

Side event application / Formulaire de demande de réunion parallèle

Contact

Name/Nom: Martín Remón (Health Counsellor, Mission of Spain)	Date of application: 6/04/2018
Delegation(s)/Délégation(s): Government of Spain. Ministry of Health, Social Services and Equity.	
Co-sponsors: <ul style="list-style-type: none"> • Argelia; Argentina; Croatia; Guatemala; Portugal; Qatar; Russian Federation; Uruguay; Holy See; and other states. • Non-governmental organizations in official relations with the WHO: International Society of Nephrology (ISN); The Transplantation Society (TTS); Worldwide Network for Blood & Marrow Transplantation (WBMT). 	
Strong preference to hold the event on 21 or 22 May 2018, to ensure the participation of several Ministers of Health.	
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Concept

Description of proposed side event, including objective, expected results, proposed programme and speakers* /
Description de la réunion parallèle proposée, y compris les objectifs, les résultats attendus, l'ordre du jour et les orateurs* :

Objectives and expected results:

1. Showcase existing inequalities in access to organ transplantation.
2. Provide a forum for Member States and stakeholders to articulate the priorities and challenges with regards to accessing organ transplants for patients in need.
3. Identify opportunities for international collaboration and suggest a roadmap to progress towards self-sufficiency in transplantation.

Background information:

Non-communicable diseases (NCDs) account for 70% of all deaths worldwide¹ (primarily cardiovascular diseases, cancer, chronic respiratory diseases and diabetes). When health-care systems face this severe situation that affects all, from high to LMIC, they find it increasingly difficult to respond to the ever growing incidence of Chronic Kidney Disease (CKD) and the costs of its derived consequences. Ten per cent of the world's population is affected by CKD, and millions die each year because they do not have access to affordable treatment².

Organ transplantation is the best, and frequently the sole treatment for hundreds of thousands patients with NCDs. Facing end-stage kidney disease (ESKD) requires coordinated efforts across multiple sectors, from boosting prevention strategies, to ensuring access to renal replacement therapy, including by strengthening transplantation programs. Kidney transplantation remains indeed the preferred treatment option for patients diagnosed with ESKD. This treatment is life-saving compared to dialysis, and provides a better quality of life at a lower cost. Even in LMIC, kidney transplantation is also cost-effective compared with renal replacement therapy with dialysis. Advocating for transplantation programs would substantially improve patient care and decrease the costs for health-care systems in all countries.

According to the most recent worldwide data, there were 126,670 solid organ transplants performed in 2015³. However, this activity is estimated to barely cover 10% of the global needs. Renal transplants represented the most common procedure at large (66.6%) and were performed in 102 countries. The estimations also revealed that there are wide disparities in the access to and use of transplantation. The 81 % of the global population had access to renal therapies. Nevertheless, the proportions decreased depending on the type of organ, i.e. liver (72.5%), heart (66.1%), lung (43.9%), pancreas (27.8%) and small bowel (14.9%)⁴.

¹ Non Communicable Diseases Program at WHO: <http://www.who.int/mediacentre/factsheets/fs355/en/>

² International Society of Nephrology (ISN): <https://www.theisn.org/focus/ckd>

³ 2015 Report: Organ Donation and Transplantation Activities. Global Observatory on Donation and Transplantation (GODT): <http://www.transplant-observatory.org/organ-donation-transplantation-activities-2015-report-2/>

⁴ Data derived from the GODT database: <http://www.transplant-observatory.org/>

More obvious inequalities are reflected when looking at those proportions within the regions. The majority of transplants occur in high income countries, while in some parts of the world kidney transplantation is even non-existent or only relies on live donation. The shortage of available organs for transplantation and unequal access to transplantation have also stimulated the emergence of trafficking in persons for the purpose of the removal of organs and trafficking in human organs, frequently as transnational criminal activities. These practices violate fundamental human principles and represent an exploitation of the poorest and most vulnerable sections of the world population.

The hazard that transplantation presents for live organ donors is the inequities that occur when vulnerable and poor people are donors, and the recipients are from high income backgrounds. This produces inequalities in the access to and use of the organ transplants that violate Guiding Principle 5⁵, leading to ethical concerns in equity of access and safety issues. Fighting such inequalities is a global responsibility, in particular when countries are accountable to drive progress towards the SDGs and is consistent with the WHO objective of Universal Health Coverage.

This event will build on a momentum when international initiatives are being developed towards the creation of robust and ethical transplant programs. It seeks to share arising global concerns about the access to organ transplants for patients in need, especially in LMIC, and to define a roadmap for tackling those inequalities. Donation from deceased persons should be developed to its maximum therapeutic potential, as stated in Guiding Principle 3⁵, and efforts should be focused on strengthening such programs at country level to diminish the risks associated to live donation.

The event will also provide input on Progress in the implementation of the 2030 Agenda for Sustainable Development. The best practices gathered and key recommendations emanating from this event will feed into the review of the health-related SDGs (Goals 3 and 10). In addition, equity of access implies universal healthcare coverage which is a major objective of the WHO.

Agenda:

The event is organized to ensure meaningful participation, allowing interaction between Member States representatives and influential global experts. The format of the event has been conceived to ensure fruitful discussions oriented to identify opportunities and define a roadmap for pursuing self-sufficiency in transplantation.

1. Opening. *Ministry of Health, Social Services and Equality, Spain*
2. Addressing the topic by *Ministers of Health (Russian Federation, Uruguay...)*
3. Global burden of NCD as a cause of organ failure. From prevention to transplantation. *Valerie Luyckx. International Society of Nephrology (ISN)*
4. Current situation and access to organ transplantation worldwide. *Beatriz Domínguez-Gil. Organización Nacional de Trasplantes, Spain (ONT) – GODT.*
5. The reality of organ trafficking and transplant tourism. *Francis Delmonico/Holy See*
6. Self-sufficiency in organ donation. A national responsibility. *Nancy Ascher. The Transplantation Society (TTS).*
7. The road map ahead. GPW 13. *To be confirmed. WHO*
8. *Member States Representatives panel discussion*
9. Closing remarks

Event details / details de la réunion

Expected number of participants/Nombre de participants attendus : 100

Ministers of Health of Argentina, Russian Federation and Uruguay

Exact title of the meeting/Titre exact de la réunion: Towards Universal Coverage to Solid Organ Transplantation

Interpretation/Interprétation

Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2561 CHF; 3 languages: 5123 CHF; 6 languages: 11953 CHF.

L'interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues-2561 CHF; 3 langues : 5123 CHF; 6 langues : 11953 CHF.

Are interpretation services requested? / L'interprétation est-elle requise ?		Yes/Oui <input checked="" type="checkbox"/>	No/Non <input type="checkbox"/>
(If yes, which languages)/(Si oui, en quelle langue) <input type="text"/>			
English/Anglais <input checked="" type="checkbox"/>	French/Français <input checked="" type="checkbox"/>	Russian/Russe <input checked="" type="checkbox"/>	Spanish/Espagnol <input checked="" type="checkbox"/> Chinese/Chinois <input type="checkbox"/> Arabic/Arabe <input type="checkbox"/>
Other language/autre langue: No			

⁵ WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation:
http://www.who.int/transplantation/Guiding_PrinciplesTransplantation_WHA63.22en.pdf?ua=1

Room Layout/Aménagement des salles

Due to type of furniture and technical equipment in the room, the layout of the rooms cannot be changed. For information regarding the location and layout of rooms at the Palais des Nations, please see:

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***Badges/ Badges d'accès**

WHA side events are for participants of the WHA and, as such, panellists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l'Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

Please complete the form and send it to / Merci de remplir le formulaire et de l'envoyer à hqgoverningbodies@who.int