

The Declaration of Istanbul: fighting commercialism and organ trafficking—what can we do?

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I have no conflicts of interest with regards to this presentation.

All opinions expressed in this presentation are my own and do not necessarily reflect those of any of the organizations with which I have been or am currently affiliated.

- A brief history of the fight against organ trafficking, transplant tourism and commercialism
- Successes and failures since the introduction of the Declaration of Istanbul
- The role of health professionals

A brief history of organ trafficking ...



- 1990s – emergence of black markets and transplant “tourism” in South Asia, Latin America, the Middle East and Eastern Europe

INDEPENDENT Transplant surgeons steal kidneys from poor

India/ 'spare part' organs racket

Tim McGirk in New Delhi | Sunday 2 April 1995

Newsweek

KIDNEYS FOR SALE

BY **NEWSWEEK STAFF** ON 10/31/99 AT 7:00 PM

The new cannibalism

5 April 1998

Brazil

Health

China

India

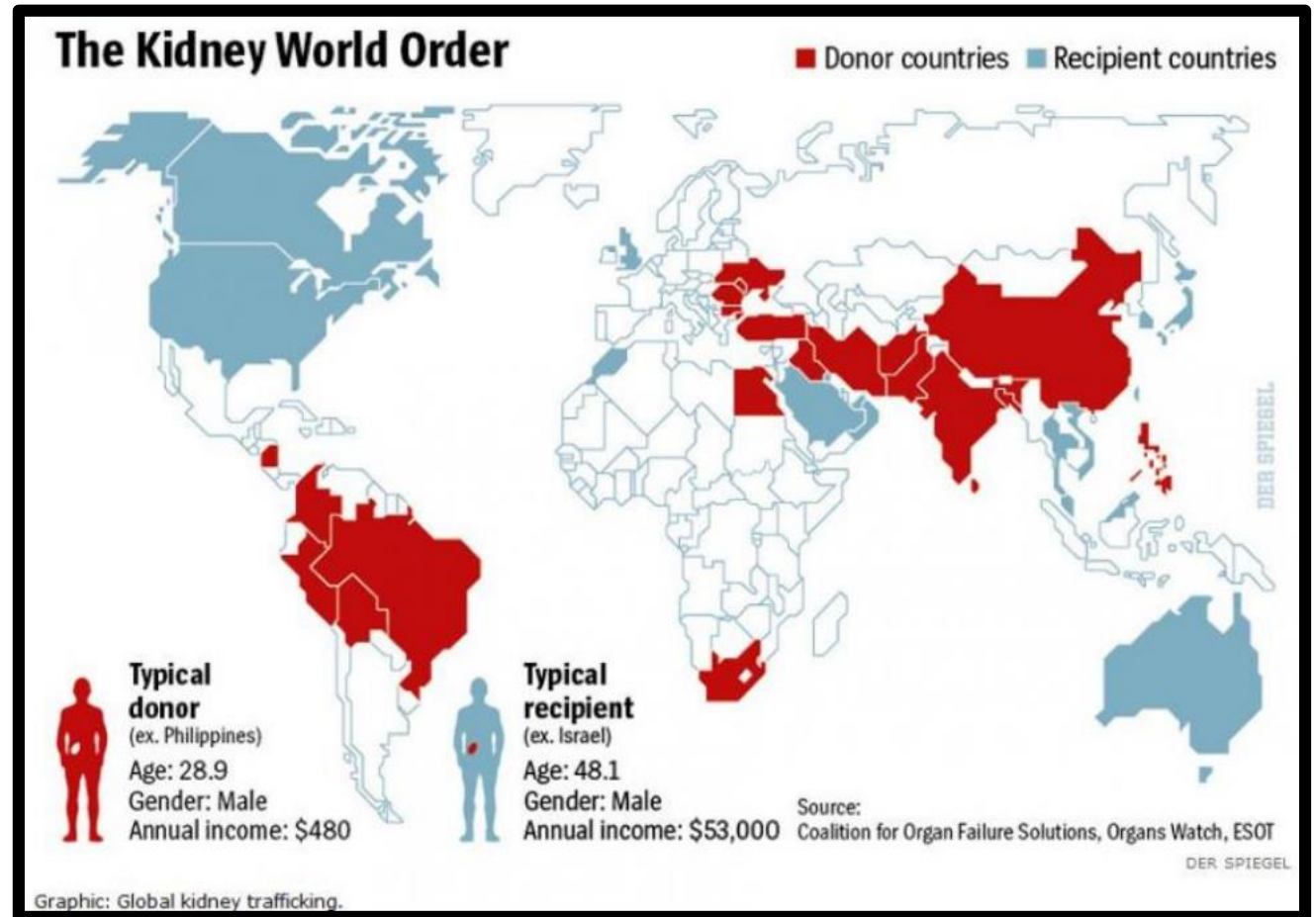
Ethics

**Chinese surgeons extracting vital organs from
condemned prisoners.**

Indian villagers selling a kidney for a dowry.

**And all to feed the booming global traffic in human
organs for transplant.**

A shocking report from Nancy Scheper-Hughes.



In recent years, Pakistan has emerged as one of the largest centres for commerce and tourism in renal transplantation. Kidney vendors belong to Punjab in eastern Pakistan, the agricultural heartland, where 34% people live below poverty line. We report results of a socioeconomic and health survey of 239 kidney vendors. The mean age was 33.6 ± 7.2 years (M:F 3.5:1). Mean nephrectomy period was 4.8 ± 2.3 years. Ninety per cent of the vendors were illiterate. Sixty-nine per cent were bonded labourers who were virtual slaves to landlords, labourers 12%, housewives 8.5% and unemployed 11%. Monthly income was $\$US15.4 \pm 8.9$ with 2–11 dependents per family. Majority (93%), vended for debt repayment with mean debt of $\$1311.4 \pm 819$. The mean agreed sale price was $\$1737 \pm 262$. However, they received $\$1377 \pm 196$ after deduction for hospital and travel expenses. Postvending 88% had no economic improvement in their lives and 98% reported deterioration in general health status. Future vending was encouraged by 35% to pay off debts and freedom from bondage. This study gives a snapshot of kidney vendors from Pakistan. These impoverished people, many in bondage, are examples of modern day slavery. They will remain exploited until law against bondage is implemented and new laws are introduced to ban commerce and transplant tourism in Pakistan.

Naqvi SA, Ali B, Mazhar F, Zafar MN, Rizvi SA. A socioeconomic survey of kidney vendors in Pakistan. *Transplant International*. 2007 Nov;20(11):934-9.

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.

2008 -2010



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



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”

Summary of Declaration of Istanbul Principles



Screening, prevention, treatment of organ failure programs

- Should be implemented by local governments

Recovery of organs from deceased and living donors

- Should be legislated by local governments according to international standards

Allocation

- Should be equitable and fair

Medical care for living donors

- Short and long-term care should be provided

Organ trafficking, transplant tourism & commercialism

- Should be prohibited to protect impoverished and vulnerable donors and prevent inequity and injustice

New and revised laws & policies in several countries

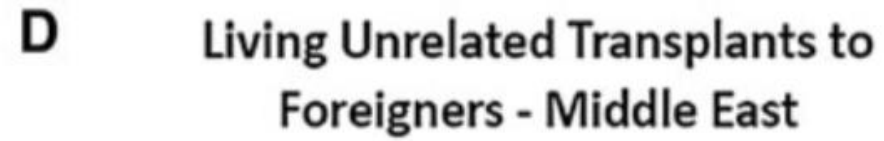
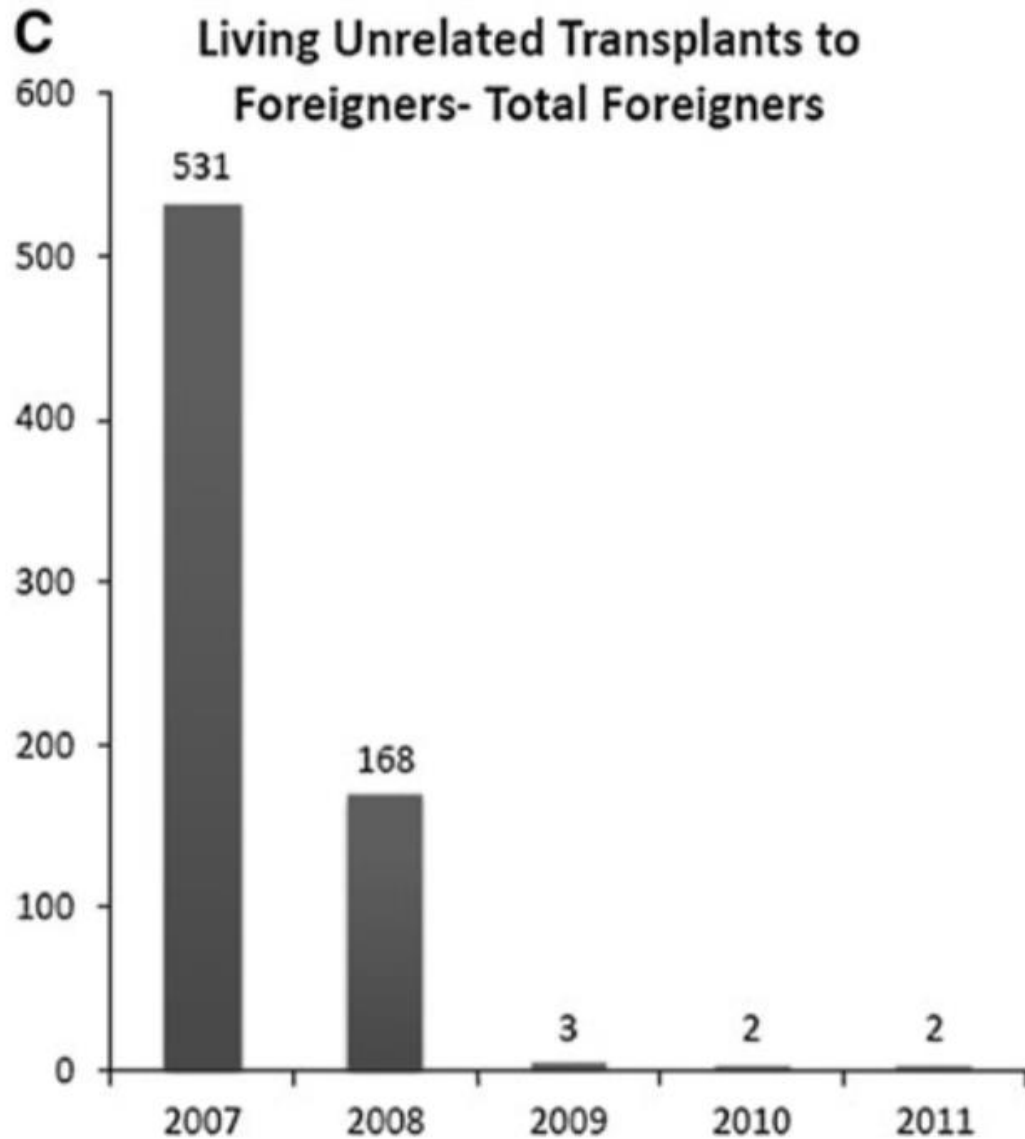
- e.g. Updated WHO Guiding Principles in 2010 (WHA 63.22), Council of Europe *Convention Against Trafficking in Human Organs* (2014), prohibition of donation by/transplantation for foreigners, increased penalties for trade in organs, removal of insurance coverage for unauthorized transplants abroad,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

PHILIPPINES



From: Padilla B, Danovitch GM, Lavee J. Impact of legal measures prevent transplant tourism: the interrelated experience of The Philippines and Israel. *Medicine, Health Care and Philosophy*. 2013 Nov 1;16(4):915-9.

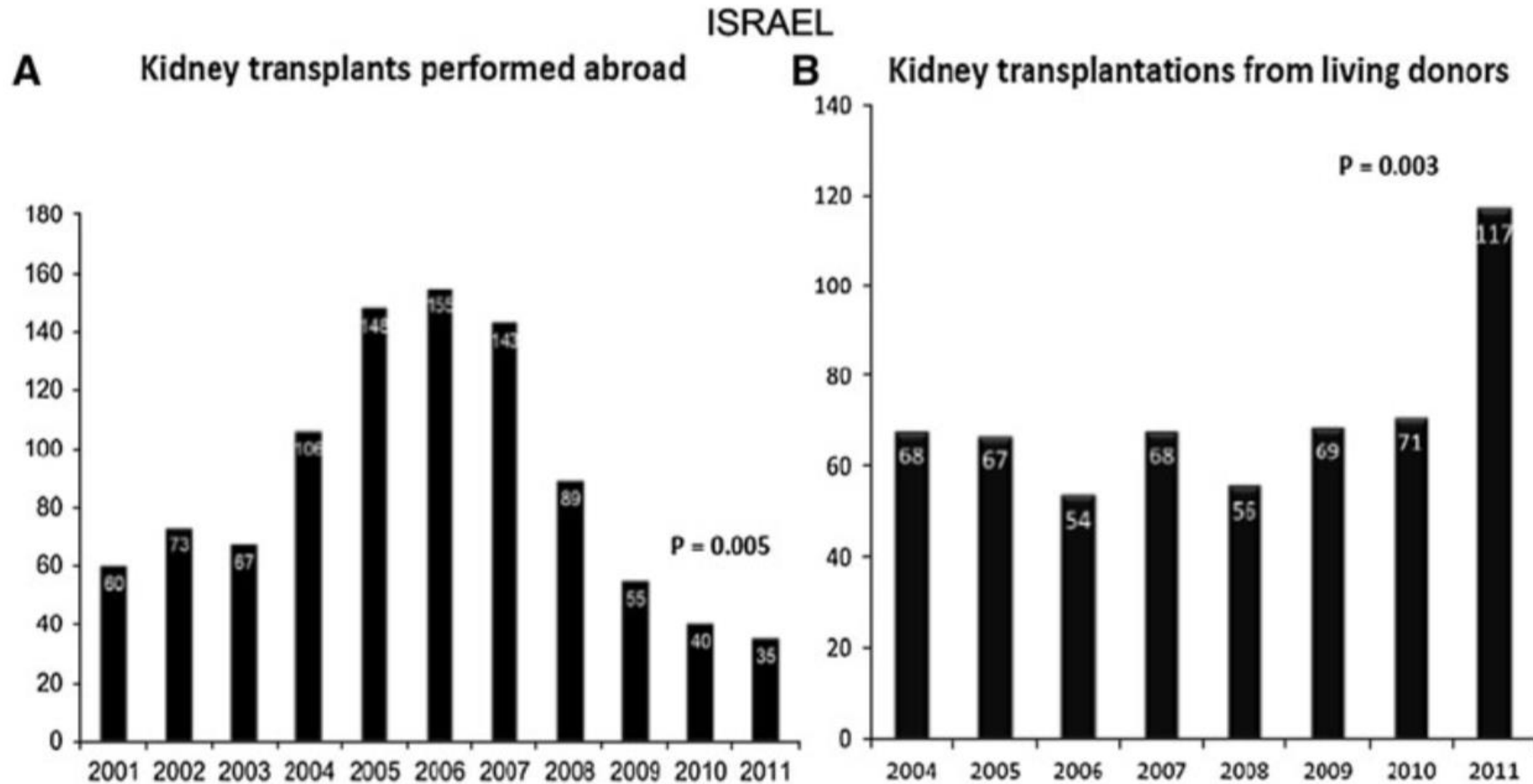
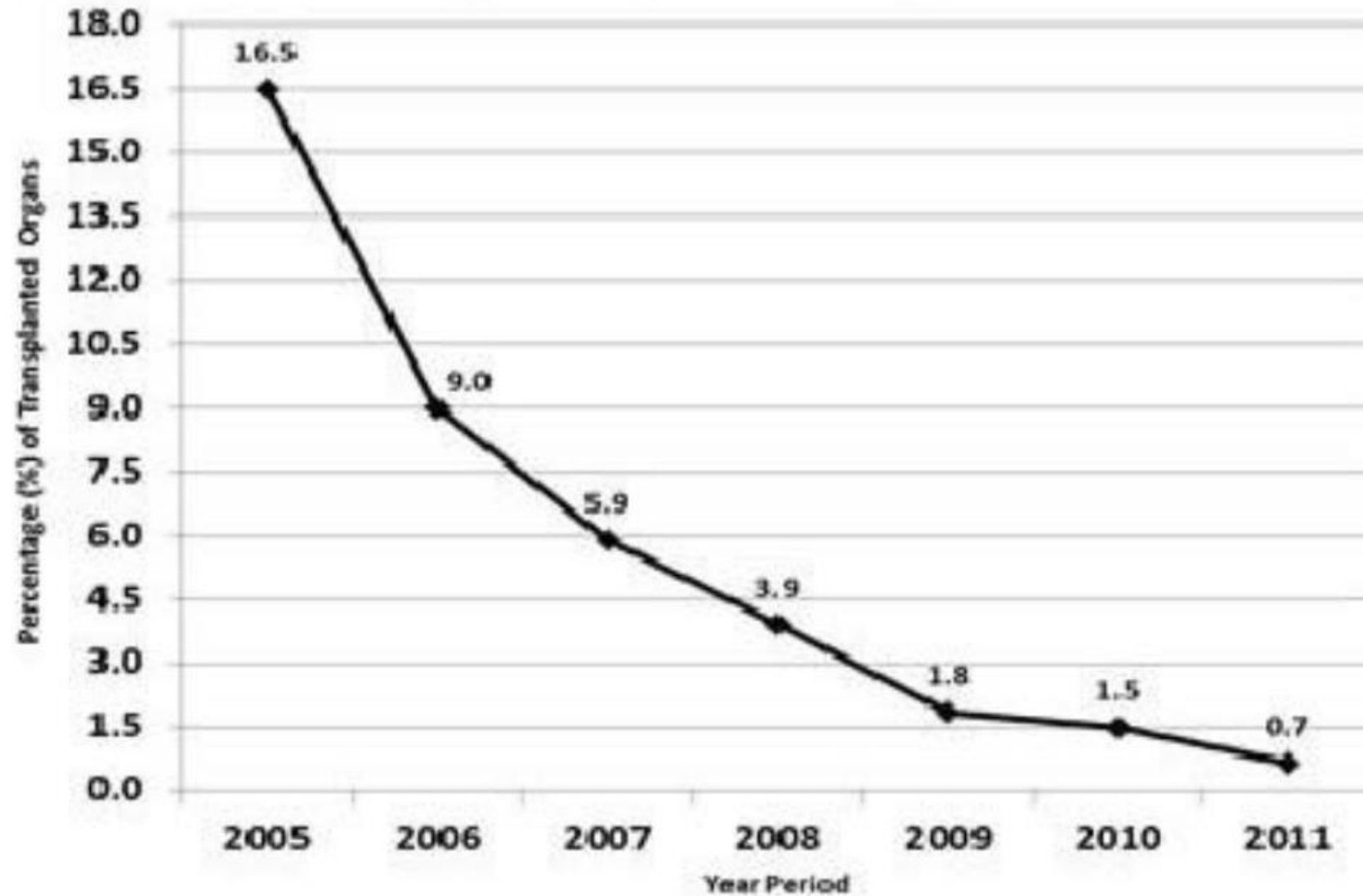


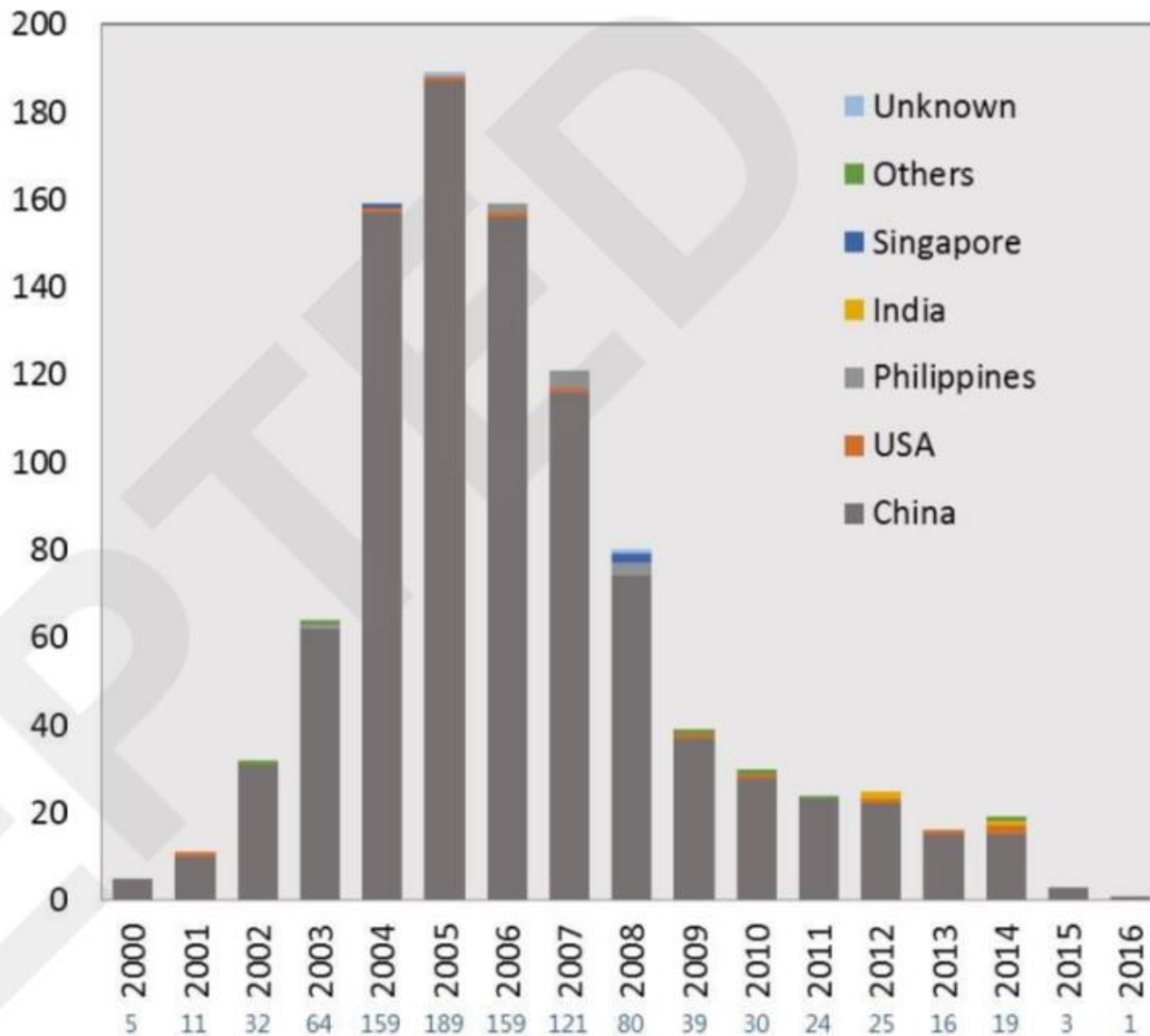
Fig. 1 **a** Annual number of kidney transplantations performed on Israeli patients outside Israel; **b** Annual number of kidney transplantations from living donors in Israel (*Source* Lavee et al. [2013](#))

From: Padilla B, Danovitch GM, Lavee J. Impact of legal measures prevent transplant tourism: the interrelated experience of The Philippines and Israel. *Medicine, Health Care and Philosophy*. 2013 Nov 1;16(4):915-9.

Figure 1. Annual Percentage of Transplants to Foreign non-Residents in Colombia



Martin R, Rojas-Peña A, Montero C, Ramirez J, Martin I, Fajardo C, Castañeda D, Lopez F, Lozano E. transplant Tourism in Colombia: Impact of New National Legislations on Clinical Practice: 544. *Transplantation*. 2012 Nov 27;94(10S):158.



Transplants performed
on Korean nationals
overseas

Ahn HJ, Kim HW, Han M, Jeon HJ, Kwon OJ, Ahn C. Changing Patterns of Foreigner Transplants in Korea and Overseas Organ Transplants Among Koreans. *Transplantation*. 2018 Feb 1;102(2):310-7.

5-10% of global solid organ transplant activity may involve trafficking or transplant tourism.

Why has organ trafficking and transplant tourism persisted?

- Factors which underpin vulnerability to organ trafficking persist: e.g., poverty, conflict, inequity
- Meeting transplant needs through domestic donation remains difficult in many countries
- Lack of effective collaboration across jurisdictions (e.g. between “sending” and “receiving” countries) and within (e.g. between health professionals, civil society groups, and law enforcement)
- Weak governance and corruption within healthcare systems persist

Common challenges underpinning failure to eliminate organ trafficking



Challenges in	Examples/evidence	Potential causal factors
recognizing all activities (and thus agents) of concern in organ trafficking	Financial incentives may not be directly exchanged for organs	<ul style="list-style-type: none">• Lack of clarity in legislation and ethical guidance e.g. in definition of organ trafficking• Focus on “traditional” models of trafficking neglects new mechanisms for commercialisation

Common challenges underpinning failure to eliminate organ trafficking



Challenges in	Examples/evidence	Potential causal factors
detering and preventing further crimes	<ul style="list-style-type: none">• Organ brokers and surgeons often reestablish business in another jurisdiction• Resurgence of markets in Pakistan, India, the Philippines, China• Persistence of markets in Egypt, Bangladesh• Emergence of markets in Africa, Asia (Cambodia, Vietnam...), Middle East• Development of markets in living liver transplants	<p>New methods of organ trafficking</p> <ul style="list-style-type: none">• Social media brokering of organ sales rather than websites• Falsification of identity and relationships to enable trafficking under cover of lawful “related living donation” or allocation of deceased donor organs to “citizens” <p>Health professionals may have strong financial interests in trafficking, and/or believe organ sales are ethically justifiable</p>

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



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Kidney International (2019) **95**, 757–759; <https://doi.org/10.1016/j.kint.2019.01.006>

KEYWORDS: ethics; organ trafficking; trafficking in persons; transplant tourism; transplantation

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The Declaration of Istanbul on Organ Trafficking and Transplant Tourism (DoI) was developed in 2008, at an international summit convened by The Transplantation Society (TTS) and the International Society of Nephrology (ISN).¹ At that time, trends in the data available regarding organ trafficking and transplant tourism activities around the world demonstrated relentless growth, fueled by illicit activities in several countries in Asia, Eastern Europe, Latin America, and Africa. These activities often involved patients



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

Preamble

Organ transplantation, one of the greatest medical success stories of the twentieth century, has prolonged and improved the lives of hundreds of thousands of patients worldwide. Countless acts of generosity by organ donors and their families, as well as the many important scientific and clinical advances achieved by dedicated health professionals, have made transplantation not only a life-saving therapy but a symbol of human solidarity. Yet these accomplishments have been tarnished by numerous instances of organ trafficking, of trafficking in persons for the purpose of organ removal, and of patients who travel abroad to purchase organs from poor and vulnerable people. In 2007 it was estimated that up to 10% of transplants worldwide involved such practices.¹

To address the urgent and growing problems posed by these unethical activities, the Transplantation Society (TTS) and the International Society of Nephrology (ISN) convened a Summit Meeting in Istanbul in April 2008. 151 participants—

tourism. Between February 2018 and May 2018, the DICG carried out a wide-ranging consultation, open to all interested parties, to update the Declaration in response to clinical, legal and social developments in the field. The results of the consultation process were presented, reviewed, and adopted as set forth in this document in Madrid in July 2018 during the International Congress of TTS.

The Declaration should be read as a whole and each principle should be applied in light of all the other principles which are equally important. The accompanying Commentary Paper explains and elaborates the text of the Declaration and suggests strategies for implementation.

Definitions

The following terms have specified meanings in the context of this document.

Organ trafficking consists of any of the following activities:

Strengthening Global Efforts to Combat Organ Trafficking and Transplant Tourism: Implications of the 2018 Edition of the Declaration of Istanbul

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Marta López-Fraga, PhD,⁴ Rudolf García Gallont, MD,⁵ Elmi Muller, MD,⁶ and Alexander M. Capron, LLB⁷

Abstract: The 2018 Edition of the Declaration of Istanbul on Organ Trafficking and Transplant Tourism (DoI) provides an updated set of principles and definitions to guide policymakers and health professionals working in organ donation and transplantation. A draft of the new edition was circulated to the public and transplant professionals through an online consultation process, which also sought feedback on a draft explanatory article that explained the principles and discussed some of their practical implications. Both drafts were revised in response to feedback from participants in the consultation. We present here the discussion article, which is intended to assist stakeholders in applying the principles of the DoI by providing more detailed information about the meaning and potential implications of implementing the DoI in various contexts.

(*Transplantation Direct* 2019;5: e433; doi: 10.1097/TXD.0000000000000872. Published online 22 February, 2019.)

The definition of organ trafficking



Organ trafficking consists of any of the following activities:

- (a) removing organs from living or deceased donors without valid consent or authorisation or in exchange for financial gain or comparable advantage to the donor and/or a third person;
- (b) any transportation, manipulation, transplantation or other use of such organs;
- (c) offering any undue advantage to, or requesting the same by, a healthcare professional, public official, or employee of a private sector entity to facilitate or perform such removal or use;
- (d) soliciting or recruiting donors or recipients, where carried out for financial gain or comparable advantage; or
- (e) attempting to commit, or aiding or abetting the commission of, any of these acts.¹

From the Declaration of Istanbul (2018 Edition), derived from Council of Europe. *Convention against Trafficking in Human Organs* (ETS No. 216), Santiago de Compostela, 25 March 2015, available at <https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/216/>.

Principles

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, non-discriminatory, externally justified and transparent rules, guided by clinical criteria and ethical norms.
9. Health professionals and healthcare institutions should assist in preventing and addressing organ trafficking, trafficking in persons for the purpose of organ removal, and transplant tourism.
10. Governments and health professionals should implement strategies to discourage and prevent the residents of their country from engaging in transplant tourism.
11. Countries should strive to achieve self-sufficiency in organ donation and transplantation.

Activities Falling under the Definition of “Trafficking in Human Organs”



"Trafficking in human organs" shall mean any illicit activity in respect to human organs as prescribed above

Activities Falling under the Definition of “Trafficking in Human Organs”



“Trafficking in human organs” shall mean any illicit activity in respect to human organs as prescribed above

Engaging and supporting health professionals to combat organ trafficking



- Training and resources are needed to enable health professionals to recognize and respond to signs of potential trafficking, particularly when evaluating foreign and/or socioeconomically vulnerable potential living donors
- Mechanisms are needed to enable reporting of concerns for investigation by authorities, and ethical guidance to ensure potential conflicts in professional duties are managed effectively
- Systems are needed to enable collection and reporting of data to organ trafficking and transplant tourism so as to inform strategies for prevention and management
- Changes to legislation may be needed to support reporting duties, protect vulnerable parties, and facilitate exchange of information across jurisdictional borders

Continued efforts to improve legislation, regulation and implementation of policy are needed to address organ trafficking and transplant tourism, and must be tailored to address issues in the local context.

Health professionals **must** fulfill their ethical and legal responsibilities to help foster and sustain ethical practice in donation and transplantation, including through efforts to deter, prevent and respond to suspected cases of organ trafficking and transplant tourism.

- Practice ethically and lawfully
- Respond to red flags
- Advocate for and educate patients and peers
- Share information
- Collaborate across disciplines and jurisdictions on solutions

For more information:

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