

**Transforming lives and saving money**

**An integrated strategy to address kidney transplant equity and increase transplantation**

**kidney Health**  
NEW ZEALAND

Prevention • Support • Research

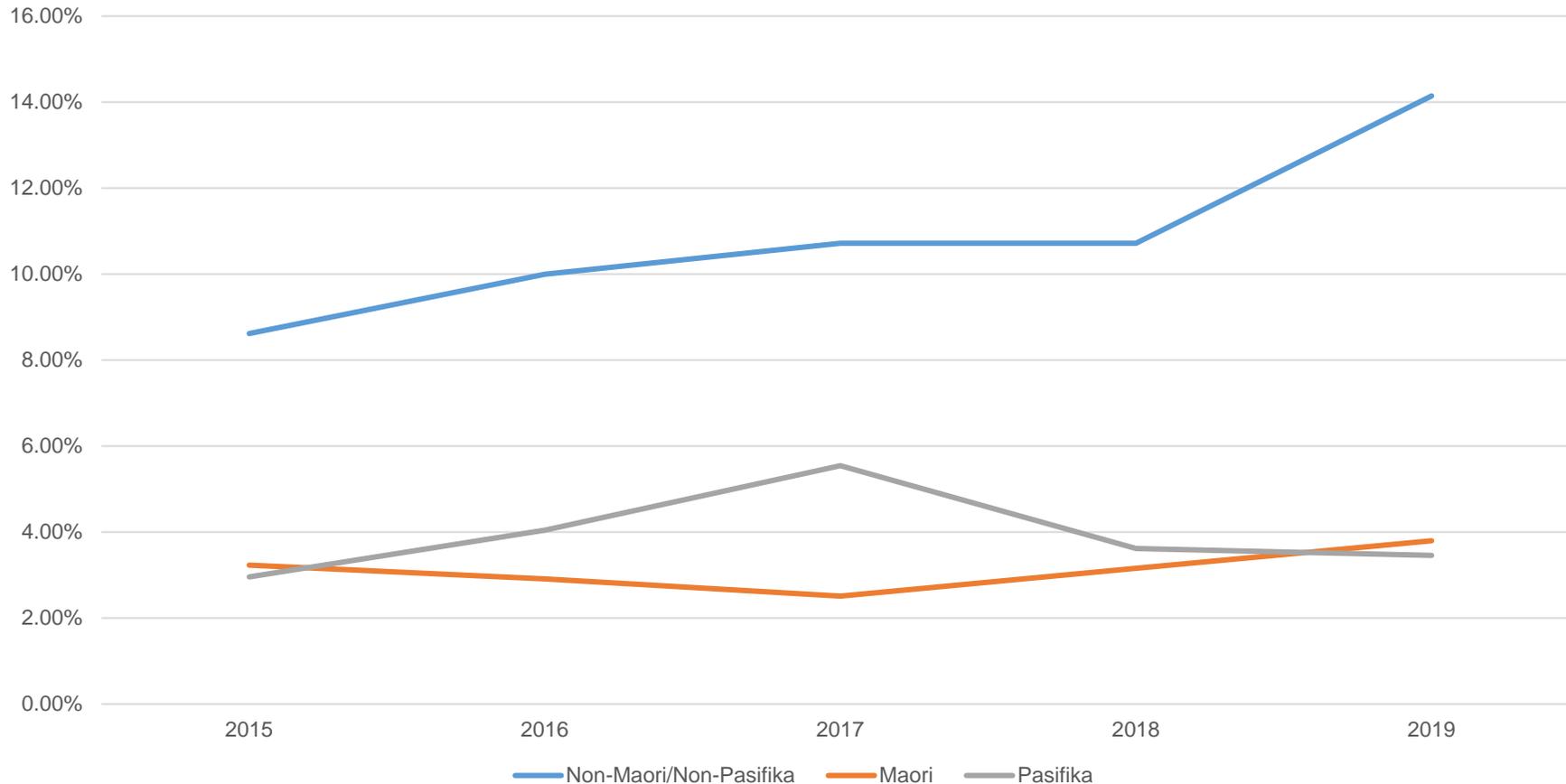
*Kidney Health NZ is an independent national organisation with a Board consisting of the Chair, and up to 6 Board members, elected by the Board and approved at the AGM. Our stakeholders include people with kidney disease, their families and supporters; kidney health professionals; researchers and 22 independent regional kidney patient support organisations.*

# Key points

- NZ's deceased donor kidney transplant rates still lag the world despite recent improvements.
- Māori and Pasifika transplant rates are well below Pakeha.
- Reducing transplant inequity and increasing transplantation will save Health money and support the economy.
- NZIER analysis shows that a kidney transplant is cheaper than dialysis – on average a transplant will save Health \$389,000 per transplant patient over 6 years, \$503,000 per patient over 20 years.
- Without changes, the number of dialysis patients will grow by 30% within 10 years, increasing the dialysis bill by \$150m in 2031/32 compared to now.
- There are practical, low cost options - that would make a difference to transplant rates - that can be implemented now.

# Issue 1: Transplant inequity

% of dialysis patients transplanted each year, by ethnicity (source: ANZData)

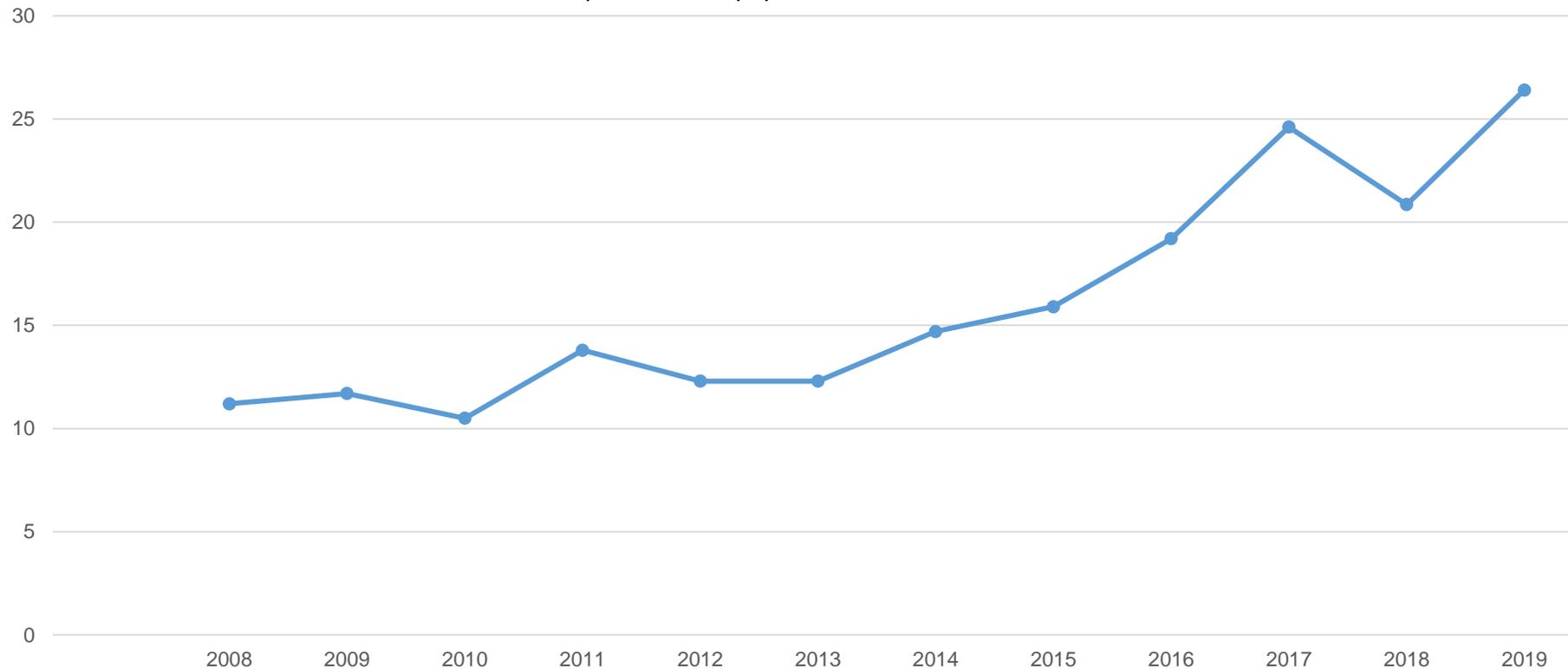


- In 2019 14 out of 100 non-Māori/non-Pasifika dialysis patients secured a transplant.
- Compared to:
  - just under 4 transplants/100 Māori dialysis patients.
  - 3.5 transplants/100 Pasifika dialysis patients.

# Issue 2: While NZ has improved its deceased donor kidney transplantation rate recently...

Deceased Kidney Donor Transplantation Rates New Zealand 2008-2019  
per million of population

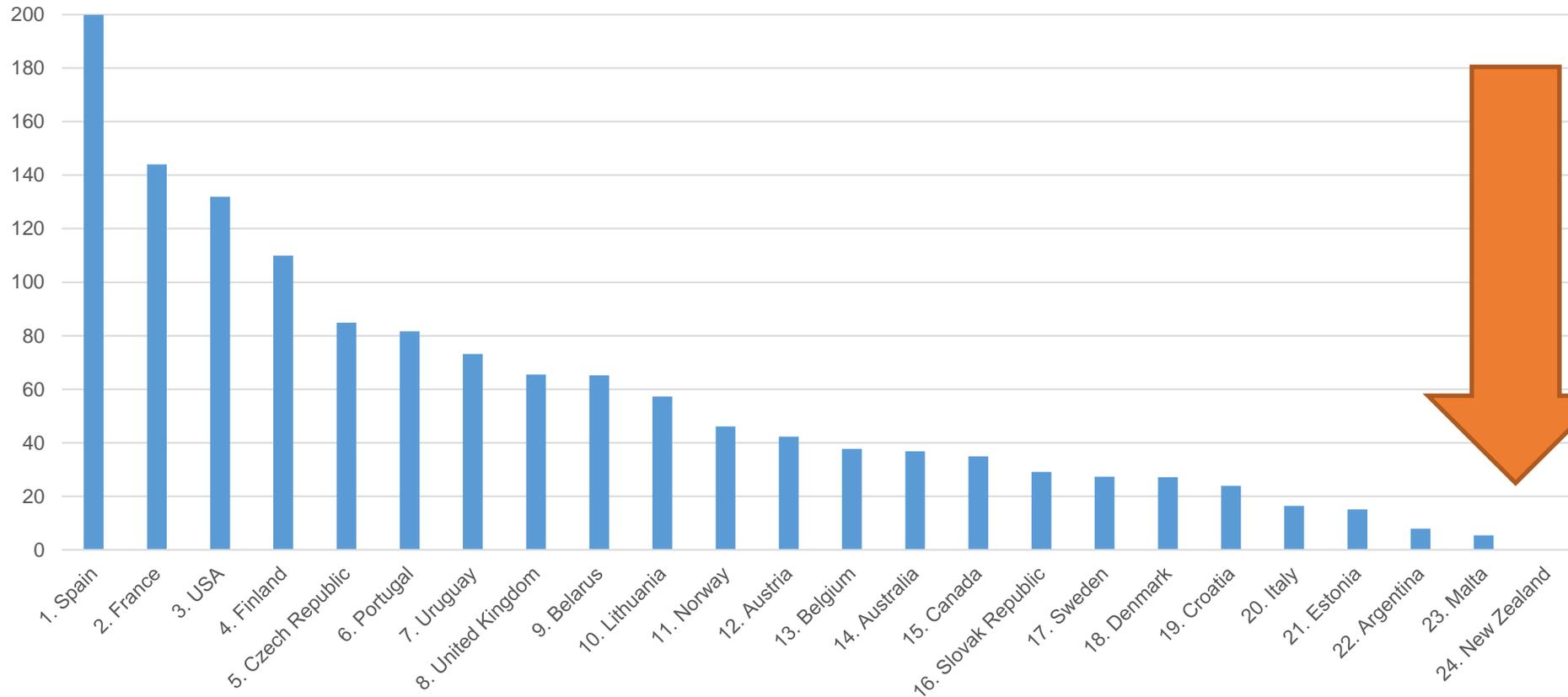
Source: irodat.org



# ... in 2019 NZ still lagged behind the rest of the world.

Extra deceased donor kidney transplants in NZ in 2019 if we had matched the deceased donor rate of ...

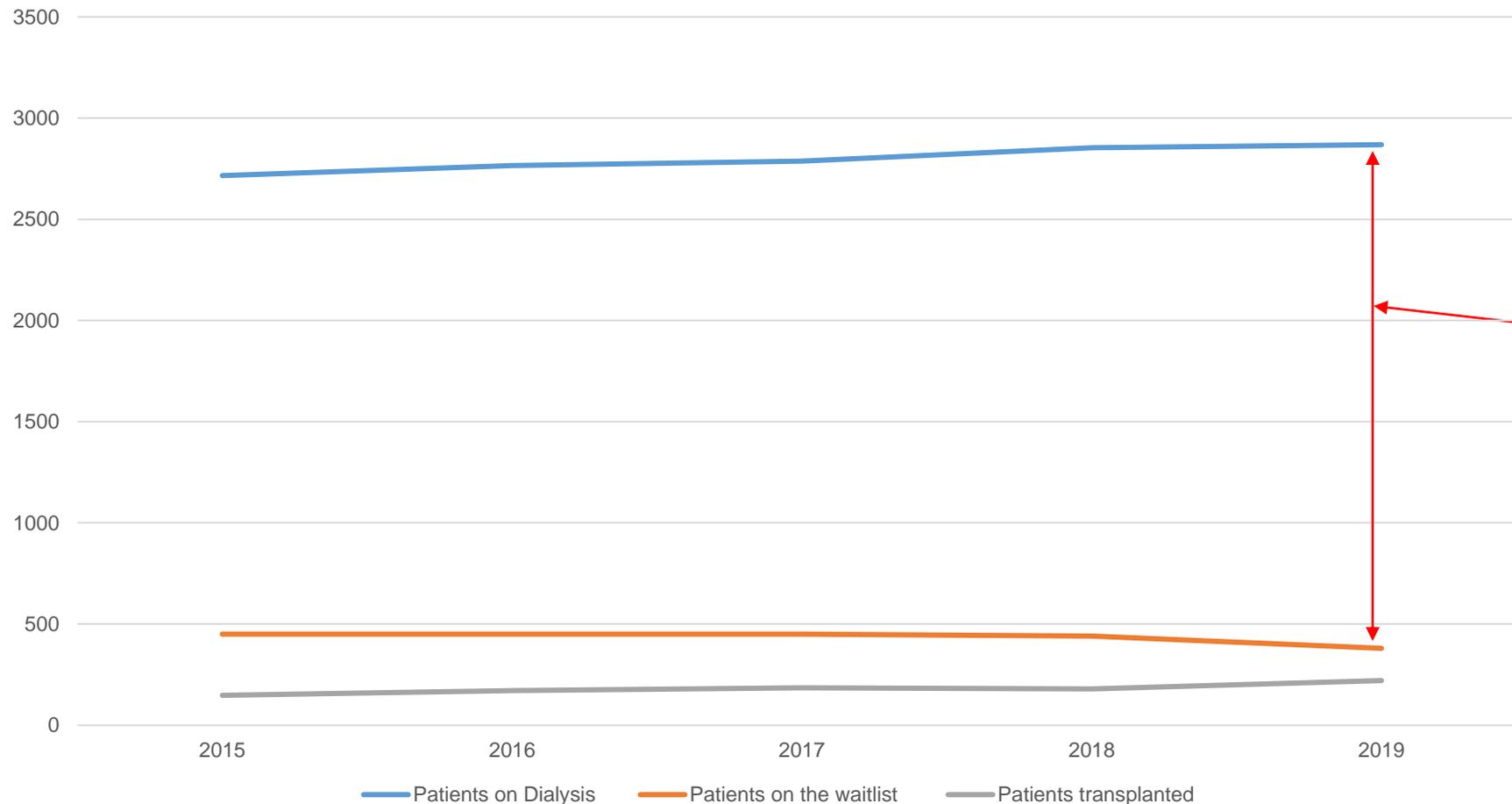
Source: irodat.org



In 2019 23 countries had a higher deceased donor kidney transplant rate than NZ.

This graph shows how many extra deceased donor transplants would have been performed in NZ had we matched that country's rate in 2019 (NZ had 133 deceased donor kidney transplants).

# Issue 3: The waitlist understates true demand for a kidney transplant



As there are not enough kidneys to go around, the waitlist is used to ration kidneys to those who would benefit the most in terms of life-years gained.

The official waitlist significantly understates the number of patients who would benefit from a transplant.

Māori and Pasifika are less likely to be waitlisted than non-Māori/non-Pasifika.

# Why this matters

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- Transplant inequity is not fair nor just, and impacts the life chances of Māori and Pasifika renal patients
- People on dialysis have a much lower life expectancy than transplant patients
  - Median survival on dialysis is 5-6 years, compared to 15-20 years with a transplant
- Dialysis costs far more than a transplant – on average about \$389,000 more per patient over 6 years, and on average \$503,000 per patient more over 20 years
- Kidney transplantation is a classic “invest to save” opportunity
  - NZIER estimates that just \$4 million to \$5.5 million invested from next year, rising to \$6 million to \$9 million in 2031, would be justified if it lifted the combined kidney transplant rates by 5 percent year on year – or an extra 10-12 transplants per annum.
- For every person who is able to return to full-time employment post-transplant, the wider social benefits are:
  - to up to \$53,831 in extra employment income and productivity
  - \$8,815 in wellbeing directly related to labour force status, and
  - up to \$47,026 in welfare savings.

# Low-cost, practical actions that can be taken now

- ***Increasing Deceased Organ Donation and Transplantation: A National Strategy (2017)***
  - six strategic priorities but 4 ½ years after the launch of the Strategy, only one priority progressed: the transfer of Organ Donation NZ to the NZ Blood and Organ Service
  - No funding for the implementation of the Strategy itself – Budget bids rejected Budgets 2019 and 2020 and a NZBOS request for funding in 2021 does not seem to have resulted in an actual Budget 2021 bid
  - This hurts Māori and Pasifika more as these groups currently rely on deceased donor kidney transplants
- ***Live Kidney Donation Aotearoa***: a four year project in Counties-Manukau DHB focused on increasing Māori and Pasifika live kidney transplants. Resulted in live donor kidney offers increasing 8x, all transplants increasing from 2/year to 10/year, and Māori and Pasifika transplants increasing from 5 between 2006-2013 to 17 transplants between 2013 to mid-2017.
  - Project wound up in 2017
  - Renal units have taken up some aspects of *Live Kidney Donation Aotearoa* through “Donor Liaison Co-ordinators”
- ***Donor Liaison Co-ordinators***: to support patients through the transplantation pathway and in finding potential donors but do not have security of on-going funding or funding linked to caseloads.

# What has happened with the 2017 *Strategy*?

(based on an OIA request to the Ministry of Health)



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Strategic Priority	Scorecard	Actions Completed or Substantially Completed	Comment
Improving public awareness and media engagement about organ donation and transplantation	✘	None	Current activity is limited to reactive responses to media enquiries, and organising memorial services.
Improving New Zealand's system of registering and sharing donation intent for individuals, families and clinicians	✘	None	
Enhancing capability and consistency through improved training	✘	None	Funding for training ICU staff is sourced from an independent charitable trust, not Government funding.
Increasing hospital-based capacity for deceased organ donation	✘	None	
Establish a national agency to lead the deceased organ donation and transplantation	~	2019 Organ Donors and Related Matters Act made the then NZ Blood Service the home of the national agency.  Functions of ODNZ transferred from Auckland DHB to NZBOS in November 2020.	Simply transferring ODNZ to NZBOS does not give NZBOS the capacity to implement the 2017 <i>Strategy</i> .  The funding transferred from Auckland DHB to the NZBOS for ODNZ is short by \$500,000 per annum. We understand that there are also significant issues with the current databases, and with data integrity.
Measuring progress	✘	None	No updates on the <i>Strategy</i> on the MoH website since January 2018.

# Recommendations - 1

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- 1. Sharpen focus on kidney transplant inequity with an explicit goal to improve transplant equity in NZ**
  - Set a goal to achieve kidney transplant equity by 2030
  - State that everyone who is medically suitable and would benefit from a transplant should have a fair and just chance to get one
  
- 2. Increase number of transplants for Māori and Pasifika people in particular** (some specific actions to do this are recommended in (3) to (5) below)
  
- 3. Apply equity lens to current transplant system**
  - Establish a Renal Transplant Equity Taskforce reporting to the Māori Health Authority and Health New Zealand that:
    - develops a national strategy for improving transplant equity, including defining, measuring and monitoring transplant inequity
    - leads community and iwi engagement
    - funds pilot studies & qualitative research for addressing transplant inequity
    - identifies barriers and supports continuous improvement / implementation of solutions to transplant inequity (*e.g. simplifying the transplant pathway*)

## Recommendations - 2

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**4. Extend existing models that support increased live donor kidney transplantation, especially for Māori and Pasifika, by revitalising approaches such as Live Kidney Donation Aotearoa and donor liaison co-ordinators across NZ**

**5. Increase the rate of deceased donor transplants by providing a multi-year sustainable funding path for the New Zealand Blood and Organ Service to implement the 2017 *Increasing Deceased Organ Donation and Transplantation: A National Strategy***

- Fully fund a forthcoming investment request from the NZBOS of between \$3-\$5m/pa for national agency and to implement the 2017 *Strategy* and fully fund the NZBOS for the transfer of functions from Auckland DHB (about \$0.5 million per annum)
- A sustainable, multi-year funding path for LINK teams in ICUs

If additional funding cannot be provided in Budget 2022, the Govt allows these functions to be cost recovered from the rest of Health, in the same way that costs of blood and plasma products are met.

**6. Investigate, as part of the upcoming health reforms, establishing a “National Renal Service” within Health NZ, with funding mechanisms that allow for funding flexibility across “time and space”**

- The health system does not facilitate funding across “time” (making operational investments now that reduce operational costs later) or “space” (between DHBs or between departments within DHBs)

# Discussion