

**10 YEARS OF LIVER TRANSPLANTATION IN THE REPUBLIC OF BELARUS:
ETHICAL CHALLENGES AND PERSPECTIVES
INTERNATIONAL CONFERENCE
Minsk, 6 April 2018**



**EUROPEAN HUMAN RIGHTS AND ORGAN
DONATION: LEGAL PERSPECTIVES**

**"CONTRIBUTION OF THE CD-P-TO TO
THE FIGHT AGAINST ORGAN
TRAFFICKING"**

Ana M. Pires Silva, LL.M

PORTUGUESE NATIONAL FOCAL POINT

EUROPEAN COMMITTEE ON ORGAN TRANSPLANTATION (CD-P-TO), Council of Europe

CD-P-TO

EUROPEAN COMMITTEE ON ORGAN TRANSPLANTATION COMPOSITION



Today the CD-P-TO is composed by...

- ✓ **eighty nine (89) representatives coming from thirty four (34) member states**
- ✓ **nineteen(19) observer states and institutions (including the EC, WHO, CoE Committee on Bioethics and Non-Governmental Organisations)**

CD-P-TO

EUROPEAN COMMITTEE ON ORGAN TRANSPLANTATION

MISSION

The overall aim is ...

Promotion the:

- ✓ **Principle of non-commercialisation of organ donation**
- ✓ **Self-sufficiency in transplantation**
- ✓ **Equality in access to organ transplantation**
- ✓ **Harmonisation of regulation and practices in Europe in this field**

CD-P-TO

EUROPEAN COMMITTEE ON ORGAN TRANSPLANTATION

MISSION

... and (the overall aim is)

- ✓ **Development of high ethical, safety and quality standards in the field of donation and transplantation**
- ✓ **Transfer of knowledge and expertise between MS and organisations**
- ✓ **Prevent and combat transplant related crimes**
- ✓ **FIGHT AGAINST ORGAN TRAFFICKING**

Direct Impact of the Activity of the CD-P-TO in Member States (addressed to the 47 CoE MS)

- **Technical guidance to improve the quality and safety in the field of donation and transplantation**

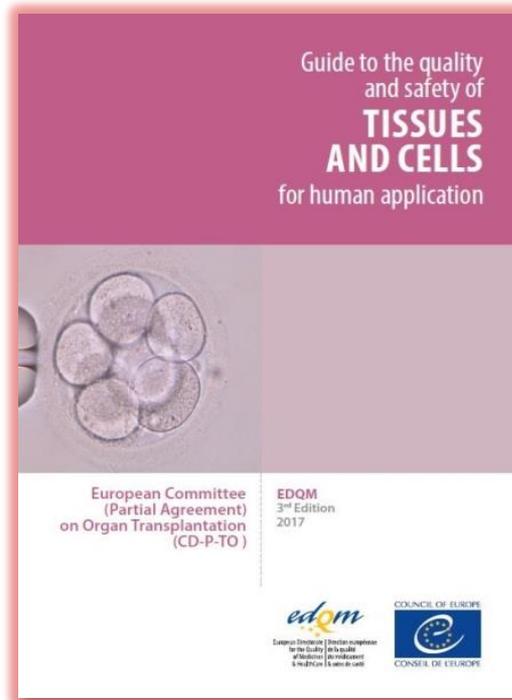
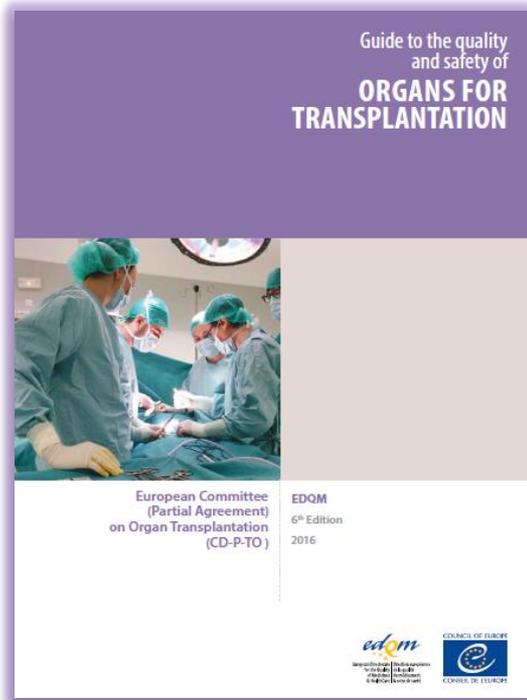


The CD-P-TO activity has a direct impact in MS, in their national legislations, organizations, and professional practices for instance the...

Direct Impact of the Activity of the CD-P-TO in Member States (addressed to the 47 CoE MS)

These Guides (to the quality and safety of organs/tissues and cells for human application) contains Guidelines ...

TECHNICAL GUIDANCE TO IMPROVE THE QUALITY AND SAFETY



guidelines to provide professionals with a useful overview of the most recent developments in the field

Ensure high level of **quality and safety standards**

Contribute to the **harmonisation** of these activities among European countries

General info about the guides: <https://go.edqm.eu/OTg>

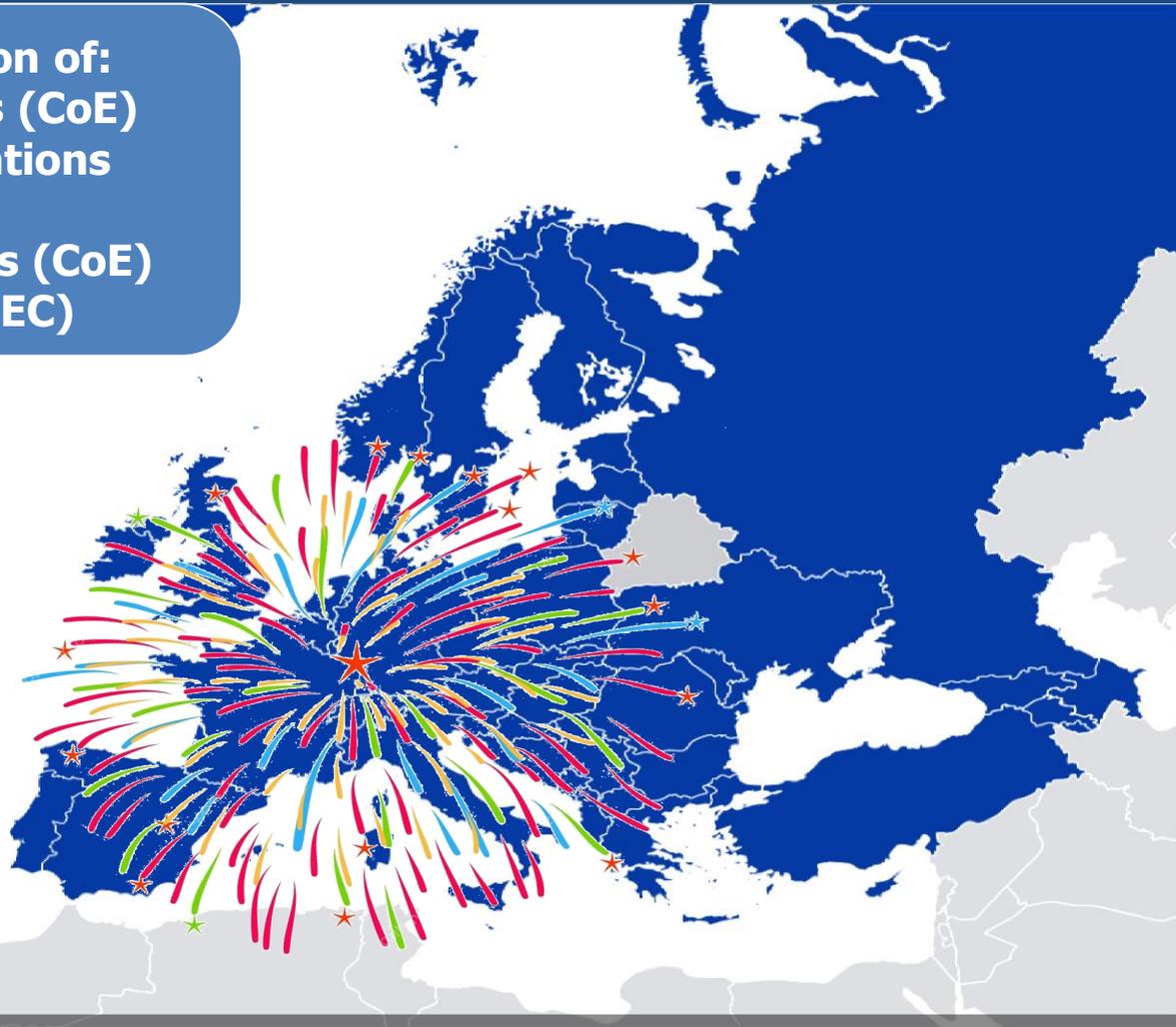
Free download: <https://www.edqm.eu/freepub/>

all these documents have profoundly impacted national legislations, organizations, and professional practices

Direct Impact of the Activity of the CD-P-TO in Member States (addressed to the 47 CoE MS)

Implementation of:

- Resolutions (CoE)
- Recommendations CoE)
- Conventions (CoE)
- Directives (EC)



Direct impact has also the work of the CD-P-TO to the implementation of international legal instruments in the field of transplantation such as the council of Europe Conventions ...

International Legal Instruments (Non-Exhaustive List)

These are some of the strong legal instruments in which the CD-P-TO is involved for its implementation, for instance ...

- **Directive 2010/53/EU on Standards of Quality and Safety of Human Organs Intended for Transplantation**
- **Resolution CM/Res(2013)56 on the development and optimisation of live kidney donation programmes**
- **Resolution CM/Res(2013)55, on Collection of Data on illicit transplant activities (through National Focal Points)**
- **Resolution CM/Res(2017)1 on donation of the non-resident living donors**

- **The Council of Europe Convention on Human Rights and Biomedicine (Oviedo Convention) 1997**
- **Additional Protocol Concerning Transplantation of Organs and Tissues of Human Origin, 2002**
- **The Council of Europe Convention on Action against Trafficking in Human Beings (for the Purpose of Organ Removal) 2005**
- **Convention Against Trafficking In Human Organs, 2015**

All this legislation is based on the Principle of Prohibition of Financial Gain with respect to the human body and its parts from living or deceased donors

Landscape Analysis of Trafficking in Human Organs

Now ...let's see the global scenery of THO ...

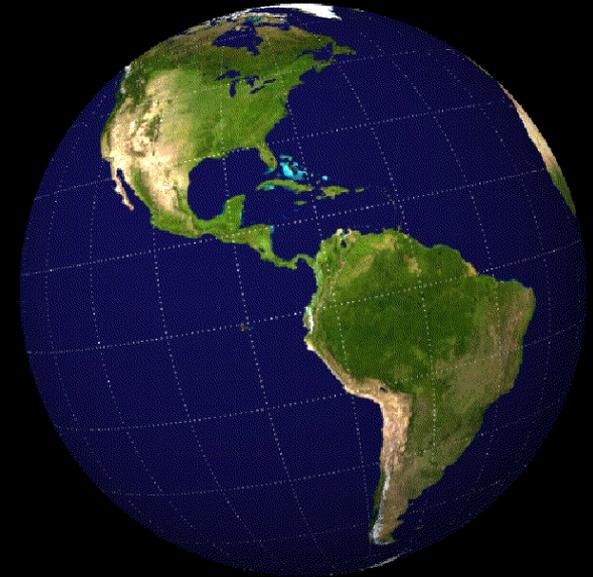
A globe of the Earth centered on the Americas, showing North and South America in green and brown against a blue ocean. A white grid of latitude and longitude lines is visible. The text is overlaid on the globe.

**Trafficking in
human organs**

**Is a Global
Phenomenon**

Organ Trafficking is a Global Phenomenon

- On a global level, it is estimated that **5% to 10%** of kidney transplants performed annually are the result of trafficking. That's **3.400-6.800** kidneys per year (still possibly an underestimate)
- The **Black –Market Kidneys** is a **Highly Lucrative business: recipients usually pay** between **\$70,000** (seventy thousand dollars) and **\$160,000** (one hundred and sixty thousand dollars) **for an organ**



The Problem ...

A globe of the Earth showing the continents of North and South America. The globe is dark blue with a grid of latitude and longitude lines. The text is overlaid on the globe.

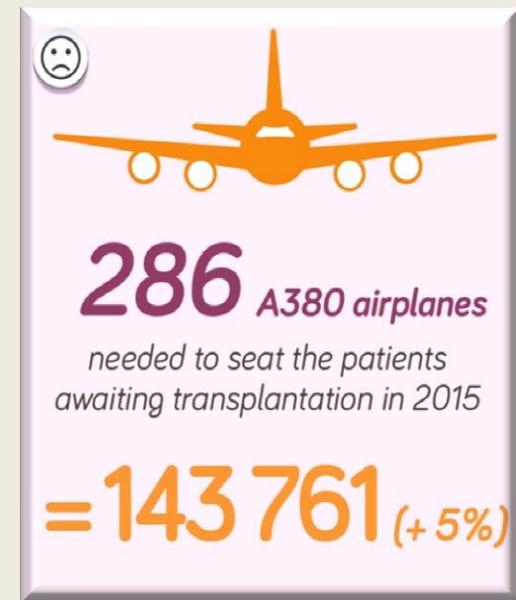
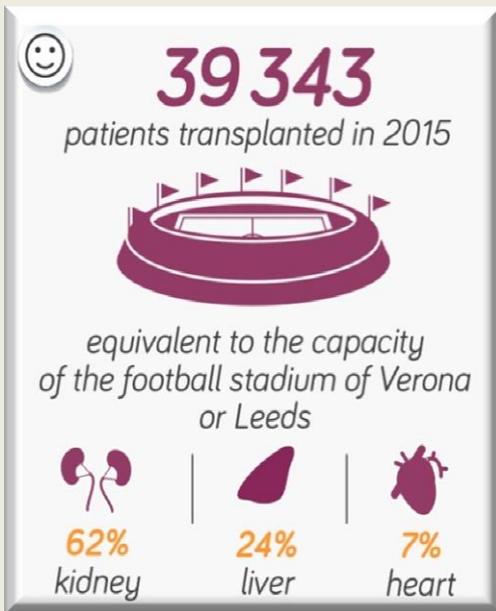
Organ Shortage

Problem at global level

The demand for human organs exceeds the availability

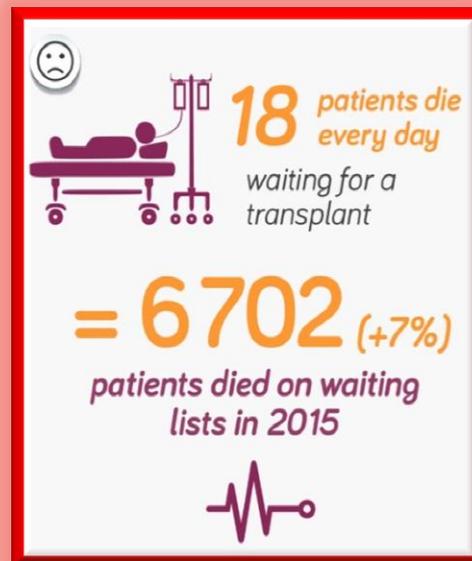
Organ Donation: Facts and Figures

This is the reality



In 2015 (two thousand fifteen):

- more than thirty-nine thousand (39,343) patients were transplanted
- 5 new patients were added every hour to a waiting list for transplantation in Europe
- 18 (eighteen) patients died every day while waiting to be transplanted



**Organ shortage remains
the main obstacle in
transplantation
medicine!**

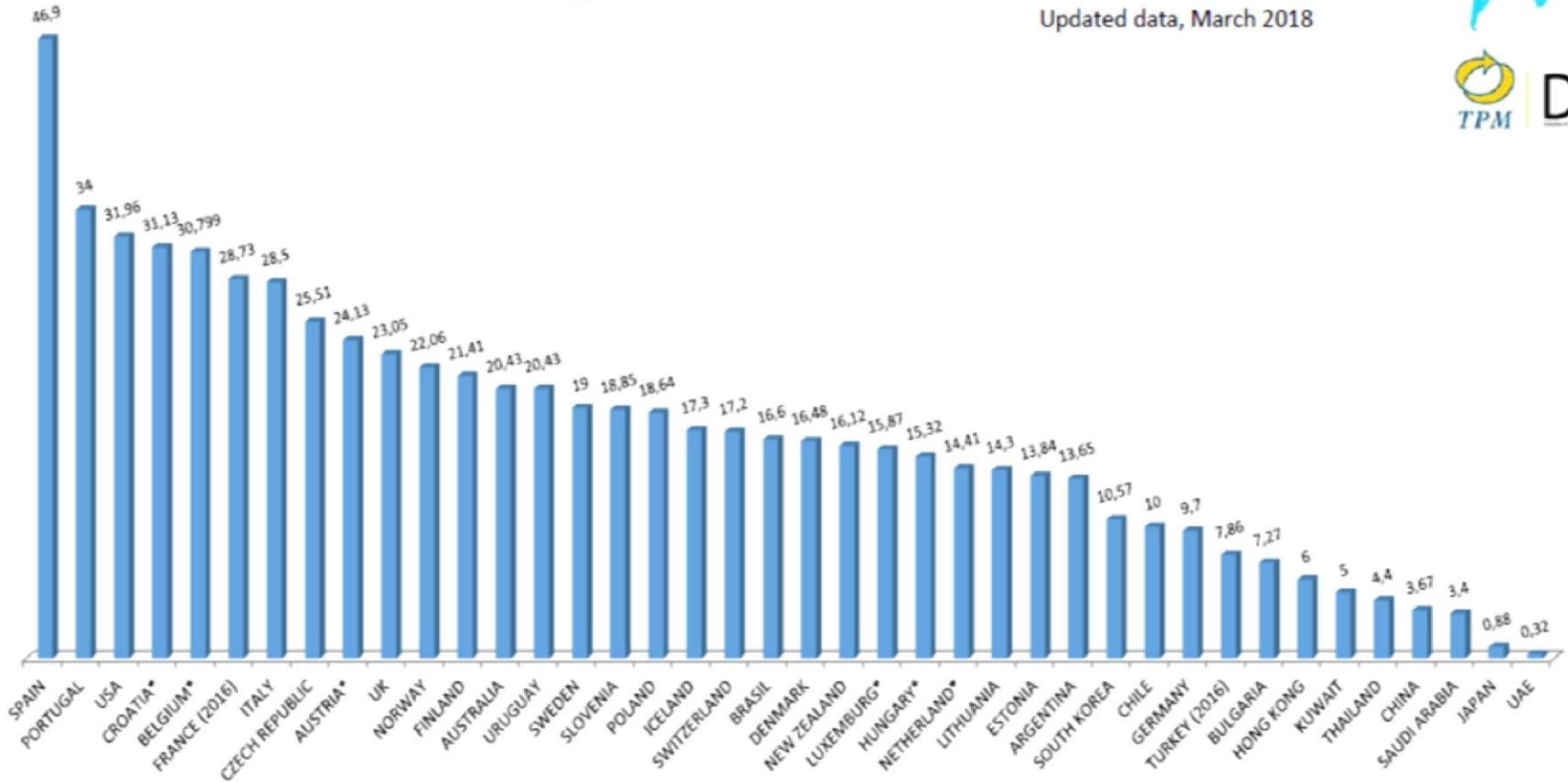
Marta López Fraga ©2017 EDQM, Council of Europe

Source: Newsletter Transplant
www.edqm.eu/freepub

Great differences in Organ Donation Rates in the worldwide

Worldwide Organ Donation in 2017 pmp

Updated data, March 2018

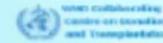


* Utilized donors

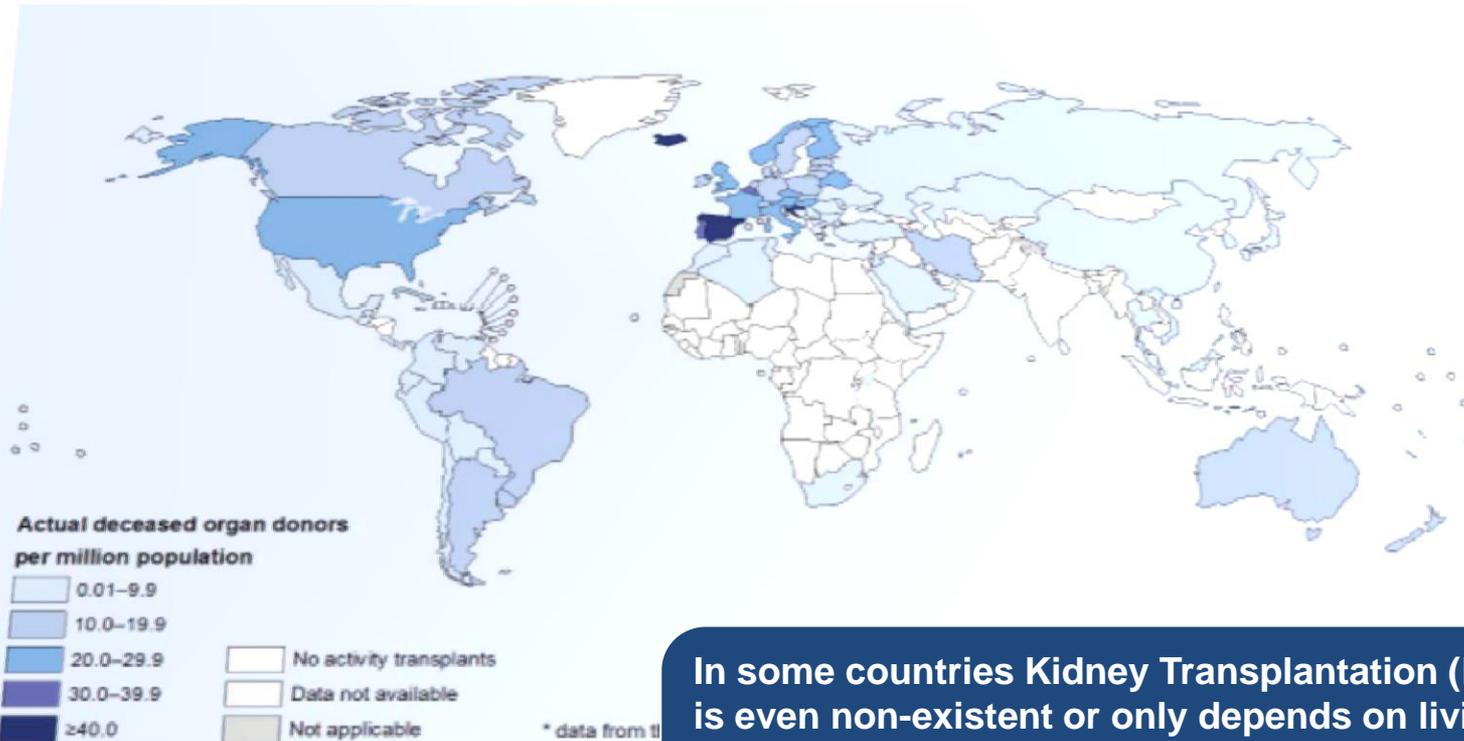
wide Disparities in the Access to and use of Transplantation

GODT

Global Observatory on Donation and Transplantation



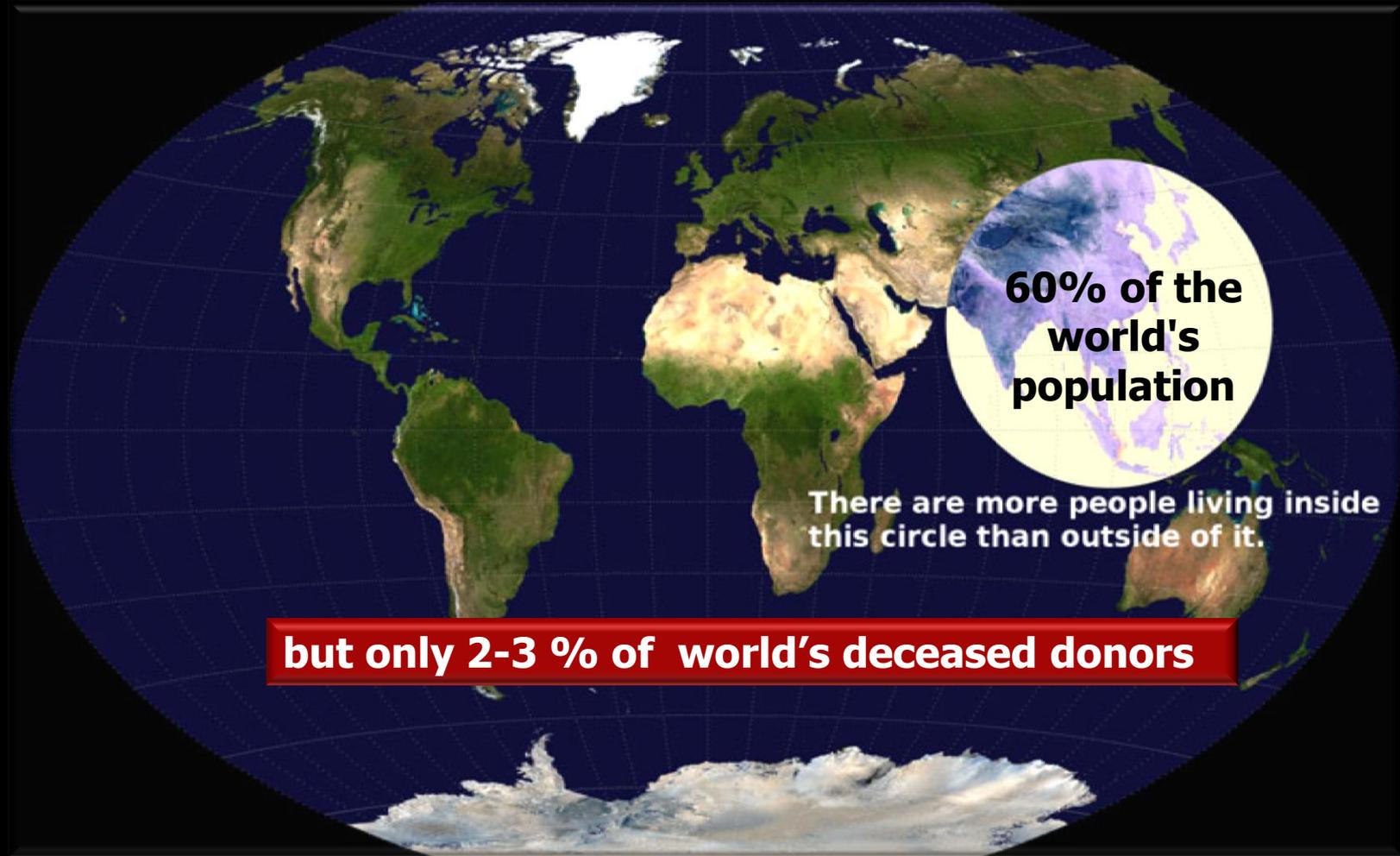
Actual donors from deceased persons, 2015*



The boundaries and names shown and the designations used on this map do not imply the expression of the World Health Organization concerning the legal status of any country, territory, city or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent for which there may not yet be full agreement.

In some countries Kidney Transplantation (KT) is even non-existent or only depends on living donation . KT are performed in 102 (one hundred and two) countries, meaning that 81% of the global population has access.

... and in Asia (the largest Continent on earth)



but only 2-3 % of world's deceased donors

Conclusion: organ trafficking is a result ...

Countries where kidney transplantation is non-existent have more risk of transplant tourism

No global Access to organ Transpla.

Shortage of organs

in 2015, 18 patients died every day while waiting to be transplanted

Vulnerable and poor people

"Donors" such as refugees, migrants workers, the homeless, or the illiterate

Organ Trafficking

No sufficient laws that prohibit transplant-related crimes

Exploitation of Legal Gaps

Organ Trafficking is an Crime Infrequently Punished!

Donors who need cash and who are desperate enough to sell their kidneys
Patients who are desperate for cure

Desperate (donors Patients)

Long Waiting List for Transpla.

In 2015, 5 new patients were added to waiting list

Exploitation of weak law enforcement



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TODAY,

- ❑ **THERE IS NO REASONS FOR COUNTRIES DO NOT HAVE LAWS THAT PROHIBIT TRANSPLANT RELATED CRIMES**
- ❑ **THERE IS INTERNATIONAL LEGAL INSTRUMENTS MADE BY THE COE TO PREVENT AND COMBAT TRANSPLANT RELATED CRIMES IN PARTICULAR ITS LATEST CONVENTION AGAINST TRAFFICKING IN HUMAN ORGANS**

CoE International Legal Instruments

Others conventions are also very important such as



- **The Council of Europe Convention on Human Rights and Biomedicine (Oviedo Convention) 1997**
- **Additional Protocol Concerning Transplantation of Organs and Tissues of Human Origin, 2002**
- **The Council of Europe Convention against Trafficking in Human Beings (for the Purpose of Organ Removal), 2005**
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All this legislation is based on the Principle of Prohibition of Financial Gain with respect to the human body and its parts from living or deceased donors

Signatures & Ratifications of the Council of Europe Convention against Trafficking in Human Organs

Signatures

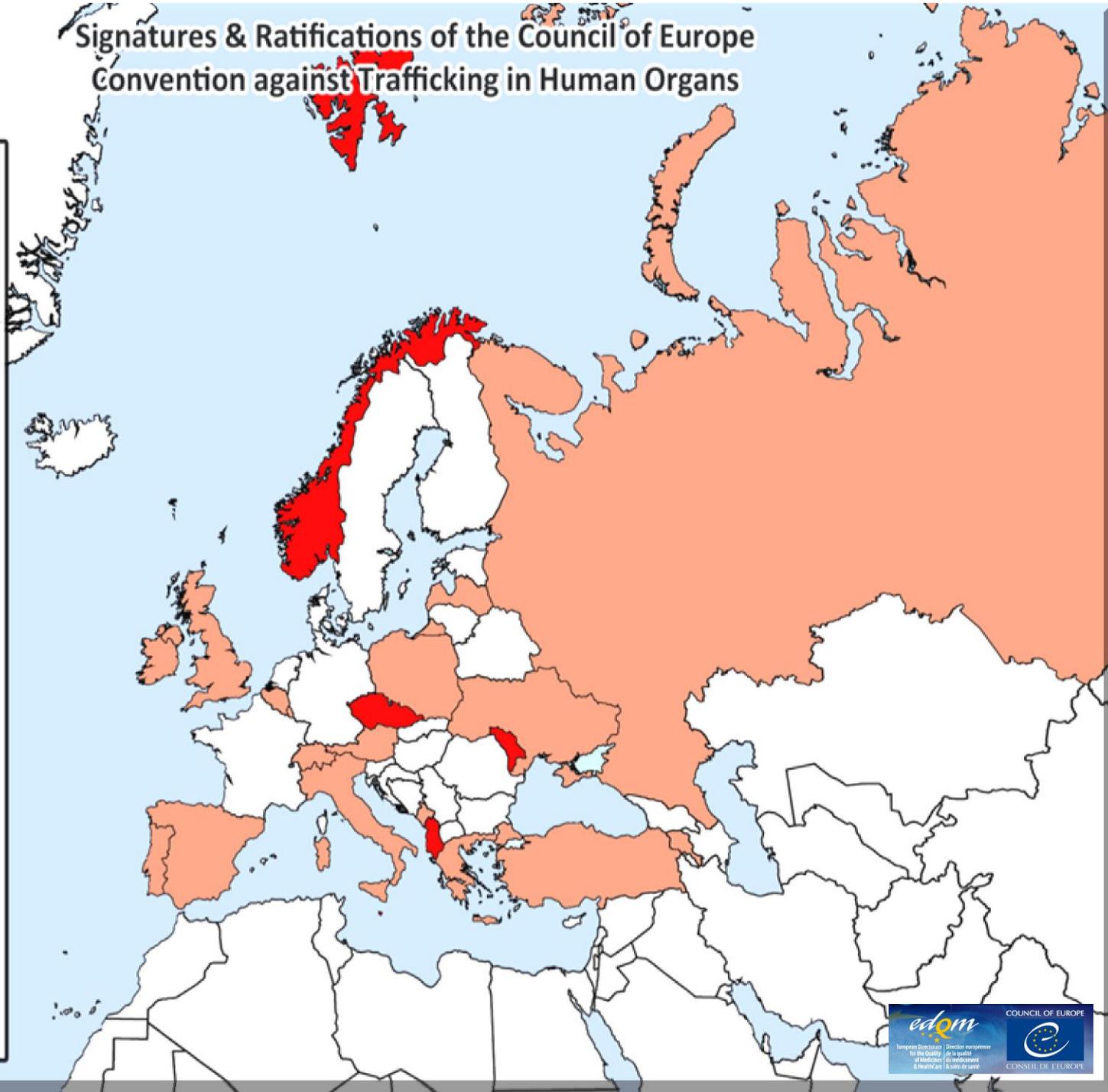
Armenia	24/01/2018
Austria	25/03/2015
Belgium.....	25/03/2015
Greece	25/03/2015
Ireland	08/10/2015
Italy	25/03/2015
Latvia	30/03/2017
Luxembourg	25/03/2015
Montenegro	16/02/2018
Poland	25/03/2015
Portugal	25/03/2015
Russian Federation	24/09/2015
Spain	25/03/2015
Switzerland	10/11/2016
Turkey	25/03/2015
Ukraine	11/09/2017
United Kingdom	25/03/2015

Ratifications

Albania	06/06/2016
Czech Republic.....	21/09/2017
Malta	07/11/2017
Norway	12/09/2017
Republic of Moldova	21/06/2017

-  Signature
-  Ratification

So far the convention has been signed by seventeen countries, and ratified by 5 countries



PRESS RELEASE

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Ref. DC 024(2018)

Trafficking in human organs: Council of Europe convention enters into force

Secretary General Jagland calls on states to join the treaty

<http://bit.ly/2HRnCSC>

Today the convention is into force in the five first states that have ratified it.

Strasbourg, 01.03.2018 - The Council of Europe Convention against Trafficking in Human Organs entered into force today in the five first states that have so far ratified it: Albania, Czech Republic, Malta, the Republic of Moldova and Norway.

The convention, the first international treaty aimed at preventing and combating trafficking in human organs, has been signed by another seventeen states, which have not yet ratified it: Armenia, Austria, Belgium, Greece, Italy, Ireland, Latvia, Luxembourg, Montenegro, Poland, Portugal, the Russian Federation, Spain, Switzerland, Turkey, Ukraine and the United Kingdom.

Council of Europe Secretary General Thorbjørn Jagland welcomed the entry into force of the convention and called on states from Europe and beyond to join it without delay.

"The dirty business of human organ trafficking causes serious human rights violations that we need to prevent and combat vigorously. These offenses are often committed by organised criminal groups and have a multi-national dimension. Governments should take swift action and co-operate effectively taking advantage of the legal framework the convention provides", Secretary General Jagland said.

01/03/2018
Entry into force of
the Council of
Europe Convention
against Trafficking in
Human Organs



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Council of Europe Treaty Series - No. 197

Council of Europe Convention on Action against Trafficking in Human Beings *

Warsaw, 16.V.2005

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CONSEIL DE L'EUROPE

Council of Europe Treaty Series - No. 216

Council of Europe Convention against Trafficking in Human Organs

Santiago de Compostela, 25.III.2015

Why two conventions against Transplant Related Crimes?

Organ Trafficking (THO) and Trafficking in Human Beings for the Purpose of Organ Removal (HTOR)

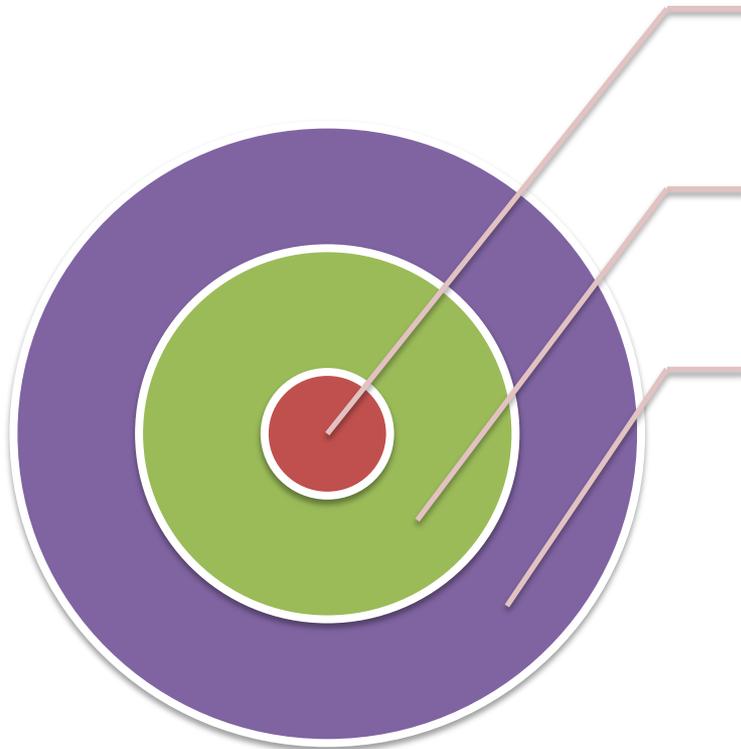
What is the difference?

**HTOR: when the organ WAS obtained through the use of coercion (such use of force), abduction, of fraud or abusive means
(the donor is a victim)**

**THO: when the organ WAS NOT obtained through the use of coercion, abduction, of fraud or abusive means, but with the consent of the "donor" in exchange of financial gain
(donor pay)**

Added value of Convention against Organ Trafficking

**Crucial added value:
Introduction of new crimes!**



Covers scenarios in which the living donor was paid e.g when the donor has taken initiative to sell an organ by contacting potential recipients or intermediaries

Convention achieves illicit Transplant practices that currently escape prosecution, e.g "transplant tourism"

illicit activities in respect of organs from deceased donors (obtained without consent or authorisation provided for under domestic law)

That why the Convention against organ trafficking was needed ! Covers activities not covered by the Convention Against Trafficking in Human Beings for the Purpose of Organ Removal

Conclusion: Complementarity

Together,

**The Convention against Trafficking in Human
Organs and**

**the Convention against Trafficking in Human
Beings for the Purpose of Organ Removal**

**provide a binding international criminal law framework
to prevent and combat transplant-related crimes**



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Council of Europe Convention against Trafficking in Human Organs

Santiago de Compostela, 25.III.2015

What Practices are Crime under this Convention?

Practices that are Crime under the Convention against Organ Trafficking

**Transplantation of
illicitly removed
organs**

**Purchasing an
organ**

**Preparation,
preservation, storage
(of illicitly removed organs)**

**Transportation, transfer,
receipt, import and
export**

**Attempt to commit
any illicit activity
(organ Trafficking)**

**Aiding or abetting
(the commission of
organ Trafficking)**

**Recruitment of
donors or
recipients**

**Selling an organ
(received a financial gain or
comparable advantage)**

**Removal of organs from
living or deceased donor
without valid consent**

**Removal of organs from
deceased donor without
authorisation**



Council of Europe Treaty Series - No. 216



Council of Europe Convention against Trafficking in Human Organs
Santiago de Compostela, 25.III.2015

Who will be criminally liable under the Convention?

Who will be criminally liable under the Convention?

- **Brokers** - who are involved in recruitment of living “donors” or recipients
- **Intermediaries** - who purchase or sell organ from living donor
- **Healthcare professionals** - Who are involved in the illicit removal of an organ (without valid consent or authorisation) or transplantation of illicitly removed organs
- **Healthcare Professionals/Publics Officials** - Who request or receipt undue advantages to facilitate illicit removal or transplantation of organs

For instance: physicians who are involved in organ trafficking, involved in the removal or transplantation of an organ from a donor who was paid!



Council of Europe Treaty Series - No. 216

Council of Europe Convention against Trafficking in Human Organs

Santiago de Compostela, 25.III.2015

Criminalising of Recipients and Donors



Criminalising of Recipients and Donors

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Council of Europe Convention against Trafficking in Human Organs

Santiago de Compostela, 25.III.2015

**“Donors” who
have sold their
organ**

**Recipients who
have purchased
an organ
(who know that
the organ was
illicitly obtained)**

**It is left open for ratifying States to
decide whether or not to criminalise
them**

Who Can be Party to the Convention?

Member States of the Council of Europe

European Union

**Non-member States with observer status,
eg. Belarus**

**Non-member States upon invitation by the Committee of
Ministers**



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Transplant Tourism



Means

- When patients travel abroad to receive an organ illicitly obtained (e.g organ trade), or
- When the resources (organs, professionals and transplant centers) devoted to providing transplants to patients from outside a country undermine the country's ability to provide transplant services for its own patients

Transplant tourism involves the donor, the recipient, or both ,crossing national boundaries for the recipient to access an illicit transplant (e.g with a paid donor)

Modalities of Transplant Tourism

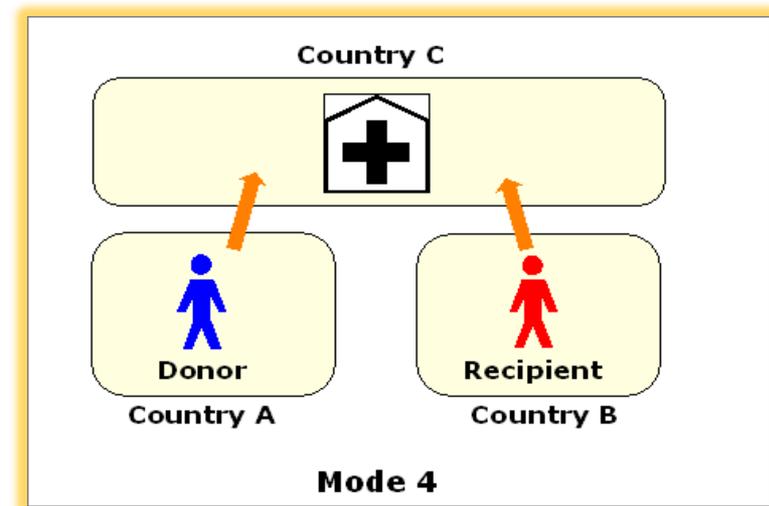
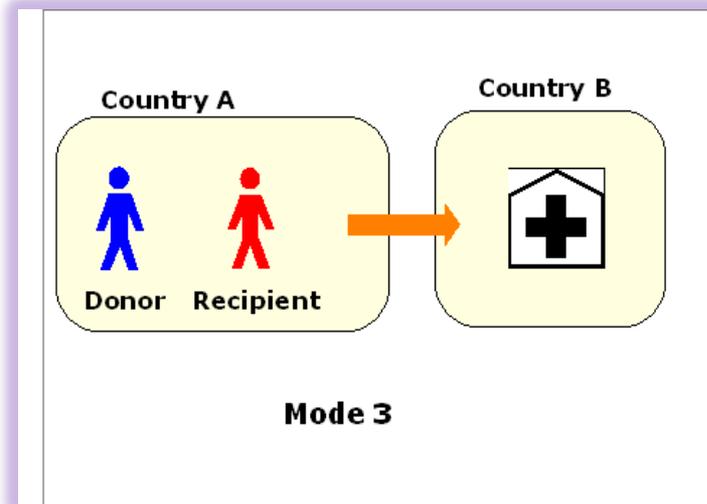
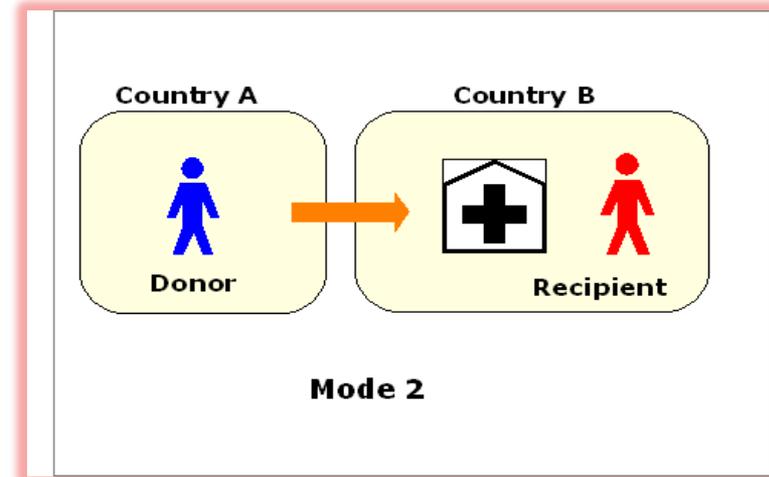
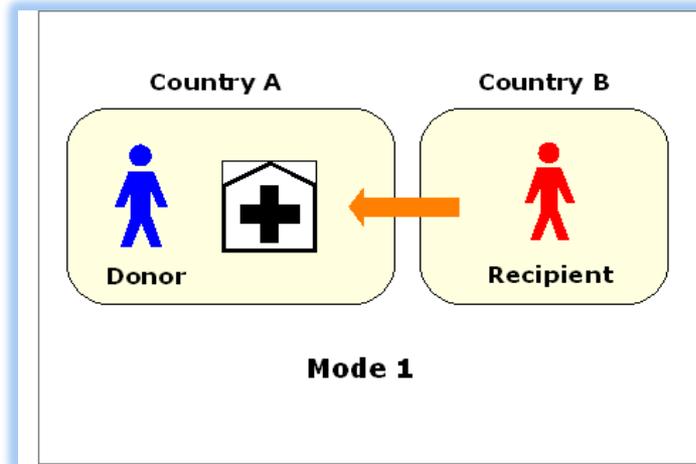
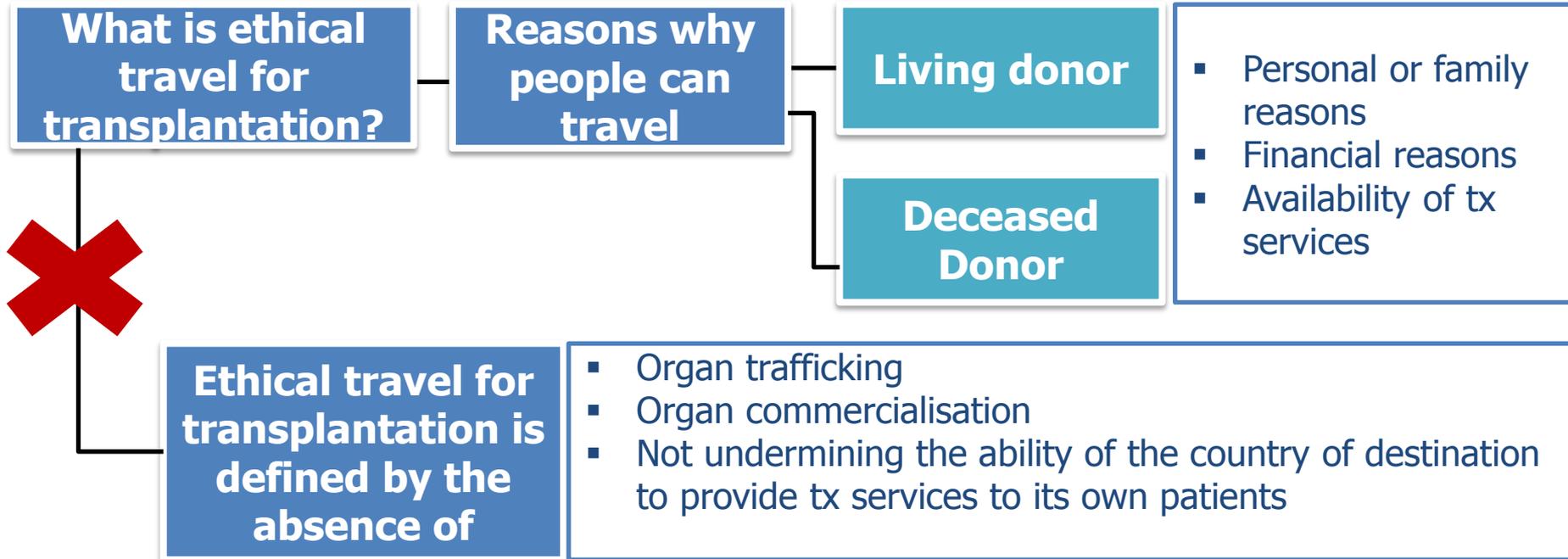


Figure 2: Shimazono (2007); Mode 1: a recipient travelling from Country B to Country A where the donor and transplant centre are located; Mode 2: a donor from Country A travelling to Country B where the recipient and transplant centre are located; Mode 3: a donor and recipient from Country A travelling to Country B where the transplant centre is located; Mode 4: a donor from Country A and a recipient from Country B travelling to Country C where the transplant centre is located.

Not all travel for transplantation is transplant tourism



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



Marta López Fraga ©2017 EDQM, Council of Europe

According to the Declaration of Istanbul on organ trafficking and transplant tourism is ethical to travel for transplantation for reasons such as: personal or family reasons or availability of transplant services



Healthcare Professionals

What is their **Role in the Fight
Against Transplant-Related
Crimes?**

Healthcare Professionals: **Key Players** in the Fight Against Transplant-Related Crimes

Transplant Professional (TPs) who treat patients in pre transplant and post transplant are in a unique position to prevent , **detect and report transplant related crimes**. In their daily practice TPs:



Pre Transplant

Managing patients who may be considering traveling abroad to purchase an organ

Managing prospective donors and recipients (including foreign donors/patients) non-resident living donor

Post Transplant

Managing patients who have received an organ transplant abroad and return home country for follow-up care

Personal Viewpoint

Reporting Organ Trafficking Networks: A Survey-Based Plea to Breach the Secrecy Oath

F. Ambagtsheer^{1,*}, L. J. Van Balen¹,
W. L. J. M. Duijst-Heesters², E. K. Massey¹
and W. Weimar¹



Results of a **survey that describes transplant professional experiences with patients who traveled abroad for a kidney transplant**

- **thirty-one (31%) of the 100 TPs were certain that patients purchased kidneys**
- **Sixty-five (65%) had suspicions that patients bought kidneys**
- **Seventy two (72%) believes that organ purchase is covered by the secrecy oath**
- **Most TPs, Eighty (80%) reported a need for Guidelines**

Personal Viewpoint

Reporting Organ Trafficking Networks: A Survey-Based Plea to Breach the Secrecy Oath

**Conclusion:
Ethical and legal
Doubts!**

- **Transplant Professionals (TPs) do not know how to deal with suspected or confirmed cases of organ trafficking**
- **TPs do not know whether or not to report these cases to law enforcement authorities due to their duty to preserve the secrecy oath (medical confidentiality)**
- **knowledge and understanding on how to prevent, detect and report organ trafficking is practically nonexistent - No Guidelines!**



Reporting suspected or confirmed cases of organ trafficking to authorities by Transplant Professionals

Resolution CM/Res(2017)2

on establishing procedures for the management of patients having received an organ transplant abroad upon return to their home country to receive follow-up care

(Adopted by the Committee of Ministers on 14 June 2017 at the 1289th meeting of the Ministers' Deputies)

to develop a framework for healthcare and other professionals to communicate information about suspected or confirmed events of organ trafficking and/or human trafficking for the purpose of organ removal to the appropriate national authorities, while respecting their professional obligations to patients. The decision in a member State may range from developing legislation and mechanism that provide for a (voluntary or mandatory) non-anonymised reporting of detected or suspicious events to the appropriate national authorities, to a (voluntary or mandatory) reporting of anonymised data that reveals information on entities, hospital or professional engaged in illegitimate transplantation but not the identities of the patients concerned;

- **To fight against organ trafficking is crucial to develop and implement National Protocols to detect and report suspected or confirmed by TPs**
- **These Protocols should describe:**
 - ✓ **the actions that TPs should take to prevent organ trafficking**
 - ✓ **a reporting mechanism to allow TPs report these cases to Law Enforcement Authorities**



In conclusion: these protocols are crucial to eliminate unreported or non-investigate organ trafficking. This is what the Council of Europe resolutions recommends to members states, its resolution on management of patients who have travelled for transplantation

Healthcare Professionals: **Key Players** in the Fight Against Transplant-Related Crimes

PRE-Transplant

My patient wish to purchase an organ.
What should I do?



What are the obligations of healthcare professionals when they treat patients who are considering traveling abroad to purchase an organ?

Managing patients at risk for Transplant Tourism

1. Transplant Professionals have the **duty to discourage** and **prevent** any harm of patients, but also the duty to protect the possible victim-donor
2. The **most effective method to discourage/to prevent organ purchase** is:
 - to **inform** patients about the **ethical, medical, psychosocial** and **legal risks of buying kidneys** abroad, including medical risks for the donors
 - by **not providing** patients with any **information** that could enable them **to purchase an organ** e.g.:
 - a. write a **referral letter** to the clinic or surgeon who will perform the illicit transplant
 - b. perform **additional medical examinations** to facilitate illicit transplants



Healthcare Professionals: **Key Players** in the Fight Against Transplant-Related Crimes

POST-Transplant



My patient said that he had bought the kidney abroad.

What should I do?
Can I refuse to treat him?



What are the **obligations** of healthcare professionals when they treat **patients** who have receive an organ **transplant abroad** and return home for follow-up care?

Caring for patients who receive an organ transplant abroad

POSt-Transplant

Resolution CM/Res(2017)2

on establishing procedures for the management of patients having received an organ transplant abroad upon return to their home country to receive follow-up care

(Adopted by the Committee of Ministers on 14 June 2017 at the 1289th meeting of the Ministers' Deputies)

- Patients have the right to receive medical care in all circumstances, even after they have committed a crime
- Health professionals' primary duty is to **provide care, including patients who have purchased an organ:**
 - Always in life-saving care
 - In non-emergency situations physicians may refer the patient to another physician

SPECIAL FEATURE

Policy Statement of Canadian Society of Transplantation and Canadian Society of Nephrology on Organ Trafficking and Transplant Tourism

John S. Gill,^{1,10} Aviva Goldberg,² G. V. Ramesh Prasad,³ Marie-Chantal Fortin,⁴ Tom-Blydt Hansen,² Aileen Levin,⁵ Jagbir Gill,⁶ Marcello Tonello,⁷ Lee Anne Tibbles,⁸ Greg Knoll,⁹ Edward H. Cole,⁸ and Timothy Caulfield⁸

PREAMBLE

The Declaration of Istanbul on Organ Trafficking and Transplant Tourism (1) was developed after a directive from the World Health Assembly in 2004 (resolution 57.18), which urged member states: "to take measures to protect the poorest and vulnerable groups from transplant tourism and the sale of tissues and organs, including attention to the wider problem of international trafficking in human tissues and organs" (2). The Declaration of Istanbul (1) states that organ trafficking and transplant tourism should be prohibited, because they violate the principles of equity, justice, and respect for human dignity. The Declaration (1) aims to combat these activities that threaten the legacy of organ transplantation and the nobility of organ donation and calls for each country to develop a legal and professional framework to govern organ donation and transplantation activities. The Declaration (1) calls for increased oversight of donation and transplant activity in member states to ensure donor and recipient safety and prohibition of unethical practices.

In response to The Declaration (1), members of the Canadian Society of Transplantation and the Canadian Society of Nephrology developed this policy document that will help to establish a unified and consistent approach to deter transplant tourism by Canadian healthcare providers, and in

so doing, will ensure the optimal care of Canadian patients with end organ failure. This policy document was produced with guidance of experts in Canadian medical law and bioethics. Where appropriate, the document refers directly to existing documents that are accepted in Canadian medical practice such as the Canadian Medical Association Code of Ethics (3). The document summarizes the official Policy of the Canadian Society of Transplantation and The Canadian Society of Nephrology and is intended to assist members of these professional societies in their interactions with patients. The recommendations provide healthcare professionals with a framework to approach the subject of transplant tourism and organ trafficking with patients. Healthcare providers should be aware of the legal and regulatory requirements that govern medical practice in their jurisdictions.

TARGET AUDIENCE

This document is relevant for Canadian healthcare providers involved in the care of patients who are candidates for solid organ transplantation or recipients of a solid organ transplant. Although kidneys are the most common organ involved in organ trafficking, the trafficking of livers and hearts is also known to occur (4). Therefore, the information in this document is also relevant for healthcare providers involved in the care of any patient with end organ failure.

DEFINITIONS

- Organ trafficking is the recruitment, transport, transfer, harboring, or receipt of living or deceased persons or their organs by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving to, or the receiving by, a third party of payments, or benefits to achieve the transfer of control over the potential donor, for the purpose of exploitation by the removal of organs for transplantation (1).
- Transplant commercialism is a policy or practice in which an organ is treated as a commodity, including being bought or sold or used for material gain (1).
- Travel for transplantation is the movement of organs, donors, recipients, or transplant professionals across jurisdictional borders for transplantation purposes.

Transplantation • Volume 90, Number 8, October 27, 2010

www.transplantjournal.com | 817

this is what the Council of Europe resolutions recommends to members states, its resolution on management of patients who have travelled for transplantation

Registry on patients who receive an organ abroad and returns home for follow-up care

The **same data that is routinely collected** and recorded in national transplant registries on patients who receive an organ domestically should also be collected on patients who receive an organ abroad and return home for follow-up care

Registries

L 207/14

EN

Official Journal of the European Union

DIRECTIVE 2010/45/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 7 July 2010
on standards of quality and safety of human organs intended for transplantation

- **Transparency**
 - **Traceability and**
 - **Continuity of care**
- should also be guaranteed for **ALL** patients who travel for transplantation



WHO GUIDING PRINCIPLES ON HUMAN CELL, TISSUE AND ORGAN TRANSPLANTATION¹

PREAMBLE

1. As the Director-General's report to the Executive Board at its Seventy-ninth session pointed out, human organ transplantation began with a series of experimental studies at the beginning of the twentieth century. The report drew attention to some of the major clinical and scientific advances in the field since Alexis Carrel was awarded the Nobel Prize in 1912 for his pioneering work. Surgical transplantation of human organs from deceased, as well as living, donors to sick and dying patients began after the Second World War. Over the past 50 years, the transplantation of human organs, tissues and cells has become a worldwide practice, which has extended and greatly enhanced the quality of hundreds of thousands of lives. Continuous improvements in medical technology, particularly in relation to organ and tissue rejection, have led to an increase in the demand for organs and tissues, which has always exceeded supply despite substantial expansion in deceased organ donation as well as greater reliance on donation from living persons in recent years.
2. The shortage of available organs has not only prompted many countries to develop procedures and systems to increase supply but has also stimulated commercial traffic in human organs, particularly from living donors who are unrelated to recipients. The evidence of such commerce, along with the related traffic in human beings, has become clearer in recent decades. Moreover, the growing ease of international communication and travel has led many patients to travel abroad to medical centres that advertise their ability to perform transplants and to supply donor organs for a single, inclusive charge.
3. Resolutions WHA40.13 and WHA42.5 first expressed the Health Assembly's concern over commercial trade in organs and the need for global standards for transplantation. Based on a process of consultation undertaken by the Secretariat, the Health Assembly then endorsed the WHO Guiding Principles on Human Organ Transplantation in resolution WHA44.25. Over the past 17 years the Guiding Principles have greatly influenced professional codes and practices as well as legislation around the world. In the light of changes in practice and attitudes regarding organ and tissue transplantation, the Fifty-seventh World Health Assembly in resolution WHA57.18 requested the Director-General, inter alia, "to continue examining and collecting global data on the practice's safety, quality, efficiency and epidemiology of allogeneic transplantation and on ethical issues, including living donation, in order to update the Guiding Principles on Human Organ Transplantation".
4. The following Guiding Principles are intended to provide an orderly, ethical and acceptable framework for the acquisition and transplantation of human cells, tissues and organs for therapeutic purposes. Each jurisdiction will determine the means of implementing the Guiding Principles. They preserve the essential points of the 1993 version while incorporating new practices in response to current trends in transplantation, particularly organ transplants from living donors and the increasing use of human cells and tissues. The Guiding Principles do not apply to transplantation of gametes, ovum or testicular tissue, or embryos for reproductive purposes, or to blood or blood components collected for transfusion purposes.

¹ As endorsed by the sixty-third World Health Assembly in May 2010, in Resolution WHA63.22

Also, TPs have the duty to ensure traceability and biovigilance for all patients who travel for transplantation: the same data that are routinely collected MUST be recorded in National Registries.

WHO Guiding Principles. www.who.int

Stop Organ Trafficking



What is Being done?

**OTHERS EFFORTS MADE BY THE CD-P-TO TO PREVENT
AND COMBAT TRANSPLANT RELATED CRIMES**

International Network of National Focal Points on Transplant Related Crimes

32 Countries
32 NFPs

What is their **Role?**

Supporting National Efforts against Organ Trafficking

They are **Part of the Solution!**



International Network of NFPs on Transplant-Related Crimes

This Network has been established by CD-P-TO according to the council of Europe recommendations, Its Resolution on Data Collection on illicit transplantation which recommends that Members States should have a NFP on transplant-related crimes

COMMITTEE
OF MINISTERS
COMITÉ
DES MINISTRES



Resolution CM/Res(2013)55

on establishing procedures for the collection and dissemination of data on transplantation activities outside a domestic transplantation system¹

Recommends that the governments of States Parties to the Convention:

- adopt procedures and methods for the regular collection of data on patients going abroad to be transplanted with an organ retrieved as a result of illicit transplantation procedures performed outside the framework of a domestic transplantation system;
- designate a contact person in charge of data collection on illicit transplantation activities. This contact person should be based at the existing national transplantation body or, alternatively, at the ministry of health in those member States where a national transplantation body does not exist or is not in charge of following-up on transplantation activities;
- develop and implement an appropriate tool for data collection on illicit transplantation activities or use the model questionnaire or any other tool provided in the appendices of the Council of Europe Guide to the quality and safety of organs for transplantation⁶ in its existing version at the date of adoption of this resolution or in subsequently amended versions;
- ensure the contact person disseminates data-collection tools to transplantation centres;
- ensure the regular collection of data on illicit transplantation activities and the compilation of results;
- communicate the results to the Secretariat of the European Committee on Organ Transplantation (Partial Agreement) (CD-P-TO) of the Council of Europe with a view to analysing and discussing such results within the CD-P-TO and informing member States.

NFP

The **Role** of NFPs in supporting National Efforts against Transplant Related Crimes

- ❑ The regular **Collection of Data** on illicit transplantation activities
- ❑ To Create **Awareness** among **Transplant Professionals**:
 - ✓ on their **liability** when involved in organ trafficking
 - ✓ on their **role** in helping Prevent, Detect and Combat OT
- ❑ To develop and implement a **Reporting National Protocol** to detect and report transplant-related crimes
- ❑ Promotion the **Adoption and Implementation** of the Convention against Organ Trafficking





Specific training of NFPs in order to undertake their role

To carry out their role NFPs have received specific training!

1st Workshop for NFPs on Transplant Related Crimes



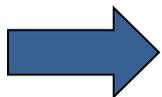
Madrid, 30 Nov -1 Dec 2016

With the aim of ensuring NFPs have the necessary knowledge and tools to carry out their ROLE, a Workshop for National Focal Points on transplant-related crimes **has been performed in Spain** (in two thousand and sixteen)

National Focal Points on transplant-related crimes



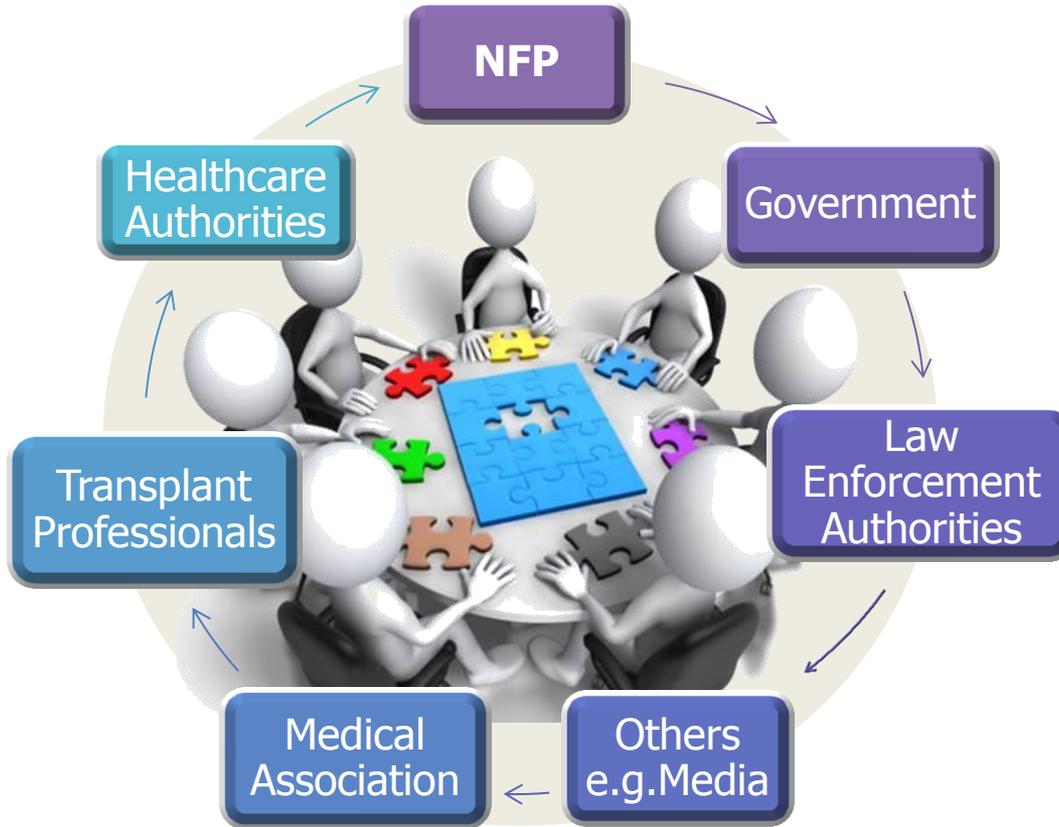
What are they doing?



The role of NFPs is supporting National Efforts against Transplant Related Crimes

Implementing a National Multidisciplinary Network of “fighters” against Transplant Related Crimes

to achieve an effective combat to the THO legislation, law enforcement and healthcare authorities **must go hand in hand!**



Collecting data (annual) on patients who have travelled for transplantation

[Logo of national authority]

Survey on patients who have received a kidney transplant abroad and return to their home country for follow-up care

 COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Hospital data

This questionnaire must be completed by all transplant teams that follow recipients of kidney transplants. The replies must be addressed to the National Contact Person in charge of this data collection.

Questionnaire to be sent to

Name and Surname:
Full address:
Tel:
Fax:
E-Mail:

Information on the patient's identity is not requested

1. Identification of the transplant team

- Transplant Centre / Hospital:
- Name and function of the person who completed the questionnaire:
- Name of the head of the transplant centre:

2. Number of patients active on your centre's waiting list for organ transplantation at the end of (reported year):

3. Number of patients who received an organ transplant in your centre during (reported year):

- From a living donor:
- From a deceased donor:

4. Number of patients who are followed by your centre:

5. Did any of the patients followed by your centre receive a kidney transplant abroad during (reported year)?

YES NO

If your answer is NO, you have completed the questionnaire.

6. If your answer is YES, please specify the following information on all patients who received a kidney transplant abroad during (the reported year) and who are followed by your center, along with information on their outcomes up to the first year after transplantation.

Aim of the data collection:

- **Quantify possible cases of resident patients who might have travelled abroad to be transplanted with an organ retrieved from a paid living donor**
- **Dimension of travel for transplantation**
- **Qualitative aspects**
 - ✓ Countries involved/hotspots
 - ✓ Profile of recipients/donors
 - ✓ Quality of transfer of care
 - ✓ Impact on post-transplant outcomes

NFPS are collecting data (...) in cooperation with kidney transplant centres. This survey is Annual and Started last year. This data collection is very important to better understand the phenomenon of transplant tourism.

International Database on Travel for Transplantation



[Logo of national authority]

Survey on patients who have received a kidney transplant abroad and return to their home country for follow-up care

Hospital data

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- Name and function of the person who completed the questionnaire:
- Name of the head of the transplant centre:

2. Number of patients active on your centre's waiting list for organ transplantation at the end of (reported year):

3. Number of patients who received an organ transplant in your centre during (reported year):

- From a living donor:
- From a deceased donor:

4. Number of patients who are followed by your centre:

5. Did any of the patients followed by your centre receive a kidney transplant abroad during (reported year)?

YES NO

If your answer is NO, you have completed the questionnaire.

6. If your answer is YES, please specify the following information on all patients who received a kidney transplant abroad during (the reported year) and who are followed by your center, along with information on their outcomes up to the first year after transplantation.

Sharing anonymised data on patients transplanted abroad at international level would help better understand the phenomenon of transplant tourism (its consequences at individual and public health level) and to develop tools to prevent and combat it!

This data have been communicated last year to the CD-P-TO by NFP. Today we have an international Database to help better understand the phenomenon of transplant tourism

Evaluation of data collected from patients transplanted abroad



- Jointly discuss results and decide on next actions

II Workshop for National Focal Points on Transplant Related Crimes
-Strasbourg, 9-10 Nov 2017

Final Message

How to Stop Trafficking in Human Organs?

What is the Solution ?

We need a Global Solution!

Final Message

A butterfly flapping its wings in Brazil can produce a tornado in Texas. (Edward Lorenz)

Who really can affect the course of **Dark History of Organ Trafficking?**

What are the **Actions** that make a difference?



- ✓ **National Focal Points through the implementation of a National Multidisciplinary Network of "Fighters" against organ trafficking**
- ✓ **Cooperation between Healthcare and Law Enforcement Authorities is crucial in order to eliminate unreported or non-investigated organ trafficking**
- ✓ **Implementation of national laws that prohibit organ trafficking**
- ✓ **Through the adoption and implementation of the Convention against organ trafficking**
- ✓ **Pursuing national self-sufficiently (e.g developing better systems of deceased organ donation)**

Together Against Trafficking Human Organs

Thanks for your attention!

ana.pires.silva@ipst.min-saude.pt

For any questions regarding organ transplantation or organ trafficking please contact the Secretariat of the Council of Europe European Committee on Organ Transplantation: marta.fraga@edqm.eu