

## **ESPE Training Center in Africa**

ESPE's Africa project is based on the realization that it is a moral duty, but also in our best interest in a world heading into a civilizations war, to bridge the gaps between rich and poor countries. Here is a short summary of the gaps between European and Africa, to mention just a few, in our field of Pediatric Endocrinology.

- The 48 countries that make up Sub-Saharan Africa have an estimated 295 million children under the age of 15 years.
- Tertiary facilities and trained personnel for paediatric endocrinology and diabetes are virtually non-existent.
- For the vast majority of Africa, life-saving hormonal medications such as insulin, thyroxin, and hydrocortisone are not available.
- Whereas the life expectancy of a diabetic child in Europe is close to normal, it is 2-6 weeks in Africa!! Most children die undiagnosed during their first attack of diabetic ketoacidosis, and those who are diagnosed will be properly treated in the hospital, then die because the families cannot afford long term medication.
- In Europe children with congenital hypothyroidism are diagnosed within the initial 10 days of life through all-inclusive screening programs (coverage close to 100%). Children in Africa are mostly undiagnosed; others are diagnosed too late, with consequent mental retardation, and its burden on the family and the society.
- Whereas the children of Europe receive adequate calcium intake and vitamin D supplementation to promote growth and bone health, African children have a high incidence of rickets due to calcium and vitamin D deficiency, two commodities that are cheap and easily obtainable.

The Project is currently steered by Ze'ev Hochberg (coordinator), Martin Ritzen, Stefano Cianfarani and Tadej Batellino. Following two successful courses in Nigeria and Kenya, and with 53 African pediatricians from five countries (Nigeria, Kenya, Ethiopia, Uganda and Tanzania) who graduated these courses, our colleagues in Africa expressed an interest to go through official fellowships in Pediatric Endocrinology. ESPE Clinical fellowships Program has been able to support 3 African fellows, but it was felt that to spread the knowledge, we need a training center in Africa itself. In fact, the idea came initially from Prof. Abu-Baker, an Ethiopian pediatrician and a previous Dean of the Faculty of Medicine in Addis Abbaba University, who thought that among other, the Center will provide high-quality management for African children.

### **Training Center: Goals and Objectives**

To train African paediatricians in Paediatric Endocrinology and Diabetes we will establish a training centre in Africa and satellite centre of excellence in each of the 5 African countries.

### **Project Design and Implementation Plan**

To develop paediatric endocrinology and diabetes in sub-Saharan Africa by establishing a Centre of paediatric endocrinology and diabetes in Nairobi, Kenya, by a coordinated program of assistance from ESPE, and eventually other related organizations. Volunteering European paediatric endocrinologists would live-in for 1-2 months to provide relevant on-site clinical and laboratory training. Initially 4 African paediatricians will be offered 6-12 months fellowships, along with 3 Kenyans who will be fellows for 3 years. The centre's staff of European tutors and African fellows will provide teaching and training for local paediatricians, nurses and health officers.

The Centre will be tutored by European experts ESPE members for 3-4 years, when it will be handed over to Kenyan by then certified pediatric endocrinologists.

This Centre will also become a research centres to investigate the unique African aspects of endocrine diseases.

Trainees of the Centre will develop satellite Centres of Excellence in their home countries, to be backed by ESPE members.

Our African colleagues feel also that this may become a paradigm for other pediatric subspecialties, and our Centre may eventually develop into a postgraduate center of pediatric subspecialty fellowships.

We hope to finalize the preparation with our colleagues from Nairobi before the end of 2006, and by then publish a call for fellows' applications and tutor volunteers from among our members. ESPE volunteers will be asked to live-in for 1-2 months. They will be offered travel expenses, a one bedroom apartment in Nairobi and a modest honorarium, but no salary, assuming that they will remain on their home institute payroll.

I truly hope that many of us will volunteer and have the opportunity to share our knowledge with our African colleagues. With any suggestions, ideas or volunteering intentions use my email any time.

Ze'ev Hochberg

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