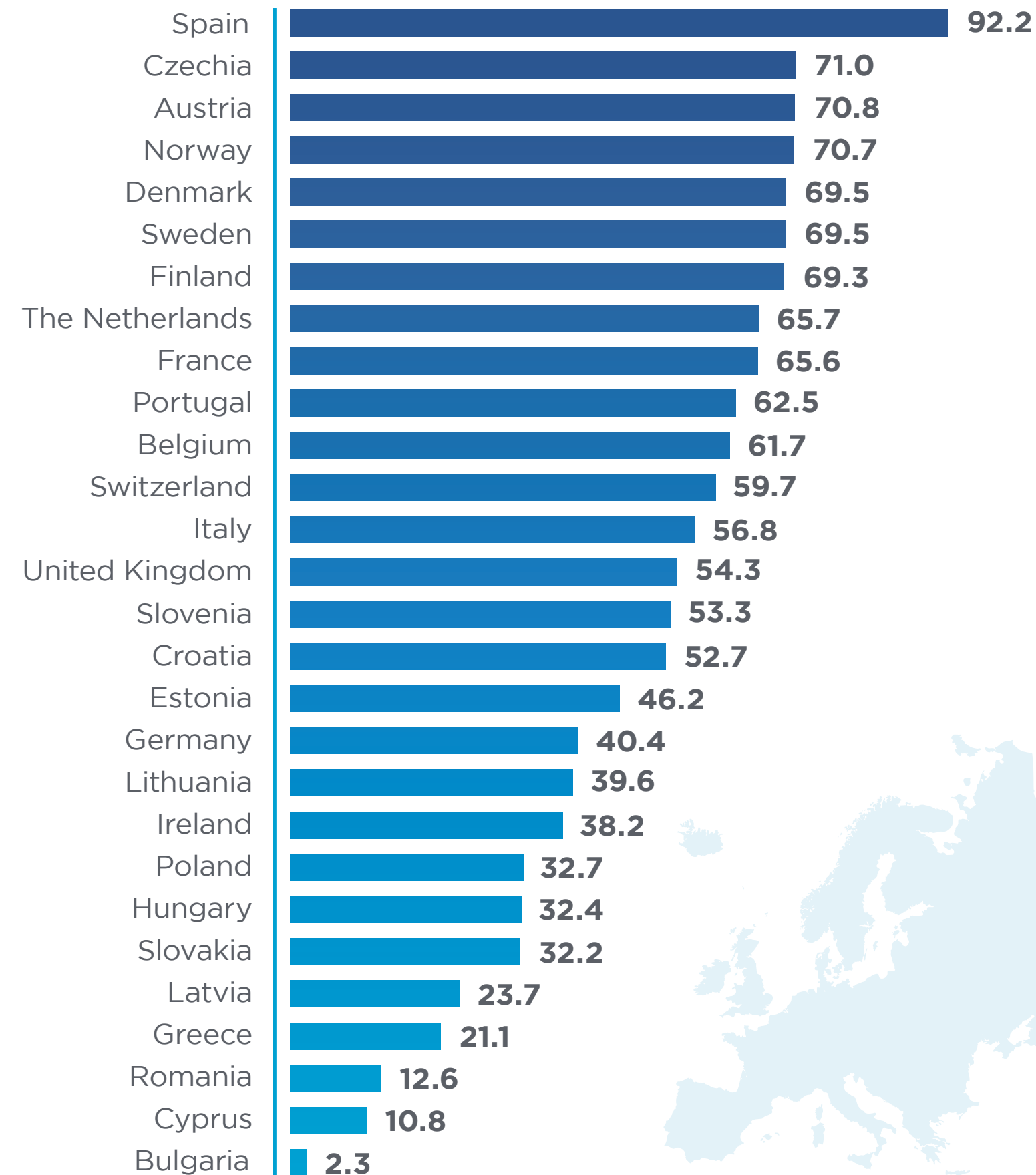


Inequality in Organ Transplantation Across Europe

Countries

The organ transplantation rate per million population in 2020 demonstrated significant variation across EU countries:¹



Population

Despite legal frameworks existing to prevent discrimination, equal access to transplantation remains a significant challenge for certain populations:

Ethnic minorities:



Comorbidities, such as diabetes, obesity and hepatitis B/C, are more prevalent in certain ethnic minority groups, often unfairly. This can negatively impact donation and transplantation rates, resulting in disproportionately high numbers of ethnic minority patients remaining on waiting lists.²⁻⁴

Migrants:



Migrants face barriers in access to transplant services, including lower awareness, a lack of full healthcare coverage, linguistic obstacles and cultural differences.⁵

Gender bias:



Women donate more organs than they receive, with men making up the majority of organ transplant recipients. While this reflects the increased incidence of conditions that require transplantation amongst men, psychological and socio-economic factors also contribute.⁶

Socioeconomics:



Patients with higher income and education have greater access to the transplant waitlist and transplantation compared with patients with lower income and minimal education.^{1,7,8}

Restricted groups:



Both children (due to difficulties finding appropriately sized organs) and highly sensitised individuals (due to a restricted donor pool) face difficulties in receiving a transplant.³

Regional:



Data from Italy, France and Spain have shown that there are significant regional variations in the number of transplants performed.⁹ In many countries, transplant centres are not evenly distributed across their territory, with wealthier areas typically having the most centres.

References:

1. Statista. Rate of patients receiving a transplant per million population in Europe from 2019 to 2020, by country. Available at: <https://www.statista.com/statistics/537926/total-number-of-patients-transplanted-in-europe/> [Accessed 30 March 2022].
2. Zhang, Ye., Gerdtham, Ulf-G., Rydell, Helena., Jarl, Johan. Socioeconomic Inequalities in the Kidney Transplantation Process: A Registry-Based Study in Sweden. *Transplantation Direct*. 2018;4(2):e346. doi: 10.1097/TXD.0000000000000764.
3. Ikram, U.Z., Kunst, A.E., Lamkaddem, M., Stronks, K. The disease burden across different ethnic groups in Amsterdam, the Netherlands, 2011-2030. *European Journal of Public Health*. 2014;24(4):600-605. doi: <https://doi.org/10.1093/eurpub/ckt136>.
4. Vanholder, R., Dominguez-Gil, B., Busic, M. et al. Organ donation and transplantation: a multi-stakeholder call to action. *Nat Rev Nephrol*. 2021;17:554-568. doi: <https://doi.org/10.1038/s41581-021-00425-3>.
5. Poulakou, G., Len, O. & Akova, M. Immigrants as donors and transplant recipients: specific considerations. *Intensive Care Med*. 2019;45:401-403. doi: <https://doi.org/10.1007/s00134-019-05534-z>.
6. Melk, A. et al. Equally Interchangeable? How Sex and Gender Affect Transplantation. *Transplantation*. 2019;103(6):1094-1110. doi: 10.1097/TP.0000000000002655.
7. Vart, P., Gansevoort, RT., Joosten, MM., Bültmann, U., Reijneveld, SA. Socioeconomic disparities in chronic kidney disease: a systematic review and meta-analysis. *Am J Prev Med*. 2015;48(5):580-92. doi: 10.1016/j.amepre.2014.11.004.
8. DeFilippis, E.M., Clerkin, K.J., Givens, R.C., Kleet, A., Rosenblum, H., O'Connell, D.C., Topkara, V.K., Bijou, R., Sayer, G., Uriel, N., Takeda, K., Farr, M.A. Impact of socioeconomic deprivation on evaluation for heart transplantation at an urban academic medical center. *Clin Transplant*. 2022;22:e14652. doi: 10.1111/ctr.14652.
9. Lewis, A., Koukoura, A., Tsianos, GI., Gargavanis, AA., Nielsen, AA., Vassiliadis, E. Organ donation in the US and Europe: The supply vs demand imbalance. *Transplant Rev (Orlando)*. 2021;35(2):100585. doi: 10.1016/j.trre.2020.100585.

