limited resources. It would be also great if NGOs can provide financial support for young pediatric nephrologists to train in other more advanced African or international pediatric nephrology units.
In your opinion, what are the biggest challenges and major issues as regards pediatric nephrology in Egypt?

There are still several issues regarding pediatric nephrology in Egypt. Among these issues is the fact that we still have a high number of chronic kidney disease patients presenting rather late and at an advanced CKD stage to specialized centers, which results in difficulties in knowing the exact etiology of the initial disease causing the renal failure. These cases are missed in rural units and get diagnosed after the disease has significantly progressed.

Another issue is the poorly developed long term peritoneal dialysis (PD) service. Almost all long term dialysis in Egypt is hemodialysis (HD). Infection rates are high with long term PD and cause difficulties due to associated complications, namely peritonitis. Also, PD fluids are still expensive in Egypt, though in reality PD should be a much cheaper and more efficient dialysis method than HD, especially in children.

Consanguinity is high in Egypt, though much less than that seen in other countries in the region. This results in a high proportion of inherited renal disorders contributing to the end stage renal disease burden in Egyptian children. Another challenge is training enough nurses to provide efficient services to our patients. We may not have a shortage in physicians, but we definitely do not have enough qualified nurses to serve in all the demanding hospital units such as the pediatric nephrology unit, the ICUs, etc.

The IPNA Juniors Classes Program provides a different teaching approach in pediatric nephrology targeted specifically to juniors. There are currently three ongoing cycles where IPNA and the Asian, African or European pediatric nephrology societies are cooperating. Each cycle is composed of three separate classes covering most topics in pediatric nephrology at the completion of the whole cycle.

The second class of the 1st IPNA - AfPNA cycle is just around the corner. It will take place in Cairo, Egypt on the 13th and 14th September. You can find the detailed program of the class here.

Here are some stats from the first junior class in Cairo last year: There were in total 22 half hour lectures and a ‘Meet the Experts” session at the end, for additional discussion. The lectures were uploaded to the Cairo Pediatric Nephrology Unit Website and are also accessible to a wide range of physicians through the IPNA website itself as well.

The event was attended by a total of 73 participants, 61 of them below the age of 40 years. The majority of the attendants were Egyptians but there were 10 attendants from various African countries, as well. All junior African attendants were fully supported with free accommodation and registration. As for the speakers, there were 6 international speakers and 9 local faculty speakers.