

Status of transplantation in Africa: A preliminary report from the AFRAN Transplantation Survey

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Abstract

Introduction: Kidney transplantation (KT) is the preferred form of kidney replacement therapy. Literature suggests that KT remains limited in Africa, but an overview of transplantation on the continent is lacking. The AFRAN Transplantation Committee here reports preliminary findings from the first comprehensive survey of KT practice amongst African nephrologists.

Methods: An on-line anonymized survey was completed by 275 voluntary respondents representing 38 countries recruited using snowball sampling. KT practice, patient access to KT, and experience of transplant trafficking / tourism were described.

Results: 65.5% of respondents were active in transplantation, with a mean of 10.0 ± 7.9 years' experience. Respondent involvement in KT varied between recipient evaluation (RE, 91.7%), donor evaluation (DE, 88.3%), recipient follow-up (RF, 84.4%), donor follow-up (DF, 66.7%) and peri-engraftment management (21.1%). A median of 10 recipients were under follow-up care (interquartile range 4 – 30). KT was accessible to 68.2% of respondents' patients. Programme capability varied between RE (91.4%), DE (89.8%), RF (87.2%), and DF (81.3%). 25.1% of respondents reported patient access to a deceased donor (DD) programme; non-related living donation (NRLD) was accessible to 33.1% of respondents' patients. 91.2% of respondents referred patients for engraftment within their home country, 59.0% reported local centre engraftment capability. A minority (15.2%) of programmes were fully state funded; a mixed funding model was employed in 50.3%. Experience of organ trafficking or transplant tourism was reported by 20% and 30% of respondents, respectively.

Conclusions: Progress is being made in transplantation capability in Africa with a significant proportion of nephrologists being involved in KT or having access to a local programme with comprehensive services. Funding remains a significant limitation which likely accounts for the small number of recipients under follow-up and may contribute to transplant tourism / trafficking. Lack of response from some countries raises concern over KT access in all AFRAN regions.