

Overcoming Barriers to Renal Transplantation in Afghanistan: Challenges and Opportunities

Ehsan Shayan*, Basira Bek**, Ghulam Haider Jamalzada**
*Medical Student, Faculty of Medicine, Kateb University, Kabul,
Afghanistan (Corresponding Author)
ehsan.shayan01@gmail.com
** Medical Student, Faculty of Medicine, Kateb University, Kabul,
Afghanistan

Abstract

Background :Renal transplantation has become a crucial treatment for end-stage renal disease (ESRD), significantly improving patient quality of life and longevity. Initially confined to high-income countries, it has expanded to include developing regions like Afghanistan, where access remains limited. In Afghanistan, barriers such as economic constraints, cultural and religious stigmas, and a shortage of healthcare professionals pose significant challenges. Political instability further complicates the ability to deliver and access this life-saving treatment, creating a complex landscape for patients and healthcare Objective.

Methodology: This review explores the challenges and opportunities surrounding renal transplantation in Afghanistan through a qualitative approach. A comprehensive literature review was conducted using peer-reviewed articles, health organization reports, and governmental documents. Interviews and surveys from health organizations provided additional insights into patient experiences and healthcare provider challenges. Data validation was achieved by cross-referencing findings from multiple sources, presenting a balanced view of the current state of renal transplantation in Afghanistan.

Findings: Renal transplantation in Afghanistan faces significant challenges, including high costs, cultural and religious stigmas, a severe shortage of trained healthcare professionals, and inadequate infrastructure. Political instability disrupts the supply chain for essential medical resources, exacerbating these issues. Addressing these challenges requires a coordinated effort to improve access, promote cultural awareness, and ensure affordable healthcare services, supported by international cooperation.

Conclusion: Improving renal transplantation in Afghanistan necessitates overcoming economic, cultural, and healthcare workforce barriers. Strengthening healthcare infrastructure, ensuring affordable access to post-transplant medications, and fostering international cooperation are crucial steps. Addressing these challenges could significantly improve patient outcomes, providing hope for those suffering from ESRD and contributing to a more equitable healthcare system in the region.

Keywords: Renal transplantation, ESRD, healthcare access, cultural barriers, economic barriers, Afghanistan, organ donation

Introduction

Renal transplantation has emerged as a pivotal treatment option for patients suffering from end-stage renal disease (ESRD), offering significant improvements in quality of life and longevity. What began as a nascent and risky procedure over fifty years ago has now evolved into a standard practice across more than 80 countries. Initially confined to high-income regions and specific diseases, kidney transplantation is increasingly accessible in developing and middle-income nations, although significant barriers to access remain (1).

Factors influencing the success of kidney transplantation extend beyond the surgical procedure itself; they encompass pre-operative considerations, such as patient age and overall health, as well as post-operative care. For instance, diabetic patients aged 20 to 39 years experience an average of 8 years on dialysis, compared to 25 years following successful transplantation (2,3).

Over the last three decades, advancements in organ procurement and transplantation techniques have led to an increased demand for donor organs, particularly in developing countries where the shortage remains acute. The situation is dire for thousands of ESRD patients in these regions, many of whom succumb to their illness due to inadequate access to transplantation services (3). In Islamic countries, unique cultural and religious barriers further complicate the situation, as concerns over post-mortem practices and interpretations of brain death create hesitancy toward organ donation. Additionally, the "brain drain" phenomenon has led to a shortage of adequately trained healthcare professionals in these regions (4).

In South Asia, particularly in Afghanistan, the challenges are pronounced. With a reliance on living donors and a lack of governmental support for transplantation costs, patients face significant hurdles. Access to essential post-transplant medications is limited and expensive, and the healthcare workforce is severely lacking in nephrologists, transplant surgeons, and other critical roles. The

current political climate, exacerbated by the Taliban's governance, has intensified these challenges (5,6).

Methodology

This review article adopts a qualitative approach to explore the challenges and opportunities surrounding renal transplantation in Afghanistan. The methodology comprises the following steps:

1. **Literature Review:** A comprehensive review of peer-reviewed articles, health organization reports, and governmental documents was conducted. Key databases, including PubMed, Scopus, and Google Scholar, were utilized to identify relevant studies. Search terms included "renal transplantation," "Afghanistan," "ESRD challenges," and "developing countries."

2. **Data Selection Criteria:** Articles published between 2010 and 2023 were prioritized to ensure the inclusion of recent developments. Grey literature, such as health policy reports and unpublished studies from regional organizations, was also considered to address gaps in peer-reviewed sources.

3. **Data Analysis:** Identified challenges were categorized into themes such as economic barriers, cultural and religious factors, healthcare workforce shortages, and political influences. The findings were synthesized to present a detailed narrative of the current state of renal transplantation in Afghanistan.

4. **Stakeholder Perspectives:** Secondary data from interviews and surveys conducted by health organizations in Afghanistan were analyzed. These data provided insights into patient experiences, healthcare provider challenges, and societal perceptions of organ transplantation.

5. **Validation of Findings:** Cross-referencing data from multiple sources ensured reliability and validity. Contradictory information was critically assessed to present a balanced perspective.

Findings

The landscape of renal transplantation in Afghanistan is characterized by a series of complex, interwoven challenges that impact every facet of the process—from patient access to the economic, cultural, and political dimensions of healthcare delivery. The findings delve into the critical challenges faced and the underlying factors that hinder the development and accessibility of renal transplantation services in Afghanistan.

Economic Conditions and Affordability

One of the most significant barriers to renal transplantation in Afghanistan is its cost. The expense of a kidney transplant, ranging between \$6,000 and \$10,000, is prohibitively high for the majority of the population (1,7). With more than 38 million people living in poverty, a significant portion of the population is unable to afford such an expensive procedure without resorting to extreme financial measures. Many patients must deplete their life savings, sell property, or rely on informal networks and loans to fund the surgery, which leads to immense financial strain on individuals and families (2,8).

This economic burden is compounded by the lack of insurance coverage for transplantation costs, with only a small fraction of the population covered by health insurance. The high cost of immunosuppressive medications, essential for post-transplant care, adds another layer of financial difficulty. These medications are either unavailable locally or are priced at a level that makes them inaccessible for many (9). The inability to afford these drugs results in a higher rate of graft rejection and subsequent complications, increasing patient morbidity and mortality.

Cultural and Religious Stigmas

Cultural and religious beliefs significantly influence the acceptance of renal transplantation in Afghanistan. Despite the permissibility of organ donation in Islam under certain conditions, misconceptions and cultural stigmas persist (10). In many rural and conservative areas, there is a profound mistrust toward medical interventions involving the

human body post-mortem (11). This mistrust is fueled by deep-rooted beliefs about the sanctity of the body and the fear of defilement, which is often misinterpreted as a barrier to organ donation (12).

Cultural norms also dictate family decision-making, often favoring male family members over women when considering the possibility of organ donation. This is due to the traditional patriarchal structures where male relatives typically hold more influence over family matters (13). Women in particular may be underrepresented or not considered viable candidates for organ donation, either as donors or recipients, due to societal expectations and restrictions on their autonomy. These cultural barriers not only affect patient willingness to accept kidney transplantation but also create significant challenges for healthcare providers trying to implement programs that encourage organ donation (14).

Healthcare Workforce Shortages

Afghanistan faces a critical shortage of trained medical professionals in the fields necessary for renal transplantation, such as nephrology, transplant surgery, and intensive care. A 2016 report revealed only 10 practicing nephrologists and a similar number of transplant surgeons nationwide, serving a population of over 38 million (14). This shortage is exacerbated by the emigration of skilled professionals to more developed countries for better career prospects, a phenomenon commonly referred to as the "brain drain" (15). This exodus leaves Afghanistan with a critical gap in healthcare providers capable of managing the complex needs of kidney transplant patients.

The lack of specialized personnel means that those with ESRD often have to seek care outside of Afghanistan, if at all possible. This not only increases the costs due to overseas treatment but also results in fragmented and inconsistent care for patients who do manage to undergo transplantation abroad (16). The inability to provide continuity of care locally means that many transplanted patients return to dialysis upon graft failure, which undermines the overall goal of improving long-term patient outcomes through transplantation (17).

Infrastructure and Post-Transplant Care

The infrastructure to support renal transplantation in Afghanistan is severely lacking. There are no specialized transplant centers equipped to manage pre- and post-transplant care effectively. Hospitals equipped to perform these complex surgeries are few, and most lack the necessary resources, such as advanced diagnostic tools, surgical facilities, and intensive care units tailored to the needs of transplant patients. This absence of appropriate infrastructure not only complicates the surgical procedures but also severely impacts the management of post-transplant care (18).

The availability of immunosuppressive drugs is another major concern. These medications are vital for preventing graft rejection and ensuring long-term kidney function. However, they are either unavailable or extremely costly, with prices often reaching up to \$300 per month per patient, making them inaccessible to many. As a result, patients who manage to undergo kidney transplantation in Afghanistan struggle with subsequent graft rejections due to the lack of ongoing immunosuppressive therapy (19).

Political and Security Challenges

The political landscape in Afghanistan has a profound impact on healthcare delivery. The recent political changes under the Taliban have introduced additional barriers. The return to strict interpretations of Islamic law has led to a reduction in rights for women, including their ability to access healthcare freely. This regression has significantly affected access to kidney transplantation, as women often need male permission to travel or seek medical care (20).

Security concerns also disrupt the supply chain for medical equipment and medications, critical for renal transplantation. The ongoing conflict and instability affect the availability of essential drugs and medical supplies, leading to frequent shortages. Additionally, the international sanctions imposed on Afghanistan have limited foreign aid, making it even more challenging to procure necessary medical resources (21).

Psychosocial and Gender Issues

Psychosocial factors play a crucial role in kidney transplantation. The stigma associated with kidney disease and transplantation can lead to feelings of isolation and despair among patients and their families. In Afghanistan, the societal stigma surrounding kidney disease is pronounced, with patients sometimes feeling like a burden to their families. This can deter individuals from seeking medical help until their condition is far advanced (22).

Gender disparities also influence the outcomes of kidney transplantation. Women face unique barriers, including the need for male guardians to consent to medical treatments. These barriers are compounded by traditional gender norms, which can result in less prioritization of women for kidney transplantation. Additionally, when women do access transplantation, they often face challenges related to medication adherence, follow-up care, and acceptance within their families (23).

Discussion

The challenges surrounding renal transplantation in Afghanistan are multifaceted and deeply rooted in the socio-economic, cultural, and political fabric of the country. Addressing these issues is crucial for improving access to and outcomes of kidney transplant services, which are vital for patients suffering from end-stage renal disease (ESRD) (24).

The high costs associated with kidney transplantation, coupled with widespread poverty, create formidable barriers to access. With a significant portion of the population living below the poverty line, many patients are forced to resort to desperate measures to finance their surgeries (25). The absence of a robust health insurance system exacerbates this issue, leaving patients to shoulder the financial burden entirely. This situation is further complicated by the high cost of essential immunosuppressive medications, which are critical for the success of transplant procedures. The financial strain not only endangers the health of patients but also places an immense emotional

burden on families, often leading to cycles of debt and financial ruin (26).

Cultural and religious beliefs play a pivotal role in shaping public perceptions of kidney transplantation. While Islam does allow organ donation under specific circumstances, prevalent misconceptions and mistrust hinder acceptance (27). In many communities, the sanctity of the human body is paramount, leading to fears that organ donation may defile the deceased. Additionally, patriarchal norms influence family decision-making regarding organ donation, often sidelining women's autonomy and resulting in a gender imbalance in both donors and recipients. This cultural context presents significant challenges for healthcare providers aiming to promote organ donation and educate the public about its benefits (28).

The acute shortage of trained medical professionals in Afghanistan further complicates the landscape of renal transplantation. With only a handful of nephrologists and transplant surgeons serving a vast population, patients often face long wait times or are forced to seek care abroad (29). The emigration of skilled healthcare workers seeking better opportunities has created a critical gap in the workforce, undermining the capacity to provide adequate care for kidney transplant patients. This shortage leads to fragmented care and often results in patients reverting to dialysis after graft failure, negating the intended benefits of transplantation (30).

Effective renal transplantation requires a well-developed healthcare infrastructure, which is currently lacking in Afghanistan. Many hospitals are not equipped to handle the complexities of transplant surgery or the necessary post-operative care (31). The absence of specialized transplant centers limits the ability to monitor and manage patients adequately after surgery, increasing the risk of graft rejection and other complications. Furthermore, the scarcity and high cost of immunosuppressive drugs pose significant hurdles for patients, hindering their ability to maintain health post-transplant (32).

The current political climate in Afghanistan has introduced additional complexities to healthcare delivery. The Taliban's return to power has resulted in stricter interpretations of Islamic law, impacting women's rights and access to healthcare services (33). Patients, particularly women, may face barriers in seeking medical care due to societal constraints and the need for male approval. Moreover, ongoing security concerns disrupt the supply chain for essential medical supplies, complicating efforts to procure necessary medications and equipment. The impact of international sanctions further exacerbates these challenges, limiting the availability of foreign aid and resources critical to healthcare services (34).

Finally, psychosocial factors significantly influence patient outcomes in kidney transplantation. The stigma associated with kidney disease can lead to feelings of isolation, discouraging individuals from seeking timely medical intervention (35). Additionally, gender disparities complicate access to both medical care and support services. Women often face unique challenges, including the need for male consent for medical procedures, which can impede their ability to receive timely care. Addressing these psychosocial dynamics is essential for improving overall health outcomes and ensuring equitable access to renal transplantation services.

Conclusion:

The path to improving renal transplantation in Afghanistan is fraught with challenges across economic, cultural, and political dimensions. Overcoming these barriers demands a holistic strategy that includes governmental support, cultural transformation, and the strengthening of healthcare infrastructure. Financial accessibility, cultural acceptance, and an adequate healthcare workforce are critical components in achieving better health outcomes for patients with ESRD. International cooperation, including aid for medical resources and training of healthcare professionals, will be vital in overcoming the profound challenges facing renal transplantation in Afghanistan. Addressing these issues not only offers hope to thousands of patients

but also represents a critical step towards a more equitable and effective healthcare system in the country.

Conflicts of interests

The authors declare that there are no competing interests.

Founding

Not founded

Acknowledgements

The authors express their gratitude to Dr .Mirwais Ramozi for his invaluable guidance and instruction in research methods and academic writing. His expertise has significantly contributed to the development of this work, providing the authors with essential insights and skills necessary for conducting rigorous research and effectively communicating their findings. The support received from Dr .Ramozi has been instrumental in enhancing the quality and clarity of the paper..

References

1. Delmonico FL, et al. Organ transplantation in developing countries. *Transplantation*. 2001;72(1):136-140.
2. Mahdavi-Mazdeh M. Renal transplantation in developing countries. *Nephrology Dialysis Transplantation*. 2012;27(1):10-14.
3. Haberal M, et al. Ethical challenges in organ transplantation. *Clinical Transplantation*. 2013;27(1):3-9.
4. Ghods AJ, Nasrollahzadeh D. Ethical issues in organ transplantation in the Middle East. *Saudi Journal of Kidney Diseases and Transplantation*. 2005;16(2):135-140.
5. Jha V, Garcia-Garcia G, et al. Chronic kidney disease: Global dimensions and perspectives. *The Lancet*. 2013;382(9887):260-272.
6. World Health Organization. Global Observatory on Donation and Transplantation. Geneva: WHO; 2022.
7. Hassanien AA, et al. Renal transplantation in the developing world. *Saudi Journal of Kidney Diseases and Transplantation*. 2015;26(4):707-711.
8. Einollahi B, et al. Living unrelated kidney donation: Ethical and medical challenges. *Iranian Journal of Kidney Diseases*. 2014;8(4):239-248.
9. Sharif A. Organ trafficking and transplant tourism: A narrative review. *Transplant International*. 2014;27(7):660-667.
10. Rizvi SAH, et al. Ethical transplantation practices in South Asia. *Transplantation Proceedings*. 2012;44(4):1061-1064.
11. Asif A. The kidney transplant workforce in developing nations: A crisis in the making. *Clinical Kidney Journal*. 2019;12(2):227-232.
12. Sheikh A, et al. Addressing misconceptions about organ donation in Muslim-majority countries. *American Journal of Transplantation*. 2021;21(6):1804-1809.
13. Molzahn AE, et al. Quality of life after kidney transplantation. *Nephrology Nursing Journal*. 2012;39(6):431-437.
14. United Nations Development Programme. Human Development Report: Afghanistan. New York: UNDP; 2022.
15. Aghighi M, et al. Post-transplant infections in kidney recipients. *Iranian Journal of Medical Sciences*. 2020;45(4):273-280.
16. Hays R, et al. Patient-reported outcomes after kidney transplantation. *American Journal of Kidney Diseases*. 2017;70(4):548-558.
17. Ghani F. The challenges of providing healthcare in Afghanistan. *The BMJ*. 2021;375:n3095.
18. Haider G. Gender and health equity in Afghanistan: A review. *Health Policy and Planning*. 2022;37(2):130-139.
19. Ebrahimian M, et al. Cultural competence in organ donation education. *Journal of Transcultural Nursing*. 2019;30(5):491-497.
20. International Society of Nephrology. Global Kidney Health Atlas. Brussels: ISN; 2021.
21. Talukder S. The impact of conflict on healthcare delivery in South Asia. *Conflict and Health*. 2020;14(1):18.
22. Akbarzadeh S, et al. Organ donation awareness in Muslim communities. *BMC Public Health*. 2020;20:1172.

23. Noori A. Infrastructure gaps in Afghanistan's healthcare system. *Global Health Journal*. 2021;15(3):224-230.
24. Bokhari S. Post-transplant complications in developing nations. *Clinical Nephrology*. 2018;89(1):23-30.
25. OECD. Health at a Glance: Asia/Pacific. Paris: OECD Publishing; 2021.
26. Gheissari A. Dialysis versus transplantation outcomes in resource-limited settings. *Journal of Nephrology*. 2019;32(2):283-292.
27. Khalili B. Barriers to renal care in war-torn regions. *Lancet Regional Health*. 2022;10:100205.
28. Mohmand E. Afghanistan's healthcare professionals and brain drain. *International Journal of Health Policy and Management*. 2022;11(4):293-298.
29. International Federation of Kidney Foundations. Advancing kidney care in low-resource settings. 2021.
30. Alghanim SA. Public perceptions of organ donation in Muslim-majority countries. *Journal of Medical Ethics*. 2018;44(4):243-248.
31. Patel V, et al. Addressing kidney disease in humanitarian settings. *BMC Nephrology*. 2020;21:361.
32. Khan F, et al. Nephrology training in developing nations: A call to action. *Kidney International Reports*. 2021;6(7):1754-1758.
33. WHO Regional Office for the Eastern Mediterranean. Organ Transplantation Guidelines. Cairo: WHO; 2020.
34. Sheikh H. Gender disparities in renal transplantation in Afghanistan. *Health Care for Women International*. 2022;43(5):545-556.
35. Shaikh A, et al. Policy solutions for organ transplantation in South Asia. *Global Transplantation Journal*. 2021;36(3):452-45