Students tackle kidney disease in Tanzania

Adam Kibola, a fourth-year DMS student from Tanzania, knew from family and friends that not much was being done about kidney disease in his home country. Those who can afford it fly to India for treatment, but for most Tanzanians that option is “usually not affordable,” says Kibola, “so they’re dependent on government funding, which is dependent on some sort of a lottery.” So he decided to have a go at the growing problem.

Work: A friend and classmate, M.D.-M.B.A. student Leo Gribelyuk, who’s from Russia, wanted to do more work in international health. So the two teamed up to tackle kidney disease in Tanzania—on their own time, outside their coursework.

A key reason for chronic kidney disease in Tanzania, the pair found, is the changing diet of the rising middle class due to the rapid spread of fast-food outlets. Traffic accidents, common in big cities, also contribute to kidney failure, for trauma can make the body clamp down on the blood supply to the kidneys, causing a condition called acute tubular necrosis. Accidents can result in direct kidney injuries as well.

With advice from Drs. Joseph O’Donnell, DMS’s senior advising dean, and Brian Remillard, a DH kidney specialist, the students traveled to Tanzania in March of 2011. They began by surveying about a hundred patients at Zanzibar Hospital and Muhimbi National Hospital in Dar es Salaam, gathering data on risk factors for kidney disease.

Trip: Once they have enough data on risk factors and on acute renal failure (they plan to collect this data from the Tanzania Ministry of Health on their next trip, in the spring of 2012), they will present their findings to health officials at Muhimbili National Hospital. They also hope to fund the acquisition and servicing of more dialysis machines there, through a combination of private investors, the Tanzanian government, and the World Health Organization.

But for most Tanzanians that option is “usually not affordable.” Their ultimate plan is to establish a kidney treatment center at Muhimbili Hospital, with preventive services, dialysis, and transplants affordable to a much larger number of patients.

Once the center is open, presumably fewer patients would need to travel to India for kidney care. It’s understandable, then, that officials in the Tanzanian Ministry of Health are a bit nervous about the project. Their worry, says Kibola, is “Are we coming to disrupt this outflux of patients?”

Not so. “Our goal is not necessarily to stop people from going to India, because India is offering great medical services for a very affordable price… and there are many conditions that are not being treated, or can’t be treated, in Tanzania right now that India is able to take care of,” says Kibola. “Our vision is to complement this… system.”

Simple: Why take on such a huge project? For Gribelyuk, it’s as simple as the nonverbal communication he has with Tanzanian patients: “reading in their eyes this sort of gratefulness.” And for Kibola, it’s the “desire that we medical students have to make a difference in people’s lives”—plus the fact that “Tanzania is home for me.”

Matthew C. Wiencke