



DECLARATION of 2nd LATIN AMERICAN MEETING of ESLD and TRANSPLANTATION

Montevideo March 31st. – April 2nd. 2016

Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Equator, Mexico, Peru, Uruguay

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OBJECTIVE: to reach similar levels of adherence to international guidelines of practice on ESLD and transplantation along the programs in Latin America. To this respect it is necessary to work on the topics listed below:

1. *Self-inspection in organ donation and transplantation.* Each country should appoint a committee of independent experts to conduct a self-inspect analysis to define its status as well as the actions to accomplish to reach and sustain the international standards of acceptance.
2. *Continental policies.* PAHO-WHO and the different regional offices allied: STALYC, ALEH, MERCOSUR, UNASUR, Andin Union, should help countries during their implementation process to overcome different particular and common challenges. Lack of consolidated systems through well-established national political policies is one of the most unbearable barriers which attempt to programs unsustainability.

3. *Universal access to liver transplantation.* It should be stated that universal access to liver transplantation constitutes an individual right and in that sense it must be guaranteed by each nation. We support the idea that scientific societies could articulate technical exchanges in transplantation, but all the efforts will not succeed if each country does not obtain solutions to critical issues i.e. legal gaps and lack of financial sustainable systems to make these programs really work. Moreover, country and technical team actions must be synchronized; temporary phase shifts could conspire against personal and collective efforts, impacting adversely in the population, threatening the credibility of donation policies and the efficacy of liver transplantation process itself, and ultimately restricting patients with end stage liver disease access to transplantation, as their last chance of therapeutic treatment.
4. *Liver transplantation quality and transparency.* We do not envisage programs outside the context of regional or national reference centers of expertise, and their conception must be in agreement accordingly to geographic and demographic country characteristics.
5. *Consistency with fundamental principles.* *The Madrid Resolution on Organ Donation and Transplantation National Responsibility in Meeting the Needs of Patients, Guided by the WHO Principles (2011), the Aguas Calientes Document of Transplantation Bioethics (Mexico 2010), The Declaration of Istanbul on Organ Trafficking and Transplant Tourism (2010) and STALYC Objectives.* The Aguas Calientes document detail similar health care difficulties all along Latin America programs, but in general it focuses on the lack of universal accessibility and adequate financial sustainability.
The 2nd. Latin American Meeting of ESLD and Liver Transplantation held in Montevideo in March 2016 leaders countersign those principles and concern about the raise of the same which regrettably remain unchanged. In this sense we strongly encourage to claim for a solution of these needs upraised from the Latin America and the Caribbean transplant community; our aim is to move beyond this general diagnosis into a more detailed one, where individual actions could be taken to go in further insight, to contribute to the promotion and building of specific cooperation programs in Latin America (i.e. fellowships, assessing, networks). Undoubtedly to make this a reality PAHO-WHO and other organizational interventions will be decisive leading the way towards a continental frame and for the articulation of governmental commitments.