

African leaders unite at SATiBA conference to address the Continent's corneal tissue need

November 13, Stellenbosch, SA: Key stakeholders from Sub-Saharan Africa gathered at the South African Tissue Bank Association (SATiBA) Annual Conference, putting in motion the foundation steps to develop long term tissue bank services across the Continent. The meeting, recognizing need across all tissue types, focused on eye banking, corneal tissue and corneal services. It was organized by the German Society for Tissue Transplantation (DGFG) with the support of SATiBA, the World Union of Tissue Banking Associations (WUTBA) and Global Alliance of Eye Bank Associations (GAEBA). The round table discussion was moderated by Martin Börgel, Managing Director of the DGFG.



Import of tissue is not a permanent solution.

"Again, and again the DGFG receives requests for corneal transplants. Due to the lack of a donation program, many requests come from African countries, which are dependent on imports of corneal transplants from countries such as the USA, and occasionally from Germany. A solution that reaches only a few African patients at all and cannot function in the long run", said Börgel. Instead, a reliable, cross-border patient care structure is needed. Only the establishment of a long-term self-sustaining program for the donation, processing and transplantation of corneas opens independence for African countries. Therefore, DGFG, together with WUTBA and GAEBA, aim to establish a platform that brings together those seeking help as well as supporters: an open, location-independent space that allows knowledge transfer, hands-on help, and reliable networking. "This is exactly where this round table comes in."

Round Table discussion: new conversations, new networks, and opportunities.

Tissue donation counselors, tissue bank staff, political representatives and medical professionals from Ethiopia, Uganda, Kenya, Nigeria, South Africa, USA, Australia, Germany, and India came together to discuss tissue donation in Africa. All participants were happy about this unique opportunity to get in touch with each other personally, to network and to talk openly about successes and challenges. Most Africans lack professional, sustainable tissue donation programs and corresponding technical and personnel infrastructures. All participants realized it is high time to work together, to bundle existing knowledge and many valuable experiences.

Eye Bank of Ethiopia – a remarkable success story.

A prime example of successful international cooperation is the Eye Bank of Ethiopia. It was established and supported in 2003 with the help of Orbis International, the Ethiopian Ministry of Health and the US non-profit organization SightLife. Today, it can independently realize around 500 cornea donations per year and thus supply more than ten transplant centers in Addis Ababa and the region – a remarkable success, but the demand is still higher than the donation volume.

In Kenya and Uganda, the first right course has been set.

Kenya shows very well that there are many good approaches within an African country. Even if the number of cornea donations is low, activities take place, for example at(?) the eye bank of the Lions SightFirst Eye Hospital

in Nairobi. In Uganda, to cite another example, the national transplant law for tissue and organ donation has just been passed. In this country, there is also a willingness to improve the situation politically.

Awareness work is one key to success.

Other hurdles that must be overcome to establish a sustainable tissue donation program: fears, prejudices and misunderstandings, which are often religious and cultural. They must first be reduced and dispelled among the general population, as well as among important opinion leaders such as priests or bishops. Death is an important part of life and causes deep grief and paralysis in people. Therefore, it is important to educate people about tissue donation. Only continuous educational work and transparent communication can lead to a change in thinking among the population and to greater openness and willingness to donate. This has already been demonstrated by individual initiatives.

Educational work also very important in clinics.

Once this cultural course has been set, hospital staff and hospital management must also be educated about tissue donation and actively involved in the processes. Again, there is a lack of awareness of tissue donation, while clinics are already struggling with shortages of staff, know-how and equipment. A major challenge in this regard will be the establishment of a deceased reporting system. Most Africans die at home. Nevertheless, screening the deceased in the clinics would be enough to start a tissue donation program. Once the processes are established there, it is conceivable that this structure could be extended to other areas such as forensic medicine or mortuaries.

Better start today, than tomorrow.

The participants shared their experiences, their successes, but also failures, and made clear how different, individual, and complex the situations in the African countries currently are. It is a long way to the first successful donation. Tissue donation requires courage, perseverance, and persistence. But all the efforts are worthwhile – just for everyone who can be given a better life quality through a tissue transplant.

The discussions and reactions have shown: There is a desire to change something about the situation in one's own country. The round table motivated the participants to become active and take the initiative. Simon Arunga, an ophthalmologist from Uganda, invited everyone in the room to continue the discussion in Mombasa, Kenya, during the next COECSA ophthalmology conference.

Special thanks to all sponsors who supported the initiative of DGFG, SATiBA, WUTBA and GAEBA by providing travel grants: Cornea Help e.V., the German Fund for the Blind (DBHW), Lions Clubs International, the Foundation of the German Lions, the Lions Club Wedemark, Geuder AG, KL medical GmbH, the Eye Cornea Bank Association of Australia and New Zealand (EBAANZ), and GAEBA itself. Without this help, a personal conference participation for the travel grant awardees would not have been possible. Thank you very much.

Photos and videos of the post conference report are available on www.gewebenetzwerk.de!

Quotations from the discussion:

"In South Africa we used to have great cornea numbers, and we fizzle down to only three free standing cornea banks today. From over 1,200 cornea donations per year to level 50 per year, nationally." Sandra Venter, President of SATiBA and Donor recovery and awareness manager, Bone SA, South Arica

"You asked us how we receive notifications about deceased people. We don't have anything like that. We are in the process of developing all these things. Some of the challenges we face in our day-to-day work include continuous electricity. It's a challenge to keep the cold storage facilities running all the time." MD Evelynn Chege, Head of Technical Services, Kenya Tissue and Transplant Authority, Kenya

"Since 2020, we realized about 35 donations. The Corona pandemic made the situation even more difficult. Our clinic also relies on imports from abroad." Christopher Mwangala, Eye donation counselor, Lions SightFirst Eye Hospital, Nairobi, Kenya

"We must wait several months to get a few corneal transplants. We really want to find our own solutions." MD Patrick Ruhagaze, Ophthalmologist, from Kenya Innovation Eye Centre - Kisii Eye Hospital, Kisii, Kenya

"I am also very interested in exchanging ideas with my African colleagues and the international experts from associations and tissue donation organizations to gain new approaches for further process optimization as well as ideas for our educational work." Nega Demessie Damtew, Awareness coordinator, Eye Bank of Ethiopia, Addis Ababa, Ethiopia

"In Uganda, we are very happy that this discussion is taking place at a time when the national act on organ and tissue donation has just been passed. We hope to derive strategies for establishing an eye bank in Uganda from this discussion." MD Simon Arunga, Ophthalmologist, Mbarara University of Science and Technology, Mbarara, Uganda

"As part of an initiative to increase the number of corneal transplants in the long term, we will conduct a survey in COECSA regions. We will ask them: what are you able to do? What are the barriers? What is the unmet need? [...] With this information, I hope we can reduce corneal blindness in many African countries." Angela Meric Birungi, Ophthalmology postgraduate student, Mbarara University of Science and Technology, Mbarara, Uganda

"Every time we do a corneal transplant, together with the support of Cornea Help, we publish that patient story in the newspaper. That is why people start realizing it and started donating their eyes." MD Vishwanatha Gokhale (I.), Ophthalmologist from Lions Medical Centre - Lions Eye Hospital, Mombasa, Kenya

„The cultural aspect plays a very important role in the willingness to donate tissue. [...] Death is a very sensitive topic. It is very sensitive for the family. This is not the right time to start educating people about tissue donation. It's better to start earlier, for example, with education in school." MD Fredrick Korir, Ophthalmologist, Lighthouse for Christ Eye Centre, Mombasa, Kenya

"The beginning of the HIV/Aids pandemic was quite scary for everyone, too. Nobody understood what was going on, they thought it was "witchcraft". [...] There was a lot of lobby work with religious and political leaders. Because those are the ones, the people and community are listening to. [...] I believe that very same approach is best when it comes to promoting tissue and organ donation." MD Mukiri Mukuria, Ophthalmologist, University Eye Centre, Nairobi, Kenya

"Policy making takes time. However, that should not stop you from starting tissue donation today." Patrick Emery, Vice President for Africa and Asia, SightLife, USA

"India was in a similar situation a few years ago. At this point, sharing experiences helps starting with donations and setting up a professional program. We have set up our own academy with the support of SightLife to train counselors in cornea donation. We should take advantage of this educational opportunity." MD Manisha Acharya (screen), medical director of the eye bank at Dr. Shroff's Charity Eye Hospital, Delhi, India



Most of the panelists together with PhD Heather Machin, Chair of GAEBBA (2nd from left), and Martin Börgel (4th from right).



Dr. Evelyn Chege talks about her experience in transplant medicine in Kenya.



There was lively discussion in the audience about the challenges for tissue donation.



Left to right: Mukiri Mukuria (ophthalmologist at Nairobi University Hospital), Angela Meric Birungi (postgraduate ophthalmology student at University Hospital from Mbarara, Uganda) and Christopher Mwangala (tissue donation coordinator at Nairobi Lions SightFirst Eye Hospital) talk about the challenges they see in building donation programs.



Dr. Manisha Acharya, who also shared her knowledge of eye cornea donation with the participants, joined us live from Delhi.