

LETTER TO THE EDITOR

Bangladesh National Organ Transplant Center - A Need of The Time

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Abstract:

Organ transplantation represents one of the most transformative milestones in modern medicine. While Bangladesh achieved early success in kidney and corneal transplants, national progress has stagnated due to fragmented policy, inadequate infrastructure, and dependence on foreign centers. The tragic case of Dr. Shaila Nazneen Tania, a gynecologic oncologist who succumbed to cancer due to lack of access to liver transplantation, underscores the urgency of national reform.

This article argues for the establishment of a Bangladesh National Organ Transplant Center (BNOTC), based on the

existing Super Specialized Hospital (SSPH) at Bangladesh Medical University (BMU), to coordinate kidney, liver, and bone marrow transplantation services. A structured, autonomous, and merit-driven model can not only reduce medical migration and costs but also restore confidence in the country's tertiary healthcare capacity.

Keywords: *Organ Transplantation, Bangladesh, Liver Transplant, Kidney Transplant, Health Policy, Super Specialized Hospital, BMU, Healthcare Reform, Medical Migration, Public Health*

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Introduction

Organ transplantation has evolved globally from a rare, high-risk experiment into a routine life-saving treatment. The journey began in 1954 with the first successful kidney transplant, followed by the pioneering work of Dr. Thomas Starzl, who conducted the world's first liver transplant in 1963 and later revolutionized immunosuppressive therapy (1). Today, countries across Asia — including India, Thailand, Singapore, and Malaysia — perform thousands of transplants annually through integrated national programs.

By contrast, Bangladesh remains in an early developmental phase. The first kidney transplant in 1982 and corneal transplant in 1984 marked promising beginnings, yet the absence of a coordinated national framework has prevented large-scale impact. Tens of thousands of patients continue to seek costly treatment abroad each year, leading to immense financial and emotional hardship.

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A Tragic Reminder: The Story of Dr. Shaila Nazneen Tania

Dr. Shaila Nazneen Tania, a distinguished alumna of the 39th batch of Chittagong Medical College, was a respected gynecologic oncologist who dedicated her career to managing cervical, ovarian, and uterine malignancies. Her achievements — earning FCPS and MS degrees and excelling in cancer surgery — inspired many. Tragically, she developed cancer herself, and despite initial treatment success, her liver function deteriorated beyond the capacity of available facilities in Bangladesh.

Her death is not only a personal loss but also a national wake-up call — a reminder that even the country's most skilled physicians remain vulnerable to the systemic absence of a functioning organ transplant ecosystem.

The Global Context: A Proven Model

Organ transplantation has become routine in many developing nations. India's Dr. Mohamed Rela, recognized by the Guinness Book of World Records for over 6,000 liver transplants, symbolizes this success (2). Nations like Thailand, Singapore, and Malaysia have established transplant registries, cadaveric donor systems, and public-private partnerships that collectively save thousands of lives annually.

The cost differential is striking: a liver transplant in India costs H’ 2 crore BDT, while patients from Bangladesh incur additional expenses for travel, accommodation, and follow-up care. As a result, hundreds of patients die every year awaiting treatment they cannot afford abroad.

Bangladesh’s Progress and Current Limitations

Bangladesh’s transplant capabilities, though commendable in isolated examples, remain inadequate to meet population needs. Five major centers currently perform kidney transplants, with annual volumes far below demand. Dr. Mohammad Kamrul Islam’s individual success — performing over 1,000 kidney transplants — reflects exceptional personal dedication rather than systemic strength.

Chronic kidney disease affects over 10 million people, while end-stage liver disease cases continue to rise due to hepatitis and non-alcoholic fatty liver disease. Bone marrow transplantation, introduced in 2014 through local and international collaboration, remains limited to a few institutions in Dhaka. The absence of a centralized organ procurement and distribution network further constrains growth.

The Super Specialized Hospital: An Untapped National Asset

The Super Specialized Hospital at BMU, constructed with Korean government assistance at a cost of 1,500 crore BDT, offers a ready-made foundation for a national transplant center. With 750 beds, including 100 ICU and 100 emergency beds, advanced infection control systems, digitized EMR, and modular operating theatres, the infrastructure already meets international surgical standards.

Yet despite its official inauguration, the facility remains underutilized. By designating it as the Bangladesh National Organ Transplant Center (BNOTC), the government could immediately operationalize transplant units for kidney, liver, and bone marrow, creating a unified referral and research network under one institution.

Ensuring Institutional Excellence: Autonomy and Accountability

Experience from regional centers demonstrates that successful transplant programs require autonomy, transparency, and meritocracy. The proposed BNOTC must function under an independent Governing Board,

including transplant surgeons, immunologists, nephrologists, hepatologists, hematologists, ethicists, and public health experts.

Key principles should include:

Recruitment strictly by specialization and merit

No politically appointed “Medical Officer” positions

International partnerships for training and accreditation

Research and innovation capacity in immunology and donor matching

Such a framework would encourage international collaboration, diaspora involvement, and public trust.

Policy Proposal: Establishing a National Task Force

The Ministry of Health and Family Welfare should convene a National Task Force on Organ Transplantation, consisting of:

Senior transplant surgeons (kidney, liver, bone marrow)

Policy experts, bioethicists, and health economists

Representatives from the Chief Adviser’s Office (notably Professor Dr. Sayedur Rahman)

Scholars of Islamic jurisprudence to ensure religious and ethical alignment

The Task Force’s immediate priorities should be:

1. Operationalizing the Super Specialized Hospital as BNOTC
2. Establishing a national organ donation registry
3. Developing a cadaveric donor framework in accordance with religious guidelines
4. Creating training fellowships and international partnerships
5. Implementing transparent data reporting for accountability

Discussion

The creation of a National Organ Transplant Center aligns with Bangladesh’s goals under the National Health Policy 2011, which emphasizes equitable access to tertiary care and reduction of medical tourism (3). It also supports the WHO Global Initiative for Organ Donation and Transplantation (GODT), promoting ethical and self-sufficient national systems (4).

Financially, the cost of developing such a center is outweighed by the cumulative savings from reduced

foreign medical travel. Additionally, it will stimulate clinical research, capacity building, and medical tourism within Bangladesh, elevating the country's regional medical standing (5).

Conclusion

The establishment of the Bangladesh National Organ Transplant Center (BNOTC) is no longer optional — it is a moral, medical, and national necessity. It will prevent countless avoidable deaths, curb medical migration, and symbolize the nation's readiness to provide world-class healthcare to its citizens.

Such a center would also serve as a living tribute to physicians like Dr. Shaila Nazneen Tania, whose service to humanity and untimely passing remind us that a strong healthcare system is both the guardian and the gift of every nation.

Disclaimer: I have no financial connection/nothing to disclose. E- Mail : M.Mohiuddin@horizonnb.ca

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