

Visit report	
Country visited	Ethiopia
Institution or workshop	Urology Society of Ethiopia 4 th Annual Meeting. Best Western Hotel, Addis Ababa
Dates of visit	17/05/2025
Team members	Shekhar Biyani Will Finch Steve Payne

Shekhar, Will and Steve, continued the 2025 trip to Ethiopia to attend the Annual meeting of the Urological Society of Ethiopia (USE) at the Best Western hotel in central Addis.

The theme of the meeting was 'Forging external links for sustainable Urology Services and was an ideal platform to present how the very fruitful association between Urolink had been formed with Hawassa University Comprehensive Surgical Hospital (HUCSH) and Urolink. The three of us were treated to dinner at the Center Point Addis 360° Revolving Restaurant on the evening of 16th May where we were entertained by the totality of the USE executive including the current chairman Prof. Seid Mohammed, Dr. Ramzi Youssef and Dr. Fitsum Gebreeziabher with whom we are well acquainted.

The meeting started at 9am the following morning and was surprisingly well attended by trainees and consultants from across Ethiopia considering the ongoing medical strikes in the country (see Hawassa 2025 workshop visit). Seid outlined the purpose of this the 4th annual meeting and emphasized the need for 'strong and sustainable links' which were, he said, critical to bridging gaps in resources and personnel to ensure the long-term viability of urological services in Ethiopia. International partnerships, training and education, resource mobilization, technology transfer and regional collaboration were the links that he wanted to see forged.



After a business meeting (conducted in Amharic) and an awards ceremony, including certificates of appreciation to the three of us for our contributions to urology in the Southern Nations. Shekhar was then given the platform to talk about how an external link had been formed between HUCSH and Urolink. He outlined all the steps in the process of building and sustaining a link over time, emphasizing the importance of the role of the 'local champion' and how to persist in the endeavour even when everything isn't going according to plan. [His slide set can be viewed here.](#)



This was followed by Dr Getaneh Teferi, Getch (below), giving a paper about the “Practical challenges and opportunities of external links’ in which he talked about the hard work that goes into forming, but more importantly sustaining links and developing services strategically. Getch appraised us of the benefits of the Urolink model and how it had allowed the unit in Hawassa to develop over the last 15 years.



Intervals, in proceedings, were given over to innumerable stands around the hotel complex and it was gratifying to see how much of industry was involved in supporting the association.

In the afternoon Steve was given the opportunity to give a state-of-the-art lecture about 'Establishing a urology national registry'. Steve had already done some work with Getch, Ramzi and Fitsum to utilize a simplified coding system driven by QR codes to an online repository, which had been trialed in Hawassa.



The talk was accompanied by the sharing of the QR codes for a training package and a live account for data accrual. One of the potential issues for rolling this project out across a national domain was data storage in the cloud. We were fortunate to have had support, at very short notice, from the BJUI executive who agreed to support the project and provide funding for a year. Both Urolink and our colleagues in Ethiopia are very grateful for this. Steve's narrated presentation about how to use the registry [can be downloaded here](#).

There was a very interesting talk about partial nephrectomy for complex renal tumours given by Dr Ravi Chandran from the Apollo Hospitals group in Bangalore which demonstrated what could be achieved if the best imaging and robotic skills were available. Not many of those in the audience had seen partial nephrectomy and this provided an amazing insight into what could be achieved!

Unfortunately, due to the current situation in Ethiopian healthcare the meeting had to be truncated which meant that some of the 10 trainee presentations had to be dropped. There were, however, two presentations given by 2 GPs, recent graduates from the Ethiopian training system, who talked about multiple testicles and multiple kidneys and their presentation. Their talks were extremely well constructed, their slides projected very well, and their delivery was as good as one could have expected from a specialist trainee in the UK.

Overall, this was a fantastic meeting to help cement the bond between Urolink and Ethiopian Urology. We have been fortunate to have developed good relationships with several of our colleagues in country and have ties with trainees who are now becoming consultants there. We are also extremely grateful to BJUI who has been incredibly supportive of the Urolink campaign in Ethiopia and who continue to provide financial aid for a variety of different initiatives.



Will
Shekhar
Steve

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