



Scoping visit to St. Paul's Hospital, Addis Ababa. November 2024

Steve Payne

During the summer of 2024 Prof. Masresha Solomon, the current unit head from St. Paul's Hospital in Addis Ababa, had been in contact with the Urolink executive, asking for help.

St. Pauls is a hospital built in the time of HRH Emperor Haile Selassie. It was originally a government funded institution, which received a substantial amount of funds from the Susan Thompson Buffet Foundation from 2014.



Unfortunately, despite very significant investment in the institution, the Foundation withdrew its funding in 2020, since when financial dependence has reverted to the state. As a consequence of the Ethiopian financial situation, the monies available for healthcare are directed mainly towards community-based projects. Consequently, finances available for hospital care are even more restricted than normal, and that available for specialist surgical care is very meagre.

The department of urology now comprises 10 trained urologists; there are 10 trainees in the department. The unit has 23 beds, an outpatient minor procedures room and two operating theatres, one of which has C arm capability.



They have endoscopic equipment including a laser, but far from all of it is working. They also have an extracorporeal lithotripter, but this was not fully installed and has not been used consistently since its installation 8 years ago. The department has support from radiology and has access to ultrasound, CT and MR and has a functioning PACS system. Children, up to 13 years of age, are managed by the paediatric surgeons. They have a uroflowmeter.



I met with Masresha on a Sunday morning en-route to a workshop in Hawassa. He explained the dire effects the funding status was having, and that many patients with complex problems didn't have treatment due to the lack of functioning equipment, and because many patients couldn't afford treatment because of the lack of universal health coverage. Masresha had been trained in Ethiopia but had also spent some time in India learning endoscopic stone management, and about stricture surgery with Prof. Sanjay Kulkarni. He has also been involved with development of a surgical emergency service and transplantation services but neither of these are being progressed at present. The department is proficient in endoscopic surgery, has the ability to perform both mono and bipolar resection, and is carrying out TURPs on a regular basis.



Masresha was very clear that there were multiple issues facing the department, some of which are related to equipment and some due to a lack of technical expertise. Whilst there is the possibility that some of his equipment related issues may be resolvable with help from MediTech Trust, I emphasised that provision of equipment is not a major role that Urolink uses its limited funds for, outside of specific development projects for which funding had been raised. The training issues Urolink could help with were endoscopic upper tract stone surgery and urethroplasty, particularly posterior urethroplasty.

It would certainly be possible to help support the department with both objectives, particularly as some of the reconstructive programmes are close to running their course in other linked centres in sub-Saharan Africa. I think it's imperative that an equipment audit is carried out so that we know what functioning equipment they do have, and we then have the possibility of getting help from MediTech to restore any shortfall. Once there is appropriate instrumentation a plan could be made for teams to evolve/rotate to help with the experiential aspects of mentorship. More extensive developments, or commitments, would be dependent on financial backing for any longer-term programme.

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