



The
Transplantation
Society



The European Society
for Organ Transplantation



International Society
For Organ Donation
and Procurement



South East Europe Initiative on Deceased Organ Donation

Skopje Macedonia May 27-29, 2011

Report on Action Plans
and Participants' Photo Album



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ABOUT THIS DOCUMENT

In May 2011, eleven delegations, including a National Focal Point person (NFP) and transplant professionals, from the South East European countries accepted the invitation from the chairs, Dr. Francis Delmonico (The Transplantation Society; TTS) and Dr. Rutger Ploeg (European Society of Organ Transplantation; ESOT) to convene in Skopje, Macedonia, for a two-day workshop; the South East Europe Initiative on Deceased Organ Donation.

This document includes, written by each country delegation, the summary of action plans resulting from the final working session at the meeting, followed by details and comments written shortly thereafter. It also contains a Summary of Action Plan Priorities in a table format to give an overview for discussion and finally some comments from the faculty.

At the end we have included a photo album of all participants at the meeting with their contact details in order to facilitate further communication. Missing photo means that the member of the delegation could not make it to the meeting.

We thank all NFPs and their delegations for their pivotal contributions.

Editor and photographer: Dr. Henrik Ekberg, TTS Director of Medical Affairs (dma@tts.org)

Production: Filomena Picciano, TTS Director of Professional Services (dps@tts.org)
Jean-Pierre Mongeau, TTS Director of Headquarter Services (dhs@tts.org)
Lydia Raley, RHDC Coordinator Croatia (raley.lydia@gmail.com)

REPUBLIC OF ALBANIA



Priorities

1. National waiting list
2. National action plan on transplantation
3. Training of professional staff

Action Plan

The first important issue for Albania is to adopt the legal frame work with EU directives. Now the drafting of the law for "Organ, cell and tissue transplantation" is finished and sent to be approved by the parliament.

Also by order of Minister of Health it has been established a working group which will prepare the National Strategy and Program for transplantation in Albania. So, we need to support with technical assistance, analogy experiences etc in drafting this document. At the moment we have not a waiting list of patients for kidney transplantation. In Albania there are about 800 patients who are treated by dialysis. Also we have a good infrastructure (operating rooms, equipment etc), but not trained staff to carry out the transplant procedure.

So, the priorities for us are:

1. Prepare the National waiting list.
2. Drafting the National Program in transplantation.
3. Training of professional staff such as surgeons, physicians and ICU physicians to carry out the transplant procedures.

To realize these priorities it is very important to collaborate with:

1. Croatia.
2. Regional countries of SEE.
3. Professional associations such as ESOT, ISODP, ETCO.

BOSNIA AND HERZEGOVINA



DELEGATION FROM FEDERATION OF BOSNIA & HERZEGOVINA

Priorities

1. Competent authority (organization/agency)
2. Legislation
3. Hospitals and reimbursement
4. Continuous medical training and education
5. Negotiations with Eurotransplant

Collaboration

Educational modules

Action Plan

AD 1.

Transplantation Center (TC) should be established with the following goals:

- Unique Federal Transplantation Program.
- National donation and transplantation activities.
- Federal waiting list.
- Evidence of exchange organs and tissues.

AD 2.

- Establish bylaws according the law.

AD 3.

- Select and authorize donor hospitals.
- Nominate mobile teams for brain death detection.
- Nominate mobile explantation teams.
- Nominate transplant coordinator in each hospital according to the law.
- Find a model of financial incentives for donor hospitals as well as transplantation hospitals.

AD 4.

- Detection, identification and selection of donors.
- Brain death diagnosis.
- Family approach for organ donation.
- Organizational models.
- Quality control system.

As our country has very good medical cooperation with neighbouring countries, planned activities for education of all HC professionals involved in the process of transplantation can be performed and conducted in Croatia, Slovenia and Serbia.

AD 5.

Initiate activities towards the Ministry of Civil Affairs- Department for Health to start negotiation with Eurotransplant on the Country level.

DELEGATION FROM REPUBLIC OF SRPSKA



Priorities

1. National coordination center
2. National waiting list
3. Training of professional staff

Collaboration

- Exchange experience of professional staff
- Regional collaboration

Action Plan

1. Coordination Center for Transplantation fully operational - developing and strengthening capacity within Coordination Center

One of our priorities is full functionality of the Coordination Center for Transplantation which includes staffing, working space and IT equipment. The IT component involves the implementation of unique information software which will be able to support further activities, such as:

- Collecting, processing and exchanging information relevant to transplantation with all health care institutions involved in transplantation in our neighboring countries and relevant international organizations.
- Preparing a waiting list for transplantation of human organs.
- Preparing a unitary register of human organ donors (who gave written consent while they were alive).
- Preparing a database of recipients of human organs.
- Preparing a database of persons who are opposed to human organ donation after death.
- Preparing for transplantation including the deceased donors.

The second priority is management education – criteria for initial training of staff should be established together with a plan for the ongoing development for all employees in the Coordination Center for Transplantation.

2. Professional staff completely trained – (donation network: hospitals coordinators for transplantation, teams for retrieval of organs/tissues and transplantation teams working closely)

The focus is on continuing education of professional health staff that will be included in the transplantation programme (especially nephrologists, urologists, anesthesiologists, surgeons, etc.) Keeping in mind that we do not have ICU physicians, but we have doctors with different specialisations (anaesthesiologists, internists, pulmonologists) working in ICU units in cooperation with French experts, these doctors will undergo a year of training in intensive care, which will be recognized during this year.

- a) Establishment of a hospital coordinator in all hospitals which are accredited for declaring organ and tissue donors
- Hospital coordinator will be responsible for:
 - detecting and evaluating the potential donors

- managing the relationship with the donor family
- coordinating between the team for retrieval of organs/tissues, the team for transplantation and the Coordination Center
- using all methods for donor detection.

b) Establishment of teams for retrieval of organs/tissues and teams for transplantation.

3. Accreditation of hospitals for retrieval/transplantation of organs/tissues is finalized

- ICU should be fully equipped for declaring brain death.
- Different courses, workshops and ToT programme should be organized for all medical staff included in retrieval of organs/tissues (consider brain death diagnose).
- Donor culture among medical staff within the ICU should be promoted.
- SOP for retrieval of organs/tissues should be done.
- SOP for transplantation of different organs/tissues should be done.

4. Promotion of organ and tissue donation within the population successfully implemented

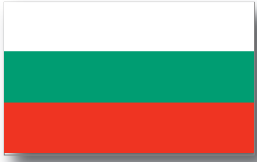
a) Raising public awareness

- Mass media included in promotional programme regarding donation/transplantation from living donors and deceased donors – especially introduction of donor card (different campaigns, celebration of European Day of Donation and Transplantation, etc.)

b) Possibility of joining to EUROTRANSPLANT network.

We are expecting cooperation with SEEHN countries through the exchange of experiences and best practices (e.g. Twinning programmes); joint training at different levels (medical-ICU doctors, transplant coordinators and administrative staff); short-term staff exchanges, etc.

REPUBLIC OF BULGARIA



Priorities

1. Education of coordinators and transplant teams
2. Motivation of medical staff (dir, coord, dr)
3. Financial structure for all activities

Collaboration

- Best practice protocols
- Political – motivate the government

REPUBLIC OF CROATIA



Priorities

1. The full functionality of the RHDC which includes staffing, working space, IT equipment, and a plan for dissemination and exchange of regional/international expertise and operational guidelines for professionals within the region
2. Detailed expansion of the Annual Workplan for 2012
3. Fundraising to support RHDC activities

Collaboration

- With NFPs, Ministries of Health of SEEHN countries, on common Workplan objectives in line with SEEHN agenda
- With scientific and professional partner organizations on training, research programs, and project development for the region
- With the WHO, EC, EuroTransplant for regional integration which follows guidelines, directives, and policies put forth by these organizations

Establishing regional networks and strengthening cooperation among the health authorities should provide political, institutional and financial support necessary to advance progress in the organ donation and transplantation field in the SEE countries. The goal is to create a close interstate institutional and professional collaboration that will lead us to accomplishing the objectives of the each SEE country and making sure that our future impact can be measured in an adequate way. Working together with NFPs, and Ministries of Health of SEEHN countries, RHDC should create a structured and realistic workplan that will be in line with Country specific needs and objectives.

Partnership with different organizations, both scientific and professional ones, in establishing and guiding numerous programs, especially research ones, trainings and project development that will help the region to incorporate objectives of the Action plan in their systems and procedures.

Collaboration with WHO, EC and Eurotransplant in promoting ethical and professional standards in organ donation and transplantation and encouraging SEE countries to follow guidelines and implement directives and policies that are put forth by the above mentioned organizations.

Action plan for RHDC in Croatia / Priorities

1 . RHDC fully operational

One of our priorities is full functionality of the RHDC which includes staffing, working space, IT equipment, and a plan for dissemination and exchange of regional/international expertise and operational guidelines for professionals within the region;

- a. The RHDC office space and IT equipment should be provided by MZSS
- b. A RHDC website with all applicable EU, CoE, and WHO links with .pdf files, etc. should be created so SEEHN member countries have access to forms, policy information and current activities
- c. RHDC Office personnel should consist of 4 persons
 - i. Administrative (phones, filing, assistance, etc.)
 - ii. RHDC Country Manager (facilitates networking and has in depth knowledge of the programs and functions offered by the RHDC)
 - iii. Expert 1 (oversees medical and technical aspects of RHDC)
 - iv. Expert 2 (offers advice and guidance for projects, etc)

2. Detailed expansion of the RHDC Annual Workplan for 2012

RHDC Annual workplan should be drafted by the end of January and presented to all NFP for discussion and adoption; The Annual Workplan for 2012 will determine the priority goals to be achieved during the next year, in line with SEEHN countries specific Action plans.

3. Fundraising

- a. Initial funds will be provided by Croatian National Budget
- b. Fundraising should begin after Annual Workplan 2012 has been approved and RHDC equipped and fully operational.
- c. Stability Pact partner COUNTRIES and external SEEHN partner organisations / agencies and EU should be contacted for funding (creating a list and contact data)
- d. Promotion and presentation of RHDC objectives and work plan to the agencies and countries with necessary requirements to request funds for RHDC activities.

Initially RHDC will consider different funding options and try to apply for funds via the European Union Instruments for Funds; since the RHDC addresses the major activities related to the EU Action plan. Several other funding opportunities should be considered in the future via the Stability Pact Partners who support the SEEHN. The Stability Pact has several partners including countries outside the SEE region as well as international banks and organizations

REPUBLIC OF MACEDONIA



Priorities

1. National Competent authority
2. Registries; Donation, WL, Recipients f/u
3. Reimbursement to donor hospitals

Collaboration

- Best practice protocols in donation DD/LD
- Educational models for transplant coordinators (family interview, brain death)
- Surgical teams educations in various types of transplantation
- Educational models in raising the public awareness concerning the donation of organs

Action plan

Macedonia have small, insufficient, but still sustained LD kidney transplant program of around 12-15 transplants per year for a population of about 2 million people.

The priorities according to our new legislation and requirement for improvement of DD transplant program (4Ds) should be accomplished at first through the establishment of the National Competent Authority which is at the moment projected as National Transplant Coordinator (NTC) – being directly subordinated to the Prime minister.

NTC should gather the information about the staff required for DD transplant program (hospital transplant coordinators – TC, transplant surgeons in various areas) and the Government should support the education of TC and transplant surgeons who need to be committed and contracted about their dedicated tasks thereafter. There should be an allocated budget from the Government concerning the regular expenses for the NTC office as well as the establishment of IT support for the creation of the registries (Prevalent transplant patients – recipients, Waiting list for transplant from patients on dialysis, Donors – LD and DD). The same waiting lists should be created for End Stage Organ Failure of the liver, hearth, pancreas from the respective institutions. Furthermore, a new accreditation process should be accomplished for all projected transplant centers, as well as a European accreditation for the HLA tissue typing lab.

On the other hand NTC should also be aware about the facilities and equipment required at hand for diagnosis of brain death (EEG machine, ultrasound machine for transcranial Doppler, etc.), including the sufficient number of the middle level personnel (nurses and others).

If all above mentioned prerequisites are accomplished, the final step for 4D program development should be the reimbursement per deceased donation from the Government for at least 20 deceased donors per year ($20 \times 3000 = 60000$ Euro). A table for disposition of expenses should be created and an educational fund should be raised for further continuous education of the staff.

A collaboration and support we do expect from the RHDC in Croatia for the best practice protocols donation DD/LD, and along with Slovenia Transplant about the educational models for TC (family interview, educational module on brain death), surgical teams educations in various types of transplantation and in raising the public awareness concerning the donation of organs. If all items are fulfilled we do expect the start up during the next year.

REPUBLIC OF MOLDOVA



Priorities

1. Establish national program in transplantation including budget
2. National registry (software) for dialysis, waiting list, kidney transplantation, donation
3. Training of Transplant/Donation professionals

Collaboration

- Best practice protocols
- Regional exchange of professionals with Romania

The current legal framework in the field of transplantation of organs, tissues and cells in the Republic of Moldova:

- The Law Nr. 42 -XVI "On transplantation of organs, tissues and cells of human origin " from 06.03.2008;
- The Government Decision nr. 386 on establishment of the Transplant Agency from 14.05.2010;
- The Government Decision nr. 1207 on approval of the Regulation on organization and operation of the independent Approval Commission under the Ministry of Health and authorization criteria for the activities of procurement and transplantation from 27.12.2010;
- The MH Order nr. 725 on approval of the Advisory Council Regulation under the Transplant Agency from 01.11.2010;
- The MH Order nr. 234 on the organization and performance of procurement and transplantation of organs, tissues and cells of human origin from 24.03.2011;
- Ministry of Health Order nr. 493 from 16.06.2011 regarding the Waiting list for the transplantation of kidney, liver and heart;
- Ministry of Health Order nr. 527 from 27.06.2011 authorization of medical institutions to conduct procurement activities, preservation and transplant organs, tissues and cells.

Organizational aspect

1. **Transplant Agency responsible for organizing and supervising all transplant activities, including:**
 - donation and transplantation of organs, tissues and cells;
 - preparation and maintenance of the waiting list;
 - preparation and maintenance of the Organ Donors' Register;
 - authorisation of transplant institutions and teams;
 - implementation of quality standards regarding organs, tissues and cells;
 - traceability of organs, tissues and cells;
 - monitoring and verification of the results of transplant procedures.

2. **The Independent Approval Commission on donation from living persons** verify the observance of patients' rights, ascertain the effectiveness of the extraction procedure, and evaluate the legality and the motivation of the donation procedure, *ensuring that the donor:*
- Has been informed of the nature, impact and possible risks of the procedure
 - Has been informed of the illegality of accepting financial benefit for donation
 - Is not forced in any way to donate organs, tissues or cells
- Ensuring that the recipient:*
- Is aware of the nature and risks of both the procedure of extraction from the donor and the transplant procedure
 - Has been informed that the donor may withdraw his consent for donation freely anytime.

Specific needs with regard to organ donation and transplantation field

1. Implementation of the regulations, guidelines and standards for the organization and functioning of the Transplant Agency in accordance with the EU Directives.
2. Information and training of medical and technical staff of the Transplant Agency in accordance with European Commission Directive 2004/23 on the implementation of standards for quality and safety of donation, procurement, testing, processing, preservation, storage and distribution of human tissues and cells.
3. The training of the transplant coordinators and doctors anesthesiologists/reanimatologists, neurologists in the authorised hospitals.
4. Specific training of medical doctors and nurses involved in donation/transplantation activities.
5. Improved provision and dissemination of information about deceased donation.

Expected results

1. Concrete proposals on the implementation of the existing normative acts in the field of organ, tissues and cells transplantation will be developed.
2. The new regulations, guides and operating standards of the Transplant Agency will be implemented.
3. The personnel of the Transplant Agencies will be able to lead all activities in the field of transplantation in their respective countries. They will develop educational materials, manuals, training courses, etc.
4. Hospital transplant co-ordinators will be able to monitor the entire process, from donation through to transplantation.
5. The anaesthetists/reanimatologists and neurologists in hospitals will be trained to carry out organ donation and transplantation of organs, tissues and cells.
6. The introduction of the protocol on deceased donors.

Collaboration with the neighboring country

The Moldova Transplant Agency in collaboration with the Romanian National Transplant Agency started to work on a bilateral agreement in the field of transplantation. This agreement is based on the experience and knowledge accumulated by the Organization Nacional de Transplantes (ONT) from Spain and Autoridade para os Servicos de Sangue e Transplantacao from Portugal after the signature of the similar agreement on 4th of April 2008.

MONTENEGRO



Priorities

1. Training of professionals / ICU
2. Tissue typing
3. Establish organ donation

Collaboration

- Our patients into wait list abroad
- Educational modules
- Regional Collaboration – Balkan Transplant

Short-term goals and priorities

Main short-term goals and priorities of transplant programme in Montenegro are: Intensive Care Units (ICU), staff education, formation of the patient waiting list and HLA typization.

It is necessary to ensure that ICUs in the Clinical Center of Montenegro, and all other hospitals that have those units, fulfill all the necessary requirements for the transplantation programme in staff, personnel and equipment. We need more doctors and nurses working in ICUs and all of them need to obtain adequate education in field of transplantology in order to be capable to recognize potential cadaveric donors, to obtain a routine in making information speech with their families and to be able to convince them to sign a consent and to form a coordinated network for potential cadaveric donors in all the hospitals that have the ICUs.

1. Education of the staff that are going to be included in the transplantation programme – primarily nephrologists, urologists, anesthesiologists and neurologists – in reference centers in neighborhood which have accreditation to give certificates in this field, because by our national strategy it is predicted to perform a kidney transplantation from living donor for the beginning and then to expand the programme with other organs and cadaveric donation. After that, it is necessary to educate abdominal surgeons, cardio surgeons, thoracic surgeons, immunologist, epidemiologists and psychiatrists for expanding the programme. We have to perform continuous education of non medical public and to raise awareness of importance of cadaveric transplantation in all groups of population in systematic and recommended way.
2. Formation of the patients waiting list for all patients who have terminal dysfunction and failure of all organs that could be transplanted.
3. Formation of the HLA typization Laboratory within the Clinical Center of Montenegro. HLA typization is going to be performed not only for the patients who need transplantation as a therapeutic tool, but also as an adequate diagnostic method for the discovery of other potential diseases; population HLA typization is also going to be performed with an aim to determine HLA markers in Montenegrin population, as well as to detect potential directions of other genetic morbidities.

ROMANIA



Priorities

1. Improve accredited donor hospitals
2. Presumed consent
3. Education in schools

Collaboration

- Bilateral
- Regional / EU directives

Action Plan

Target points:

- Improving the quality and safety of the human organs intended for transplantation
- Increasing the number of human organs intended for transplantation

PRIORITY ACTION no. 1 -

Establishing the in house coordinator in all hospitals which have potential for declaring organ and tissue donors.

Methods :

- Establishing the in house coordinator having the following attributions
 - detection and evaluation of the potential donors;
 - good knowledge of all units of the hospital and good relationships with the staff of these units;
 - using all the methods for the donor detection;
 - managing the relationship with the donor family
- Supporting the ETCO initiative for the official international and national recognition of this specialization of the transplant coordinators

PRIORITY ACTION no. 2 -

Promoting the Transplant Program in all hospitals with potential for declaring brain death donors.

Methods:

- Identification of the ICU units with potential for declaring brain dead donors – county hospitals
- Organizing courses and workshops for all medical ICU staff about brain death diagnosis and management of the potential donors – constant and continuous training programs
- Creation of the donor culture in the identified ICU units – workshops and professional meetings
- Monthly meetings at hospital level with the medical director, the heads of certain units (ICU, neurology, neurosurgery) and the transplant coordinator

- Reimbursement in time of the expenses done with the diagnosis and management of the donors
- Applying the stipulations of the MoPH's Order no. 723/2006 concerning the obligativity for the designation of the doctors responsible for the detection and diagnosis of the brain dead donors in the hospitals included on the "National Transplant Program ", financed from the state budget
- Periodical meetings with the ICU Committee of the Ministry of Health in order to report and check the application of the stipulations of this Order

PRIORITY ACTION no. 3 -

Improving the knowledge and communication skills of the health professionals and involving the Patients Organizations.

Methods:

- Good relationships with mass media and establishing a level of accuracy of the transmitted information
- Organizing periodical meetings with journalists and opinion leaders (politicians)
- Changing informed consent into presumed consent

PRIORITY ACTION no. 4 -

Facilitation of the cooperation with other transplant networks with the purpose of organ exchanges between countries.

Methods:

- Harmonization of the national legislation with the European legislation – transposition and implementation of the EU Directive 2010/53/EC
- Creating an organization for the regional coordination in East Europe in order to facilitate the exchange of organs for emergency situations (hyper acute rejects, pediatric patients and hyper immunized patients)

PRIORITY ACTION no. 5 -

Development of a national program for DCD and development of a program for marginal donors.

Methods:

- Identification of 1-2 hospitals with performant ICU units capable to develop the programs for DCD
- Creating multidisciplinary teams (ICU, surgeons, coordinators) available 24/7/365
- Establishing good practice guidelines for expanded criteria and marginal donors.

REPUBLIC OF SERBIA



Priorities

1. Competent authority; registry software, management education
2. Donation network; MOD program
3. Transplant program for pancreas and heart

Collaboration

- Best practice protocols in donation
- Legal authority for regional exchange of organs

Action Plan

1. Competent authority – developing and strengthening institutional capacity the direction for biomedicine for the effective management

Direction for biomedicine has formed a special organisational unit for duties relating to organ transplantation Serbia-Transplant to keep following files:

- **Integral Waiting Lists** – Integral Transplantation Lists (run by type of necessary organs, tissue and cells), in accordance with the Organ Transplantation Law;
 - **Integral Organ Donor Registry**, in accordance with the Organ Transplantation Law;
- a. Unique Information system - Software: (should be implemented to support national allocation system)
- has to have opportunities for : a) accurate and comprehensive donor information forms (must be recorded, communicated to the allocation center and transported with the organ to the recipient team) b) recipient waiting list management protocols support c) allocation rules support d) follow up of transplant recipients database support e) maintenance of donor registries support. The Directorate for biomedicine must develop a national transplant database that collects all data on donors, transplants, recipients and all the associated data. Directorate for biomedicine must also collect follow up data from all transplant units in order to audit long term outcomes of transplantation and compare the performance of units. Also, Directorate for biomedicine should be in a position to contribute accurate data to the Transplant Newsletter and to the WHO Global Observatory.
- b. Management education:
- The Direction for biomedicine will need to establish criteria for the initial training and experience, and ensure there is effective ongoing development for all staff.

2. Donation network:

- a. The focus is on continuing education and providing an appropriate equipment for the determination of brain death.
- b. Continuing education are conducted in major donor hospitals, and initial education for health workers from the planned future donor hospitals.
- The priority is to work with intensivists, neurosurgeons, neurologists and others to ensure that the donation process is accepted and practised by all those who work in intensive care units, and ensure that

intensivists cooperate with donor coordinators. Serbia should concentrate initially on development a small core of trained coordinators to work with intensive care staff in a small number of donor hospitals. Once established the methods can be rolled out to other Corridor 10 hospitals. The Directorate needs to develop its donor coordinator system, identify and accredit donor hospitals, ensure they have the staff and equipment needed to diagnose brain death and retrieve organs.

- The aim is to maximise multi-organ donation from each donor. Coordinating several single organ retrieval teams can be too complicated and time consuming and the development of specialist multi-organ retrieval teams can be an advantage.

3. TRANSPLANT PROGRAM FOR PANCREAS AND HEART

1. Implementation and development of Transplantation Program
2. Improving of existing Transplantation Program for kidney and liver through better organization - coordination, as well as increasing the number of teams in transplant centers
3. The introduction of new Transplantation Program for the pancreas and heart
 - situation analysis, defining the waiting lists for transplantation; strategic decision to transplant these organs through twinning agreements with certain health care institutions and some Transplant Centers in Europe.

Our expectations are that through the twinning program to educate our health professionals for explantation, transplantation, the posttransplantation monitoring of patient, based on the model of that transplant center.

Training teams for pancreas and heart transplant through education in referral centers, the establishment of waiting lists, developing allocation algorithms, information system and logistic support.

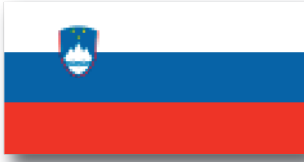
Heart transplant programme would only be successful if enough operations were performed to develop and maintain the skills of the whole team. If the numbers are likely to be small, then a twinning arrangement with a large centre might be preferable.

4. COLLABORATION

We are expecting the cooperation with SEEHN countries through twinning agreements, joint workshops, seminars, education materials;

- education of Coordinators, anaesthesiologist and transplant surgeons.
- project support on continuously development the Promotion of deceased donation appointed to general population and health professionals to develop and to keep an positive approach regard toward organ donation and transplantation (education program and presence in all kind of media,campaign, celebrating European Day of Donation and Transplantation - Public awareness
- Small countries as Serbia often need to cooperate with other countries to ensure good matches for some patients either through local arrangements (SEEHN countries or other ET countries).
 - Best practice protocols in donation
 - Legal authority for regional exchange of organs

REPUBLIC OF SLOVENIA



Priorities

1. Education, auditing and motivating ICU
2. Improve WL for kidney transplant (now 3%)
3. EU directives on organ donation

Collaboration

1. We offer educational modules on brain death diagnostics, public awareness
2. Cooperation with SEEHN countries as benchmarking. The SEEHN countries need to set up more efficient national systems and adequate organizational scheme and we offer to help them to establish the system at the national level in more practical than theoretical way.
3. Related to ICU role in the donor programme we offer the cooperation in joint actions on motivation and improving organizational, technical and ethical aspects on the basis of our own twenty-year-experience and current european knowledge reached as partners in different projects.

Action Plan / Priorities

1. Education, auditing and motivating ICU doctors
2. Improve waiting list for kidney transplantation (now 3% of dialyzing patients)
3. Implementation of EU directive on organ donation and transplantation

Ad 1. In Slovenia we are faced with a lack of medical staff (doctors and nurses), especially this is noticed in ICU for purpose of donation procedures. The staff is in ICU overloaded with regular tasks. This can result in sloppy donor detection. Two national projects have been already run by Slovenija Transplant. First project refers to strengthen and improvement of basic knowledge of all ICU staff due to avoid unnecessarily lose of potential donors. On the other hand the education project contains even legal provisions of doctors' work obligation where are indicators of brain death present in a patient.

Second project has started to increase motivation level of ICU staff and implement external audit this year. The project requires very sensitive approach to ICU doctors due to motivate them instead of de-motivation of them. A principle of the project is consisted of two parts. First part includes collecting relevant data of potential donors who are recognized to fulfill brain death criteria. Second part is consisted of external expert visits where discussion on collected data is crucial in order to improve donor detection and consequently maintenance.

Ad 2. Now is estimated 3% of all dialyzing patients are listed on kidney waiting list only. First of all is needed to collect relevant data and prepare strategic plan how to improve prolongation of waiting list. It is obvious that there is a potential which is not exploited in both sides: increasing of patients on the waiting list and improving of kidney transplantations.

Ad 3. Despite Slovenia has a national transplant law since 2000 and it is a full member of Eurotransplant whereas rules and standard well defined some details concerning quality and safety of organs including quality management should take place.

As a neighbor country of SEEHN region Slovenija Transplant can offer collaboration in the following topics:

1. Educational modules on brain death diagnostics, maintaining a donor and public awareness.
2. Cooperation with SEEHN countries as benchmarking. The SEEHN countries need to set up more efficient national systems and adequate organizational scheme and we offer to help them to establish the system at the national level in more practical than theoretical way.
3. Related to ICU role in the donor program we offer the cooperation in joint actions on motivation and improving organizational, technical and ethical aspects on the basis of our own twenty-year-experience and current European knowledge reached as partners in different projects.

SUMMARY OF ACTION PLAN PRIORITIES

Priorities **	Albania	BiH	Rep Srp	Bulgaria	Macedonia	Moldova	Montenegro	Romania	Serbia	Slovenia
Prerequisite - Competent Authority *		X			X				X	
Priority 1 - Recovery & Distribution of Organs										
Priority 2 - Wait List	X	X	X		X	X				
Priority 3 - Training Professionals	X		X	X	X	X	X	X		X
Priority 4 - Legal/ Directives										X
Priority 5 - Media Advocacy										
National Program	X		X			X				
Reimbursement		X			X					
Motivate Staff				X						X
Financial Structure				X		X				
Establish Donation Program						X				
Tissue Typing							X			
Organ Quality								X		
Presumed Consent								X		
Donation Network									X	
Tx Heart/ Pancreas									X	

Note (*) Prerequisite - Competent Authority established (if nonexistent) as suggested by Dr. Busic and supported by Dr. Delmonico

Note (**) Priorities 1-5, as suggested by Dr. Delmonico for all participating countries

COMMENTS ON PRIORITIES IN THE ACTION PLANS

As a prerequisite for carrying out the Action Plan Objectives and for the engagement of the assistance of the RHDC (and collaborating Professional Societies) we recommend as a priority, the establishment of the National Competent Authority as a Centralized Organization or Agency accountable for the following responsibilities (in line with Directive 2010/53/EU on standards of quality and safety of human organs intended for transplantation), in the implementation of the deceased organ donation process in each country:

- the identification of potential organ donors utilizing the critical pathway of the WHO;
- conducting death audits to assure appropriate referral of potential organ donors;
- the management of deceased organ donors prior to organ (surgical) recovery;
- the recovery of deceased donor organs by authorized transplant centers;
- the allocation of recovered organs to a wait list of candidates medically suitable for transplantation;
- the collection of data in a central registry which provides for an annual report of deceased organ donation, also detailing the distribution of organs;
- professional training and education of physicians and transplant coordinators within intensive care units and donor hospitals;
- public education and involvement of the media in the support of deceased organ donation donor;
- collaboration with regional/international organizations for potential sharing of organs;
- funding accountability in a review of annual budget.

The National Competent Authority should be answerable to the Ministry of Health (or belong to the ministry).

In the planned visits that are scheduled to each of the participating countries over the course of the next 3 years, we suggest that a meeting be scheduled with the Ministry of Health to achieve the development of this Competent Authority and fulfill the responsibilities that have been detailed.

We do not wish to wait however until such a meeting can be arranged in each country (some not scheduled until 2013); so we look forward to monthly reports from each country as to the progress of achieving this most important aim ---- the establishment of the Competent Authority (in countries where it is not already the case), and CA fully operational (in countries where CA is established but not yet fully operational due to lack of capacity, technical equipment or funds for its activities)..

We bring to your attention the model developed in Croatia that could be used to display the responsibilities of such a National Competent Authority and presented to the Ministry as soon as feasible, of course tailoring such an agency to the needs of each country.

We look forward to your response with a timeline of potential activity in achieving this goal.

The RHDC will be communicating updates also on a monthly basis to each of the participating countries to be inclusive of progress in each country.

The Professional Societies (ESOT, ISODP, ETCO and TTS) stand ready as well to engage colleagues within each country to be supportive of this direction.

Thank you for your attention and look forward to our ongoing collaboration.

Mirela Busic, Henrik Ekberg, Rutger Ploeg, Guenter Kirste, Rui Maio, and Francis Delmonico

South East Europe
Initiative on Deceased Organ Donation
Skopje Macedonia May 27-29, 2011
Photo Album



ALBANIA

Donjeta Alia
donjetabali@yahoo.com



Vjollca Durro
vdurro@moh.gov.al



BOSNIA AND HERZEGOVINA

DELEGATION FROM BOSNIA AND HERZEGOVINA

Lada Sarajlic
lada.sarajlic@fmoh.gov.ba



Enisa Mesic
enisa.mesic@ukctuzla.ba



Mirsada Praso
mirsada.praso@ukctuzla.ba



Halima Resic
kcushemodijaliza@bih.net.ba



DELEGATION FROM REPUBLIC OF SRPSKA

Milorad Grujicic
grujicic-m@hotmail.com



Bojan Tomanic
bojantom@hotmail.com



BULGARIA

Theodora Dzhaleva
teodora.dzhaleva@bgtransplant.bg



Goran Derimachrovsri



CROATIA

Mirela Busic
mirela.busic@mzss.hr



Aleksandar Gopcevic
gopcevic@kbsm.hr



Branislav Kocman
branislav.kocman@kb-merkur.hr



Renata Zunec
renata.zunec@kbc-zagreb.hr





GREECE

Aliki Inotaki
laikneph@laiko.gr



Ioannis Boletis



KOSOVO

Ilir Tolaj
ilir.tolaj@ks-gov.net



MACEDONIA

Goce Spasovski
gspas@sonet.com.mk



Vladimir Chadikovski
vladimir.chadikovski@gmail.com



Saso Dohcev
drsasodohcev@yahoo.com



Marija Sholjakova
msoljakova@yahoo.com



Risto Simeonov
ristosim@yahoo.com



Olivera Stojceva-Taneva
ostojceva@yahoo.com



MOLDOVA

Igor Codreanu
icodreanu@mednet.md



Grigore Romanciuc
gromanciuc2002@yahoo.com



Sergiu Ungureanu
sergiu63@gmail.com



Andrei Uncuta
auncuta@gmail.com

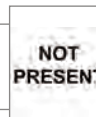


MONTENEGRO

Marina Ratkovic
cini2@t-com.me



Dragan Djurovic
ddjurovic2004@yahoo.com



Jadranka Lakicevic
jadranka.lakicevic@gov.me



Ljubica Pejakov
ljpejakov@yahoo.com



Danilo Radunovic
danilo.r@t-com.me



Branka Gledovic
brankag@t-com.me





ROMANIA

Irinel Popescu
irinel.popescu220@gmail.com



SERBIA

Aleksandra Vlacic
zdravlje.aleksandra.vlacic@gmail.com



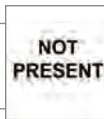
Dragana Vujadinovic
dvujadinovic@beotel.net



Danica Mihailovic
zdravlje.aleksandra.vlacic@gmail.com



Zoran Milosevic
liver.zoran@gmail.com



SLOVENIA

Danica Avsec
danica.avsec@slovenija-transplant.si



Damijan Jagodic
dostop03@yahoo.com



Gorazd Cebulc
gorazd.cebulc@slovenija-transplant.si



Milena Kotnik
milena.kotnik8@gmail.com



Jasna Uranjek
jasna.uranjek@sb-sg.si

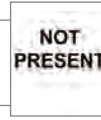


PROFESSIONAL COMMITTEE

Mirela Basic
mirela.basic@mzss.hr



Beatriz Dominguez-Gil
bdominguez@msps.es



Henrik Ekberg
henrik.ekberg@med.lu.se



Bernadette Haase
b.haase@transplantatiestichting.nl



Guenter Kirste
guenter.kirste@dso.de



Robert Langer
roblanger@hotmail.com



Rui Maio
maio.rui@netcabo.pt



Marti Manyalich
mmanyalich@clinic.ub.es



Ferdinand Muehlbacher
ferdinand.muehlbacher@meduniwien.ac.at



Alessandro Nanni Costa
cnt@iss.it



Howard Nathan
hnathan@donors1.org



Luc Noel
noell@who.int



Axel Rahmel
a.rahmel@eurotransplant.org



Rutger Ploeg
rutger.ploeg@nds.ox.ac.uk



Willem Weimar
w.weimar@erasmusmc.nl



Francis Delmonico
francis_delmonico@neob.org



Goce Spasovski
gspas@sonet.com.mk



Filomena Picciano
dps@tts.org



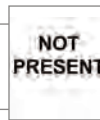
Mariko Nakaniski
registration@tts.org



Annalisa Ponchia
executive@esot.org



Lydia Raley
ralely.lydia@gmail.com



ACRONYMS

4D	Developing Donation from Deceased Donors
CoE	Council of Europe
DD	Deceased Donor
EC	European Commission
ESOT	European Society of Organ Transplantation
ETCO	European Transplant Coordinators Organization
EU	European Union
ICU	Intensive Care Unit
ISODP	International Society for Organ Donation and Procurement
IT	Information Technology
LD	Living Donor
MZSS	Ministarstvo Zdravstva i Socijalne Skrbi Republike Hrvatske
NFP	National Focal Point
RHDC	Regional Health Development Center (Organ Donation and Transplant Medicine, Croatia)
SEEHN	South East Europe Health Network
TTS	The Transplantation Society
WHO	World Health Organization