

Lessons from Skin Allograft Banking in LMICs

A systematic review on implementation and management



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INTRODUCTION

- Low- and middle-income countries
 (LMICs) a disproportionate burden of burn incidence and morbidity
- LMICs have limited access to allograft
- No previous work identifies the barriers to establishing and maintaining tissue banks in LMICs

METHODS

- Systematic review
- PubMed, MEDLINE, CINAHL, WHO
 Catalog (inception to 2018)
- Criteria
 - Provide primary data on tissue bank LMIC focus Insight into: governance/regulation, human resources and training, maintenance and operation, and ethics/sociocultural issues

RESULTS

- 3,346 initial records
- 33 met criteria
- 17 countries

Common barriers
 High capital cost: 100k-400k USD
 Operational cost/training
 Opt-in donation
 Sociocultural stigma

RECOMMENDATIONS

- Capital and Operational Cost
- 1. Seek matching contributions
- 2. Multisectoral coordination
- Training
- 1. IAEA programs on-site
- 2. Internet modules
- Opt-In Donation
- 1. Public programming: Radio/TV, social media
- 2. Community health workers

Sociocultural Barriers

- 1. Align education with local religion
- 2. Strict code of ethics from IAEA
- 3. Stakeholder engagement

CONCLUSION

• Establishment of tissue bank in LMIC requires strategic investment, international cooperation, and public awareness.

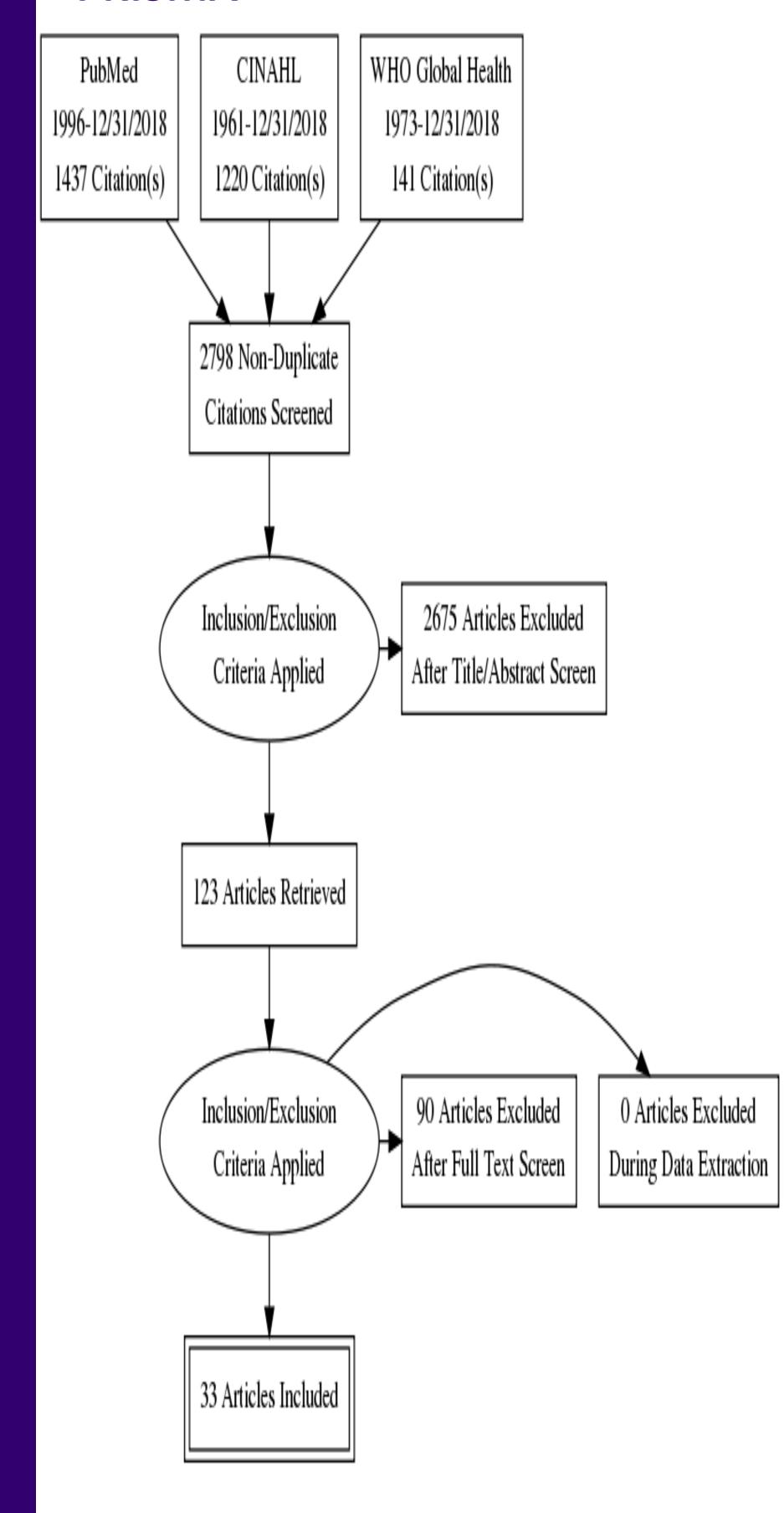
Effective tissue banks require strategic investment, international cooperation with standardized protocols, and inclusive public awareness campaigns.







PRISMA



NATIONS

Nation	N (%)
India	7 (21)
Mexico	4 (12)
Malaysia	3 (10)
South Africa	3 (10)
Argentina	2 (6)
Brazil	2(6)
China	2 (6)
Thailand	2 (6)
Bangladesh	1 (3)
Indonesia	1 (3)
Iran	1 (3)
Japan	1 (3)
Myanmar	1 (3)
Nepal	1 (3)
Peru	1 (3)
Sri Lanka	1 (3)
Vietnam	1 (3)