SHORT TERM EXPERT MISSION REPORT

1. Twinning Contract references

Mandatory Result 1

The overall Moldovan legislation related to transplant of human organs, ~~tissues, and cells~~ is in compliance with EU and international standards and norms

A 1.1.2. Auditing of the institutional system

MS expert(s)	Dr. Marie Thuong, ~~Dr. Isabell Martinache~~
Beneficiary Administration Human Resources	Representatives from Transplant Agency, authorised hospitals, ~~tissue bank,~~ transplant centres
Outputs	Auditing report of the current institutional and organisational framework of the Moldovan transplantation system elaborated
Benchmark	Good understanding of the existing institutional and organisational environment shared by all project's partners
Planned timing	Months 2
Total planed duration of activity	5 WD
Time spent since the beginning	0 WD
Missions N°	1
Duration of current missions	5 WD
Mission	from: 24/02/2014 to: 28/02/2014

Description of the activity, as per contract.

Visiting on site some important institutions and meeting with the key personnel involved in the activities of *procurement and transplantation of organs*. Regarding transplantation (TX) activities, focus is made on kidney and liver programs, mainly performed nowadays with living donors, only in adult patients. Tissue activities (procurement on deceased, post-mortem or living donors, tissue banking and tissue transplantation) are planned during the mission from 17th to 21st March.

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2. *Meetings and visits (please list names and offices represented):*

Date	People met and organisation	Subject
24/02	**Spitalul Clinic Municipal „Sfânta Treime”:** dl **Simion Terente**-Conducătorul IMSP, dl **Gheorghe Străjescu**- Vicedirector general chirurgie. dna **Cornelia Guțu-Bahov**-Șef secție terapie intensivă, coordonator de transplant, dl **Radu Avădănii** - Coordonator de transplant **Spitalul Clinic Republican** - Moldave Transplantation Agency: dl **Igor Codreanu**-Director, Transplant Agency, dl **Grigore Romanciuc**-Vicedirector, Transplant Agency.	**As a procurement Centre:** organisation put in place : new intensive care unit-ICU structure ongoing, new equipment-*Japan International Cooperation Agency* (JICA program)- coming soon, difficulties and needs. Restitution of the first *utilized* (with retrieval and TX) brain-dead donor. Discussion about the protocol of brain death diagnosis. Welcome and overview of the progress done in this field, topics to be developed during our stay.
25/02	**Spitalul Clinic Republican:** dl **Sergiu Popa**-Conducătorul IMSP, dl **Sergiu Ungureanu**-Vicedirector general chirurgie; dl **Adrian Tănase**-Șef clinică urologie, hemodializă şi transplant renal – transplant de rinichi dl **Adrian Hotineanu**- Șef secţie chirurgie hepatobiliopancreatică – transplant hepatic, dna **Natalia Taran** - Medic gastroenterolog, follow-up transplant hepatic; dna **Elena Moraru**-Șef secție terapie intensivă (post operatorie transplant) **Cardiologic Institute:** dl **Aurel Grosu**-PhD medical sciences, chaiman of the board of experts of the Ministry of Health-Independent living donor	**As the main hospital and unique TX centre in Moldovia,** . Progress done in this field, new program of hepatic TX, new building dedicated to operating room and ICU, projects in the future (*i.e.* cardiac TX), difficulties to overcome; . Kidney TX and dialysis centre: overview of the past and current activity, organisation in place; . Hepatic TX: launching of this new program, international collaboration. One TX with living donor planned on next days; . Post-surgery ICU: organisation of this specific activity, preparation of the next liver TX; . Informatic system (IT tools): registers set up (waiting list, donor and recipient data, dialysis data) . Description of this recently created commission.

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	approval Commission	
26/02	**Centrul Naţional Ştiinţifico-Practic de Medicină Urgenţă** : dl **Gheorghe Ciobanu**-Conducătorul IMSP, dl **Liviu Vovc**-Prim-vicedirector Asistenţă Consultativă şi Metodică, dl **Sergiu Şandru** - Director - conf., dr.în med, Clinica anestezie terapie intensivă şi reanimare, dl **Alexandru Klim**-Şef secţie reanimare, dl **Vitalie Pivovarcic**-Coordonator de transplant, medic reanimatolog**,** dl **Eugen Niguleanu**-Şef secţie STROKE, dl **Igor Crivorucica-** Coordonator de transplant, medic neurolog,	**As a procurement centre,** Projects of renovation of the ICUs and new equipment ongoing (JICA program). Organisation put in place. Sustained demand of expertise and advice on ICU care and on the management of the potential donor. Discussion about the protocol on brain death diagnosis.
27/02	**Spitalul Clinic Republican:** dna **Ina Zotov** - Medic nefrolog, follow-up transplant renal dna **Vera Sali** – angajat laborator HLA and virology	Brief meeting during the consultations: discussion about the living kidney donor evaluation before the retrieval, recipient evaluation before TX, and their follow-up. Acquisition of new equipment, organisation of the lab and results.
28/02	**Spitalul Clinic Republican:** dl. **Maxim Stasiuc**-Medic chirurg, şeful blocului de operaţii dl **Igor Codreanu**- Director, Transplant Agency, dl **Grigore Romanciuc**-Vicedirector, Transplant Agency.	Visit of the operating rooms (cleaning day) and of the new building dedicated to the new operating rooms and ICUs; Visit in the ICU of the hepatic living donor and of the transplanted patient (TX performed on the 27th February) Restitution and global summary of the mission

3. Summary of actions undertaken:

Legal framework with adoption of the law n°42-XVI in March 2008, financial input by the Ministry of Health, measures to combat against human trafficking, organisational framework set up: - national Agency of transplantation created in 2010, - nomination of local transplant coordinators, - authorisation of procurement and transplantation centres, -development of IT tools, - elaboration of protocols and recommendations, - important renovation of the ICUs and operating rooms, - acquisition of new heavy medical equipment (JICA program), - new HLA laboratory. Efforts in communication and public campaigns.

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First donor after brain death in February 2014. TX activity can be pursued thanks to living donation, together with actions undertaken to improve the living donor protection (independent commission of approval, insurance covering the donor all along the life, follow-up). New program of hepatic TX. Of note, authorisations for tissue centres (procurement, banking and transplantation) and a strong motivation to develop this activity.

4. Evaluation of the progress achieved:

Benchmark of the mission **(From twinning contract)**	**Outcome** **(Met/Partially met/Not met)**	**Notes** *(Please justify fully any instances when objectives have not been not fully met, and give recommendations for follow-up action at Section 7, below)*
Good understanding of the existing institutional and organisational environment shared by all project's partners	**Partially met**	Delay in the development of the brain death activity: lack of basic equipment and specific medication, knowledge and skills to be improved, protocols need internal appropriation. Organisation of the follow up to complete (living donor and recipient). Registers partially operational. Financial input to be consolidated. Quality and safety standards not achieved yet (*i.e.* biovigilance).

5. Where the twinning contract specifies the need for the mission to create specific products, give an account of the extent of progress achieved for each. Annex any work in progress if possible.

1. **Protocol on brain death diagnosis: commentaries (annexe)**
2. **Criteria of potential donor eligibility for the purpose of financial reimbursement to the centres:**
   a. **Diagnosis of brain death (the question is: *with or without confirmatory tests*?)**
   b. **No obvious evidence of contra-indications to donation**
   c. **Contact *in real time* with the transplant coordinator or with the Transplant Agency**
3. **Protocol of post-surgery care of living donor and liver transplant (annexe):**

Living donor :

- A Report of the Vancouver Forum on the Care of the **Live Organ Donor**: Lung, **Liver**, Pancreas, and Intestine Data and Medical Guidelines. Barr ML, Belghiti J, Villamil FG, et al. *Transplantation,* 2006 ;81(10) : 1373-85.

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- French recommendations 2009 (documents F4, F6)

Hepatic transplant

- Long-Term Management of the Successful **Adult Liver Transplant**: 2012 **Practice Guideline** by the American Association for the Study of Liver Diseases and the American Society of Transplantation. Lucey MR, Norah Terrault N, Ojo L et al. *Liver transplant* 2013 : 19:3-26.

- French recommendations 2009 (document F1)

6. *Agreed future actions, specifying where actions need to be carried out prior to the next mission under this activity:*

Protocols to be revised in order to clarify and formalise daily practices

Training for ICU personnel and transplant coordinators

7. *Conclusions and recommendations:*

The renewal of the TX activity represents a difficult challenge for Moldavia. Nevertheless, since 5 years, significant progress has been achieved. ICU professionals and transplant coordinators, to be confident of success, need appropriate tools (equipment, medication, national protocols, training). Many actions are still ongoing, they have to be evaluated during the next months of this twinning project.

8. *Closing remarks (if any):*

Annexes *(please annex any supporting information or other material that you consider will help other STEs working on this or related areas of the project)**:***

Date of submission of report: 1st March 2014

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