TRANSPLANTATION ACTIVITIES IN THE GULF COUNTRIES

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The Gulf Council Countries (GCC) used to comprise 6 countries, which are Saudi Arabia, Kuwait, Bahrain, Qatar, United Arab Emirates and Oman. Recently Yemen has been represented at the GCC organ transplantation committee.

There have been recently some significant qualitative and quantitative developments in these countries. Saudi Arabia and Kuwait are the leading countries in the area in terms of transplantation activities.

Saudi Arabia (SA) is the leading country and the most versatile. It performs Kidney, Heart, Liver, Lungs, Pancreas, Cornea and Bone marrow transplantation. More than 1400 cadaver source kidney transplantations were performed since 1986. During the last 2 years 141 cadaver source and 420 living related transplantations were performed inside the country. Nevertheless the abroad commercial living unrelated transplantations are still leading with more than 1200 operation during the same period. Liver transplantations are growing from both cadaver source and living related. A total of 270 of cadaver source and 73 living related liver transplantations have been performed within the country. Other activities include Heart transplantation with a total of 100 whole hearts and 311 cardiac valves transplantations. The qualitative developments include the development of living related liver program since 1999 with continuous growth, the sensitisation program for reporting brain death in the ICUs and the transplantation of high-risk patients with conditioning protocols. The Saudi Centre for Organ Transplantation (SCOT) had a distinguished dynamic activity in terms of regional cooperation. The SCOT cooperation with Oman, Kuwait and Yemen are examples of success in this field. The recent award of the director general of the SCOT by the Austrian Government for his scientific and collaborative work on transplantation holds among others a recognition for this perspective.

Kuwait is the leading country in the Gulf in terms of kidney transplantations per capita. Early this year the Kuwaiti Society for Organ Transplantation celebrated the 1000th kidney transplant. The Kuwaiti program is very active for both living related and cadaver source kidney transplantation. 1110 kidneys have been transplanted in Kuwait. During the last 2 years 150 kidney transplantations were performed of which 32 were of cadaver source. Kuwait is also very active in organ retrieval for organs that are not transplanted in Kuwait. Thus 35 livers and 17 hearts were harvested and transplanted in SA. The organ sharing and cooperation program between SA and Kuwait is of excellent
efficiency and exemplary for the region. The Kuwaiti centre for organ transplantation is working hard for the increase of cadaver source organs with intensive educational programs. The rate of cadaver source donation per million-population is the highest within the Gulf countries. Kuwait is planning to have first a liver and then a heart transplantation programs in the near future. The impact of incentives on the rate of cadaver donation has been clearly shown by a study sponsored by the Kuwaiti Centre for Organ Transplantation.

A major development is the integration of Yemen within the GCC transplantation committee. Yemen is the second biggest country in Arabian Peninsula. It was previously at a distance from other Gulf countries for political issues. Although the transplantation program in Yemen is at its early beginnings, it is developing very quickly and smoothly. Furthermore, it has demonstrated the efficacy of regional cooperation in the development of transplantation programs. 20 living related kidney transplantations have been performed till now. Initially in cooperation with the Al-Mansoorah centre in Egypt and the Saudi Centre for Organ Transplantation. The Yemeni team then performed independently and a new transplantation (Urology and Nephrology Centre) centre will be soon operational in Sanaa.

There have been some qualitative developments in the other GCC countries. Bahrain has now a living related and a cadaver source programs. 21 living related and 5 cadaver source kidney transplants have been performed. A bone marrow program was initiated 3 years ago but has still not grown to its full potential. Qatar used in the past to send their patients for transplantation abroad as there was no active transplantation program within the country. Things have changed for the last few years and now there is an active program within the country. Efforts are being made to promote living and cadaver source programs.

In Oman the major development is the formation of a coordination unit for organ transplantation. The staffing is not yet complete. The objective of the unit will be initially to promote living and cadaver source kidney transplantations and then the initiation of other organ transplantations. Unfortunately till date the majority of transplantations is of commercial living unrelated source that is performed outside the country with few living related within the country.

The Gulf countries are real victims of what has been termed by the WHO “transplantation Tourism”. Even the countries with very active programs such as Saudi Arabia and Kuwait are not spared of this phenomenon. The real situation is different from the simplistic and media promoted aspect of “rich people going to buy kidneys from poor people”. Many (if not the majority) of such patients are of limited income and proceed with great financial difficulty for commercial transplantations. The impact of Transplantation tourism is very big on the living related programs in the sense that the patient will be reluctant to subject his relatives to a procedure
when another solution, albeit of a second or third class, is available. The impact on the cadaver source programs is more indirect and lies within the fact that the real problem of organ shortage and the need for the development of cadaver source programs is not felt in its real dimensions at the administrative level.

The real solution for this problem lies within the increase in offer to the patients. This is achievable with the development and intensification of both living related programs and the cadaver source programs.