

What is organ trafficking?

Organ trafficking, as derived from the *UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons*, entails the recruitment, transport, transfer, harboring or receipt of persons, 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 or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation by the removal of organs, tissues or cells. In most cases this removal is for purposes of transplantation but it may also be for other therapies of human origin, witchcraft or traditional medicine.

The commercial transaction is at the core of organ trafficking; the organ becomes a commodity and financial considerations become the priority for the involved parties rather than the health and well-being of the donors and recipients. COFS thus considers donors in such circumstances as victims of the organ trade and refers to them as commercial living donors (CLDs).

What is the scope of organ trafficking?

Who are the “donors”?

Due to its clandestine nature, organ trafficking is difficult to assess. The World Health Organization’s (WHO) estimates that organ trafficking accounts for 5–10% of the kidney transplants performed annually throughout the world. Despite difficulties in obtaining national data, the extent of organ trafficking has become evident. For example, according to the Sindh Institute, in recent years 2000 kidney transplants have been performed in Pakistan per year to transplant tourists. In the Philippines, media reports indicate that the number of kidney sales reveals over 3000 have been performed. In China in 2006, 11,000 transplants were performed from executed prisoners—8000 kidney transplants, 3000 liver transplants, and approximately 200 heart transplants.

CLDs thus serve as a significant source of organ supplies globally, and mainly consist of vulnerable individuals living in abject poverty and in desperate need of money. Studies suggest that there are long-lasting health, economic, social and psychological consequences for CLDs. A reliance upon this form of donorship also works to discourage altruistic and deceased donor organ donation.

About COFS

COFS is a non-profit international health and human rights organization committed to seeking ethical solutions for organ-failure patients and combating exploitation of the poor and vulnerable as a source of organ and tissue supplies. COFS combines prevention, policy advocacy, and survivor support through a comprehensive approach to combat organ trafficking.

COFS’ Mission

- encourage state responsibility for establishing solutions to the problem of organ trafficking
- support movements to secure solutions for patients in need of organs and tissues other than the reliance upon global underclasses of commercial living donors as organ suppliers
- provide assistance to individuals who have been CLDs
- provide outreach to potential CLDs

COFS’ Work

Prevention

COFS works with its partners in Bahrain, Egypt, India, Nepal, and the United Arab Emirates (UAE) (transplant tourist sending- and hosting- countries) to develop local, national, and regional strategies across a range of prevention measures including:

- Policy Reform—to enhance alternative organ supplies for patients in need and to protect individuals from exploitative practices of commercialized organ donation
- Target-group and public awareness campaigns and calls to action
- Engaging decision-makers & key stakeholders in COFS’ Mission
- Grassroots advocacy with potential commercial donors

Survivor Outreach—“Consider us the friends you never told.”

COFS’ outreach services address consequences that are direct results of commercial living organ donation and include:

1. Health services and long-term clinical follow-up
2. Health education
3. Income generation/ employment assistance
4. Counseling and peer support
5. Referral to legal services



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COFS COALITION FOR ORGAN-FAILURE SOLUTIONS

COFS

What are the solutions?

Global experts, including COFS, have participated in the World Health Organization’s consultations to formulate recommendations to combat organ trafficking. These include the development of national legal frameworks and self sufficiency in organ donation and transplantation, transparency of transplantation practices that is accountable to the health authorities according to national legislation; and the prohibition of citizens, insurance and pharmaceutical companies participating in and/or supporting commercial transplants. COFS works towards obtaining these solutions at their various levels and with the wide variety of stakeholders and influential actors including governmental and non-governmental organizations, religious leaders, policy makers, and victim advocates.

Become a part of the COFS solution...

Make a Donation

COFS is a non-profit 501 (c) 3 tax-exempt organization, and all donations in the United States are tax-deductible to the full extent of the law. Your donation works towards protecting vulnerable persons from being exploited as sources of organs and tissues, and provides outreach assistance to survivors of the organ trade.

You can donate online via paypal at: www.cofs.org/donate.htm

If you are interested in sending a check, please make it out to COFS and send it to:

Coalition for Organ-Failure Solutions (COFS)

10410 Kensington Parkway, Suite 210, Kensington, MD 20895, USA

Volunteer

If you would like to volunteer with COFS, please submit the form on the *Help Now* page of the COFS website www.cofs.org

Thank you for your support!



Coalition for Organ-Failure Solutions (COFS), 10410 Kensington Parkway, Suite 210, Kensington, MD 20895, USA

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Commercial living kidney donors — Demographic profiles by country*

	Egypt N=142	Iran N=300	India N=305	Pakistan N=239	Philippines N=29
Sex (% of male/ female CLDs)	95 % male	71 % male	29 % male	78 % male	93 % male
Age (median)	33	33	35	33	34
Marital status (at time of surgery)	• 44 % married • 45 % single • 1 % divorced • 10 % unknown	• 81 % married	N/A	• 94 % married	N/A
Education level	N/A	• 35 % illiterate • 60 % less than high school • 5 % high school	2.7 years of schooling	• 90 % illiterate	• 52 % elementary education • 44 % high school
Employment status	N/A	• 27 % unemployed • 42 % part-time employed • 13 % full-time employed	• 60 % of female and 95 % of males worked as laborers or street vendors • 71 % live below poverty line	• 69 % were bonded laborers • 12 % laborers 8.5 % housewives • 11 % unemployed	N/A
Insured	2%	4%	N/A		N/A

Donor - reported consequences

	Egypt N= 50	Iran N=300	India N=305	Pakistan N=239	Philippines N=29
Health	78 % a deterioration in their health status	• 58 % effects on health were very negative. • 79 % poverty prevented vendors from attending follow-up visits. • 60 % negative effects on physical abilities.	86 % a deterioration in their health status.	98 % a deterioration in general health status.	48 % negative effects: • ‘Now I get tired more easily than before’ • ‘I became weaker’ • ‘I cannot carry heavy things as I could before’
Economic/ Financial	• 81 % spent the money within 5 months of their donation. • 73 % a weakened ability to perform labor- intensive jobs.	• kidney vending caused somewhat (20%) to very (66%) negative financial effects. • 65 % reported that kidney vending caused negative effects on employment.	• average family income declined by one-third after nephrectomy. • 96 % sold their kidneys to pay off debts. • 75 % were still in debt at the time of the survey.	88 % had no economic improvement in their lives.	• 93 % did not help economic hardship. • 21 % affected their capacity to work (N=14), • 14 % discrimination in employment (could not pass medical examination).
Social	• 68 % did not tell anyone about their donation • 91 % felt socially isolated about concerns related to their donation • 85 % were unwilling to be known as organ sellers	• 68 % families strongly disagreed with vending, which increased marital conflicts in 73 % of vendors. • 70 % of vendors isolated from society. • 37 % concealed the truth of kidney sale from anyone,	15 % noted that their spouse had also sold a kidney.	N/A	N/A
Psychological/ Regret	94 % felt regret about their donation and an inability to get further assistance from those involved with their donation.	• preoccupation with kidney loss was usual (30%) to always (57%). • 85 % would definitely not vend again, and 76 % strongly discouraged potential vendors from “repeating their error”.	79 % would not recommend that others sell a kidney.	35 % encouraged future vending to pay off debts and freedom from bondage.	• 24 % stated regret for selling a kidney. • some also reported shame for being known as a kidney seller. • some reported getting bad ‘karma’ or punishment, including a decline in their health and employment.

* Sources: Egypt – Budiani 2006; Iran – Zargooshti 2001; India – Goyal et al. 2003; Pakistan – Naqvi 2006; Philippines – Shimazono 2006.

Towards a World of Ethical Solutions for Organ and Tissue Supplies



*Join the movement to end
organ trafficking and assure
public trust in transplants*