

NATIONAL ORGAN & TISSUE TRANSPLANT ORGANISATION: POLITY

NEWS: Infrastructure deficiencies, low funds affecting organ transplants in India: report

WHAT'S IN THE NEWS?

A Union Health Ministry report reveals major shortcomings in India's organ transplantation programme, including gaps in infrastructure, human resources, and funding, while recommending policy reforms and better support under schemes like Ayushman Bharat.

About Organ Transplantation

- Organ transplantation involves surgically removing an organ, tissue, or group of cells from a donor and implanting it into a recipient, or relocating it within the same person.
- Commonly transplanted organs include kidneys, liver, heart, lungs, pancreas, and intestines.

National Organ and Tissue Transplant Organisation (NOTTO)

- It is the apex national-level organisation under the Directorate General of Health Services, Ministry of Health and Family Welfare.
- Headquarters: New Delhi.
- **Objectives:** To coordinate and network nationwide organ transplantation activities and maintain policy, data, and logistical frameworks.
- **Functions:**
 - Framing policy guidelines and protocols related to organ transplantation.
 - Compiling and publishing data registries on transplantation activities.
 - Maintaining waiting lists of terminally ill patients needing transplants.
 - Providing consultancy on legal and non-legal issues related to donation and transplantation.

Key Problems Identified in the Report

- **Severe Gap Between Need and Capacity:**
 - India conducted only 13,476 kidney transplants in 2024–25, whereas approximately 100,000 are required annually.
 - Government hospitals significantly lack capacity to meet transplantation demand.
- **Infrastructural Deficiencies:**
 - Lack of dedicated transplant-specific Operation Theatres (OT) and Intensive Care Units (ICU).

- Existing ICUs and OTs are already overwhelmed by general patient needs.
- Critical shortage of ICU beds for brain-stem dead (BSD) donors and post-operative transplant patients.
- Absence of in-house Human Leukocyte Antigen (HLA) labs in many government hospitals, including several AIIMS, causing reliance on external labs and resulting in delays and logistical issues.
- **Human Resource Challenges:**
 - Shortage of specialised professionals, including transplant surgeons, nephrologists, urologists, anaesthetists, neurologists, and intensivists.
 - High attrition and frequent transfers among trained personnel disrupt programme continuity.
 - Lack of case-based incentives for transplant teams such as surgeons, nurses, and co-ordinators reduces morale and motivation.
- **Procedural and Administrative Bottlenecks:**
 - Significant delays in the approval and formation of BSD committees, whose clearance is mandatory for deceased organ donations.
 - Medico-legal complexities, especially in handling trauma cases, disincentivise organ donation.
- **Financial Constraints:**
 - Immunosuppressant medicines are expensive and required lifelong, but public schemes generally cover costs only in the first year post-transplant.
 - Many hospitals lack funds to start or sustain expensive transplants, particularly lung transplants.
 - Ayushman Bharat scheme currently excludes liver and heart transplants and does not cover lifelong post-transplant care costs.

Recommendations of the Report

- Include liver and heart transplants under Ayushman Bharat PMJAY, along with lifelong coverage for immunosuppressant medication.
- Provide financial incentives and case-based performance-linked payments to transplant teams (surgeons, nurses, coordinators).
- Establish in-house HLA labs in key government hospitals to avoid delays and dependence on external facilities.
- Streamline legal processes and expedite the formation and approval of BSD committees to facilitate timely organ donation and transplantation.

Source: <https://www.thehindu.com/sci-tech/health/organ-transplants-hit-by-fund-constraints-and-infrastructural-deficiencies-report/article69724663.ece>