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LETTER TO THE EDITORS

The success of South-eastern Europe Health Network (SEEHN) initiative on improvement of the kidney transplant program – facts about Macedonia

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Dear Sirs,

Kidney transplantation is the best treatment option in patients with chronic kidney disease in terms of long-term survival [1] and health-economic variables [2]. The multidisciplinary organizational infrastructure is a common obstacle for its availability in the majority of developing countries [3] raising possibilities for organ commercialism [4]. Apart from the professional care, the support from the healthcare system is recognized as essential for improvement in the transplant program.

The living donor kidney transplant (LDKTx) program in Macedonia was initiated in 1977, but without a regular continuum. Although without organizational infrastructure, 15 cadaveric kidneys were transplanted in between 1987 and 1989, and another seven kidneys were allocated to the other centers of former Yugoslavia. This was an exceptional period with great enthusiasm by dedicated procurement personnel and complementary funeral expenses covered by the University Hospital. Between 1996 and 2011, there was a small LDKTx program (average of 13.5 LDKTx/year) performed in a single University center, which was not sufficient to counteract the increase in dialysis population in our country of 2 million inhabitants. Of note, 18 LDKTx were performed in patients from Kosovo [5].

The South-eastern Europe Health Network (SEEHN) initiative and the support from the newly created Regional Health Development Centre (RHDC) on Organ Donation and Transplantation established in Croatia (Zagreb) was shown as valuable for improvement in transplant program in Macedonia. At the first professional meeting in May 2011, in collaboration with professional societies (European Society of Organ Transplantation, European Transplant Coordinators Organization, The Transplantation Society, International Society of Organ Donation and Procurement), data on organ donation and transplantation activities were collected and requirements of each country within the SEE region for development of the transplant program were addressed [6]. In fact, according to the SEEHN objective, RHDC supported creating, defining, and implementing country-specific Action Plans to increase living and later on deceased donation (DD) and transplantation activities through self-sufficiency and sustainable long-term models [7]. Importantly, the Ministries of Health (MOH) became closely coordinated within the SEEHN initiative, and an inter-relation with the professionals was established for implementation of the necessary actions for improvement in kidney transplant practice.

Thus, throughout the meetings with MOH and health insurance fund authorities, professionals recognized two

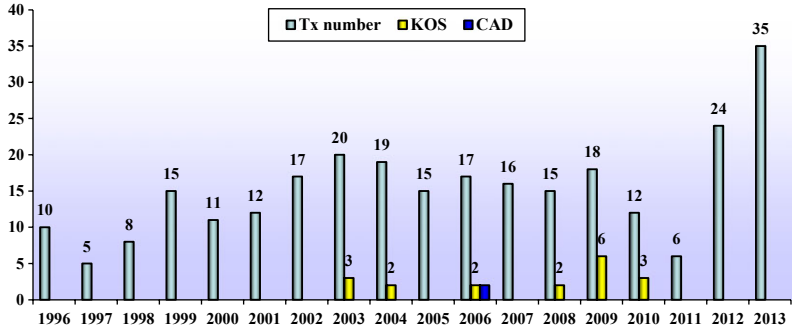

Figure 1 Number of kidney transplantations per year in the period 1996–2013. KOS, Kosovo; CAD, Cadaveric.

essential problems in transplantation, low number of dedicated professionals and insufficient reimbursement per transplantation allocated according to the DRG code. Instantly, three urologists and two nephrologists were supported by the MOH through the RHDC for a short visit at the Urology/Nephrology Department at the University Zagreb, Croatia, and the budget per DRG code for transplantation was increased from 3500 to 10 000 Eur, generating positive balance at the Urology Department. In addition, a vascular surgeon joined the surgical team, the transplant center was enlarged (total of five beds), and consensus was achieved to remove the urocatheter at 5–7 days [5,8].

Nowadays, we are proud in reporting that the abovementioned changes resulted in 24 successfully performed LDKTx in 2012 and 35 in 2013 (Fig. 1).

Finally, we do expect initiation of the deceased donor program as bylaws are enacted and infrastructure of coordinators established.

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Conflict of interest

None declared.

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