



The **DECLARATION** of **ISTANBUL**
on **ORGAN TRAFFICKING** and **TRANSPLANT TOURISM**

TTS



www.declarationofistanbul.org

The Declaration of Istanbul(DOI): *Impact, Challenges, Future*

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Ex Co Chair: Declaration of Istanbul Custodian Group

Co Chair: Ethics Committee, Asian Society of Transplantation

The conundrum in modern organ transplantation

A great example of

- Science, skill, innovation
- Team work
- Human to human solidarity

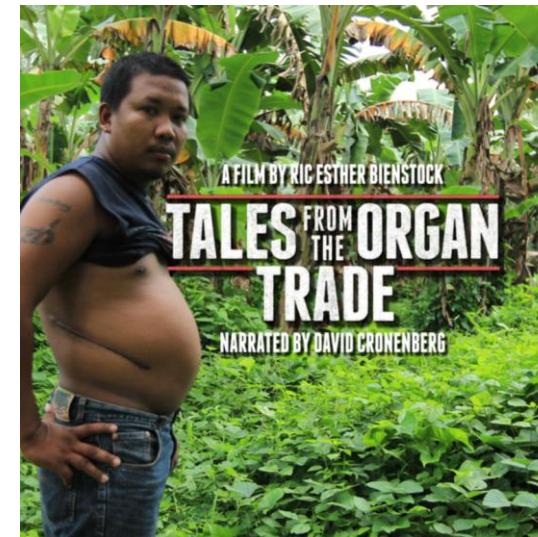
But.....

- There is (& will be) a shortage of organs
- There is desperation for organs; individuals suffer/die without a transplant
- May attempt to coerce/ buy organs

- ***What should transplant professionals do..... ??***

1980's/90's; Growth of transplantation; parallel with commerce/coercion

- Awareness of transplantation; good outcomes
- Increased expertise / capacity to perform transplant
- Demand supply gap
- Social Hierarchy, vulnerability
- Poor regulation, Financialization of healthcare
- **Collusion by some professionals
(someone has to do the transplant!)**



CLINICAL PRACTICE

High mortality among recipients of bought living-unrelated donor kidneys

A. K. SALAHUDEEN* H. F. WOODS A. PINGLE
M. NUR-EL-HUDA SULEYMAN K. SHAKUNTALA
M. NANDAKUMAR T. M. YAHYA A. S. DAAR

Between June, 1984, and May, 1988, 130 patients from three renal units in the United Arab Emirates and Oman went of their own accord to Bombay, where they bought, through brokers, kidneys from living unrelated Indian donors for US\$2600-3300. 131 transplants were done, and the 122 patients who survived the perioperative period returned to their original renal units for follow-up. Altogether there were 25 deaths (16 before the end of 3 months, 4 in the next 3 months, and 4 more by the end of the first year), which gave a patient survival rate of 81.5% at 1 year. The patients who died had multiple complications, but infection was the commonest known cause of death. Patients were not properly instructed about their treatment, and little or no information was given to doctors following up the patients, criteria of suitability for transplantation were not strict, and patients were exposed to serious infections (including human immunodeficiency virus infection). In addition, the availability of living-donor programmes slows down attempts to establish cadaveric-donor transplant programmes.

Lancet 1990; 336: 725-28.

Introduction

Transplantation is now established as the best treatment for end-stage renal failure (ESRF).¹ However, there is a

ADDRESS: Renal Units of Abu Dhabi and Dubai, UAE, and Muscat, Oman, and College of Medicine, Sultan Qaboos University, Oman. *M. Nur-El-Huda Sulayman, FRCR; K. Shakuntala, MB, M. Nandakumar, MRCP; T. M. Yahya, MRCP; Prof A. S. Daar, FRCR. Correspondence to Prof A. S. Daar, Department of Surgery, College of Medicine, Sultan Qaboos University, PO Box 32485, Al Khod, Muscat, Oman. ¹Present address: Renal Division, Department of Medicine

developed world depend largely on cadaveric donations, but in developing countries the main source is living donors. To overcome the shortage, many units around the world have started to use kidneys from living unrelated donors.² This practice is ethically permissible under some circumstances but, according to the (International) Transplantation Society,³ not when the organ is purchased. Nevertheless there are allegations of sale of kidneys in developed⁴ and developing⁵ countries. Sale of kidneys has been condemned by the public and the profession on moral and ethical grounds, but the actual results of transplantation of purchased kidneys, when practised systematically and on a large scale, have not been substantively reported.

For several years now, some units in Bombay have run living unrelated transplantation programmes commercially.⁶ Many end-stage renal failure patients from dialysis units in the United Arab Emirates (UAE) and Oman have gone there to avail themselves of this option and returned to us for post-transplant follow-up. We describe the follow-up findings.

Mid 2000s

The World Health Organization estimated that 5-10% (~13,000) of all solid organ transplants performed worldwide involve organ trafficking or transplant tourism.

The state of the international organ trade: a provisional picture based on integration of available information

Yosuke Shimazono^a

Abstract Organ transplantation is widely practised worldwide. The expansion of organ transplantation has led to a critical shortage of organs and the development of the organ trade. Many patients travel to areas where organs are obtainable through commercial transactions. Although the international organ trade is regarded as an important health policy issue, its current state remains obscure because of scarce data and the lack of efforts to synthesize available data. This paper is an attempt to integrate information about the current international organ trade and create a tentative global picture based on a systematic review of 309 media reports, journal articles and other documents. The international organ trade is described in terms of its forms, the organ-exporting countries, the organ-importing countries and its outcomes and consequences.

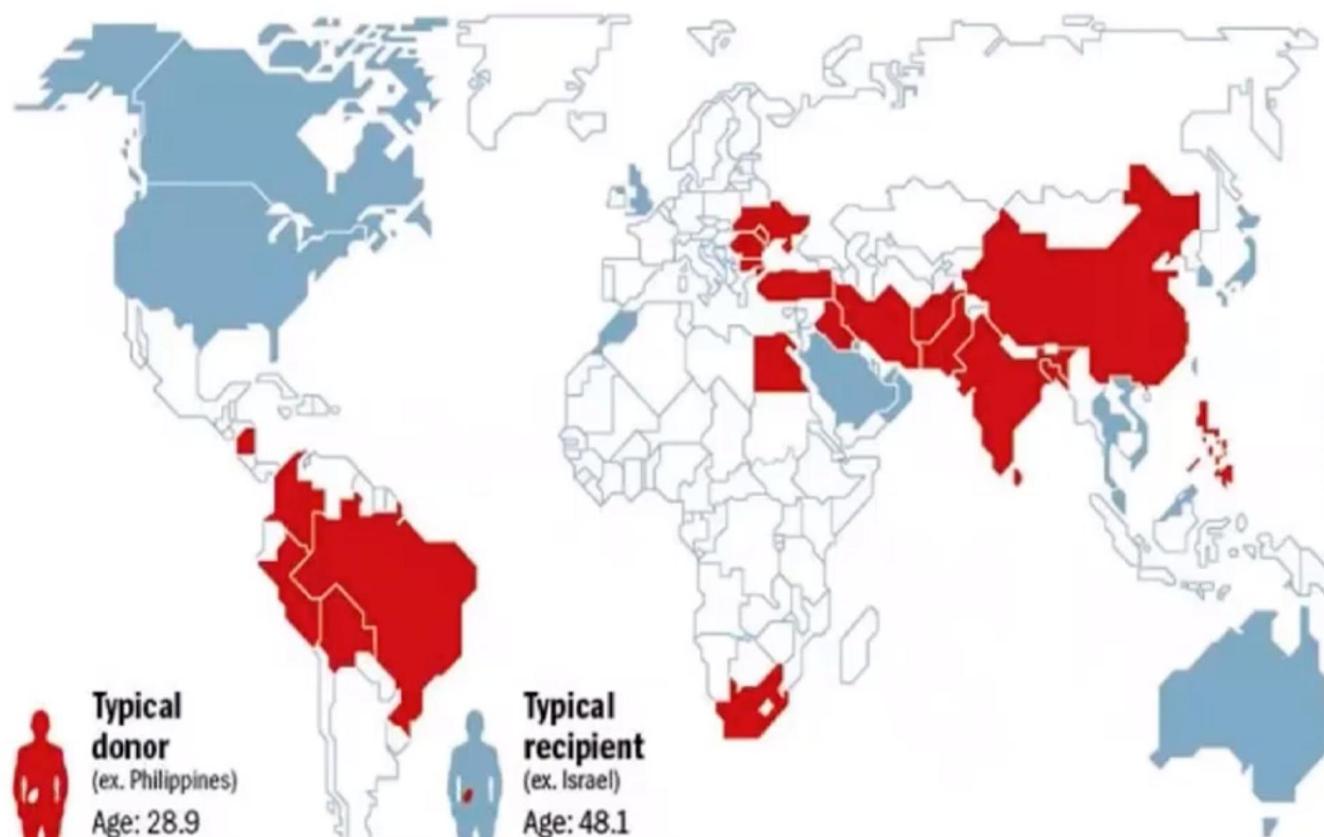
Bulletin of the World Health Organization 2007;85:955-962.

2007

[Back to article](#)

The Kidney World Order

■ Donor countries ■ Recipient countries



Source: Coalition for Organ Failure Solutions, Organs Watch, ESOT

DER SPIEGEL

Response to paid unrelated kidney donation

- Nothing wrong (its inevitable) , why not earn revenue & also help patients?
- Unregulated trade unacceptable, need a ‘regulated’ organ market
- Actively oppose/ report transplant commerce in any form ; ***autonomy & rights of the donor are as important as need of the recipient***

The Declaration of Istanbul (2008/2018) on Organ Trafficking and Transplant Tourism

To address the growing problems of organ sales, transplant tourism and trafficking in organ donors in the context of the global shortage of organs, a Summit Meeting was held in Istanbul of more than 150



150 participants, 78 countries
Diverse backgrounds
Professional orgs

Support from TTS & ISN



The Declaration of Istanbul Custodian Group



PARTICIPANTS IN THE INTERNATIONAL SUMMIT ON TRANSPLANT TOURISM AND ORGAN TRAFFICKING – ISTANBUL, MAY 2008

“The Mission of the Declaration of Istanbul Custodian Group (DICG) is to promote, implement and uphold the Declaration of Istanbul so as to combat organ trafficking, transplant tourism and transplant commercialism and to encourage adoption of effective and ethical transplantation practices around the world”

The Declaration of Istanbul on Organ Trafficking and Transplant Tourism

1. National governments, working in collaboration with international and nongovernmental organizations, should develop and implement comprehensive programs for screening, prevention & treatment of organ failure

2 **Legislation should be developed and implemented by each country or jurisdiction to govern the recovery of organs from deceased and living donors and the practice of transplantation, consistent with international standards.**

3. Organs for transplantation should be **equitably allocated** within countries or jurisdictions to suitable recipients without regard to gender, ethnicity, religion, or social or financial status.

4. The primary objective of transplant policies and programs should be optimal short & long term medical care to **promote health of both donors & recipients**

5. Jurisdictions, countries, and regions should strive to **achieve self-sufficiency** in organ donation by providing a sufficient number of organs for residents in need from within the country or through regional cooperation

6. **Organ trafficking & transplant tourism violate principles of equity, justice & respect for human dignity and should be prohibited.**

Because transplant commercialism targets impoverished & vulnerable donors, it leads inexorably to inequity & injustice & should be prohibited

A new edition of the Declaration of Istanbul: updated guidance to combat organ trafficking and transplant tourism worldwide

2018

Transplantation 2019

DOI:10.1097/TP.0000000000002540

1. Governments should develop and implement ethically and clinically sound programs for the prevention and treatment of organ failure, consistent with meeting the overall healthcare needs of their populations.
2. The optimal care of organ donors and transplant recipients should be a primary goal of transplant policies and programs.
3. Trafficking in human organs and trafficking in persons for the purpose of organ removal should be prohibited and criminalized.
4. Organ donation should be a financially neutral act.
5. Each country or jurisdiction should develop and implement legislation and regulations to govern the recovery of organs from deceased and living donors and the practice of transplantation, consistent with international standards.
6. Designated authorities in each jurisdiction should oversee and be accountable for organ donation, allocation and transplantation practices to ensure standardization, traceability, transparency, quality, safety, fairness, and public trust.
7. All residents of a country should have equitable access to donation and transplant services and to organs procured from deceased donors.
8. Organs for transplantation should be equitably allocated within countries or jurisdictions, in conformity with objective, nondiscriminatory, externally justified, and transparent rules, guided by clinical criteria, & ethical norms.
9. **Health professionals & institutions should assist in preventing and addressing organ trafficking, trafficking in persons for purpose of organ removal & transplant tourism**
10. **Governments & health professionals should implement strategies to discourage & prevent the residents of their country from engaging in transplant tourism.**
11. Countries should strive to achieve self-sufficiency in organ donation and transplantation.

Definitions

Organ trafficking consists of any of

- (a) removing organs from living /deceased donors **without valid consent** or in **exchange for financial gain** or comparable advantage to donor &/or 3rd person
- (b) any **transportation, manipulation, transplantation or other use** of such organs
- (c) offering undue advantage to or requesting same by healthcare professional, public official or employee of private sector to facilitate or perform removal or use
- (d) **Soliciting/recruiting donors/recipients for financial gain**
- (e) Attempting to commit or aiding or abetting commission of any of these acts

Trafficking in persons for purpose of organ removal is

Recruitment, transportation of persons, by **means of threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or position of vulnerability, or giving or receiving payments or benefits to achieve consent of a person having control over another person**, for the purpose of the removal of organs.

Travel for transplant versus transplant tourism

- Travel for transplantation is the movement of persons across jurisdictional borders for transplantation.
- Legitimate ethical travel is a reality & acceptable.
- Travel becomes transplant tourism & unethical if
 - *It involves trafficking or*
 - *if resources (organs, professionals & transplant centres) devoted to providing transplants to non-resident patients undermine country's ability to provide services for its own population.*

Financial neutrality in organ donation

- *Donors and their families should **neither lose or gain** financially as result of donation.*
- *Covering actual costs of donation is legitimate & may include*
 - Cost of evaluation of living donors
 - Charges for preserving opportunity for donation of potential deceased donors (e.g. elective ventilation)
 - Costs for perioperative phase of donation (e.g. travel, accommodation, and subsistence expenses of potential donors or donor families);
 - Expenses for post discharge care of living donor; cost of hiring personal assistance during recuperation of living donor
 - Income lost as a result of donating organ.
 - Providing living donors with compensation in case of undue damage resulting from removal of organ

Spirit of the DOI

- Promotes transplantation as treatment of organ failure & self sufficiency
- Opposes transplant commercialism , specifically unethical travel (transplant tourism) and trafficking (organs & persons) by coercion or financial inducement
- Supports financial neutrality in donation (supports legitimate expenses for donation process)
- **Champions equity & access, opposes violation of human rights of vulnerable donors**
- **Not a legal instrument but relies on peer pressure & advocacy**
- **Promotes public trust in transplantation & in turn donation**

Strengths

- Endorsement from professionals & global bodies (WHO, TTS, ISN, 150 endorsing orgs)
- Widely recognized as reference point over last 2 decades
- *Created Declaration of Istanbul Custodian Group (DICG) to promote DOI; 'live' document*
 - Website, position papers, meetings
 - Working with WHO, TTS, ISN, UNODC
 - Collaboration with regional/national transplant orgs (COE, AST, STALYC)
 - Submissions to Govts / regulatory bodies on reported unethical transplantation across countries
 - Support to whistleblowers & regulatory agencies

IMPACT

New and revised laws & policies in several countries

- e.g. Updated WHO Guiding Principles in 2010 (WHA 63.22), Council of Europe *Convention Against Trafficking in Human Organs* (2014), prohibition of donation by/transplantation for foreigners, increased penalties for trade in organs, removal of insurance coverage for unauthorized transplants abroad, efforts to establish and expand ethical donation programs

Governance mechanisms

- e.g. ethics committee review of foreign or genetically unrelated living donors, informal reporting systems of transplant tourism cases via the DICG

Deterrence of proposed laws and policies seeking to provide financial incentives for donation or facilitate transplant tourism

PRC ; death row prisoners as donors

Major global campaign led by DICG

- Academic boycott** International & national medical societies & journals should not accept abstracts, publications or presentations from Chinese transplant centers unless authors clearly indicate that executed prisoners are not source of organs.
- Membership of International professional societies by Chinese transplant professionals** Conditioned by acceptance of policies that specifically express unacceptability of executed prisoners as source of organs.
- Pharmaceutical companies** must ensure that no executed prisoners are source of organs in studies
- Training of Chinese transplant professionals** by international community must be conditioned on commitment that trainees will not engage in use of organs from executed prisoners.

American Journal of Transplantation 2011; 11: 426-428
Wiley Periodicals Inc.

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Journal compilation © 2011 The American Society of Transplantation and the American Society of Transplant Surgeons
doi: 10.1111/j.1600-6143.2010.03417.

Personal Viewpoint

The Use of Executed Prisoners as a Source of Organ Transplants in China Must Stop

G.M. Danovitch^{a,*}, M. E. Shapiro^b and J. Lavee^c

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gov/guidelines/belmont.html) and the International Conference on Harmonization of Clinical Practice (2). Yet this practice continues to this day in the People's Republic of China (PRC).

In this regard two related articles in the August 2010 issue of the American Journal of Transplantation deserve our attention. Allam et al. (3) report on the complications suffered by patients returning to Saudi Arabia and Egypt after live transplantation in China. The authors comment that 'the

The Transplantation Society Regional Perspectives

Open Letter to Xi Jinping, President of the People's Republic of China: China's Fight Against Corruption in Organ Transplantation

Francis Delmonico, Jeremy Chapman, John Fung, Gabriel Danovitch, Adeera Levin, Alexander Capron, Ronald Busuttil, and Philip O'Connell

The international media have recently focused attention on the resolve of China's new leadership to combat the rampant corruption within its society. The January 13, 2014, article in the *China Daily*, "For a clean and fair society," reported your guidelines for political and legal reform. The judicial system is now charged to "carry the sword of justice and scale of equality" for all of China. "The Chinese dream"

the 63rd World Health Assembly in a May 2010 resolution adopted by all member states, including China.

Some Chinese officials contend that prisoners give "consent" before their execution. It is obvious, however, that the prison inmates condemned to death are not truly free to make an autonomous and informed consent for organ donation and that no legal due process exists to assure consent

OTC Document

China organ donation and transplantation update: the Hangzhou Resolution

Jie-Fu Huang, Shu-Sen Zheng, Yong-Feng Liu, Hai-Bo Wang, Jeremy Chapman, Philip O'Connell, Michael Millis, John Fung and Francis Delmonico
Beijing, China

T

he much-anticipated change in the practice of organ donation and transplantation in China is now underway and affirmed by an important Hangzhou Resolution promulgated at the 2013 China Transplant Congress.

donation and transplantation under the authority of the NHPPC:

ii) Human organ donation system:

The human organ donation system, led by the Red Cross Society of China, aims to promote the organ donation campaign throughout the nation.

ii) Human organ procurement and allocation system:

The practice of human organ procurement and allocation will be "open and transparent" by an executive order "The Human Organ Procurement and Allocation (Interim)" released from the NHPPC in August 2013 that requires: a) Transparency in the allocation of organs on a national computerized waitlist (COTRS); b) The development of the organ procurement organization structure in each province; c) The training of organ donation coordinators.

This regulation of the NHPPC is aligned to the State Council directive that mandates transparency in

Opinion

China on the brink: there is hope for the end of their use of executed prisoner organs

Gabriel M. Danovitch¹, Francis L. Delmonico²

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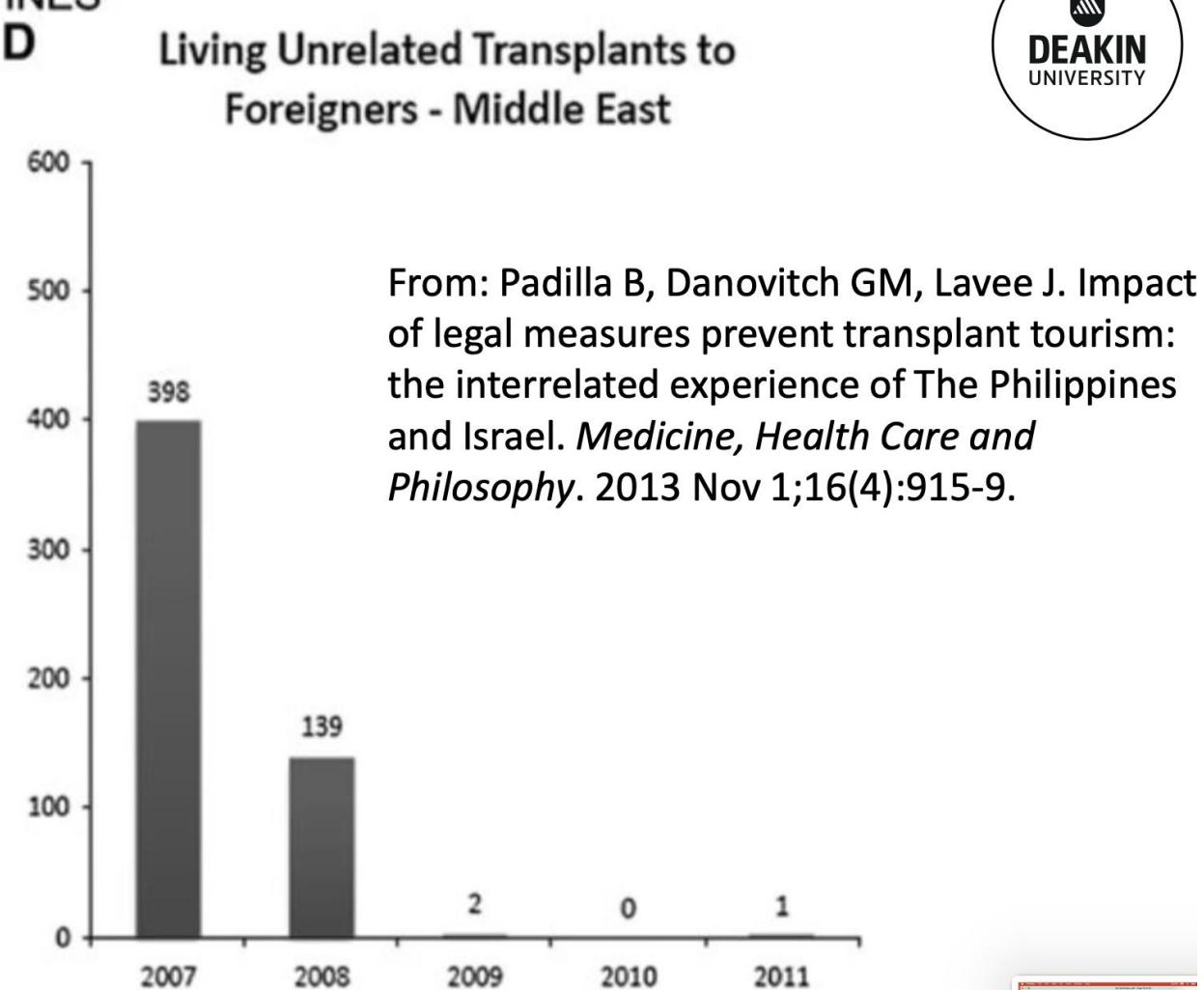
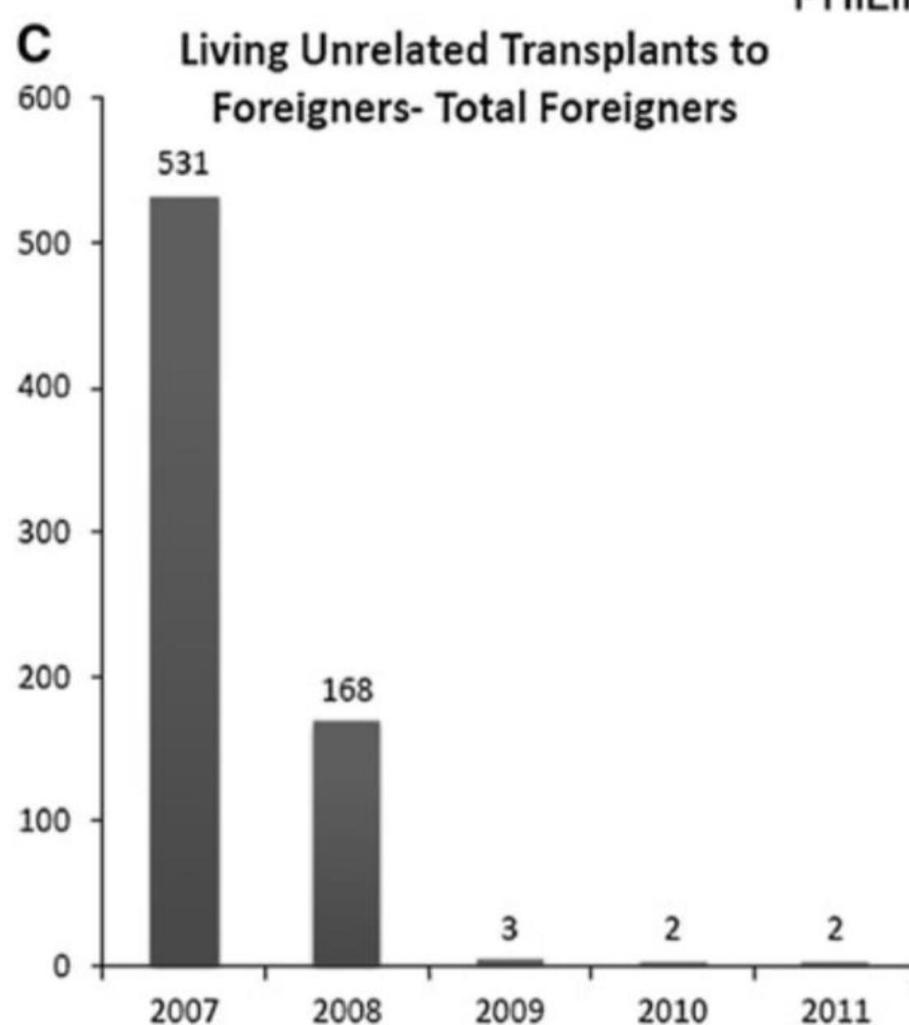
doi: 10.3978/j.issn.2304-3881.2015.03.03

View this article at: <http://dx.doi.org/10.3978/j.issn.2304-3881.2015.03.03>

This is an historic time for organ donation in China. Senior

To achieve the cessation of use of organs from the

PHILIPPINES; Paid kidney transplants for foreigners, stopped after DICG campaign



Kenya ; 2023-25

Information from Israel to DICG about patients travelling to Mediheal Hospital, Kenya for buying kidneys

Cooperation between Kenya Renal Association & DICG

Petitions to Kenyan authorities

Major media reports

Kenya govt investigation & closure of Mediheal hospital

New law



KENYA RENAL ASSOCIATION

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3rd May 2024

PRESS RELEASE

****Statement on Unethical Transplant Activities at Mediheal Hospital, Eldoret****

Introduction

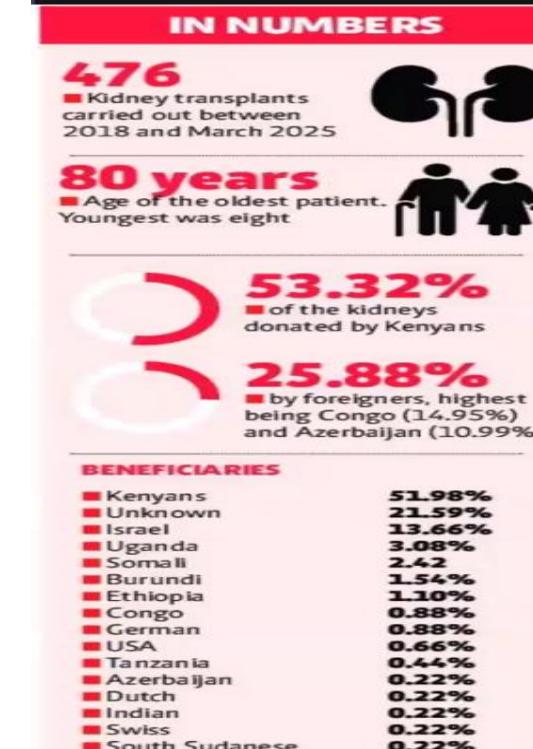
Since the first kidney transplant in Kenya in 1978, hundreds of transplants have been performed ethically and professionally under the oversight of the Kenya Renal Association and the Kenya Association of Urological Surgeons. These procedures have significantly improved the lives of kidney disease patients through voluntary donations.

The Problem

Recent activities at Medheal Hospital, Eldoret, have raised serious ethical concerns. Reports indicate an increasing trend of transplant commercialization and transplant tourism at the facility, involving the sale of kidneys and the importation of patients for the purpose of transplantation. This is in direct violation of the World Health Organization resolutions, the Declaration of Istanbul, and Kenya's Health Act of 2017, which prohibits organ trade.

Evidence of Unethical Practices

Evidence gathered over the past two years from donor testimonies and recipient accounts suggests significant ethical breaches, including exploitation of vulnerable donors from local communities. This has not only endangered the health of both donors and recipients but has also damaged the reputation of Kenya's medical community internationally.



Die Nieren-Connection



Ministry of Health
@MOHKenya

Nairobi, 17 April 2025 – The Cabinet Secretary for Health, Hon. Aden Duale, EGH, has directed the immediate suspension of all kidney transplant services at Medihel Group of Hospitals until further notice. This follows serious allegations of malpractice and ethical violations related to transplant procedures at Medihel Hospital – Eidoret, as outlined in the Ministry's earlier press release dated Tuesday, 15 April 2025.

Addressing the media at Afya House today, Hon. Duale emphasized the Ministry's commitment to protecting patient safety and restoring public trust in Kenya's healthcare system.

To address the matter comprehensively, the CS announced the appointment of an independent Expert Committee to

Future challenges

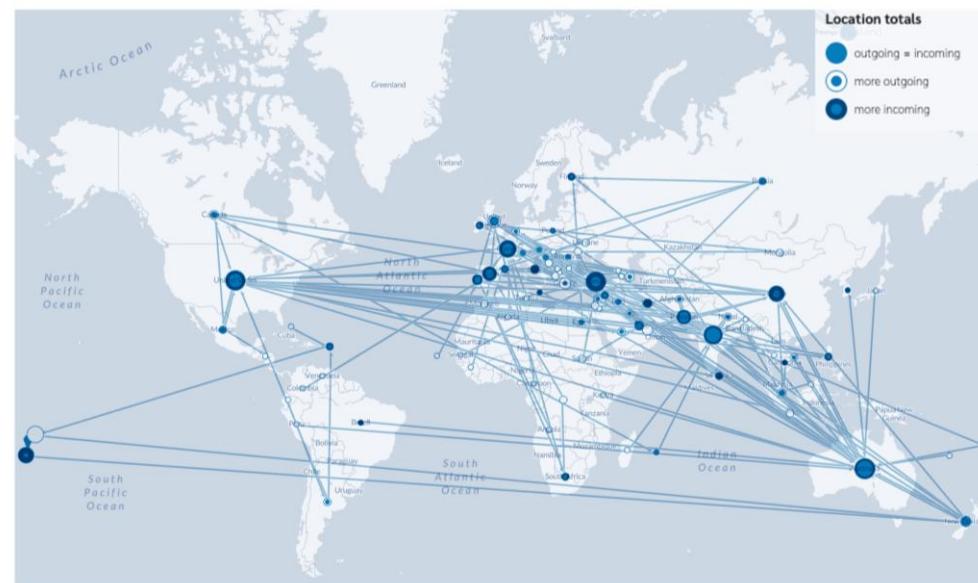


Transplantation in the Context of Migration and Refugees: A Summary of the DICG and TTS Ethics Committee Workshop, Buenos Aires, Argentina, September 2022

Peter G. Stock, MD, PhD^{1,2} Sanjay Nagral, MS, MBBS,^{3,4} Eric Rondeau, MD, PhD,^{4,5} Sylwia Gawronska, PhD,⁶ Jennifer Groverman, MA,⁷ Antoine Barbari, MD,⁸ P. Toby Coates, MBBS, PhD, FRACP,⁹ Beatriz Domínguez-Gil, MD, PhD,^{2,10} Riadh Fadhil, MD,^{2,11} Jolanta Malyszko, MD, PhD,¹² and Alejandro Niño Murcia, MD^{2,13} AQ3

 OPEN
International Travel for Organ Transplantation: A Survey of Professional Experiences and Attitudes Toward Data Collection and Reporting
 Georoina L. Irish, MMed (ClinEpi),^{1,2,3} Riadh A.S. Fadhil, MD,⁴ Eric Rondeau, PhD,⁵ Saniav Nagral, MD,⁶

Figure 2 ITOT routes of travel taken between January 1st 2019 and November 30th 2022 in respondents' most recent case experiences



- NCD epidemic; increasing demand
- Conflict & migration; increased vulnerability
- Increased travel for transplant (how to distinguish from transplant tourism?)
- Web/ social media/ dark web as tool for soliciting

Global principles versus local reality (e.g. Asia)

- Low numbers (PMP), limited capacity building
- Limited deceased donation, mainly live donation (including liver); risk to live donor
- Travel for transplant becomes necessary
- Increased presence of private sector
- ? Cultural acceptance of rewards to donor



World Health Organization

Ethics

The **DECLARATION** of **ISTANBUL**
on ORGAN TRAFFICKING and TRANSPLANT TOURISM

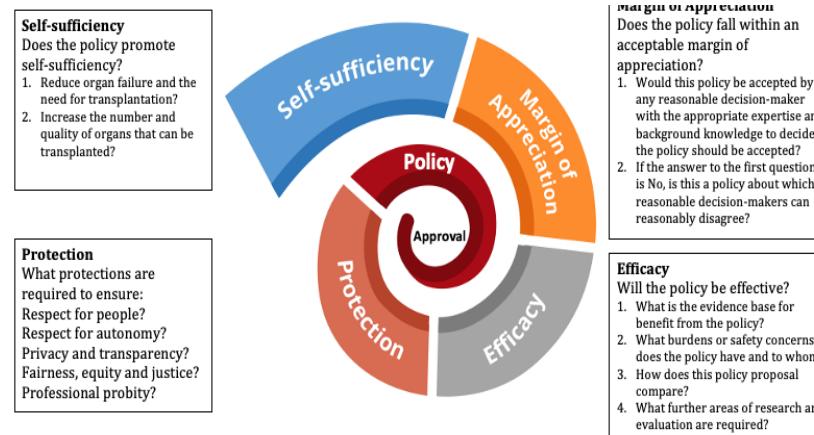


WORLD
MEDICAL
ASSOCIATION

OPEN

Baseline Ethical Principles and a Framework for Evaluation of Policies: Recommendations From an International Consensus Forum

Dale Gardiner, MD,¹ Andrew McGee, PhD,^{2,3} Christy Simpson, PhD,^{2,4,5} Curie Ahn, MD, PhD,⁶ Aviva Goldberg, MD,⁷ Austin Kinsella,⁸ Sanjay Nagral, MD^{9,10} and Matthew J. Weiss, MD^{8,11,12}



Can countries creatively use grey zone around an ethical principle to boost donation without violating core principles?

Viewpoint

A Regulated System of Incentives for Kidney Donation—Time for a Trial!

Arthur J. Matas, MD¹[Author Affiliations](#) | [Article Information](#)¹Department of Surgery, Division of Transplantation, University of Minnesota, Minneapolis[Cite](#) [Permissions](#) [Meta](#)

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VIEWPOINT

The End Kidney Deaths Act Risks Irreversible Harm to Organ Donation

Thomas F. Mueller, MD, PD; Maria A. Matamoros, MD; Gabriel M. Danovitch, MD; Sanjay Nagral, MD

Two major, interconnected problems afflict organ transplantation today: the widening gap between the demand for organs and their supply and the illegal, exploitative organ trade.

In the Declaration of Istanbul, adopted in 2008, the global transplant community agreed upon key ethical principles for organ donation and transplant, including prevention of organ trafficking and transplant tourism, equity in access and allocation, and financial neutrality in donation.¹ These principles are promoted by the Declaration of Istanbul Custodian Group (DICG). They have been widely ac-

Providing tax credits to nondirected donors is unlikely to significantly reduce the organ shortage through recruitment of more donors.² Currently, 300 to 400 nondirected living donations take place in the US annually, whereas approximately 90 000 patients are on the waiting list for a kidney.³ When other countries made, or allowed, payments to living donors, they substantially decreased, or even destroyed, voluntary, unpaid donation, including deceased donation. Conversely, when programs that provided patients with funds to purchase an organ ended, national rates of living and de-

Pass the End Kidney Deaths Act[Home](#) [Join the Team](#) [End Kidney Deaths Act](#) [FAQs](#)

Encourage organ donation through tax credits.

The [End Kidney Deaths Act](#) is a ten year pilot program to provide to living kidney donors who give kidneys to strangers on the kidney waitlist, a refundable tax credit of \$10,000 per year for five years (\$50,000 total). Click [here](#) to read the legislative text.

Kidney donation is safe. Kidney donation is emotionally rewarding.

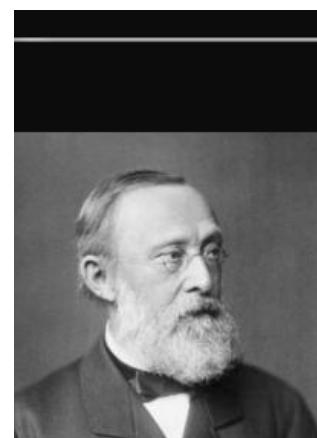
95% of surveyed donors report they would make the same decision again, largely because of the profound emotional reward of saving a life.

**Nobel Laureate Alvin Roth**

JAMA. 2025 May 20;333(19):1663-1664. doi: 10.1001/jama.2025.2409. PMID: 40136313.

Closing thoughts.....

- DOI was a call against transplant commercialism; unique as led by transplant professionals
- Whilst our core interest is to get an organ for our recipient, we have an obligation to protect donors from coercion, inducement & ensure safety
- There is global consensus against coercion & deceit but regulated transparent markets have support
- **For the poor & vulnerable, monetary reward maybe a subtle form of coercion**
- We live an increasingly unequal, transactional & financialized world
- DOI is not just a moral stand, but has political & philosophical strains
- As physicians we have social standing & can punch above our weight



Rudolf Virchow

The physicians are the natural attorneys of the poor, and the social problems should largely be solved by them.