

HELPING HAND FROM ODISSEA

Being a person who has been working in the field of nephrology for a long time, I have been caring many patients who had undergone kidney transplantation. Most of our ESKD patients from Myanmar, go to India for kidney transplantation. After having kidney transplantation in India, patients come to private clinics in Myanmar for further follow up care. Then I started to notice that some of them are from Myanmar-China border, who can afford such kind of expensive treatment. At the same time, I also noticed most of the kidney donors are living non-related one. When such kind of patients with kidney transplanted come for follow up care, they almost always come themselves seemingly without having much concerns on health of their donors. Occasionally, they bring along their donors with them. On the other hand, some of post-kidney-donors come for follow up care on their own, they usually take a long time, sometimes as long as 10 years, to have such follow up visits. As a result, when they come for follow up visit, their kidney function has already been damaged ending up with eGFR 2 or 3. Among kidney donors, most of them are Myanmar Buddhist monks and young poor persons while the recipients are rich and even can't speak Myanmar language although they are living in Myanmar indicating some sort of hidden organ business taking advantages over poverty of such donors. Only Myanmar citizens, those who can't afford to go foreign country for kidney transplantation, come to Mandalay General Hospital to receive the transplantation.

In developed countries, there are rules to prevent organ trafficking. For example, most of the kidney recipients get organ from deceased donors. However, in Myanmar, almost all kidney donors are living and being from the low-income class, they sell their organs for money. The kind of altruistic donors who donate out of their good nature and generosity, are rare.

Those donors who sell their own organs often couldn't come follow up care after kidney donation due to their poverty. Therefore, deterioration of their health condition remains unnoticed consequently ending up with not enabling to do their usual income generating manual labor job which can lead to have their income shut down. I am very much concerned about that what will become future of our poor kidney donors in coming next 10 to 20 years if this kind of trend is continue to happen in our country.

During these times, I have learned about the ODISSeA Project which is led by the University of Barcelona. I am very happy when I came to know that the project is going to help South East Asia countries which are still thriving to develop organ transplantation. Since the project trains us regarding both living and deceased donor organs transplants, I highly hope that we will be able to establish a detail policy on organ transplantation and give knowledge to the community about organ trafficking. I have no doubt we will succeed

with the help of the organization and our government. I absolutely wish ODISSeA Project to have many more success in Myanmar.

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