



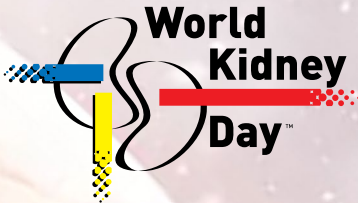
**NESOT**  
PROMOTING KIDNEY HEALTH NATIONWIDE

**Nephrology Society of Tanzania (NESOT)**

# **THE 8<sup>TH</sup> ANNUAL SCIENTIFIC CONFERENCE**

**Hotel Verde, Zanzibar**

**Bridging the Gap in the  
Quality of Kidney Care**



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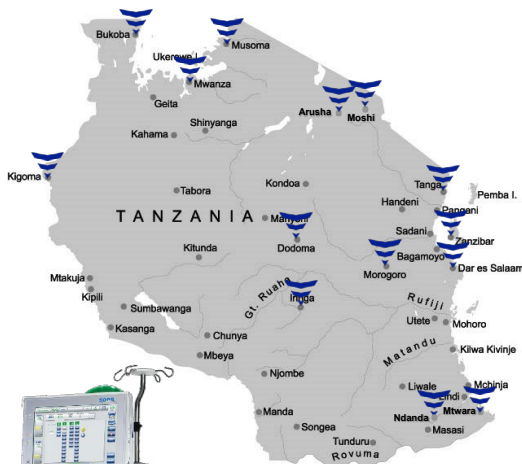
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# Guest of Honour



**His Excellence Dr Hussein Ally Mwinyi**

President of The Revolutionary Government of Zanzibar

# President's Remarks

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I am humbled and honoured to invite all delegates to the 8th Nephrology Society of Tanzania Annual Scientific Conference at Verde Hotel in Zanzibar on 24th and 25th of November 2022.

**Dr Onesmo A Kisanga**

MD, MMed, MSc - Nephrology

This conference is happening two weeks after the National Non-Communicable Diseases week organised by the Ministry of Health. The theme for this year's 8th scientific conference is 'Bridging the Gap To Improve Quality of Kidney', adopted to put emphasis on ensuring quality of services for patients with kidney diseases as the country is embarking on scaling up of renal services in Tanzania.

There has been an expedited expansion of kidney care services in both mainland Tanzania and Zanzibar. Tanzania mainland has seen the introduction of kidney transplantation services in two hospitals, while Zanzibar has expanded in dialysis services by establishing services in Pemba island. Nephrology services are labour and technology intensive, which translate to enormous needs for short and long term training of health care providers as well as instalment of equipment to support care.

The number of nephrologists has been gradually increasing and currently there are 30 nephrologists in Tanzania, despite the improvement in the number of nephrologists, there are growing demands of other health care providers involved in kidney care including pathologists, nurses, histo-technologists and many others.

The gap existing in the provision of services has many faces spanning from distribution of services, the number of health care providers as well as funding and financing of services. Bridging the gap calls for a multidisciplinary approach and engagement of various stakeholders involved in the provision of services without forgetting the involvement of patients who are the main beneficiaries.

To have an impact in reduction of morbidity and mortality attributed to kidney diseases provision of nephrology services need to adopt universal health coverage with comprehensive approach focusing on prevention as much as curative measures. The major challenge now is to improve access to these services throughout the country; this calls for innovative interventions bearing in mind the limited number of trained personnel for provision of services. Adoption of cost-effective measures involving lifestyle modification nationally is also necessary to curb the growing burden of NCDs including kidney diseases.

This 8th NESOT conference will be expected to raise discussion on ways of expanding access to renal services in Tanzania while upholding the quality and addressing challenges facing the health system in addressing the growing burden of kidney diseases. The focus will be on ways to scaleup services, improving training for primary health care providers for provision of primary care in nephrology departments.

It is my belief that the time you will spend in these two days will have a great impact through your contributions in improving nephrology services in Tanzania and East African regions . May also ask you to enjoy the touristic attractions in Zanzibar and lastly, I wish you a safe journey on your way back home.

## Vice President's Remarks

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Dear delegates of the 8th NESOT scientific Conference, I wish to take this opportunity to welcome you to this year's conference. This conference has happened at a very special time as our society marks 10 years of its existence.

**Prof Paschal Ruggajo**

MD, MMed, MSc - Nephrology

These 10 years have seen a significant growth of our society which has mirrored the growth of the nephrology discipline in Tanzania, this is evidenced by the increase in the number of nephrologists, haemodialysis units and introduction of nephropathology in Tanzania.

Of special note is the establishment of kidney transplantation services in Tanzania, with two centres providing this service, Muhimbili National Hospital which started services in 2017 and Benjamin Mkapa Hospital which started services in 2018. These two centres have performed more than 100 kidney transplants in Tanzania.

Tanzania has also made significant strides in training of health care providers in the field of nephrology, and of special note the new masters of science in renal nursing offered at Muhimbili University of Health and

Allied Sciences. I am happy that the first 10 students in this program will be graduating in the next one week.

NESOT is calling upon all stakeholders to focus on quality of nephrology services, this has been the focus of both ministries of health in Tanzania and Zanzibar. As we continue to establish new services in nephrology it is high time that the quality of these services is given priority. Through quality improvement we will be able to improve the outcome of our patients including those undergoing haemodialysis and kidney transplantation. Infection prevention and control is one important area which needs special mention in the plea for quality improvement. Patients undergoing haemodialysis services are at increased risk of infections, and most of these infections are preventable with cost effective measures including hand washing and use of hand sanitizers among health care providers.

I wish to express our sincere thanks to all delegates who took their time to attend this year's conference, all sponsors and exhibitors for their partnership throughout the existence of NESOT.

I wish to acknowledge the investment made by the government of Tanzania and the revolutionary government of Zanzibar for their commitment in supporting nephrology services in the United Republic of Tanzania and Zanzibar respectively.

Last but not least, I wish to express our sincere appreciation to the president of the Revolutionary government of Zanzibar, His excellency Dr Hussein Ally Mwinyi for his commitment in supporting nephrology services in Zanzibar and his support for this year's conference.

His hospitality and professional support in the entire time of preparation of this conference was remarkable and we thank all the ministry of health officials in Zanzibar for being there for NESOT. I wish all the delegates a very good stay in Zanzibar and a successful conference.

# Chairperson of Organizing Committee Remarks

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Dear members of the NESOT Tanzania, international delegations and our esteemed guests, I am humbly expressing my sincere gratitude to you all for joining us in this very special event, the 8th International Scientific NESOT Conference which is held here in Zanzibar, the Spice Island of the Western Indian Ocean.

**Dr Maryam M. Hamad**

MD, MMed, MSc - Nephrology

This conference is one of its kind, it brings together Nephrologists and other medical practitioners from all around the world to gather and discuss the challenges that nephrology discipline is facing, and discuss the solutions necessary in tackling the challenges. Furthermore, the conference offers opportunities for participants to share experiences, and discuss the modern emerging technologies and treatment methods.

Dear conference participants, Chronic Kidney Disease (CKD) is a serious emerging global health problem that affects over 750 million people worldwide (Crew et al., 2019). In the year 2017 alone, CKD was associated with over 1 million deaths globally and ranked the 12th leading cause of death (Caney, 2020).



As published by the International Society of Nephrology, over 850 million people have some form of Kidney diseases globally, the number is almost double that of people living with diabetes, and 20 times higher than the number of people living with HIV/AIDS.

The situation is even worse in the low- and middle-income countries, Zanzibar is no exception. Dear participants, the problem of CKD is serious and it requires joint efforts and innovative thinking, thus this conference is an opportunity to discuss better solutions to the problem.

Dear conference delegates, let me take this opportunity to welcome you to Zanzibar, the cosmopolitan country with people of mixed race. Zanzibar is among the world's best tourist destinations. The islands are bestowed with plethora of attractions ranging from scenic white sand beaches and sand banks; cultural and historical heritages such as the old fort and the Zanzibar stone town; world class coral reefs; coral rag forests of Jozani and Ngezi, as well as red colobus Monkeys that are found nowhere else than Zanzibar.

Dear conference participants, Zanzibar is a peaceful country and its people are characterised with hospitality. Dear participants of the Conference, I wish you all the best in your two days conference. Please feel at home and enjoy staying in Zanzibar.

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# Conference Program

Time	Activity	Responsible
Day 1: 24th November, 2022		
0800-0900	Registration	Organizing Committee
0900-0930	Coffee/Tea Break	NESOT
0930-1000	Snapshots/ Pictures/Videos	ALL
1000-1030	Snapshots/Video presentation	Organizing Committee
1030-1100	Arrival of the Guest of Honour	H.E. Dr Hussein Ali Mwinyi (President of Zanzibar and Chairman of Revolution Council)
1100-1110	Prayers	Religious Leaders
1110-1120	Speech	Chair of the OC
11.20-11.35	Speech	Dr Onesmo Kisanga (NESOT President)
11.35-11.50	Speech	Minister of Health ZNZ
11.50-12.30	Speech and launching of the NESOT Logo	H.E. Dr Hussein Ali Mwinyi (President of Zanzibar and Chairman of Revolution Council)
12.30-12.40	Vote of Thanks	Prof Paschal Ruggajo (Director of Curative Service, MoH and NESOT VP
12.40-01.00	Photo session	Organizing Committee
01.00-02.00	Lunch Break	ALL
Session 1: Ten years of NESOT-Promoting quality kidney care in Tanzania Chairpersons: Prof Kajiru Kilonzo/Dr Frida Mowo		
2:00-2:15	Foundation, consolidation and growth of Nephrology Society of Tanzania	Prof Francis Furia
2:15 -2: 45	RRT in Tanzania: 10 years of struggle to Boon (Hemodialysis and Peritoneal Dialysis)	Dr Jonathan Mngumi
2:45- 3:15	Transplant program in Tanzania: lessons learned; Panel discussion	Dr Onesmo Kisanga / Dr Jacqueline Shoo / Dr Muhiddin Mahmoud/Dr Kessy Shija / Dr Alfred Meremo
3:15-3:30	Training and opportunities: academic excellence Tanzania and beyond	Prof Paschal Ruggajo
3:30- 3:45	Renal Nursing in Tanzania: Overcoming the odds	Mr Pius Temba
3:45-4:00	10 years Anniversary Celebration / honorary	ALL
4:00-4:30	Tea / Coffee Break	ALL
4:30-5:00	Exhibition / Networking	ALL
6:00 PM	Gala Dinner	ALL

Day 2: 25th November, 2022		
08.00-8.30	Registration	Organizing Committee
Session 1: Renal Replacement Therapy - challenges and best practice Chairpersons: Dr Hafidhi Sheha/ Dr Gudila Valentine		
08.30-09.00	Improving Quality of Dialysis outcome: what matters to our patients	Dr Fatih Kircelli
09.00-09:15	Infections in Haemodialysis units	Prof Kajiru Kilonzo
09.15-9:30	Hemodialysis in children and elderly: can one size fit all?	Dr Jamila Didi / Dr Frida Mowo
09.30-9: 45	RRT in critically ill patients: how to take out all that fluid (IHD vs SLED vs CRRT)	Dr Mazhar Amirali
9:45- 10:05	Pre-Dialysis Management of Chronic Kidney Diseases	Dr Mubarak Janmohamed
10:05-10: 20	Discussion	ALL
10: 20- 10: 50	Tea / Coffee Break	ALL
Session 2 Managing spectrum of kidney diseases: updates Chairperson: Dr Alfred Meremo/ Dr Rose Mende		
10.50-11: 20	Malignancy and kidney diseases: bridging the gaps	Dr Jacqueline Shoo / Dr Ahmed Sokwala
11.20-11:35	SGLT2 in tackling cardiorenal syndrome in diabetic patients	Dr Sood Mohamed
11.35-11:50	CKD among Youth: the iceberg phenomenon	Dr Fatma Bakshi / Dr Jonathan Mngumi
11.50-12:05	Discussion	ALL
12:05-12: 25	Latest KDIGO GN guidelines: an update	Dr Zaheera Cassimjee (SA)
12.25-1.10	Lupus Nephritis panel discussion: challenges in early diagnosis and management	Dr Zaheera Cassimjee / Dr Sudakshina Ghosh / Dr Sanaa Said / Dr Angela Mwakimonga
1.10-01.15	Discussion	ALL
01.15-2.15	Lunch Break	ALL
Session 3 Transplant and miscellaneous Chairpersons: Dr Jamila Didi/ Dr May Shoo/ Mr Pius Temba		
02.15-02.35	Palliative Kidney Care	Dr Mubarak Janmohamed
02.35-02.50	Hypertension in patients with CKD: local experience	Dr Alfred Meremo
02.50-3:05	Acute kidney injury among patients undergoing coronary intervention	Dr Faisal Hooda
3:05 -3: 20	Cutaneous Manifestation of CKD Patients undergoing Haemodialysis at Mnazi Mmoja Hospital.	Dr Hafidhi Sheha Hassan
03.20-03.45	Role of Social Workers and social challenges in provision of services to patients with CKD	Mr Herbert Swai
03.45-04:00	Universal Health Coverage: Predictive impact on kidney care in Tanzania	NHIF representative
04.00-4: 15	Discussion	ALL
04.15-5:00	Tea/ coffee break + exhibition	ALL
5:00-5: 530	Closing ceremony and upcoming events	MoH (TZ/ZNZ rep +NESOT)

## Speakers' Profiles



Graduate of International University of Africa in Sudan. She trained in internal Medicine at the University of Nairobi. Said has been working in Zanzibar as a physician since 2015 at the main referral hospital based on Unguja Island. Currently, her care is focused on reviewing patients with chronic inflammatory joint diseases and other rheumatology conditions. Said's interests include rheumatoid arthritis and priority setting in health.

Lecturer at the State University of Zanzibar and is

### **Dr Sanaa S Said**

*MD, DTMH, MMed (Internal medicine)*

a fellow of the East, Central and Southern Africa College of Physicians. She is currently undertaking her PhD in Rheumatology at the University of Bergen, Norway.

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Dr. Francis Furia is a lecturer at MUHAS and teaches general paediatrics, nephrology, renal nursing and bioethics. He is also a medical specialist at MNH and provides services in general paediatrics, paediatric nephrology/rheumatology and adult nephrology. He has published few articles in peer reviewed journals. Dr Furia holds fellowships from various institutions including ISN, IPNA and the Royal College of Physician – London.

### **Dr Francis Furia**

*MD, FRCP-London*



Dr Mohamed is a consultant physician/nephrologist and the outgoing Vice-Chairman of National Kenya Association of Physicians (KAP). He is a member of editorial board for Journal of Kenya Association of Physicians (JOKAP) and a clinical supervisor for the East, Central and Southern Africa College of Physician (ECSACOP). Dr Mohamed serves as a member of the Mombasa Ethics Review Committee (MERC) secretariat Mombasa County and he is also a member of Executive Committee for COVID-19 Response in

## **Dr Sood Mohamed**

*MBChB, MD (UK), MRCP(UK), FCP(ECSA), DipMedLaw (UK), Fellowship Nephrology (Alex)*

Mombasa County. He is a recipient of several prestigious awards including the Presidential Order of Service, Uzalendo Award- CONFERMENT OF NATIONAL HONOURS Gazette Notice No.3827 and Mashujaa of Covid-19 Pandemic Award-Rotary Club of Mombasa. Dr Mohamed has authored several publications in peer reviewed medical international and local journals.

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Mazhar Amirali is an internal medicine physician and nephrologist who received his training in South Africa. He recently spent two years as an International Society of Nephrology (ISN) Fellow studying general nephrology and was granted his ISN fellowship in November 2019. He is currently practising as a nephrologist at Muhimbili National Hospital and is an honorary lecturer at Muhimbili University of Health and Allied Science.

## **Dr. Mazhar Hussein Amirali**

*MD, MMED (Int. Med.), FCP(SA), MPhil (Nephro), Cert. Nephrology(SA) Phys., ISN Fellow.*

He has a keen interest in clinical nephrology, clinical research, medical education, and student teaching.

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Works as a Consultant Nephrologist and Physician at The Royal Wolverhampton NHS Trust. His interests include advanced CKD and Home Haemodialysis. He is currently the Deputy Lead for the Clinical Fellowship Programme at The Walsall Manor Hospital and the CESR Peer group at RWT.

He plays an active role in Education delivering lectures on a wide range of subject areas in general medicine

## **Dr Mubarakali Janmohamed**

*MD, MMed, MRCP, ESE.Neph*

and nephrology to undergraduate and postgraduate doctors. Dr Janmohamed was one of the founding members of NESOT and continues to participate in various NESOT activities. He is also involved in voluntary teaching sessions for Msc Nephrology candidates at MUHAS.

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Is Dermato-venereologist practising at Mnazi Mmoja Hospital, Zanzibar. He graduated in 2012 at KCMCo and interned at Bugando Medical Centre. He pursued his residency in Dermatology in 2015 at the Regional Dermatology Training Centre, Moshi, Tanzania and graduated to become the first Dermaveneriologist in Zanzibar. Trained in dermatosurgery at Universit clinicum Hospital, Salzburg Austria. He is a clinical instructor for dermatology

## **Dr. Hafidh Sheha Hassan**

*MD., MMed*

at the State University of Zanzibar. He has published several articles in peer reviewed journals and he is a reviewer for International Journal of Dermatology. He pioneered the Xeroderma pigmentosum program in Zanzibar in 2019 and he is currently the Director of Clinical Services at Mnazi Mmoja Hospital.

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Dr Cassimjee is a consultant physician/ Nephrologist and member of MMed Protocol Assessment Committee for Internal Medicine Circuit at University of Witwatersrand University. She is a MMed supervisor and senior lecturer at Helen Joseph Hospital, South Africa. She has received several awards including best oral presentation at Annual Academic Day, excellence in clinical service (Helen Joseph Hospital) and best oral presentation at South Africa Nephrology Society

### **Dr. Zaheera Cassimjee**

*MD (SA), Dip. HIV Management (SA), Dip. Mental Health (SA), MMed (IM) (SA), Fellowship Nephrology (SA)*

Congress (2022). She has authored several articles in International and local peer reviewed journals

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Mr Temba is a graduate of Muhimbili University of Health and Allied Sciences (MUHAS) . He trained in Nephrology Nursing at MUHAS between 2020 and 2022. Temba has been working in Tanzania since 2018 at Muhimbili University of Health and Allied Sciences as a Tutorial Assistant in the department of Clinical Nursing. He has been responsible for teaching medical surgical Nursing and Basic Critical care and emergency Nursing. In addition he has

### **Pius Temba**

*MSc. Nephrology Nursing, BScN, RN*

been working as clinical instructor and providing nursing care in the medical wards and hemodialysis unit at Muhimbili National Hospital. Currently, he has completed training in Nephrology Nursing and he is interested in providing care to patients with renal disorders including renal replacement therapy (care of patients in dialysis and kidney transplantation) as well as teaching, clinical supervision of students and clinical research.

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Dr Mngumi completed his undergraduate training in Medicine at Muhimbili University of Health and Allied Sciences (MUHAS). Heading Renal Unit in the Department of Internal Medicine at Muhimbili National Hospital (MNH), Lecturer in Department of Internal Medicine at Muhimbili University of Health and Allied Sciences (MUHAS). He is overseeing haemodialysis and kidney transplantation services at MNH.

### **Dr Jonathan W Mngumi**

*MD., MMed (Int. Medicine), MSc – Nephrology*

Trained in kidney transplantation at BLK Hospital in India and he is one of the pioneers of kidney transplantation at MNH. Active member of the Medical Association of Tanzania and the Nephrology society of Tanzania. Dr Mngumi has published several articles in peer reviewed journals.

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Dr Muhiddin is the current Executive Director of Mnazi MMoja Hospital in Zanzibar. He is a nephrologist who trained at Muhimbili University of Health and Allied Sciences, and has also trained in kidney transplantation at BLK Hospital in India. He has practised at Muhimbili National Hospital Upanga and Mloganzila campuses. He taught at MUHAS as a lecturer. He participated in the establishment of kidney transplantation at Muhimbili National Hospital. He has authored several articles in peer reviewed journals.

### **Dr Muhiddin Mahmoud**

*MD, MMed, MSc - Nephrology*



Dr Cassimjee is a consultant physician/ Nephrologist and member of MMed Protocol Assessment Committee for Internal Medicine Circuit at University of Witwatersrand University. She is a MMed supervisor and senior lecturer at Helen Joseph Hospital, South Africa. She has received several awards including best oral presentation at Annual Academic Day, excellence in clinical service (Helen Joseph Hospital) and best oral presentation at South Africa Nephrology Society Congress (2022). She has authored several articles in International and local peer reviewed journals

### **Dr. Jamila S. Didi**

*MD., MBA., MMED., MSc Nephrology*

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Dr Sokwala is a consultant Physician & Nephrologist at Aga Khan University Hospital, Nairobi-Kenya. He obtained his MD degree from Marmara University in Istanbul, Turkey. He is an Assistant Professor in the Department of Medicine at Agha Khan Hospital. He holds fellowships from several institutions including Royal College of Physician – Edinburgh. Dr Sokwala has published widely in International peer reviewed journals.

### **Dr Ahmed Sokwala**

*MD., MMed., FICN(Toronto) FRCP(Edin)*

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Dr Kajiru is a physician and Associate Professor at the Kilimanjaro Christian Medical Centre and University College. He has been working in research on technology in this setting and the use of technology towards dealing with the human resource crisis has made a lot of sense. In 2009 he introduced peritoneal dialysis at Kilimanjaro Christian Medical centre. He established haemodialysis services at KCMC and he holds

### **Prof Kajiru Kilonzo**

*MD, MMed, MPhil, Cert. Nephrology (CMSA)*

regular symposiums and training in the Northern Zone NESOT chapter. He has published in several local and international peer reviewed journals.

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A nephrologist working with Muhimbili National Hospital, Dar es Salaam, Tanzania. She is the former head of renal services, dialysis and transplantation services at Muhimbili National Hospital. Participated in developing the first National Dialysis guidelines in Tanzania and participated in establishment of the first kidney transplantation program in Tanzania. She is a lecturer Dept. of Paediatric and Child Health MUHAS. She is involved in teaching and supervision of research activities. She was awarded the Appreciation Award

### **Jacqueline Shoo**

*MD., MMed (Paediatrics and Child Health), MSc - Nephrology*

of the Department of Internal Medicine for strengthening the renal unit and initiation of kidney transplant at Muhimbili National Hospital in 2022. She is a member of Nephrology Society of Tanzania, Paediatric Association of Tanzania, African Association of Nephrology.

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Dr. Hooda is a fourth-year Postgraduate Resident Physician in the Department of Internal Medicine at the Aga Khan University Medical College- East Africa (AKU, MC-EA), and the Aga Khan Hospital in Dar es Salaam (AKH, D). He is also the immediate former President of the Residents' Association at the AKU, MC-EA, Dar es Salaam campus (2021/22 term) and has served as a Chief Resident of the Department of Internal Medicine at the AKH, D (2021/22 term). He holds

## **Faisal Hooda**

*MD., Senior Resident Int. Medicine*

a Medical Degree – obtained from the Catholic University of Health and allied Sciences (CUHAS)-Bugando; where he was the best finalist (Class of 2016)

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Dr Meremo is a Senior Lecturer & Consultant Nephrologist in the department of Internal Medicine, School of Medicine & Dentistry, the university of Dodoma. Alfred earned his MD degree from the Muhimbili University of Health Sciences (MUHAS), MMed( Internal Medicine) from Catholic University of Health Sciences (CUHAS) - Bugando, International Society of Nephrology (ISN) fellowship from the university of the Witwatersrand and a PhD candidate

## **Alfred Meremo**

*MD, MMed, FISN*

at the university of the Witwatersrand in Johannesburg, South Africa. Alfred is also a Consultant physician & Nephrologist working with the Benjamin Mkapa Hospital, the Dodoma Regional Referral Hospital and Iringa Regional Referral Hospital. Alfred has published few articles in peer reviewed journals and serves as a reviewer in several peer reviewed journals. Alfred's research interests are in chronic kidney disease progression(early diagnosis & treatment).

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She is a Consultant Nephrologist and Head of Section of Nephrology at Aga Khan Hospital Dar es Salaam. She holds the rank of Assistant Professor at the Aga Khan University, Dar es Salaam.

Dr Bakshi has research interest in Glomerulonephritis, Autoimmune Kidney Disease, Critical care Nephrology and Resistant Hypertension.

### **Dr Fatma Bakshi**

*MD, MMED-Nephro, Glomcon Fellow.*

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Dr Ghosh is a Consultant Physician and Nephrologist at Regency Medical Center, Dar es salaam. She is an Honorary Lecturer at (MUHAS) Muhimbili University of Health and Applied Sciences. She is awarded an ISN fellowship in Nephrology from Madras Medical Mission Hospital, Chennai, India. She was also awarded a fellowship in Diabetes ( DIFD) by Royal Liverpool Academy / Apollo Hospital, India. She attended her Diploma in Tropical Medicine from London School of Tropical Medicine and Hygiene. Dr

### **Dr Sudakshina Ghosh**

*MBBS, MMed, FISN, DIFD, EDTMH*

Ghosh has special interest in diabetic kidney disease and Glomerular diseases, specifically Lupus Nephritis. She has published several scientific papers including “ Prevalence of microalbuminuria in type 2 diabetic patients in northern Tanzania”, “ Malaria associated AK in a referral hospital in Dar . She has also written a chapter in the recently published Handbook of Renal Transplantation in Developing countries.

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Herbert Swai holds his Bachelor Degree in Social work from The open university of Tanzania. He has over 5 years of clinical experience working in the renal unit at MNH dealing with psychosocial issues facing CKD patients especially prior to haemodialysis and Kidney transplant therapies. He provides training and orientation for new social workers at MNH, his main focus of training is on boundaries and professionalism when dealing with patients. He is currently Pursuing Masters of public health(MPH) at University of Suffolk.

## Herbert Swai

*(BSW), MPH student*

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He is currently the Vice President for Medical Information and Education, responsible for Europe, Middle East and Africa at Fresenius Medical Care, Germany. He has done his fellowship in Nephrology at Ege University, Izmir, Turkey where he was involved in a wide range of high-level academic research activities on dialysis, including his thesis on Magnesium and Vascular Calcification. He has published over 60 articles in peer-review journals and

## Fatih Kircelli

*MD, MMed, FISN*

presented more than 100 abstracts at international congresses, as well as several book chapters.

# Abstracts

## Sub-theme: Glomerular Disease

*Prevalence, clinical profile and outcomes of nephrotic syndrome among adults attending in tertiary hospitals in Dodoma, Tanzania.*

*Emmanuel Lazaro, Alfred Meremo*

### Introduction:

The prevalence of nephrotic syndrome has been increasing globally including in Sub Saharan Africa, where it causes end stage kidney disease, increasing morbidity and reduction in the quality of life of patients.

Methods: This was a prospective study conducted between August 2021 to May 2022. Results were summarised using descriptive statistics.

Multivariate logistic regression analysis was used to identify variables associated with no remission at six months follow up.

### Results:

A total of 987 patients were evaluated for nephrotic syndrome during the study period, of whom 142 (14.4%) presented with nephrotic syndrome with a median age of 57.5 years (IQR 42 - 68) and 73 (51.4%) were female. Variables with higher odds for no remission were; hypertension (OR: 7.7, 95% CI 1.9 - 23.5;  $p = 0.014$ ), diabetes mellitus (OR: 10.3; 95%CI: 2.2 - 34.6;  $p=0.011$ ), haematuria (OR: 5.3, 95%CI 1.4 - 15.8;  $p = 0.017$ ), urine protein creatinine ratio (uPCR) of  $>8\text{g/g}$  at baseline (OR: 7.6, 95% CI 1.8 - 22.3;  $p = 0.011$ ) and a baseline GFR  $<45\text{ml/min/1.73m}^2$  (OR: 11.7, 95% CI 1.5 - 32.5;  $p = 0.019$ ).

### Conclusion:

Presence of diabetes mellitus, hypertension, low baseline eGFR, haematuria and high proteinuria are predictors of no remission among adults with nephrotic syndrome in Dodoma.



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## **Sub-theme: Acute Kidney Disease**

**Factors associated with nurses' knowledge regarding identification and management of acute kidney injury at Muhimbili National Hospital in Dar es salaam, Tanzania.**

*Emmanuel T. Mlay<sup>1,2</sup>, Gift Lukumay<sup>2</sup>, and Dickson A. Mkoka<sup>2</sup>  
1Department of Nursing and Housekeeping, Muhimbili National Hospital, Dar es Salaam, Tanzania, 2School of Nursing, Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania*

### **Background:**

Acute Kidney Injury (AKI) is a global burden and contributes significantly to morbidity and mortality, more in Sub Saharan Africa. The awareness of nurses regarding the identification and management of AKI is very crucial but there is limited knowledge on the factors associated with this matter in Tanzania. This study aimed to assess factors associated with nurses' knowledge regarding identifying and managing AKI among nurses working at MNH.

### **Methods:**

A descriptive cross-sectional study was conducted between March and May 2022. Data were collected from 190 nurses using a self-administered questionnaire. Chi-square test was used to determine the association between categorical variables and multivariate logistic regression was performed to determine factors associated with nurses' knowledge of AKI and a p-value of less than 0.05 was considered statistically significant.

### **Results:**

A total of 190 nurses participated in the study. The participants were predominantly females 62.1% and more than half 52.1% aged between 31 and 40 years. Of 190 study participants, only 13.2% had good knowledge regarding the identification of AKI (67.4% had fair knowledge, and 19.5% had poor knowledge). On multivariate logistic regression, an education level (AOR=7.7, CI: 4.86-19.63,  $p < 0.001$ ), >10 years of nursing experience

(AOR=2.34, 95% CI: 1.01-5.38, p=0.045), >5 years of providing care to AKI patients (AOR=2.19, 95% CI: 1.07-4.46, p=0.031) and receiving formal AKI training (AOR=2.84, CI: 1.44-5.61, p=0.002) were significantly associated with nurses' knowledge of AKI identification. Similarly, an education level (AOR=6.06, CI: 1.4-26.06, p =0.015), receiving formal AKI training (AOR=2.11, CI: 1.11-4.05, p = 0.024) and receiving on-the-job AKI training (AOR=1.95, 95% CI: 1.01-3.76, p=0.044) were significantly associated with nurses' knowledge regarding AKI management.

**Conclusion:**

The results showed that a great number of nurses working at MNH have fair knowledge regarding AKI identification and management. high proteinuria are predictors of no remission among adults with nephrotic syndrome in Dodoma.


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## **Sub-theme: Chronic Kidney Disease**

### **Factors Associated With Progression Among Chronic Kidney Disease patients at Bugando Medical Centre, Tanzania**

*Robert Cosmas Matondo*

*Bugando Medical Centre, Mwanza, Tanzania*

Perfect screening markers for kidney disease is one of the challenges in kidney care and the majority rely on creatinine and urea. We intend to find significance in using the identified /proposed protective biomarkers for early detection of renal failure.

Study design to be executed will be a longitudinal cohort study with both qualitative and quantitative approach. Study population will be all cardio-renal syndrome patients, diabetic type ii, attended inpatient and outpatient at BMC with age criteria of above 18 years. Sample size determined by ENA software ,Sampling technique to be applied is non probability method thus is serial sampling strategies for qualitative studies, data collection method will be interview and questionnaire, and data collection tool will be english and swahili version questionnaire, obtained data will be analysed using NVIVO software for qualitative data and STATA software for quantitative data.

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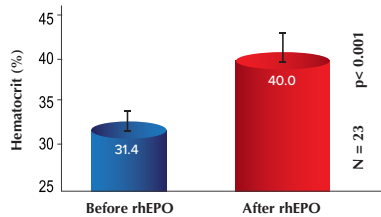
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\*CKD - Chronic Kidney Disease #CRF - Chronic Renal Failure ^ESRD - End Stage Renal Disease  
1. Dranko, T.B. Lessons from clinical trials with erythropoiesis-stimulating agents (ESAs). Ren Replace Ther 4, 46 (2010)



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## Prevalence of cutaneous manifestations and its associated factors among patients with chronic kidney disease at Mnazi Mmoja referral hospital, Zanzibar

*Ahmad I. Feruz, Hafidh S. Hassan, Mariam M. Hamad, Salama M. Pandu  
Mnazimmoja Hospital, Zanzibar*

### **Background:**

Cutaneous manifestations are common in all stages of Chronic kidney disease particularly towards the end stage with a prevalence of 50, Å100 %. Their management is difficult in low income countries due to the high cost of dialysis. The presentation varies based on the stage of the disease.

### **Objective:**

To determine the prevalence of cutaneous manifestations and its associated factors among patients with stage III to V chronic kidney disease at Mnazi Mmoja referral Hospital, Zanzibar. Methods: This was a cross-sectional study where a total of 86 patients met the criteria and recruited for the study from September to October 2021. The data were collected using a questionnaire and diagnosis were made by a dermatologist.

### **Results:**

The mean age of the CKD patients was 49.5 (38.7 , Å1 60.0). Forty nine (49) of the 86 patients (57%) were on haemodialysis while 37 (37%) were on conservative management. 70 patients (81.4%) had at least one skin problem. The most common skin disorder seen was xerosis 61 (70.9%), followed by pruritus 42 (48.8%) and hyperpigmentation 18 (20.9%). Half and half nail 20 (23.3%) and xerostomia in 37 (43%) was the commonest nail and oral presentation respectively. There was significant correlation between CKD, xerosis and pruritus (P. value <0.001).

### **Conclusion:**

Cutaneous manifestations in CKD are uncommon at our centre, they vary from pruritus, xerosis and hyperpigmentation to perforating dermatosis and scalp alopecia. They were observed more on patients on hemodialysis however there was no significant association.

## Tolerance of High Dose Lamivudine in Patient With Chronic Kidney Disease Living With HIV

*Faryal Raza<sup>1,2</sup>, Regina Dahaye<sup>1</sup>, Eijaaz Ahmed<sup>1</sup>, Evaline Muro<sup>1,2</sup>, Kajiru Kilonzo<sup>1,2</sup>, <sup>1</sup>Department of Internal Medicine, Kilimanjaro Christian Medical Centre, Moshi, Tanzania, <sup>2</sup>Kilimanjaro Christian Medical University College, Moshi, Tanzania*

### **Introduction:**

Lamivudine is used in combination with other antiretrovirals as first line therapy for treatment of infection due to HIV. A larger dose of 300mg of Lamivudine taken once daily allows for larger trough and maximum serum levels and, 71% is excreted unaltered in urine. This establishes the need for sufficient kidney function and requirement for dose adjustments accordingly.

### **Methods:**

We conducted a retrospective folder review of patients, still combating HIV with CKD, attending nephrology and dialysis outpatient clinics at KCKC. Patients were assessed for clinical signs and symptoms of Lamivudine toxicity. Also, laboratory investigations such as lipid profile and liver transaminases were checked at baseline, 3 months and 6 months of treatment. Creatinine was used as an indicator for renal functionality.

### **Results:**

The mean age of patients was 49 years with 66% of patients being HIV WHO stage 4. All the patients are currently on Abacavir based regime with Lamivudine being a common drug in the equation even after the switch. The reason for the switch was mainly Tenofovir induced nephrotoxicity leading to a progressive rise in creatinine levels. About 83.3% of patients were found with very high creatinine levels exceeding 500  $\mu\text{mol/L}$ , the maximum being 1300  $\mu\text{mol/L}$ . One patient was diagnosed with ESRD and HIV on the same admission and was initiated on Abacavir based regime. All patients were well suppressed on the new regime with CD4 count being over 400. None of these patients received Lamivudine in the recommended doses.

In fact, they were exposed to doses almost 10 to 15-fold the evidence-based dose. There was good tolerance of the new regime consisting of Lamivudine even after 3-6 months without showing any symptoms and signs of toxicity or laboratory derangements from baseline. Four patients were on hemodialysis and they presented with similar results as the group not on dialysis, hence dialysis was not a confounder. These patients were also receiving Lamivudine at doses much higher than the recommended dose.

## Conclusion:

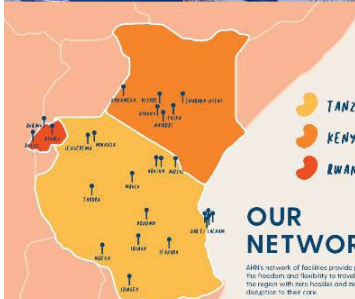
It is an interesting observation that these 6 patients have shown tolerance to relatively high doses of Lamivudine. Being faced with challenges of accessibility of Lamivudine tabs of various strengths has raised questions on the need of renal- dose adjustments. More studies are needed to shed light to confirm high blood levels of Lamivudine and hence explain high dose tolerance .



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# High Prevalence of Uncontrolled Hypertension Among Patients With Early Chronic Kidney Disease Attending Tertiary Hospitals in Dodoma, Tanzania.

*Denis D. Katatwire, Alfred Meremo  
University of Dodoma, Dodoma-Tanzania*

## **Background:**

The prevalence of uncontrolled hypertension has been increasing globally including Sub-Saharan Africa (SSA) accelerating the burden of chronic kidney disease (CKD), cardiovascular diseases (CVD) and non-communicable diseases (NCDs).

## **Methods:**

A cross-sectional study was conducted among adult patients with early-stage CKD attending the medical outpatient department (MOPD) clinics of two tertiary hospitals in Dodoma between November 2020 to March 2021. Descriptive and inferential statistics were performed and multivariable logistic regression analysis was used to identify variables associated with uncontrolled hypertension.

## **Results:**

A total of 352 patients were enrolled; 64 (18.2%) were in CKD stage 2 and 288 (81.8%) in CKD stage 3, median age was 54 (47-59) years, 182 (51.7%) were males, the prevalence of hypertension was 58.5% and the prevalence of uncontrolled hypertension was 58.3%. Variables with higher odds for uncontrolled hypertension were; age  $\geq$  50 years (OR =5.17, 95% CI 2.37-13.33, P = 0.001), alcohol use (OR = 11.21, 95% CI 3.83-32.84, P = 0.001), Overweight/obesity (OR=6.28, 95% CI 2.54-15.53, P = 0.001), non-adherence to antihypertensives (OR =10.19, 95% CI 4.22-24.61, P = 0.001) and CKD stage 3 (OR=3.52, 95% CI 1.32-9.42, P = 0.012).

## **Conclusion:**

Uncontrolled hypertension is highly prevalent among patients with early-stage CKD in our settings and it is associated with age, current alcohol use, overweight/obesity and non-adherence to antihypertensives.

# Prevalence and Factors Associated With Left Ventricular Dysfunction Among Pre-Dialysis Chronic Kidney Disease Adult Patients in Mwanza, Tanzania.

*Ladius Rudovick, Angelina Gwassa.*

*Bugando Medical centre and Catholic University of Health and Allied Sciences*

Prevalence of Chronic kidney disease (CKD) is still growing worldwide affecting about 15% of the world population and it offers a higher risk of atherosclerosis and cardiovascular diseases including left ventricular dysfunction, which is associated with high morbidity and mortality independent of conventional cardiovascular risk factors. The objective of this study was to determine the prevalence and factors associated with left ventricular dysfunction among pre-dialysis CKD adult patients attending at Bugando Medical Centre.

## **Method:**

It was a hospital based cross-sectional study, conducted from March 2022 to June 2022 at BMC's Medical Outpatient Department. Structured questionnaire was used for data collection.

## **Results:**

A total of 235 pre-dialysis CKD adult patients were enrolled in this study, 150 (63.83%) were males, the mean age was 65.5 ( $\pm$ 13.54) years, 187 (79.6%) self-reported a history of hypertension. The prevalence of LV dysfunction was 17.5% and 51.9% for systolic and diastolic respectively. LV dysfunction was significantly associated with age  $\geq$  60 years, (OR=2.1; 95% CI 1.2-3.6; P = 0.012), diastolic blood pressure  $\geq$  90 mmHg, (OR=2.4;95%CI 1.2-4.8; P=0.019) and severe anaemia (Hb  $\leq$  5g/dl) (OR 1.7; 95% CI 1.1-3.8; P=0.028).

## **Conclusion:**

LV dysfunction is prevalent in pre-dialysis CKD adult patients. Therefore, evaluation of left ventricular function among pre-dialysis CKD adult patients is of clinical importance for asymptomatic diagnosis and prompt management.

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## A wake-up call for Female Genitourinary Schistosomiasis.

*Noorein A. Omar<sup>1</sup>, Sanaa S. Said<sup>1 2</sup>, Mariam M. Hamad<sup>3</sup> 1. Medical Doctor, Mnazi Mmoja Hospital, Zanzibar 2. Lecturer, The State University of Zanzibar 3. Nephrologist, Mnazi Mmoja Hospital, Zanzibar*

Introduction Schistosomiasis is one of the oldest known diseases having been reported in Egypt and Mesopotamia (Iraq) since ancient times (1). Urinary tract Schistosomiasis may cause recurrent haematuria and urinary tract infection (UTI) -like symptoms while genital schistosomiasis causes abnormal vaginal discharge, contact bleeding, genital tumours, ectopic pregnancies and increased susceptibility to HIV(2). These sequelae may lead to marked changes in structure and function of the urinary tract with subsequent mortality from renal failure or bladder cancer(3). Case Report A 40-year-old female from Northern Unguja was referred to the Nephrology Clinic due to a raised creatinine of 230  $\mu\text{mol/l}$  and bilateral hydronephrosis which was diagnosed by ultrasound scan (USS) when she had placental abruption. She reported persistent lower abdominal pain, painful coitus, raised creatinine with bilateral mild hydronephrosis for more than 6 months. Her blood pressure was 135/85mmHg, pulse rate 90 beats per minute. Abdominal examination revealed supra-pubic tenderness on deep palpation with no lower limb oedema. An abdominal Computed (CT) scan showed calcification of the bladder extending to bilateral ureters and renal pelvis suggestive of chronic Schistosomiasis and bladder and ureteric Tuberculosis (Figure 1). Chest X-ray was reported normal. Urinalysis showed proteinuria +3, blood +2, Leucocyte +1. Her full blood count and liver function tests were unremarkable except for a mild anaemia. Erythrocyte sedimentation Rate (ESR) 40 mm/hr (0-24). Diagnosed to have genital schistosomiasis with calcified bundles of *Schistosoma haematobium* by biopsy (Figure 2). She was started on Praziquantel at dose of 60mg/kg in 2 divided doses (4) postprandial. She is planned for cystoscopy to rule out bladder cancer. Discussion According to a study conducted in Zanzibar in 2016, the northern portion is a persistent hot-spot for schistosomiasis; nonetheless, this example suggests that we should be on the lookout for the disease anywhere there is high-endemicity. Although several programs like Zanzibar Elimination of Schistosomiasis Transmission (ZEST) program provides biannual therapy to endemic areas some may have reinfection and disease activation which leads to complications. Further studies are required to determine Praziquantel effect on fibrosis and calcified eggs as well as drug resistance. Conclusion Symptoms of

schistosomiasis can be easily missed in endemic areas. A thorough history and awareness of the disease can help avoid unnecessary treatment delay. Recurrent Urinary tract infection and a bladder wall calcification should raise a high degree of suspicion of bladder bilharzia even with negative urinary results. There is a clear need for new clinical initiatives in this area to better quantify the disease burden. Furthermore, emerging associations with HIV and other pathogens need to be closely monitored. Research is urgently needed to improve current knowledge in order to develop the next generation of control tools.

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## Nurses Experience In Providing Nutritional Support To Patients With End Stage Kidney Disease At Muhimbili National Hospital, Dar Es Salaam.

*AUTHORS: Pius Temba, Baraka Morris & Francis Furia*

### **Background:**

Malnutrition is common among End Stage Kidney Disease (ESKD). It is associated with an increased risk of complications such as cardiovascular disease, infection and metabolic derangement leading to morbidity and mortality. Nurses provide education and counselling to support nutritional care, therefore; it is important to explore nurse's experience in the provision of nutritional support to ESKD patients. Aim: To explore nurse's experience in providing nutritional support to patients with ESKD at Muhimbili National Hospital (MNH), Dar es Salaam. Methods: A descriptive cross sectional study design with an explorative qualitative approach was conducted at Hemodialysis Unit at Muhimbili National hospital. Twelve (12) nurses were purposively recruited and In-depth interview were conducted to explore their experience in nutritional support to ESKD patients. Data were analyzed using thematic analysis approach. Ethical clearance was obtained from directorate of research and publication of MUHAS and informed consent were obtained prior to an in-depth interview. Results: Three main themes emerged: Individual experiences, barriers in provision of nutritional support and strategies to improve patient support. Nurses reported to provide individualized nutrition education and counselling based on patient's comorbidities and clinical presentations. Strategies for providing support included maximization of encounter, referring for further support, provision of education materials and family involvement. Barriers identified were at individual, interpersonal and organization levels. Nurses needed training and improved organizational support in the provision of nutritional support. Conclusion & Recommendations: Nurses reported to take part in nutritional support through maximization of encounter, referring for further support, providing education materials and involving family members. Therefore, were recommend that nurses should receive additional training in Nutritional support to ESKD patients, s and nutritionist should commit to collaboration with nurses for better patient nutritional outcome.



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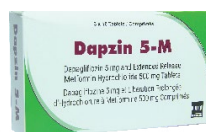
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## Sub-theme: Haemodialysis

### Prevalence, Dietary Adherence, and Factors Associated With Malnutrition Inflammation Complex Syndrome Among Patients on Haemodialysis in Northern Tanzania

*Upendo Asajine, Ahmed Yusuph Nyaki, Mary Mosh, Jesca Julius Olotu, Mary Albert Nicholaus, Rose Highness Mende, Kajiru Kilonzo and Florida Muro. Department of Internal Medicine, Kilimanjaro Christian Medical Centre, Kilimanjaro, Tanzania*

#### **Introduction:**

Malnutrition and inflammation are common in people with chronic kidney disease and it has an impact on morbidity and mortality. This study aimed to determine the factors associated with MICS among patients on hemodialysis in northern Tanzania.

#### **Methods:**

A cross-sectional analytical study was conducted in selected dialysis units in Northern Tanzania May to July, 2022. A validated Malnutrition Inflammation Score (MIS) and a dietary adherence questionnaire were used to collect data among 234 patients.

#### **Results:**

The median age of hemodialysis patients was 59 years (IQR 52-66), and males were 158 (67.5%). MICS was prevalent in 53.4% (95%CI,46.8-59.9) of study participants. There were significantly two times higher odds of having MICS among patients who had been dialyzed for a longer period (AOR 2.10, 95 % CI: 1.17-3.75; P-value=0.013). Patients who had difficulties in following dietary recommendations had nearly two times higher odds of having MICS (AOR 1.90, 95%CI: 1.09-3.31; P-value=0.025) and it was statistically significant.

#### **Conclusion:**

MICS is prevalent among hemodialysis patients in Northern Tanzania. MICS was common among patients dialyzed for a longer period and those who had difficulties in following dietary recommendations.





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## TEN YEARS OF NEPHROLOGY SOCIETY OF TANZANIA

The Nephrology Society of Tanzania (NESOT) is celebrating 10 years since it was established on 13th August, 2012 as a non-governmental professional organisation. NESOT was founded by the following members; Prof Kajiru Kilonzo, Dr Onesmo Kisanga, Prof Paschal Rugajo, Prof Francis Fredrick Furia, Dr Mechris Mango, Dr Joel Bwemelo, Dr Jacqueline Shoo, Dr Charles Kessy Shija, Mrs Asha S Ningwe, Dr Edward Mgelea, Mr Lucas Mwaijega, Dr Annelina Siya Temu, Dr Sarjida Shabir, Dr Sudakshina Ghosh, Dr William Howllet, Dr Joan Rugemalila and Dr Innocent Moshia.

The society aims to promote and advance the knowledge and practice of nephrology in the country and the region as a whole. It will promote experimental and clinical research in nephrology and affiliated clinical disciplines. The society will provide guidelines for optimal care of renal patients. Other aims include participating and taking lead in framing of laws affecting the science and practice of nephrology. Lastly, it aims to acquire by purchase, lease or otherwise any property, right or privileges for the purpose of the society.

NESOT is an affiliated member of International Society of Nephrology (ISN) and is among the five national renal societies affiliated to ISN from Africa. Since its inception in 2012, the society has been working to realise the objectives of ISN which is improvement of kidney care globally. NESOT continues to perform advocacy meetings to expand nephrology services in the country. NESOT members are strong advocates for equitable access to all patients across the country.

NESOT has consistently addressed various issues in her annual scientific conferences since 2013, these conferences have provided a platform for key exchange of experiences between stakeholders involved in renal care in Tanzania, East Africa region and other regions. Various challenges encountered in provision of services are also discussed and deliberations have been made and directed into policies adopted by the ministry of health, NGOs and individual facilities. Local capacity building has been possible through interactions between participants and this has been pivotal in advancing care for patients.

## **NESOT CHAPTERS**

NESOT has five active chapters which include, The Eastern zone covering Dar es Salaam, Coastal Region, Lindi and Mtwara; The Lake Zone covering Mwanza, Tabora, Shinyanga, Kagera, Kigoma, Geita, Simiyu and Shinyanga; The Southern Highland zone covering Mbeya, Iringa, Ruvuma, Rukwa, Katavi and Njombe; The Northern zone covering Kilimanjaro, Arusha, and Tanga; and The Central zone covering Dodoma, Morogoro and Singida

## **NESOT ACHIEVEMENTS**

In the course of 10 years since its establishment, NESOT has made significant impact in Tanzania nephrology journey.

The society has participated in supporting nephrology training and through its initiatives it has enabled training of six nephrologists (two in India and four in South Africa) and two nephrologists were trained in Norway. NESOT has made advocacy for nephrology nursing training in Tanzania and participated in preparing the curriculum as well as establishing training at MUHAS in 2020.

NESOT has supported scaling of dialysis units and services in Tanzania, and was among key stakeholders in preparing haemodialysis guidelines for Tanzania. NESOT members have contributed significantly in research, thus informing the country, the African region and the globe on the various aspects of nephrology as practised in Tanzania. NESOT has participated in various International Society of Nephrology initiatives as one of the ISN affiliated members, and has served in the ISN African regional board for years.

It is the dream of the founding members and leaders of NESOT to see this strong organisation grow and strive to be one of the leading National Nephrology Societies in the African region.



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