

Topic 1: The Ethics of Organ Trade and Trafficking: Protecting Human Rights in Healthcare

United Nations Human Rights Council

I. Introduction

“Organ trade” refers to the buying and selling of human organs for transplantation. “Organ trafficking” is the illicit, often coerced removal and sale of organs. This usually involves networks of criminals and vulnerable populations, as defined by the World Health Organization and United Nations Office on Drugs and Crime.

The illicit organ trade impacts thousands of people worldwide and is estimated to be worth billions of dollars annually. It undercuts healthcare standards, encourages corruption, and takes advantage of the poor.

Recent instances of organ harvesting in areas of warfare, the rising shortage of organs for transplants, and documented abuses in countries like China and India have made this issue more pressing.

II. Key Terms

Organ trafficking: The illegal and unethical removal, sale, and transport of organs. Often involving deception, coercion, or absence of valid consent.

Organ trade (legal/illegal): Legal organ trade refers to voluntary, regulated donation/ transplants; illegal trade involves organs obtained through exploitation, coercion, or criminal means.

Transplant tourism: Patients travel abroad for organ transplants, sometimes into gray or illegal markets.

Living/Deceased donors: Living donors are alive at donation; Deceased donors are those whose organs are taken post-mortem

Consent: Genuine, informed authorisation required from donors (often lacking in trafficking cases).

UNODC: UN agency addressing international crime, including trafficking.

WHO: oversees global health, issues transplantation guidelines.

INTERPOL: Supports international law enforcement in organ trafficking cases.

Human right violations: Trafficking involves abuse of rights to autonomy, health, and dignity.

Bioethics: The moral principles guiding medical and transplant practices.

III. Past International Actions

UNTOC & Palermo Protocol (2000)

Defined trafficking offenses on an international scale. Formally recognised human trafficking and trafficking for the purpose of organ removal. It created a legal foundation for cooperation between states and pushed countries to align their national laws with a shared definition of trafficking so that investigations, prosecutions, and victim protection were more realisable.

WHO Guiding Principles (most recent edition)

Ethical and medical standards for organ transplant around the world. They established a global reference point for consent, transparency, and equity in organ allocation. It's not legally binding for any countries, but has still had a large role in influencing national policies and medical protocols. The principles have also reduced exploitative and unsafe transplantation practices, while promoting fairness in legitimate organ donation systems.

Istanbul Declaration (2008)

Explicitly condemned organ trafficking and transplant tourism. It mobilised the international medical community: transplant societies, surgeons, and hospitals committed to refuse participation in unethical practices. The declaration heightened awareness of the problem, placed professional responsibility on medical practitioners, and pressured governments to close loopholes that allowed trafficking networks to flourish.

IV. Timeline of Key Events

1968 - Harvard Medical School Defines “Brain Death”

Becomes a turning point in transplant ethics, as it expands the potential donor pool and raises new moral questions about when life ends.

1984 - U.S National Organ Transplant Act

Creates the national organ matching system and prohibits the sale of human organs.

1994 - India’s transplantation of Human Organs Act

India passes a law regulating organ donation and prohibiting commercial organ trading. Illegal networks persist despite this.

2000 - Palermo Protocol adopted (first major global agreement on trafficking).

2002 - First Reports of Organ Tourism in China

International NGOs and journalists behind documenting allegations of large scale organ harvesting from prisoners in China. The reports draw worldwide condemnation and bring unprecedented attention to forced organ harvesting.

2004 - WHO World Health Assembly Resolution 57.18

Adopts a resolution urging member states to protect vulnerable groups from organ trafficking and to promote voluntary, non-commercial donation systems.

2010 - WHO Guiding Principles (Updated Edition)

WHO revises its Guiding Principles: clarifies standards for transparency, consent, and equity. This edition emphasises protecting the poor and vulnerable from exploitation.

2013 - Israeli Law Against Organ Trafficking

Israel passes a pioneering law banning compensation for transplants performed abroad if linked to trafficking. Dramatically reduces “transplants tourism” from Israel and inspires other countries to strengthen their laws.

2015 - UN reports major trafficking cases in Libya and Egypt involving migrants.

2017 - EU Parliament condemnation of Forced Organ Harvesting in China.

Passes resolutions calling on China to end the practice of harvesting organs from prisoners of conscience. This marks a shift toward human rights framing of the issue.

2020s - Rise in organ trade linked to online recruitment, exploitation in conflict zones, law enforcement crackdowns in China, India, Nigeria. Growing global collaboration. Countries strengthen laws and oversight (Taiwan bans organ transplant tourism, Spain expands its model of altruistic donation). NGOs and medical associations continue campaigning to safeguard ethical transplantation.

V. Current Situation

The global organ trade is one of the most urgent challenges in modern medicine, with demand far larger than legal supply. The WHO estimates that less than 10% of global transplant needs are met through legal means, while 20% of transplants worldwide may involve illicit sources. The illegal trade generates between \$600 million and \$1 billion every year, usually exploiting impoverished populations in Asia, Africa, and the Middle East; wealthier patients in Western countries often benefit as recipients.

Vulnerable individuals are frequently promised large amounts of money for kidneys but receive only a fraction, while criminal brokers, hospitals, and complicit officials make enormous profits. The COVID-19 pandemic further worsened vulnerabilities by disrupting legal donation systems, something that has forced desperate groups to turn to underground markets.

Recent cases of trafficking show the urgency of the matter. In Kenya, a 2024 investigation showed a trafficking ring at Mediheal Hospital where young men were forced into kidney sales. Traffickers earned up to €200,000 per organ with falsified documents and cross-border deals. In Kyrgyzstan, authorities dismantled a network that falsified ties between donors and recipients to take them abroad, profiting between \$30,000–\$70,000 per transplant. In Indonesia, at least 122 people were tricked into selling their kidneys in Cambodia, an example of how traffickers exploit economic desperation in Southeast Asia. Even migrant workers in the Gulf States have been found with unexplained surgical scars after returning from abroad, raising fears of forced harvesting under systems with little medical oversight.

Digital technologies have given traffickers new tools. Encrypted messaging apps, social media, online jobs, and many other postings are increasingly used to recruit victims and advertise organs. Enforcement fails to keep pace, and an estimated 120 countries still lack laws against organ trafficking and hence have more gaps for exploitation. Despite efforts like Israel's pioneering transplant tourism ban, the Istanbul Declaration, and WHO's Guiding Principles, criminal networks are adapting and there is an urgent need for coordinated global action.

VI. Major Parties Involved

India: India is considered both a source and destination in illegal organ trade. Many people are vulnerable to coercion and deception due to the country's poverty, unemployment, and poor access to healthcare. Typical cases involve kidneys being sold for small sums as a way to repay debts, some instances reporting traffickers falsifying consent forms and impersonating relatives of recipients. Despite the Transplantation of Human Organs Act being introduced in 1994, challenges in monitoring rural areas and private clinics are still present.

Enforcement in India is hindered by corruption and weak oversight, which allows black market networks to continue operating. The country's huge transplant demand fosters illicit activities despite the country's investment in public awareness campaigns and the National Organ and Tissue Transplant Organisation.

China: Because of claims of forced organ harvesting, especially from prisoners of conscience like Falun Gong members and Uyghur Muslims, China's involvement in the organ trade is highly debated. Organs from executed prisoners were a major part of the Chinese transplant system, a practice that the UN and WHO condemned as unethical. Since 2015, the government has asserted that all transplants originate from a voluntary donor system that has been extended across the country. However, international organisations such as Doctors Against Forced Organ Harvesting and NGOs stated that reported data inconsistencies and secrecy point to ongoing abuses. China has strengthened oversight procedures and enforced transplant laws, but the absence of objective confirmation and disclosure continues to fuel discussions about healthcare ethics and human rights.

Nigeria: Nigeria is considered to be a major source and destination nation for the trafficking of organs, particularly kidneys that are headed for markets in the Middle East and North Africa. There are many vulnerable people who view the sale of organs as their only source of financial relief since they face widespread unemployment and poverty. Organised crime groups transport donors illegally, sometimes by acting as legitimate companies abroad and taking advantage of open borders and poor law enforcement. Organ trafficking is illegal under national law, but effective prosecution is made difficult by corruption and a lack of funding. The goal of international cooperation with INTERPOL and neighbouring states is to block trafficking routes, but the effectiveness of these efforts is limited by a lack of institutional capacity.

Philippines: Historically, the Philippines was known as a transplant tourism hub, with patients from wealthier nations (Middle east and East Asia) travelling to purchase kidneys from impoverished local donors.

The promise of large financial rewards often concealed exploitative conditions and long-term health consequences for the donors. In 2008, the Philippine government passed legislation banning foreign recipients from receiving organs from local donors, alongside stricter medical licensing rules for transplant centers. While these measures decreased overt transplant tourism, hidden operations persist, particularly in rural regions where oversight is weaker. NGOs have worked with the Philippine health ministry to educate communities on the risks of selling organs, but economic inequalities still encourage illicit transactions.

United States: The United States maintains one of the most regulated and transparent organ transplantation systems in the world, coordinated by the United Network for Organ Sharing. While domestic illegal organ transactions are virtually nonexistent due to rigorous monitoring, the US is implicated in global organ trade primarily through transplant tourism: American patients traveling abroad to undergo procedures in less regulated markets. US law prohibits the sale of organs, and authorities actively persecute attempts at illicit transactions. Additionally, the country funds the supports global anti-trafficking initiative through agencies such as the State Department's Office to Monitor and Combat Trafficking in Persons. However, long transplant waiting lists motivate some patients to circumvent the system, indirectly sustaining overseas black markets.

European Union: The EU has a leading role in organising anti-trafficking efforts and advocating for member states to follow ethical procurement standards. Laws like the EU Directive on Standards of Quality and Safety of Human Organs Intended for Transplantation have made regulations clear and emphasised donor consent and traceability. EU member nations generally report low rates of domestic organ trafficking, but there have been incidents involving illegal procurement of organs from migrants and refugees, as well as individuals trafficked into the region. EU countries have provided financial and logistical backing for cross-border investigations and global initiatives led by WHO and UNODC, but still have the challenge of policing their external borders and ensuring transplant patients that travel abroad don't participate in unethical transplant tourism.

Middle East: Egypt is both a source and destination for organ trafficking, with Cairo having been named by UNODC as a major hub for illicit kidney transplants. Refugees and irregular migrants passing through Egypt, notably from Sudan, Eritrea, and Syria, face extreme vulnerability to traffickers who lure or force them into organ removal. Despite stricter laws introduced in 2010, enforcement remains inconsistent. Israel, conversely, has transitioned from being a key destination for transplant tourism to a model of reform. The 2008 Organ Transplant Law banned overseas transplants from unverified sources and introduced financial incentives for voluntary domestic donors, drastically reducing transplant tourism. Both nations illustrate how economic and policy choices shape the ethical landscape of transplantation.

VII. Key Topics to Debate

- Are current international laws and conventions sufficient, or do enforcement gaps remain?
- Should genetically modified animal organs be used in humans, despite ethical and safety concerns?
- Should monetary compensation for organ donation be legalised to increase supply, or would this worsen exploitation?
- Should prisoners be allowed to donate organs, or even offered reduced sentences in exchange for donation?
- How can vulnerable groups (refugees, poor, prisoners) be protected from organ trafficking?
- Should donors receive financial incentives such as tax breaks, healthcare benefits, or direct payments?
- How should artificial organs, 3D bioprinting, and gene-edited organs be regulated to prevent inequity or exploitation?

- What should be the role of global organisations like INTERPOL and WHO?
- Should consent standards be harmonised globally?
- Can artificial intelligence be trusted to decide organ allocation fairly?
- How should religious and cultural objections to donation affect national policies?
- How should technology (social media, encrypted communication) be regulated with respect to organ trafficking?
- Do current organ procurement metrics (e.g loopholes in US reporting) undermine ethical practice?
- What steps are needed to ensure global equity in organ transplantation?

VIII. Bibliography

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