

**FORUM:** World Health Organization (WHO)

**QUESTION OF:** Confronting and Eliminating Inequities in the Organ Transplantation System

**STUDENT OFFICER:** Alexandros Karkantzios

**POSITION:** Deputy President

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## INTRODUCTION

There are three main factors which can constitute the cause of organ failure; The first is due to a chronic illness. In which case, these diseases cause progressive damage to organs over time. Secondly, there are severe injuries which can happen when a human is part of a devastating accident. Ultimately, a toxic injury may cause organ failure as well. This may be caused by increased alcohol and drug consumption or by environmental toxins. "The failure of organs such as the liver, kidneys, heart, brain, lungs and small intestine can be the cause of death to an individual."<sup>1</sup>

"In 1954, the kidney was the first human organ to be transplanted successfully. Over the past 70 years, millions of lives have been saved from organ transplantation."<sup>2</sup> In this process, a person donates his organs to a patient who is diseased and will die if the organ is not provided to them. Organ donations may happen either when a person is alive (living donation), or when the donor dies in a hospital from a disease or from an accident (deceased donation). Deceased donors can donate all their organs while living donors can only donate one of their kidneys or a part of their liver because they need the rest of their organs so as to survive. An ethical organ donation happens with the consent of the donor or his family. However, there is a minimal number of living donors who are actually willing to donate their organs seeing as this will inevitably have several side effects on their health. On the other hand, there are a lot of people waiting to receive an organ whose lives depend on it. As a result, an unfortunate percentage of people who need an organ do not receive it and many of them pass away while waiting.

However, there are multiple inequalities and human rights violations related to organ transplantation. Such inequalities can be created because vulnerable populations are usually

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<sup>1</sup> "----" *Cleveland Clinic*, 2 July 2024, [my.clevelandclinic.org/health/diseases/24679-organ-failure](https://my.clevelandclinic.org/health/diseases/24679-organ-failure).

<sup>2</sup> "The History of Organ Donation and Transplantation | UNOS." *UNOS*, 24 May 2024, [unos.org/transplant/history](https://unos.org/transplant/history).

less likely to receive an organ compared to the rest of the population. False priority is frequently given in organ transplantation and people in power are abusing it so as to receive an organ through taking the priority of someone else on the waitlist by coercion and bribing. This is considered a human rights violation. Another type of human rights violation in organ transplantation is that many people are killed or numbed so as to have their organs taken and are left seriously wounded with no support. This is known as organ trafficking.

Thus, ensuring equal access to organ transplantation is of paramount importance. Organs must be equally allocated so that people who need them more than others survive. International collaboration is very important for eliminating those inequalities. The World Health Organisation (WHO) has established some resolutions and has provided some guidelines regarding organ transplantation in which the inequalities in this system are addressed. However, the international sector has not established a framework exclusively focusing on reducing inequalities in organ transplantation.

The organ transplantation system can be proven unfair since patients are battling for their survival. Hence, this topic is linked with the conference's theme, "Ethos vs Progress". Ethical considerations for the right allocation of organs must take place so that organs are given based on ethical criteria.

## **DEFINITION OF KEY TERMS**

### **Allocation**

"The process of determining how organs are distributed. Allocation includes the system of policies and guidelines which ensure that organs are distributed in an equitable, ethical and medically sound manner."<sup>3</sup> An organ allocation must be ethical and the organ shall be delivered to the patients who need them more.

### **Coercion**

"The use of force to persuade someone to do something that they are unwilling to do."<sup>4</sup> In organ transplantation coercion is used by people in power who tend to take the priority of someone else on the waiting list.

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<sup>3</sup> *Glossary | organdonor.gov*. 1 Apr. 2021, [www.organdonor.gov/learn/glossary](http://www.organdonor.gov/learn/glossary).

<sup>4</sup> *Coercion*. 14 Aug. 2024, [dictionary.cambridge.org/dictionary/english/coercion](https://dictionary.cambridge.org/dictionary/english/coercion).

## Discrimination

“Treating a person or particular group of people differently, especially in a worse way than the way in which you treat other people, because of their race, gender, sexuality, etc.”<sup>5</sup> In this topic, discrimination refers to when a group of patients faces more difficulties than the rest of the population in entering the waiting list or receiving an organ.

## Impartial

“Someone who is impartial is not directly involved in a particular situation and is therefore able to give a fair opinion or decision about it.”<sup>6</sup> In the organ transplantation system, sometimes, individuals do not accept impartiality and therefore they constitute it unfair.

## Inequalities

“The unfair situation in society when some people have more opportunities, money, etc. than other people”.<sup>7</sup> In organ transplantation inequalities occur when some people are more likely to enter the waitlist and receive an organ than others.

## Organ donation

“Giving an organ or a part of an organ to be transplanted into another person. Organ donation can occur with a deceased living donor”<sup>8</sup>. Organ donation may only happen with the consent of the donor or of his family. Several organs may be donated.

## Organ trafficking

“Organ trafficking is commonly used to refer to a range of criminal activities, including illegal organ harvesting from a living or dead individual and the illegal sale and transplantation of human organs.”<sup>9</sup> Organ trafficking is an unethical procedure in which organs are taken illegally from the body of a person while he is numbed.

## Organ transplantation

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<sup>5</sup> Discrimination. 24 July 2024, [dictionary.cambridge.org/dictionary/english/discrimination](https://dictionary.cambridge.org/dictionary/english/discrimination).

<sup>6</sup> “Definition of ‘impartial.’” *Collins*, [www.collinsdictionary.com/us/dictionary/english/impartial](https://www.collinsdictionary.com/us/dictionary/english/impartial). Accessed 28 Aug. 2024.

<sup>7</sup> *Inequality*. 24 July 2024, [dictionary.cambridge.org/dictionary/english/inequality](https://dictionary.cambridge.org/dictionary/english/inequality).

<sup>8</sup> *Glossary | organdonor.gov*. 1 Apr. 2021, [www.organdonor.gov/learn/glossary](https://www.organdonor.gov/learn/glossary).

<sup>9</sup> “International Organ Trafficking: In Brief.” *Congressional Research Service*, 22 Dec. 2021, [sgp.fas.org/crs/row/R46996.pdf](https://sgp.fas.org/crs/row/R46996.pdf).

“An organ transplant involves removing an organ from a person’s body and putting it into someone who may be very ill or dying. It can save the life of the person who receives the organ.”<sup>10</sup> Organ transplantation usually happens when the donor is dead. However, some people also donate their kidneys while they are alive.

### **Surgical Procedure**

“A medical procedure involving an incision with instruments performed to repair damage or arrest disease in a living body.”<sup>11</sup> In organ transplantation two surgical procedures take place. The first is when organs are removed from the body of the donor, while the other is when they are placed in the body of the recipient.

### **Waiting list**

The waiting list, also commonly referred to as the waitlist, is “a national database maintained by the Organ Procurement and Transplantation Network of all patients waiting for an organ transplant. It is made up of sublists of patients waiting for specific organs.”<sup>12</sup> In the lists, all patients are placed in an order in which they will receive their organs according to their needs.

## **BACKGROUND INFORMATION**

### **The Organ Transplantation Process**

The organ transplantation process is a medical procedure in which a donor donates one or more of their organs and a recipient receives the organ that they need in order to go into surgery and increase his chances of survival. As already mentioned, there are two main types of organ donations, the living and the deceased. In a living organ donation, the donor goes through a medical procedure where he is numbed and has an organ extracted from his body. When a living donation happens with the consent of the donor they can decide to whom their organ will be given. Living donors need to be healthy so as to donate their organs because their health is seriously affected when an organ is removed from their body. Also, recipients benefit from living donors as their organs are usually in better condition due to the general health

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<sup>10</sup> Healthdirect Australia. “Organ Transplants.” *Healthdirect*, [www.healthdirect.gov.au/organ-transplants](http://www.healthdirect.gov.au/organ-transplants).

<sup>11</sup> “Surgical Procedure.” *Vocabulary.com*, [www.vocabulary.com/dictionary/surgical%20procedure](http://www.vocabulary.com/dictionary/surgical%20procedure). Accessed 28 Aug. 2024.

<sup>12</sup> *Glossary | organdonor.gov*. 1 Apr. 2021, [www.organdonor.gov/learn/glossary](http://www.organdonor.gov/learn/glossary).

condition of the donor. On the other hand deceased donors donate their organs when they die in a hospital due to an accident or to a chronic illness.

There is legislation in every country which regulates how deceased donors consent to donating their organs which vary in every country. In some, the donor or his family have to sign a paper in which they consent to the donation of their organs after they pass away. In others, they have to have signed a paper in which they prevent the government from taking their organs. This means that the government is allowed to take the organs of an individual in case they pass away in a hospital unless they or their relatives have prohibited that. This is highly effective because in that way not many people would think about refusing to donate their organs.

A person becomes legally a donor once they or their families consent. Once that has happened, a surgical procedure takes place in which the transplantable organs are removed from the body of the donor. When the donor has died his heart, lungs, liver, kidneys, pancreas, stomach and intestine as well as his skin are extracted from the body of the donor. This is really beneficial for the patients as “through a deceased organ donation of a person 8 people’s lives can be saved and 50 more can be improved”.<sup>13</sup> When the organs are removed from the body of a person the allocation process takes place. When recipients are selected they are informed through a call and when they reply positively to it, the organs are instantly moved to the hospitals of the patients by ambulances and helicopters and through a surgical procedure they enter the body of the patient. The procedure shall be fast because organs can’t be preserved for a long time.

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<sup>13</sup>HRSAtube. “Organ Donation and Transplantation: How Does It Work?” *YouTube*, 11 Sept. 2019, [www.youtube.com/watch?v=K4bS7YZjqhY](https://www.youtube.com/watch?v=K4bS7YZjqhY).

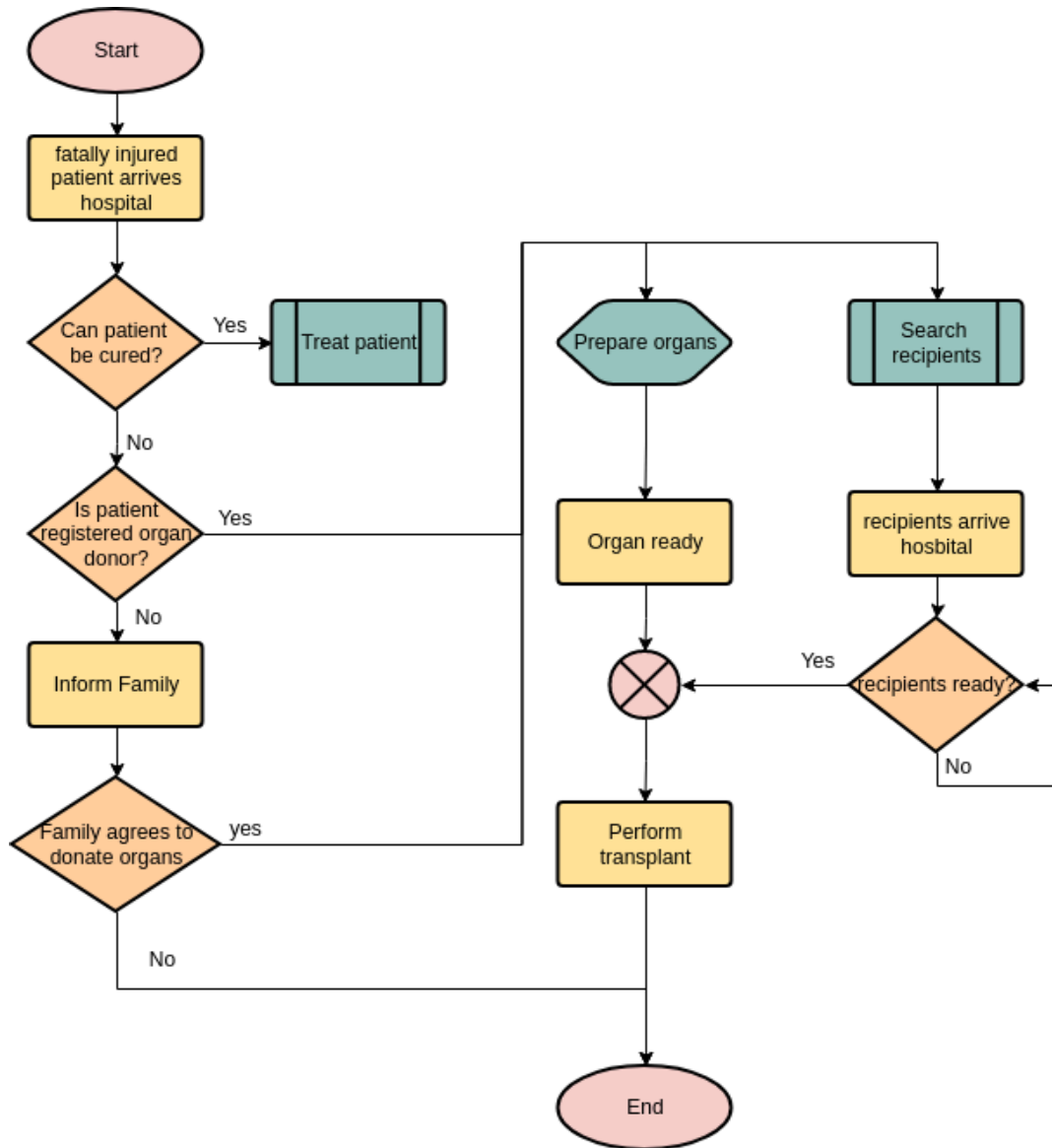


Figure 1: A flowchart explaining the organ transplantation process of a deceased donor.<sup>14</sup>

### The waiting list process

Once a person is in need of a specific organ and his doctor considers it necessary for the person’s survival they enter the waiting list. This list is a national database of each Member State which contains all patients who are registered and are waiting for an organ. It is divided into sublists which contain the patients waiting for every organ.

When an organ is found, the most suitable person for the transplantation is selected. In some countries, this is done by a software and in others by a human. An appropriate selection

<sup>14</sup> *Organ Donation | Flowchart Template.*  
[online.visual-paradigm.com/diagrams/templates/flowchart/organ-donation](https://online.visual-paradigm.com/diagrams/templates/flowchart/organ-donation).

must be based on the following criteria: blood type, body size, how sick the person is, the distance from the donor, the tissue type and how long the person has been waiting on the list. For the selection to be ethical and not include inequalities the gender, race, income, celebrity and social status of a person should not play a role.

Due to the size of the waiting list, a great number of individuals never receive the organs they need and pass away. In fact, “in Canada over 17,000 patients died while waiting for surgery or diagnostic scans in 2022-23. Data shows a 64% increase in annual waitlist deaths since 2018. Since multiple health bodies provided incomplete data, the true total is closer to 31,397”.<sup>15</sup> When someone enters the list the time they will be waiting to receive their organ is unknown and it may last from one week up to many years.

### **Rising inequalities in the Organ Transplantation System**

There are numerous inequalities in the organ transplantation system. For example, some ethnic and racial minorities, individuals with lower income, people living in rural areas, migrants, individuals with disabilities and vulnerable groups in general face significant difficulties when they are trying to enter the waitlist. For instance, in some Member States specialists ask them to visit more doctors compared to others for no reason so as to examine if the patient can become a suitable candidate for an organ transplantation. This evaluation system is also significantly unfair towards vulnerable groups due to the nature of the tests provided to them to understand their needs. In simpler words, the medical examinations of how ill the patients are are based on some measurements (the estimated glomerular filtration rate), which makes it unfair since, black people have higher mass and thus this number is bigger for them, so they are considered healthier. Sometimes access to the waiting list is denied to them because of that.

Another difficulty that takes place during the process where hospitals are filling out the form required by the government regarding whether they have explained to their patients about their medical conditions and transplantation needs or not. Due to the fact that hospital staff tend to avoid doing so, justifying their behaviour by stating that the patient is psychologically unfit for a transplant, which automatically cancels any hopes of such patients entering the list. This is a form of discrimination against the patients, through lying to them and causing such an issue. The rest of the population is almost always much more likely to enter the

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<sup>15</sup> “Stopping the Crime of Organ Harvesting—What More Must Be Done? | CECC.” CECC, 22 July 2024, [www.cecc.gov/events/hearings/stopping-the-crime-of-organ-harvesting%E2%80%94what-more-must-be-done](https://www.cecc.gov/events/hearings/stopping-the-crime-of-organ-harvesting%E2%80%94what-more-must-be-done).

waitlist due to the above-mentioned difficulties and thus, this is a form of discrimination towards vulnerable groups. For example, “Black patients were found to be 25% less likely (95% CI 0.60–0.96) to be waitlisted than White patients even after adjusting for medical factors in the United States.”<sup>16</sup>

However, even in cases where marginalised groups do enter the waiting list, they usually face further challenges. For instance, they enter the list with a great delay. Subsequently, although some of them are already in a health emergency, they must wait even more and expand their risk of total organ failure. As a result, most of these people pass away before the organ they need is provided to them. This means that sometimes priority is not given based on the needs of an individual but on unethical criteria, such as race or ethnic group, as individuals in power tend to use coercion and bribery to take advantage of another individual’s position in priority so as to receive their organ earlier, therefore denying impartiality.

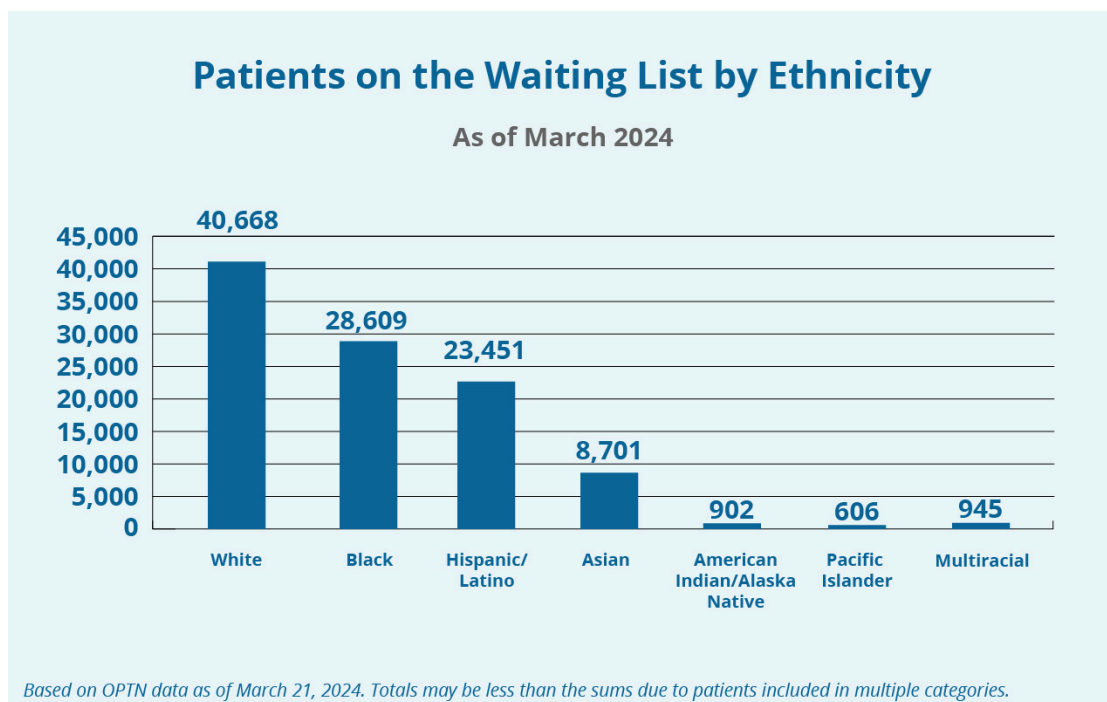


Figure 2: Number of patients in the waiting list by ethnicity in the United States in 2023<sup>17</sup>

<sup>16</sup> Park, Christine, et al. “A Scoping Review of Inequities in Access to Organ Transplant in the United States.” *International Journal for Equity in Health*, vol. 21, no. 1, Feb. 2022, <https://doi.org/10.1186/s12939-021-01616-x>.

<sup>17</sup> *Organ Donation Statistics* | [organdonor.gov](https://www.organdonor.gov). 1 Mar. 2024, [www.organdonor.gov/learn/organ-donation-statistics](https://www.organdonor.gov/learn/organ-donation-statistics).



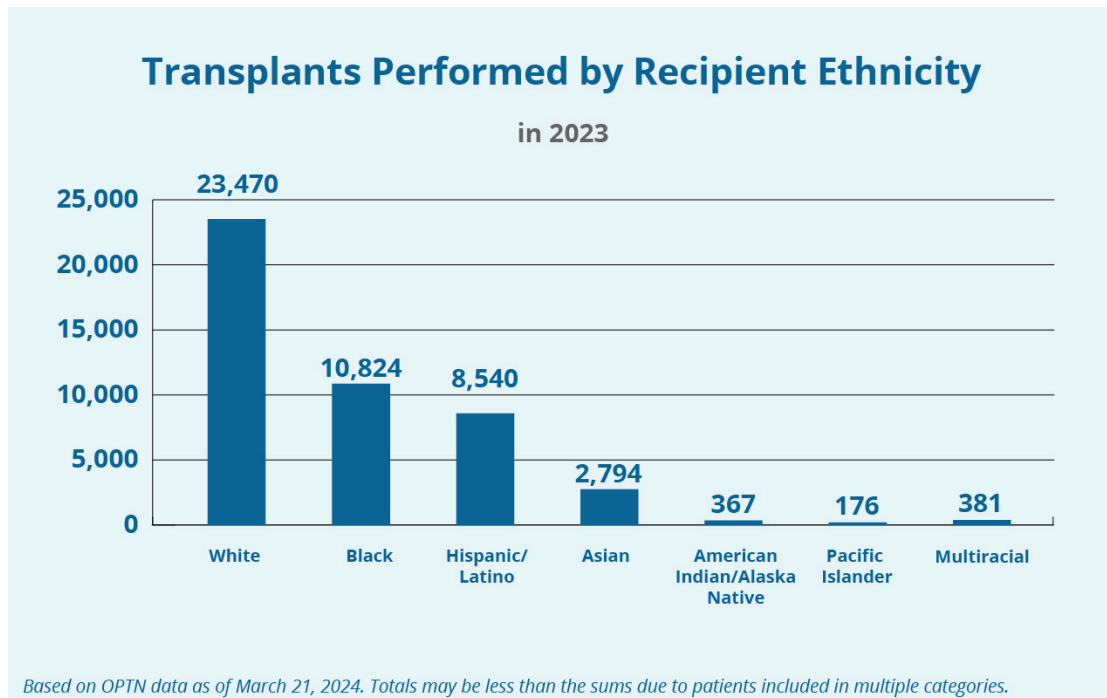


Figure 3: Number of transplants performed in the United States by ethnicity.<sup>18</sup>

Through comparing the two graphs we can assume that white individuals in the United States are much more likely to receive an organ compared to the rest ethnic groups. According to the graphs more than half of the white individuals on the waiting list received an organ transplantation in 2023 while from the around 63.000 individuals from the other ethnic groups, only approximately 36% of those received the organ they were in need of. This clearly shows the discrimination based on ethnic group in organ transplantation.

### Challenges in addressing inequalities in Organ Transplantation and their impact on patients

There are numerous challenges which make it hard to confront inequalities in the organ transplantation system which vary in each country. For instance, legal challenges in many countries make inequalities inevitable. Such legal issues are that in some Member States hospitals are responsible for explaining to the patients their options according to their designated laws. This increases inequalities as they often neglect vulnerable groups, potentially denying them a chance for a transplant. Other countries do not have consequences to inequalities in the organ transplantation system because they have not passed any laws that advocate against such cases. The absence of legislation brings many obstacles to tackling this issue.

<sup>18</sup> *Organ Donation Statistics* | [organdonor.gov](https://www.organdonor.gov/learn/organ-donation-statistics). 1 Mar. 2024, [www.organdonor.gov/learn/organ-donation-statistics](https://www.organdonor.gov/learn/organ-donation-statistics).

Financial factors are also a challenge for many patients. Many government insurances do not cover the payment for a patient's transplantation process. This includes the travelling costs, the psychological consultation beforehand and after the transplantation, the medicine and drugs assigned to both the donor and the recipient as well as the surgical procedure itself. For this reason, patients with lower income usually have lower chances of entering the waitlist and consequently receiving a transplant in contrast to a wealthy individual. This happens due to many governments' inability to fund their patients' needs.

Geographical disparities also play a key role in the expansion of inequalities in the organ transplantation system. People living in underprivileged areas do not have easy and direct access to healthcare services. Due to the limited time that organs can be preserved from when they are removed from the body of a person until the time that they are planted in another, individuals who live far away from a hospital are less likely to be chosen for an organ transplantation especially if neither an airport nor a helipad is located near it. For instance, "Hearts and lungs must be transplanted within approximately four hours after being removed from the donor. "Livers can be preserved between 12 - 18 hours; a pancreas can be preserved 8 - 12 hours; intestines can be preserved approximately 8 hours; kidneys can be preserved 24 - 48 hours"<sup>19</sup> and so on, so the transplantation process shall be immediate. Thus, in rural areas, patients have fewer chances of receiving the organ they need. All these challenges lead to the creation of further challenges in addressing inequalities in the organ transplantation system.

### **Organ Trafficking and its impact on Organ Transplantation**

Organ trafficking is an illegal and unethical activity in which people are coerced and bribed so as to have their organs taken, and thus it is considered as a crime. Although victims of this activity often have consented to the removal of their organs, their consent is usually invalid when deception, fraud or abuse are involved. The victims of organ trafficking are usually vulnerable groups in Less Economically Developed Countries (LEDCs) and more specifically, the socioeconomic disadvantaged, the socially isolated individuals and women. Traffickers may approach the victims through advertisements or via direct approaches. They typically operate with complex networks globally. They are highly organised and operate as specialised groups, consisting of brokers and recruit medical professionals. They often rely on a wide range of facilitators and thus detecting organ trafficking is very challenging.

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<sup>19</sup> "Deceased Donor Transplant Process | NewYork-Presbyterian." *NewYork-Presbyterian*, [www.nyp.org/transplant/organ-donation/organ-transplant-process#:~:text=Organ%20preservation,-Just%20prior%20to&text=Hearts%20and%20lungs%20must%20be,be%20preserved%2024%20%2D%2048%20hours](http://www.nyp.org/transplant/organ-donation/organ-transplant-process#:~:text=Organ%20preservation,-Just%20prior%20to&text=Hearts%20and%20lungs%20must%20be,be%20preserved%2024%20%2D%2048%20hours)

As far as victims are concerned before the removal they agree with the trafficker on the money they are going to be given. However, they are not informed about the risks of organ removal. After that, they are numbed and taken to a surgery room to have their organs removed, which are then sold on the black market. But, they are left severely injured without any medical support which is required after the removal. Also, they are not given all the money they were promised for their organs. Many times due to the condition in which victims are left their health is endangered and sometimes this might be the cause of death for them.

Despite being significantly unfair and unethical, the organ transplantation system and patients waiting to receive an organ are benefited from organ trafficking. In other words, “the World Health Organization (WHO) estimated that 5-10 per cent of all transplants worldwide used organs from the black market. However, with a growing and ageing global population, the globalisation of unhealthy lifestyles, and increased mobility, the actual number could be significantly higher.”<sup>20</sup> Organ trafficking must definitely stop, since it enhances inequalities in organ transplantation, as vulnerable groups put their health and their life at risk so as to save the life of a patient. However, then fewer individuals would receive their organs on time and more would pass away due to organ failure.

## **MAJOR COUNTRIES AND ORGANISATIONS INVOLVED**

### **Nepal**

Nepal is well known for its organ trafficking. There is a village in Nepal namely, the one-kidney village in which local residents are coerced and bribed to sell one of their kidneys due to the extreme poverty they are faced with. However, they do so illegally and this brings a lot of side effects to them, such as serious health problems or even death as the organ removal is not done appropriately. In other words, donors are not examined before the transplantation, as required and after the transplantation, they are not provided with the medicine they need and are not visiting a doctor. This happens because they are usually not informed of the necessity of doing that and of what will happen to their body after the organ removal. Additionally, they aren’t always given the money they were promised. The One-Kidney village

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<sup>20</sup> “Explainer: Understanding Human Trafficking for Organ Removal.” *United Nations : Office on Drugs and Crime*, [www.unodc.org/unodc/en/frontpage/2024/June/explainer\\_-\\_understanding-human-trafficking-for-organ-removal.html](http://www.unodc.org/unodc/en/frontpage/2024/June/explainer_-_understanding-human-trafficking-for-organ-removal.html).

stresses the need for careful monitoring of organ transplants as well as for informing donors on the procedure of organ transplantation.

### **Spain**

Spain has one of the best organ transplantation systems in the world with limited inequalities. “With one in four donors in the European Union and 5% of all donors worldwide, Spain, which has a population of 48 million, has been a global leader in organ transplants for over three decades.”<sup>21</sup> This happens because Spain has a transplant coordinator in every hospital and as there is a very big number of deceased donors, since there, the doctors convince the families of the patients to consent to the donation of their relative’s organs. This is named the Spanish model and it has been highly effective over the years. This model reduces the inequalities because more people in need of an organ receive it on time.

### **Switzerland**

Switzerland’s organ transplantation system has improved significantly in the span of recent years because of the increased number of donors. Due to the fact that there are many organs available, inequalities are massively reduced since many more patients receive their organs on time. This has happened because a law has been passed which suggests that the family of a person who passed away in a hospital must sign a paper so as to prohibit the government from taking the organs from the dead person’s body. This is highly effective as not many people would think to sign against this paper. Despite not being ethical this is highly effective as organ availability is increased and it is legal since it does not violate any human right. In that way, almost all patients receive their organ before their case further deteriorates.

### **United States of America (USA)**

The United States of America (USA) has a very good organ transplantation system because of the services provided to the donors and to the patients during the transplantation process. With the assistance of the Organ Procurement and Transplantation Network (OPTN) and the Organ Procurement Organizations (OPOs) the USA’s system is continuously improving. However, the USA’s system consists of a number of ethical complications. That means that there is huge discrimination based on ethnicity. White patients are much more likely to enter the waitlist and receive an organ on time compared to other patients. “The number of organ

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<sup>21</sup> “Spain Breaks Own Organ Transplant Record in 2023.” *Reuters*, 18 Jan. 2024, [www.reuters.com/business/healthcare-pharmaceuticals/spain-breaks-own-organ-transplant-record-2023-2024-01-17](https://www.reuters.com/business/healthcare-pharmaceuticals/spain-breaks-own-organ-transplant-record-2023-2024-01-17).

transplants performed on non-Hispanic blacks in 2021 was 27.8 percent of the number of non-Hispanic blacks currently waiting for a transplant. The number of transplants performed on non-Hispanic whites was 47.2 percent of the number currently waiting.”<sup>22</sup>

### **The European Society for Organ Transplantation**

The European Society for Organ Transplantation (ESOT) is a medical and scientific non-profit organisation which closely cooperates with the European Union (EU). It strives to improve the organ transplantation system across Europe. It achieves that through, providing classes and education programs to healthcare professionals related to organ transplants, improving public awareness on organ donation and promoting policies which ensure equitable access to transplantation and related therapeutic services. So, it helps eliminate inequalities both directly and indirectly. It establishes policies which ensure equal access in the organ transplantation system and at the same time increases the number of donors and subsequently the availability of organs. It operates solely in Europe.

### **The Organ Procurement and Transplantation Network**

The Organ Procurement and Transplantation Network is a Non-governmental Organisation (NGO) which operates in the USA. Its main purpose is to nationally improve the organ donation and transplantation system. It conducts research and surveys and through the data it collects it can take action to every state according to its needs. It is responsible for creating the national waitlist of the USA, establishing criteria for the ethical allocation of organs, increasing organ availability and assisting the Organ Procurement Organisations (OPOs) in the organ transplantation process. Those organisations are non-profit, operate in the USA and are responsible for recovering organs of deceased donors for transplantation.

### **The World Health World Health Organisation (WHO)**

WHO is the United Nations (UN) main body for international public health. Its main aims are to ensure equal access to healthcare services for everyone and continuously improve them. It also works on emergencies. As for their action in reducing inequalities in the organ transplantation system, WHO is putting a continuous effort in improving the organ transplantation system on an international level with the guidelines and resolutions it establishes such as the WHO guiding principles on cell, tissue and organ transplantation. These guidelines covered all aspects of organ transplantation and improved it in many ways. It has also tried to reduce inequalities in this procedure through some articles in the resolutions and

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<sup>22</sup> “Organ Donation and African Americans.” *Office of Minority Health*, [minorityhealth.hhs.gov/organ-donation-and-african-americans](https://minorityhealth.hhs.gov/organ-donation-and-african-americans).

guidelines it has passed regarding organ transplants, such as guiding principle 9 of the WHO guiding principles on cell, tissue and organ transplantation. This article states that the international community shall implement measures so that the organ transplantation system is equal and fair towards everyone.

## TIMELINE OF EVENTS

Date	Description of Event
23rd December 1954	The first successful organ transplant takes place (of a kidney).
2nd January 1968	At least one successful transplantation has happened in all transplantable organs.
1983	The first drugs that treat organ rejection and failure for some time are found. From then, patients can wait for some time till the organ they need is delivered to them.
2nd October 1984	The National Organ Transplant Act (NATO) is passed in the United States. It is the first official document concerning organ transplantation.
1990	At least one living donation has happened in every organ which can be transplanted while the person is alive.
25th March 2010	The Madrid resolution on Organ Donation and Transplantation is established in the Third Global Consultation on Organ Donation and Transplantation.
May 2010	The WHO establishes the guiding principles on cell, tissue and organ transplantation.
21st May 2010	The World Health Assembly passes an important resolution regarding organ transplantation, the "Human organ and tissue transplantation."

## UN INVOLVEMENT: RELEVANT RESOLUTIONS, TREATIES AND EVENTS

### Document WHO/HTP/EHT/CPR/2010.01, 2010<sup>23</sup>

<sup>23</sup> WHO GUIDING PRINCIPLES ON HUMAN CELL, TISSUE AND ORGAN TRANSPLANTATION. World Health Organisation (WHO), 2010, <https://iris.who.int/bitstream/handle/10665/341814/WHO-HTP-EHT-CPR-2010.01-eng.pdf?sequence=1>.

WHO/HTP/EHT/CPR/2010.01 is a document established by the WHO in May 2010 which gives guidelines to Member States on how they can improve cell, tissue and organ transplantation. Guiding principle 9 explains that priority to the waitlist for organ transplantation shall be given based on clinical criteria and not on financial criteria or other considerations. No evaluation has been made since the principles were established. However, since then some progress has been made regarding this topic.

### **Resolution WHA/63.22, 2010<sup>24</sup>**

WHA/63.22 is a resolution of the World Health Assembly with the title “Human Organ and Tissue Transplantation”, established on 21st May 2010. Its main aim was to improve the organ transplantation system through providing governments with some measures they were called upon to implement, such as promoting facilities for organ transplants in all hospitals, improving the already existing ones, to stress the importance of organ donation and to ensure an equal and ethical allocation system. These measures were successful as they made the organ transplantation better and more fair in all domains, as Member States were explained how they are going to improve their Organ Transplantation Systems.

### **The Madrid Resolution on Organ Donation and Transplantation**

This resolution was established on the 25th March 2010 in the Third Global Consultation on Organ Donation and Transplantation, organised by the World Health Organisation (WHO) which was held in Madrid with the presence of 140 government officials and the European Commission. In the conference governments urged WHO “to regard organ donation and transplantation as a part of every nation's responsibility to meet the health needs of its population in a comprehensive manner.”<sup>25</sup> According to this resolution all countries must build their own policies regarding the issue in accordance with the WHO guiding principles. This resolution further guided Member States and enhanced international collaboration so as to improve the organ transplantation system.

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<sup>24</sup>*Human Organ and Tissue Transplantation*. World Health Organisation (WHO), 21 May 2010, [apps.who.int/gb/ebwha/pdf\\_files/WHA63/A63\\_R22-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R22-en.pdf).

<sup>25</sup> “The Madrid Resolution on Organ Donation and Transplantation.” *Transplantation*, vol. 91, no. Supplement 11, June 2011, pp. S29–31. <https://doi.org/10.1097/01.tp.0000399131.74618.a5>.

## **PREVIOUS ATTEMPTS TO SOLVE THE ISSUE**

### **The National Organ Transplant Act (NOTA)**

The National Organ Transplant Act (NOTA) was passed by the United States congress on the 2nd October 1984 and was established by the Organ Procurement and Transplantation Network (OPTN). It was the first official document which handled the issue of organ transplantation. It was created so as to improve the organ transplantation system in the US, especially in organ matching and placing processes. It sets the basic rules, establishes guidelines regarding organ transplantation and a committee focusing exclusively on resolving the obstacles that this field faces. It promotes surveys and the conduction of data.

NOTA was very successful as it radically changed the standards about organ transplantation and was a model for other frameworks, policies and actions worldwide. However, inequalities in organ transplantation were not addressed appropriately in this act. The way in which the organ transplantation would become fair was quite unclear

### **European Union's resolutions and action plan on Organ Transplantation**

The European Union (EU) has taken a lot of action in its attempts to improve the organ transplantation system. It has established three important resolutions, the European Parliament resolution of 22 April 2008 on organ donation and transplantation, the 2012 resolution on voluntary and unpaid donation of tissues and cells and the 2013 resolution on organ harvesting in China, as well as, the EU Action Plan on organ donation and transplantation. The main aims of these were to increase organ availability, the protection of living donors and ensure that the services provided to the patients are appropriate. In the resolutions the methods in which those would be achieved were explained in detail. Inequalities were not addressed by the resolutions, however they were a part of the action plan.

These resolutions and action plan were highly effective in improving the organ transplantation systems across Europe. According to its progress reports these measures have guided the European countries and have helped them in creating a qualitative organ transplantation system. "The action plan resulted in a considerable increase in organ donation and transplantation in the EU over its period of implementation. Between 2008 and 2015, the number of organ donors at EU level increased from 12 000 to nearly 15 000 (a 21 %



increase).”<sup>26</sup> Inequalities have been reduced but they still exist and thus, the EU’s action has not been proven that successful.

## **POSSIBLE SOLUTIONS**

### **Use of Artificial Intelligence (AI) for Organ Allocation**

When human beings are put in the critical position of deciding which patient is going to receive the organ which will save their life, a fair approach is the last thing that we expect. This is because every individual has different biases and if not impartial, will inevitably decide unfairly. Using AI mechanisms for the allocation of organs to patients will make the allocation process fairer as they would be based completely on ethical criteria. Another benefit of those mechanisms is that they would find the recipient immediately and thus organs could reach easier in vulnerable regions. However, through relying on technology for this task mistakes could be made in the allocation process. For this reason, humans must check who will receive the organ before giving it to a recipient.

These AI mechanisms could be created and operated by the government of each Member State. The World Health Organisation (WHO) could assist countries facing challenges in doing that. Once an organ becomes available the machine will select the most suitable patient for transplantation based on the following criteria: blood type, body size, how sick the person is, the distance from the donor, the tissue type and how long the person has been waiting in the list

### **Increasing organ availability**

Increasing organ availability could indirectly eliminate inequalities in the organ transplantation system. If more individuals received their organs on time then fewer people would pass away waiting for an organ and subsequently inequalities would be slowly reduced. More donors could be found in many ways. As for living donations awareness campaigns could be raised so that more are willing to donate their organs and/or tissues. Since these campaigns would be raised for adults that could happen through advertisements. Also, Member States could provide incentives to those deciding to become donors. This is relatively difficult for Less Economically Developed Countries (LEDCs) so, the World Bank could assist them in this matter. As far as deceased donors are concerned, doctors must talk to the families of the donors and

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<sup>26</sup> “Organ Donation and Transplantation Facts, Figures and European Union Action.” *European Union (EU)*, [www.europarl.europa.eu/RegData/etudes/BRIE/2020/649363/EPRS\\_BRI\(2020\)649363\\_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/BRIE/2020/649363/EPRS_BRI(2020)649363_EN.pdf).

convince them to allow the organ donation, through explaining to them the importance and the necessity of consenting.

### **Creation of Legal Frameworks**

At the moment there is no legal framework from the international community which exclusively focuses on reducing inequalities in the organ transplantation system. This creates disputes among countries regarding which is the right ethical and fair organ transplantation system. For this reason, a conference must be held with a representative of each Member State and the World Health Organisation (WHO) in which a legal framework will be established which will regulate the standards of a fair and ethical organ transplantation system, which countries will have to implement. This will also be fair since a mutual resolution which represents all policies will be created. Evaluation on the progress each country has made must also be a part of the framework. If after the evaluation any country does not adhere to the standards of the framework then financial penalties shall be imposed to the respective Member State.

### **Improvement of governmental transplant healthcare services for vulnerable individuals**

People living in underprivileged areas and the ones with minimum income usually do not receive a transplant due to the poor public transplant healthcare services provided to them. For this reason, the improvement of the public healthcare services for transplantation is essential for reducing inequalities. The appropriate facilities for organ transplantation must be placed in every hospital. Such facilities are a room appropriate for a surgical procedure and a helipad, if the hospital is far from an urban area. Also, doctors for this procedure must exist in every hospital. Hospitals should be able to provide to the recipients healthcare services before and after the transplantation as well. Seeing as this initiative requires a lot of funding, the World Bank could finance Less Economically Developed Countries (LEDCs).

### **Making access to the waiting list easier**

One of the greatest challenges of vulnerable groups in the organ transplantation process is the difficulties they face in accessing the waiting list. Since the issue is that in most countries hospitals have to register patients in the waitlist and many times they do not do this for marginalised populations, this system must change. A solid proposal would be that an online platform is created where all patients can ask their doctor to be registered for organ transplantation once they have been diagnosed with organ failure which requires a transplant. This would be beneficial for patients as they would be entering the waiting list much easier and

faster since they would also have access to this platform. Additionally, information about their transplantation choices must be given to all patients by their doctors. This policy could be passed by the World Health Organization (WHO), which will ask all Member States to implement it.

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