

Barriers to transplantation in Africa: A preliminary report from the AFRAN Transplantation Survey

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Abstract

Introduction: Kidney transplantation (KT) rates in Africa remain low. Expansion of access to KT requires evaluation of barriers to transplantation. The AFRAN Transplantation Committee here reports preliminary findings of the largest survey yet undertaken of perceived barriers to KT amongst AFRAN-affiliated nephrologists.

Methods: AFRAN social media platforms were used to recruit 275 anonymous participants via snowball sampling. Respondents completed a 5-point Linkert scale on-line survey analysing perceived barriers to KT. Survey internal reliability was assessed using the Cronbach alpha test (test score 0.927). Relative contribution of identified barriers was analysed using the Friedman ANOVA test. Logistic regression was used to determine the effect of identified barriers on programme activity and deceased donor capability.

Results: Lack of patient access to KT was reported by 87 respondents (31.7%); deceased donor (DD) programme activity was reported by 47 (17.1%). High Linkert scale scores (median 5 points) were reported for cost of transplantation and lack of deceased donors; followed by lack of surgical expertise, transplant co-ordinators, immunologists and immunological assays, histopathologists, drugs, living donors, guidelines, socio-religious acceptance, and governmental support (median 4 points); and respondents were neutral regarding lack of skilled nephrologists, anaesthetists, radiologists, drug monitoring, and recipient awareness as barriers ($p < 0.001$). Lack of access to drugs (OR 0.68, 95% CI 0.50 – 0.95, $p = 0.021$) and local guidelines (OR 0.72, 95% CI 0.52 – 0.99, $p = 0.042$) were associated with decreased probability of programme activity. Cost of transplant (OR 0.45, 95% CI 0.27 – 0.73, $p = 0.001$) and socio-cultural acceptance (OR 2.25, 95% CI 1.43 – 3.53, $p < 0.001$) were cited as significant factors in deceased donor (DD) programme activity.

Conclusions: Development of local guidelines may stimulate establishment of transplant programmes. Cost of transplant and associated lack of access to drugs remain significant barriers to transplantation in Africa.