

Bridging Health Inequities: Facilitating Access to Life-Saving Transplant Procedures

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In this month as we celebrate the World Hepatitis Day, amidst the rains and the allure of spicy foods, we are reminded of the lurking threat of gastrointestinal infections including hepatitis. Etiology of viral hepatitis includes the hepatitis A (HAV), B (HBV), C (HCV), D, and E viruses, and the non-hepatotropic cytomegalovirus (CMV), Epstein-Barr virus (EBV), and many others. Hepatitis in children presents with varied risks and challenges. The transmission varies from fecal-oral to bloodborne route, each demanding attention to hygiene and preventive measures. Improper cooking, lack of hand hygiene, inadequate sanitation and poor blood safety are the risk factors for viral hepatitis.

Pediatric acute liver failure (PALF), is a particularly dreaded complication and it usually occurs after infections, metabolic and genetic disorders, immune-mediated diseases, or drug-induced liver injury (DILI). Although, the chances of PALF following HAV infection are less than 1% [1], considering that HAV is the most common cause of PALF in India [2], this can be a significant number. HBV and HCV infections are associated with chronicity and rarely lead to fulminant hepatic failure, but the mortality and morbidity is much higher than that due to HAV and HEV [3]. Targeted interventions in PALF are available only for selected etiologies. Liver transplant can be a life-saving intervention in PALF, unfortunately, the modality remains elusive for the majority who have to rely only on supportive care.

Other transplants that are of vital importance include renal and hematopoietic stem cell transplant (HSCT) to name a few. Though transplant has high initial costs, it remains a financially viable option in the long run given that renal transplant can save \$30,000 per quality-adjusted life year compared with chronic dialysis [4], not to mention the psychological and general well-being of the child.

Various hurdles in pediatric transplant in India include lack of donors and registries to secure appropriate donors, lack of experienced physicians, pediatric surgeons and trained pediatric transplant teams, sparse infrastructure including few laboratories with facilities for HLA typing, viral testing, and blood banks with round the clock availability of

blood components including irradiated blood, across the country. Lack of government or government-aided organ transplant facilities is a major area that needs the attention of health authorities. Although, transplant facilities are available in several corporate hospitals, majority are focused on adult transplants [5]. Additionally, the high cost that include not only the initial cost of transplant but also the recurring expenses due to need for immunosuppressive medications, antimicrobial prophylaxis, and regular follow-up care, are major impediment.

Although the government has floated some schemes like the National Organ Transplantation Program, and the PM-JAY scheme of Ayushman Bharat, these are unable to completely bridge the gap. Crowdfunding and use of social media have emerged as popular resources. As a community, we possess the power to drive change. By amplifying awareness, facilitating connections between patients and nonprofit organizations, and bolstering crowdfunding initiatives, we can collectively improve the access to life-saving transplants. Together, we can advocate for inclusive healthcare policies and sustainable funding mechanisms, ensuring that no child is denied a chance at a healthy future due to financial or logistical barriers.

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