Institut européen
European Institute

LUISS
School of Government

Joint Master in Global Economic Governance and Public Affairs

Organ Trafficking: case studies and evidence from Nepal and Pakistan

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2023

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09/06/2023, Vintari Ludovica

Abstract

Organ trafficking is a serious global issue with significant ethical consequences. This master's thesis examines transplant tourism, legal frameworks, and case studies from Pakistan and Nepal to give a comprehensive examination of the phenomena. It examines the complex dynamics of organ trafficking, the victims' profiles, and how the trade works. The study also examines the legal framework for combating organ trafficking at the international level. Case studies from Pakistan and Nepal provide insight into the effectiveness of existing measures and the need for customized interventions. The aim of this research is to enlighten policy-making, foster international collaboration, and promote ethical behaviors in organ transplantation.

Table of Contents

Introduction

The global community faces a grave and immediate threat from organ trafficking. The ethical principles that underpin medical practices are undermined by the illegal trade in organs for transplantation, which profiteers from vulnerable individuals. The goal of this master's thesis is to thoroughly examine the complexities of organ trafficking, investigate legal frameworks, and present case studies from Pakistan and Nepal.

The foundation for understanding organ trafficking is laid in the first chapter. It investigates the diverse idea of the exchange, looking at the profiles of casualties and the elements of the market. Organ trafficking's illicit networks profit from social and economic disparities, poor governance, and the desperate need for organs. This chapter aims to provide a deeper comprehension of the complexities of organ trafficking by delving into the underlying factors.

The international legal frameworks established to combat organ trafficking are the focus in the second Chapter. The World Health Organization's resolution (WHA 63.22) emphasizes the significance of safeguarding organ recipients' and donors' rights. The Declaration of Istanbul and the Council of Europe Convention against the Trafficking in Human Organs have shaped international responses to organ trafficking. This chapter evaluates the effectiveness of these legal instruments in addressing the challenges posed by organ trafficking and identifies areas that require additional attention and improvement through a critical analysis.

Particular case studies from Pakistan and Nepal are the focus of the third and final chapter. Organ trafficking is particularly prevalent in these nations because of their distinct socioeconomic circumstances. By investigating the authoritative systems encompassing organ dealing with these locales, this part expects to reveal insight into the qualities and shortcomings of existing measures. Moreover, the section presents firsthand declarations from overcomers of organ dealing, giving a human viewpoint and stressing the critical requirement for mediation.

This thesis provides a comprehensive analysis of organ trafficking, based on existing knowledge about the topic. Through analysis of the phenomenon of organ trafficking and its variants, such as transplant tourism, legal frameworks, and case studies, this study aims to raise awareness, inform decision-making, and promote ethical practices in organ transplantation. The findings of this research underscore the urgent need for global efforts

to dismantle networks involved in organ trafficking, protect vulnerable people, and uphold the principles of medical ethics.

Literature Review

Academic literature and policy discussions have spent a lot of attention to the complicated and controversial issue of organ trafficking. The purpose of this literature review is to provide a crystal examination of key themes and findings on organ trafficking, based on the existing literature.

Studies have widely analyzed the dynamics of organ trafficking, including the motivations of traffickers and recipients, the weaknesses of donors, and the networks associated with the illicit trade. The socioeconomic factors that contribute to the prevalence of organ trafficking, such as poverty and inequality, have been highlighted by research. Besides, studies have investigated the geographic examples and patterns in organ trafficking, featuring districts with high occurrence rates and the development of transplant tourism.

A major focus of academic research has been the development of legal frameworks to combat organ trafficking. The effectiveness of international legal instruments like the United Nations Protocol against Trafficking in Persons, the Council of Europe Convention against Trafficking in Human Organs, and the World Health Organization's resolution (WHA 63.22) in combating organ trafficking has been the subject of research. The discussion of organ trafficking and transplant practices has also been centered on ethical considerations.

Reasearchers have also explored the socioeconomic backgrounds and vulnerability of organ traffickers. Poverty, a lack of access to healthcare, and social and cultural practices have all been studied as factors that influence the recruitment of organ donors and the exploitation of vulnerable populations. Additionally, research has shown that organized criminal networks play a key role in facilitating the illegal trade and taking advantage of these weaknesses.

A significant component of organ trafficking has emerged in the form of transplant tourism, in which individuals travel across national boundaries to receive organ transplants. Researchers have examined the ethical and legal issues associated with cross-border organ transplantation, as well as the destinations that transplant tourists favor. In addition, global perspectives on organ trafficking have been investigated, focusing on the trade's effects on various regions as well as regional differences in regulatory frameworks and enforcement efforts.

The physical, mental, and emotional repercussions of this crime have been illuminated by the experiences and voices of organ trafficking survivors. Journalists have documented survivor declarations, highlighting the need for comprehensive victim support services and rehabilitation programs.

This literature review provides a comprehensive overview of the existing knowledge about organ trafficking, analyzing the dynamics of this illicit trade, the legal and ethical frameworks, the socio-economics factors and the survivor experiences. This review aims to contribute to a deeper understanding of organ trafficking and inform evidence-based policy recommendations to combat this illegal trade by synthesising and analyzing the key themes and findings.

Methodology

Anecdotal evidence and case studies, in addition to descriptive and normative analysis, are used in this comprehensive investigation of organ trafficking. This study's methodology aims to provide a clear understanding of the intricate problems associated with organ trafficking and inform policy recommendations.

A descriptive analysis is used to analyze the different elements of organ dealing, including the profiles of the victims, the modus operandi of traffickers, the financial variables adding to the exchange, and the worldwide examples and patterns in organ trafficking. To get a complete picture of the phenomenon, this analysis involves combining data from scholarly articles, official publications, and reports. Quantitative information, such as statistics of the reported cases, geographic distribution and demographic characteristics of victims are used to recognize examples and patterns. The ethical implications, legal frameworks, and policy responses of organ trafficking are evaluated using normative analysis. The World Health Organization's (WHO) resolution (WHA 63.22), the Council of Europe Convention against the Trafficking in Human Organs (CECTHO), the Declaration of Istanbul, and the United Nations Protocol against the Trafficking in Persons, particularly of Women and Children are all critical components of this analysis.

Anecdotal evidence is included, in order to improve the qualitative comprehension of organ trafficking. This involves gathering personal accounts and narratives from organ trafficking survivors. These anecdotes shed light on the difficulties encountered, the emotional and physical effects of organ trafficking, and the lived experiences of those involved. Anecdotal evidence emphasizes the urgency of addressing this issue and contributes to a deeper comprehension of the phenomenon's multifaceted nature.

In some countries, like Pakistan and Nepal, case studies are used to look at specific contexts, socioeconomic backgrounds, legislative frameworks, and interventions related to organ trafficking. These case studies shed light on the unique difficulties and complexities of each nation.

A clear comprehension of the factors that contribute to organ trafficking is achieved by analyzing the particulars of these cases, such as the legislative responses, the efforts of law enforcement, and the testimonies of survivors.

The combination of descriptive and normative analysis, along with anecdotal evidence and case studies, gives the reader a complete picture of organ trafficking.

Chapter 1

1.1 From organ transplantation to organ trafficking

Organ transplantation has been considered one of the most important progress in the medical field. Through the transplantation process, functioning organs are pulled out from one human body and transplanted into the affected individual's body, giving him new chances and prolonging his life.[1]

Experiments with organs transplants started during the 18th century with many failures over the years. By the 1900s came the first success, specifically in 1954, a kidney was successfully transplanted.[2]

This advancement in medicine highlights not only the advances in clinical technology, but also the the enormity of human compassion extending over the globe to help and save lives. Regardless all the positive achievements that come out about organ transplantation[3], there are also some negative aspects to focus the attention, such as organ trafficking.

Even if organ transplantation is helping to savings life, unfortunately there is a big gap between the offer and the demand of organs and this is the reason of the rising of organ trafficking, which is a lucrative illicit trade that affect the entire world.

Organ trafficking 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, of a position of vulnerability, 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 for transplantation.[4] To explain in a more practical way: imagine being a perfectly healthy person from a rich country, such as Sweden, suddenly realizing something is wrong, nausea, fatigue and a decrease urine output. Your kidney is collapsing. Without a healthy kindness this person will probably die and needs a kidney transplant. Sweden is a country that has an opt-out system, which means that all citizens are considered to be

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[1] Ahmed Halawa, Ajay Sharma, Fakhriya Alawi, Hind Alnour, *Global Practices and Policies of Organ Transplantation and Organ Trafficking*, (Experimental and clinical transplantation: official journal of the Middle East Society for Organ Transplantation · February 2021).

[2] United Network for Organ Sharing, https://unos.org/transplant/history/#:~:text=The%20beginning,were%20begun%20in%20the%201980s.

[3] *Ibidem.*

[4] United Nations Human Rights and Human Trafficking report.

organ donors unless they explicitly opt out. This means that if a person dies without having registered their opposition to organ donation, their organs may be considered for transplantation. If you as a person suffering from kidney disease are lucky, you are going to be part of a waiting list of kidney donation; otherwise like thousands of other sick individuals in need of organs, makes the risky decision to go abroad and buy an organ, a kidney in this case, from someone else.[5]

Many people choose to participate in the organ black-market for chance to survive instead of waiting and risking death while on waiting list.

Organ trafficking is a serious issue and among all the different forms of human trafficking, such as forced labor and prostitution, is the most difficult to control because makes use of sneaky ways to exploit the loopholes. Given the absence of real laws in this regard, identifying traffickers remains a daunting task. Organ traffickers have built intricate and successful global brokerage systems by capitalizing on both patients' and donors' desperation.

[5] Sarah Shepp, "*Priceless Kidney: The Ineffectiveness of Organ Trafficking Legislation*", Syracuse J. Int'l L. & Com., 2019.

1.2 Transplant Tourism

Transplant tourism is only a small part of this huge web of organ trafficking, humans for profit and has always been a controversial subject, but what is the definition and how it works? Transplant tourism is a phenomenon which involves travel outside the person's country residence, with the aim of procuring organ, such as kidney or liver, for transplantation services. It is consider as travel of either the donor or recipient to the other person's country, or movement of both donor and recipient from the same or two different countries to a transplant Centre based in another country.[6] Transplant tourism is the manifestation of desperate patients willing to travel great distances and face considerable insecurity to get the transplants they need; equally desperate organ suppliers; outlaw surgeons willing to break the law or ignore long-standing medical norms and standards; and organ brokers and other intermediaries with established ties to the major players in the shadowy underworld of transplant tourism. In some developing countries, transplant tourism is vital to the medical economies of the rapidly privatizing clinical and hospital services in poorer countries struggling to survive.

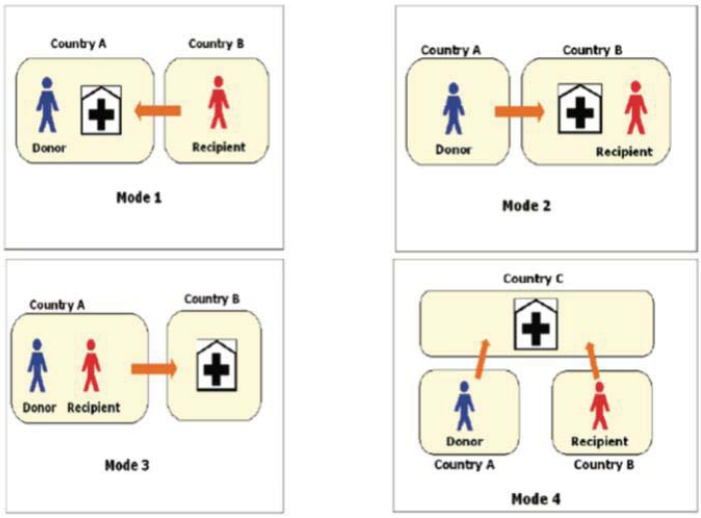

Figure 1. Illustration of the four modes of transplant tourism, (American Journal of Transplantation, 2008).

The global organ economy often follows a geographical and sociological flow. The states from which the organ is sourced are known as origin nations, also known as supplier countries. Typically, they are poor developing, or undeveloped countries in Eastern Europe, Asia, South America, the Middle East, and numerous African states. Organ

[6] *Ibidem.*

recipients are often found in wealthier first-world nations such as Sweden, Israel, the United States, the United Kingdom, Germany, Australia, and Japan. These are referred to as destination or demand nations. Most organ transplant procedures are not performed in the recipient's home country for fear of being detected. Medical procedures are frequently conducted in a nation positioned between the demand and supply countries, usually Turkey is the the most frequent one.

The global increase of specific diseases, such as chronic kidney disease, diabetes and hypertension, combined with the growing income disparity has aided in the maintenance of an underground industry in transplant tourism, which has been exacerbated by problems in implementing international rules. The insurance sector has also been chastised for encouraging patients to travel for transplantation as a less expensive option to giving extended dialysis on transplant waiting lists.

1.3 Analyzing the market and the victims profiles

As already mentioned above, the succes of organ transplants has changed in a positive way the medicine and also has allowed the opening of new programs and the expansion of waiting lists. These expansions are due to the increase in life expectancy, thanks in part to developments in the medical field that have helped to increase life expectancy, so many more people have begun to suffer from organ diseases.

The Health Resources and Services Administration, about organ donation statistics, demonstrate that nearly 104.234 people are on the national transplant waiting list, and 17 people die each day waiting for an organ transplant.[7]

In richer and more developed countries there are waiting lists for potential recipients, while in poorer and less developed countries the waiting lists are for people willing to sell one of their organs in order to survive.

Patients' desire for organs is met by a vulnerable source: underprivileged people in underdeveloped nations confronting their own unique survival difficulties. In such nations, living donors can contribute kidneys, liver lobes, lungs, and corneas in exchange

[7] Health Resources & Services Administration, *Organ Statistics*, https://www.organdonor.gov/learn/organ-donation-statistics

for remuneration. The desire to pay a forceful lender or buy food for survival frequently drives the choice to sell an organ on the black market. For example, the low wages of Pakistani laborers cause them to incur debt from their employers. Because the debts are very hard to repay, employees are effectively "bonded" to their employers. As a result, many people have turned to the black market to get out of debt.

Infact the organ trafficking market, mainly affects countries such as India, Pakistan, and the Philippines where economic crisis and socio-political instabilities create opportunities for traffickers, where men, women, and children are treated as spare parts.

Best-selling organs are: kidneys liver, lungs, heart, pancreas and cornea. Many of these come from developing countries, where organs for many individuals are the only wealth.

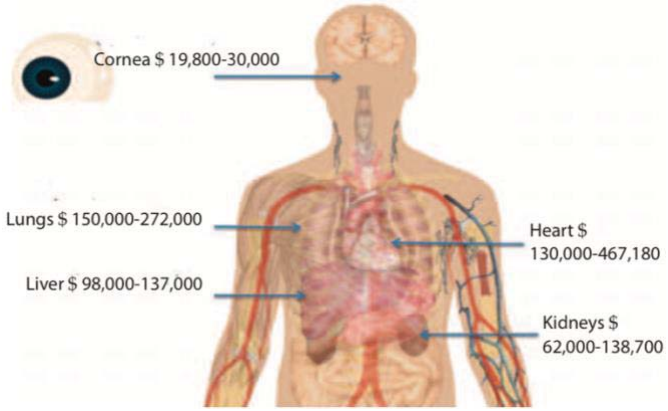

Figure 2. Money Value for Each Transplantable Organ, estimated in US Dollars, (Experimental and clinical transplantation: official journal of the Middle East Society for Organ Transplantation · February 2021).

Is important to rember that the organ trafficking market is strictly related to another phenomena: human trafficking for the purpose of organ removal. Several dozen of young men coming from the poorest areas of world, such as Africa or South-East Asia, aged between 18 and 28 years, had been taken to Turkey, where one of their kidneys was removed and transplanted, sometimes using coercion of force. The victims were paid around USD 2.500-3.000, but sometimes did not get the full amount. [8]

Lately the World Health Organization (WHO) has estimated around 5.000-7.000 annual commercial kidney transpalnts. Even if there was a temporary drop between 2006 and

[8] European Parliament, Directorate-General for External Policies, Policy Department, "*Trafficking in Human Organs*", 2015.

2007, the number has increased and the organ trade has added new countries such as Costa Ricca, Colombia, Egypt, Lebanon and Vietnam.[9]

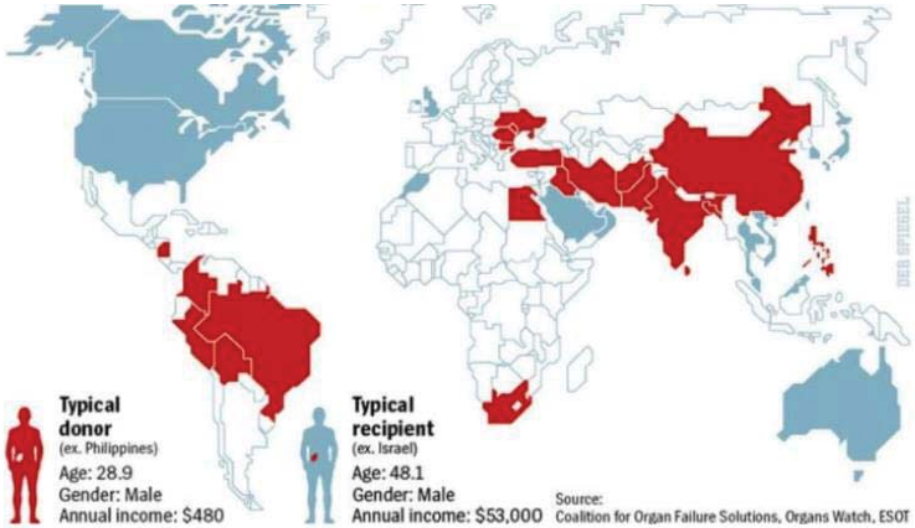

Figure 3. Shows the global distribution of organ trafficking, between the organ-import and the organ-export countries. European Parliament, Directorate-General for External Policies, Policy Department, "Trafficking in Human Organs", 2015.

Most of the victims are coming from poor developing countries or belonging to a part of population living below the poverty line. Mostly males with a range of age between 18 and 30 years, with a low level of education or completely illiterate, which means that they have a big lack of basic medical knowledge and are not aware of the potential health consequences. Being in a position of vulnerability from a home country with lacks in the legislative system that prohibit and prosecute the trafficking trade and with high level of corruption, makes the participants victims of exploitation.

[9] *Ibidem.*

Chapter 2

2.1 Introduction to Legislation on Organ Trafficking

Organ trafficking is usually defined as the illegal trade or exchange of organs for financial or other material benefit, and hence excludes trafficking of the person whose organ is being taken.

In 2010 the World Health Organization (WHO), with the resolution WHA63.22, described the global standards for organ transplants. The resolution addresses both deceased and live donors. In the instance of a deceased organ donor, either the donor consented to the donation or there was grounds to assume that the deceased person would not object to the organ removal. Living donors must be "genetically, legally, or emotionally related to their recipients (unless such related person does not match immunologically well)". Living donors must also provide informed and voluntary permission and act freely and without under influence or pressure. The WHO resolution discusses an essential aspect of the rules for live donors.[10]

The recommendations indicate that "organs should be donated freely, without any monetary payment or other monetary reward" and that "purchasing, offering to purchase, or selling organs for transplantation by living persons should be prohibited". The resolution maintains that doctors and other medical professionals should not perform for-profit transplant procedures. The resolution further urges that health insurance and other payers should refuse to fund such surgeries if the organs were obtained by exploitation or coercion of the donor, or through payment to the donor. The WHO is "dedicated to the principles of human dignity and solidarity, which condemn the purchase of human body parts for transplantation as well as the exploitation of the poorest and most vulnerable populations".[11]

Furthermore, the standards specify that promoting the need for or availability of an organ for payment is illegal.

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[10] Sarah Shepp, "*Priceless Kidney: The Ineffectiveness of Organ Trafficking Legislation*", Syracuse J. Int'l L. & Com., 2019.

[11] *Ibidem.*

Another important legal framework is the United Nations Protocol against Trafficking in Persons[12], especially women and children, is significant because addresses the issue of trafficking in all its forms, including organ trafficking.

The protocol highlights the need of governments implementing legislation that specifically criminalizes organ trafficking. It attempts to dissuade individuals and organized networks from engaging in this illegal trade by making organ trafficking a serious crimes.

The protocol moreover prioritizes the protection of victims of organ trafficking. It asks for the implementation of comprehensive measures to ensure victims' physical, psychological, and social healing. Access to adequate medical treatment, counseling, legal aid, and support services are among these measures.

The agreement highlights the importance of measures to prevent in the fight against organ trafficking. It urges governments to launch public awareness campaigns, educational programs, and social initiatives to address the underlying causes of organ trafficking and promote awareness among vulnerable groups.

It also emphasizes the need of international collaboration in combating organ trafficking. It encourages nations to strengthen their collaboration by exchanging information, coordinating investigations, and offering reciprocal legal aid. It also asks for the formation of bilateral and multilateral agreements to enhance international cooperation.

Another essential principle that the protocol emphasizes is the protection of the victims. The victims of organ trafficking should not face criminal prosecution or punishment for their involvement in illicit actions linked to their exploitation. Instead, they should be regarded as victims, with enough support and help.

As already cited in this paragraph legislation in this case is fundamental for combating the struggle of this type of organized crime and protect the victims, which are the most suffering and vulnerable.

[12] Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (New York, 15 November 2000).

2.2 Council of Europe Convention against Trafficking in Human Organs

The Council of Europe Convention against Trafficking in Human Organs (CECTHO) is the only international treaty that addresses organ trafficking.[13]

Considering the aim of the Council of Europe, which is to achieve a greater unity among its members, and considering that human organ trafficking breaches human dignity and the right to life and poses a substantial threat to public health; on March 25, 2015, the Council of Europe Convention against Trafficking in Human Organs took place in Santiago de Compostela.

The Council of Europe Convention against Trafficking in Human Organs No. 216 came into force in 2018 and it is opened to member States of the Council of Europe as well as non-member States. The purpose of the Convention is to prevent and combat trafficking in human organs by criminalizing certain acts; to protect the rights of victims as well as to facilitate national and international cooperation on action against trafficking in human organs.[14]

State Parties must take a number of steps in order to prevent the trafficking in human organs. First, they have to establish a clear domestic organ transplantation system. This guarantees that the organ transplantation procedure is transparent and responsible. Second, State Parties shall guarantee that patients have equitable access to transplantation services. This means that all persons in need of an organ transplant should have equal access to the appropriate care.

Third, State Parties are in charge of gathering, evaluating, and exchanging information on illegally procured human organs. To successfully tackle organ trafficking, they must work with appropriate authorities.

State Parties must provide information to healthcare experts and relevant officials in order to improve their awareness of organ trafficking. Training programs should be created to improve their knowledge and abilities in detecting and dealing with this problem.

[13] Sarah Shepp, "*Priceless Kidney: The Ineffectiveness of Organ Trafficking Legislation*", Syracuse J. Int'l L. & Com., 2019.

[14] Council of Europe Convention against Trafficking in Human Organs, No. 216, March 25, 2015, Santiago de Compostela.

Furthermore, public awareness programs should be developed to educate the public about the illegal nature and risks of human organ trafficking. These programs are critical in both discouraging prospective abusers and safeguarding potential victims.
Finally, State Parties must make it illegal to advertise the need for or availability of human organs for money or any analogous gain. This legislation attempts to prevent the commercialization of organ transplantation and to discourage the illegal organ trafficking.[15]

2.3 Declaration of Istanbul on Organ Trafficking and Transplant Tourism

The Declaration of Istanbul is the first international document that has been established by the international transplant community that defines and prohibits transplant commercialism (putting a price on organs) and organ trafficking (coercing someone into selling one), and is meant to be a guide for politicians and health professionals rather than a legally obligatory statement.
It was first adopted in 2008 during an international meeting organized by the Transplantation Society and the International Society of Nephrology; in 2010 was established the Declaration of Istanbul Custodian Group (DICG) to supervise the distribution and approval of the document; in 2018 the DICG published a new edition of the declaration.
According to its preamble, the Declaration of Istanbul expresses the determination of donation and transplant professionals and their colleagues in related fields that the benefits of transplantation be maximized and shared equitably with those in need, without reliance on unethical and exploitative practices that have harmed poor and powerless persons around the world.[16]
The Declaration of Istanbul sets out 11 principles. Some principles focus on prevention such as Principle 1, "governments should develop and implement ethically and clinically sound programs for the prevention and treatment of organ failure"[17], and Principle 6,

[15] Europe's Human Rights, https://www.europewatchdog.info/en/treaties_and_monitoring/trafficking-in-human-organs/
[16] Alexandra Smith, Brian Hermon, Jean-Philippe Duguay, "*Trafficking in Human Organs: an overview*", Library of Parliament, Parliamentary Information and Research Service, October 21, 2020.
[17] The Declaration of Istanbul on Organ Trafficking and Transplant Tourism, 2018.

which suggests governments to ensure transparency and accountability in organ donation, allocation and transplantation practices [18] Other focus on prohibition, including advocating for the prosecution of organ trafficking and human trafficking for the purpose of organ removal (Principle 3)[19] and the deployment of initiatives to discourage or prevent transplant tourism (Principle 10).[20] The principles also emphasize the need of equal access to donation and transplantation services (Principle 7)[21] and the necessity for nations to aim for organ donation and transplantation self-sufficiency (Principle 11).[22]

In conclusion, to tackle an preset organ trade, governments should address the cause of the problem: organ scarcity, as mentioned in Principle 1 of the Declaration of Istanbul. Another strategy that the Declaration strongly supports is to endorse governments enforce deceased donation programs to increase deceased donation rates and reach self-sufficiency as cited in Principle 11. Similar initiatives are being conducted in the Balkans and Black Sea Region with the support of the Custodian Group, the World Health Organization (WHO) and European Union.[23]

Moreover the WHO and the Custodian Group should support the increase of live donation in the same way that they encourage deceased donation. They should do so by expressly declaring in the language of the Declaration and Guiding Principles the need to encourage living donation.

The Guardian Group and WHO should also push countries to lift limitations on unrelated or anonymous living donation in order to facilitate alternative living donation schemes. To ensure the quality and safety of donors and beneficiaries, such initiatives should be executed in compliance with international standards. Current nonconsanguineous donation limits are predicated on the notion that nonconsanguineous live donation stimulates commerce. However, no evidence of unlawful trading has been found in countries with well-organized procedures that allow for substantial numbers of

[18] *Ibidem*.
[19] *Ibidem.*
[20] *Ibidem*.
[21] *Ibidem.*
[22] *Ibidem*.
[23] F. Ambagtsheer, W. Weimar, "*A Cronological Perspective: Why Prohibition of Organ Trade Is Not Effective and How the Declaration of Istanbul Can Move Forward*", American Journal of Transplantation, 2012.

nonconsanguineous live donors, such as in Norway, the Netherlands, the United States and the United Kingdom.[24]

As a last example is to encourage controlled testing of contribution incentives. This urges on WHO and the Declaration to have a more open attitude to trade. The Declaration's and WHO's premise that commercialization should be prohibited because it leads to profit and trafficking is false. Trafficking will occur as long as there is shortage, prohibition or no ban. As a result, as seen in the drug and prostitution regimes, a more feasible approach would be to institute harm reduction programs. Donation incentives might be good instances of a harm reduction strategy. The Declaration should allow countries to investigate ways to enhance donations through incentives. Ultimately, this will entail decriminalizing the purchase and sale of organs.

The Declaration and the WHO can both strengthen their anti-organ trafficking strategies. There is no question that organ trafficking is and should remain illegal worldwide. The Declaration's wording already highlights the ban and punishment of activities such as brokering and other (medical) practices that facilitate or encourage trafficking.

Legislation and law enforcement must work together to create a consistent and effective prohibition of trafficking.

The most significant achievement for the WHO and the Declaration of Istanbul may thus lay in bridging the gap between the medical and criminal justice fields. For example, these efforts might include lobbying governments and international organizations such as INTERPOL, UNODC, and EUROPOL to increase awareness about the crime. The Declaration and the WHO are not law enforcement agencies, but they may be the most important factors in encouraging countries to consider enforcement tactics at the local level.[25]

The organ trade problem will persist and probably increase until the Custodian Group, the WHO, and politicians recognize the limitations of prohibition and address the fundamental cause of the crime by encouraging both deceased and live donation.

[24] *Ibidem.*
[25] *Ibidem.*

Chapter 3

3.1 The Kidneys' Bazaar: the case of Pakistan

According to the article "Rotten Trade" written by Scheper-Hughes[26], about the development of organ trafficking all over the world, the global kidney trade began to develop in South Asia in the late 1970s and early 1980s, mainly attracting poor people to sell one of their kidneys and donate it to wealthy foreigners in the Middle East. The consequence of this phenomenon was the increasing demand for organs from living donors, which is why starting in 1994 in India, thanks to the enactment of the Human Organ Transplantation Act, the organ trade is banned.

Since the 20th century, Pakistan has emerged as a major market in the South Asian region for transplant tourism and illegal organ transplants.

Pakistan is a country of 230 million people, and almost half suffer from renal disease, caused primarily by glomerulonephritis, hypertension, diabetes, and stone disease.[27]

Is also important to focus the attention on Pakistan in socio-economic field: Pakistan was part of the Indian subcontinent, which was subject to British colonial rule for over one hundred years until the independence in 1947.[28]

The country started with its economy plan and built is own new state, but after hundreds years of colonialism is not so easy. Nowadays Pakistan is considered a "developing country", with a very low poverty index (0.4 on a scale 0-1)[29], and as already said in the previous chapter, poverty is the main reason why people sell their own organ.

The first kidney transplant was performed in the country in 1979, in the Army Hospital in Rawalpindi.[30]

Kidney transplantation in Pakistan began in the absence of relevant legislation and national/institutional regulatory agencies, and it continues to rely exclusively on organs procured from living donors, as in other underdeveloped nations.

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[26] Nancy Scheper-Hughes, "*Rotten trade: Millennial capitalism, human values and global justice in organs trafficking*", Journal of Human Rights, August 2010.
[27] Farhat Moazam, "*Pakistan and kidney trade: battles won, battles to come*", Springer Science+Business Media Dordrecht, 2012.
[28] Britannica, "*Birth of the new state*", https://www.britannica.com/place/Pakistan/Birth-of-the-new-state
[29] World Bank Data, https://data.worldbank.org/country/pakistan
[30] Farhat Moazam, "*Pakistan and kidney trade: battles won, battles to come*", Springer Science+Business Media Dordrecht, 2012.

In the early periods when transplants began to become more frequent, donors, initially family members of patients, were gradually replaced by "donors, living in poor villages, willing to sell a kidney to pay their debts and cover family expenses". This phenomenon was very successful in private hospitals in Punjab province, which began offering packages in order to entice patients, both national and international, who were no longer able to access such services: the example of India, due to the passage of the law abolishing organ trafficking.

For this reason, Pakistan had gained notoriety as the "kidney bazaar" of the world, with private hospitals in Punjab running lucrative businesses worth millions of dollars using kidneys purchased from the most disadvantaged, weak and vulnerable people.

In the first decade of this century, the popular press started to report the new practices in use in the country, giving voice to vendors who claimed that their kidneys had been "stolen" or removed under deception.

Only one surgeon was imprisoned for a very short time because there was no law that allowed the government to detain him.

In this specific period, the campaign for a national law against organ commerce and trafficking started. The campaign was led by Sindh Institute of Urology and Transplantation (SIUT) in Karachi, the only government institute with dialysis program and undertaking kidney transplants using live donors.

Thanks to the collaboration of the Center for Biomedical Ethics and Culture (CBEC) in Karachi, which helped publish study results describing the physical and psychological repercussions on the sellers and their families, along with health professionals, medical associations, journalists, and influential members of civil society, the press was able to maintain the public domain by publishing articles, giving voice to the victims, and informing the public.

The close collaboration of Pakistani physicians and bioethicists with international agencies and associations, including WHO groups, the Asian Task Force on Organ Trafficking, and the Istanbul Group Against the Organ Trade, has put additional pressure on the government. The push for a national law against the kidney trade has met with strong opposition from influential and politically well-connected doctors and hospital owners at the forefront of these practices.[31]

[31] *Ibidem*.

The turning point occurred in 2006, when the Chief Justice of Pakistan's Supreme Court issued a suo moto complaint against the government for failing to restrict organ commercial transactions. This resulted in the enactment of the "Transplantation of Organs and Tissues Ordinance, 2007" by Presidential order. The Ordinance encouraged living related donation, recommended deceased donor programs, criminalized transplanting organs from Pakistanis into foreigners with stiff fines and imprisonment for those convicted, and mandated the establishment of a national registry and oversight body at the federal level (HOTA—Human Organ Transplantation Authority).

Following that, the pro-organ trade lobby made many attempts to weaken restrictions banning non-related donations and fees for giving organs.

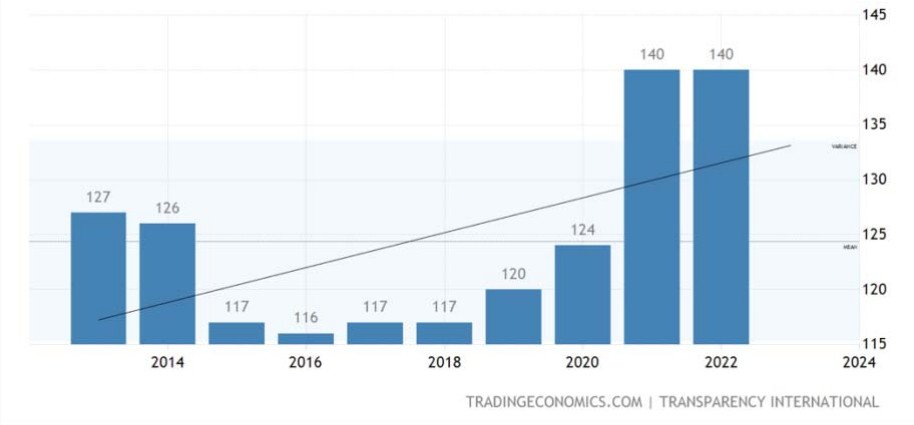
The biggest challenge came up in January 2008, when a transplant surgeon petitioned the Federal Shariat Court of Pakistan, contending that elements of the Ordinance were Sharia-compliant and hence unlawful. The public and experts supporting and opposing the law attended FSC hearings, and the petition was eventually dismissed unanimously in an April 2009 verdict. The Ordinance was overwhelmingly adopted into law by Pakistan's National Assembly and Senate in 2010.[32]

An historic moment like the introduction of the Transplantation Act is useless unless it is meticulously implemented. This necessitates the government's willingness to provide effective and honest mechanisms at the federal and provincial levels of the country for the registration and oversight of all transplant practices, as well as the courage to take action against those found to be in violation of the law, including influential physicians. The significance of this is becoming clear. As a result of the law, there has been a substantial fall in renal tourism, with at least one hospital owner in Lahore being compelled to terminate provider-dependent transplant services, as summarized by the Supreme Court.

However, in the face of an apparently helpless HOTA, there have been recorded examples of transplants being carried out covertly using children sold for recipients in Middle Eastern and Central Asian countries in the last two years. These events clearly show corruption at several levels, as well as a nationally appointed HOTA unwilling or incapable to control national transplant institutions and act on documented infractions of the law.

[32] *Ibidem.*

According to Transparency International, Pakistan's CPI (Corruption Perception Index) is incredibly increased, from 2018 to 2022, as showed in the graph.



Related	Last	Previous	Unit	Reference
Corruption Rank	140.00	140.00		Dec 2022
Corruption Index	27.00	28.00	Points	Dec 2022

Figure 4. Pakistan Corruption Rank[33]

Misconceptions about the harmful medical, sexual, and reproductive consequences for live persons who donate a kidney make many relatives unwilling to undergo nephrectomy in Pakistan's primarily family-centered society. Similarly, there is a lack of understanding about what is involved in donating from a deceased individual, as well as cultural and religious opposition to organ removal after death (which Muslims in other nations share). A recent study conducted in Karachi, following interviews with the population, revealed some of the culture-specific challenges that must be considered while designing ads for dead donation programs in the country.

The majority of respondents feel that dead donating is forbidden in Islam. Furthermore, given the cultural dynamics of intra-family connections, many people consider dead donation as a family decision rather than an individual one, with more than a third allowing the family the ability to overturn a person's decision. According to interviews, a huge majority would prefer buy a kidney (just a handful were aware of Pakistan's transplant regulations) than "harm" a family member with a nephrectomy. What is

[33] Pakistan Corruption Rank, https://tradingeconomics.com/pakistan/corruption-rank#:~:text=Corruption%20Rank%20in%20Pakistan%20averaged,low%20of%2039.00%20in%201995.

encouraging is that when the option of a transplant with a deceased donor kidney was presented, many people chose it. This validates Tamil Nadu, India, and the Shiraz Organ Transplant Center, Iran, in minimizing commercial transplants by raising dead donor organ donation numbers.

Despite various campaigns in favor of deceased donation, it remains very difficult to convince a society that considers the body to belong to God, and family decisions always trump personal ones.

3.2 The Kidneys' Valley: the case of Nepal

The first successful kidney transplantation performed in Nepal, at Tribhuvan University Teaching Hospital (TUTH), on August 8, 2008.[34]

On December 7, 2016, the first successful liver transplantation was performed at the Shahid Dharma Bhakta National Transplant Center (SDNTC).[35]

In Nepal, organ transplantation is now carried out in two government hospitals, one university hospital, and two more private hospitals, for a total of five transplant facilities. Currently, several hospitals in Nepal execute more than 350 kidney transplants every year, which is a commendable achievement. Approximately 80% of kidney transplants are performed in Bhaktapur's Shahid Dharma Bhakta Hospital and National Transplant Center (SDNTC) and the Ministry of Health's Human Organ Transplant Center (HOTC).[36]

Before the establishment of facilities in Nepal, people had to fly overseas for significant sickness care, including organ transplantation. However, the recent growth of health-care resources in Nepal's main towns, particularly the capital city of Kathmandu, has made organ transplantation viable. The facilities have progressively gained confidence and recognition in Nepal, particularly when the former prime minister of Nepal, who was in office at the time, underwent his second successful kidney transplantation at Tribhuvan University Teaching Hospital in Kathmandu.

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[34] Alok Atreya, Ambika Dawadi, Manish Upreti, Nuwadatta Subedi, Ritesh George Menezes, "*Organ transplantation in Nepal: Ethical, legal, and practical issues*", Bioethics Wiley, June 2022.
[35] *Ibidem.*
[36] *Ibidem.*

The Government of Nepal established "Kidney Transplantation (Regulation and Prohibition) Rules - 2058 (2002)" in 2002, implementing the authorities granted by Section 34 of the 1998 HBOTA.[37] The country's first kidney transplant, performed in 2008, was governed by the 1998 HBOTA and the Kidney Transplantation Rules. Initially, the HBOTA permitted organ transplantation from relatives to close relatives and cousins (excluding uncles). Organs might be taken from close relatives and deceased people with their voluntary written agreement or with family members' written approval. On February 25, 2016, the 1998 HBOTA was revised, paving the door for the rules on spouse exchange between two or more families.

The adapted law's authorisation for pair exchange significantly decreased the requirement for patients to travel abroad for organ transplantation. The amendment relaxed restrictions for recipients with a willing but incompatible donor, allowing them to donate the organ to another family with a similar problem and receive an organ from the other family if compatible, allowing donors to exchange organs with recipients from each of the other families. On July 27, 2016, the country's first pair-exchange kidney transplant was conducted.[38]

On December 1, 2016, a cabinet meeting at the Prime Minister's Office enacted Human Body Organ Transplantation (restrictions and Prohibitions) Legislation-2073, which added new restrictions and prohibitions to the powers provided by Section 34 of the 1998 HBOTA. The recent amendment of the HBOTA 2016 considerably increased the donor pool by adding more family members to the list of close relatives, creating the pair exchange program, and, most critically, offering the prospect of brain-dead donor transplantation.[39]

Is also important to know that the HBOTA establishes legal standards for the extraction of an organ and its transplantation into the body of another individual in order to treat sickness using contemporary medical technology. According to Section 14 of the HBOTA, these legal criteria apply not only to the removal of organs such as the kidneys, heart, liver, pancreas, bones, bone marrow, eyes, skin, and tissues, but also to the removal of all other transplantable organs and tissues.

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[37] *Ibidem.*
[38] *Ibidem.*
[39] *Ibidem.*

Section 13 of the HBOTA prohibits the acquisition and sale of human body organs, as well as the use of the same organ for other reasons.[40]

As in Pakistan, Nepal also has numerous with organ transplantations from brain death people.

Nepal is a very low middle-income country in South Asia, infact more than the 15% of the population live under the poverty line.[41] Nepal has a very multi-cultural and multi-ethnic groups in the same region, such as Buddhists and Tibetans, but the majority of the population is Hindu.

The differences are not only in culture and customs among ethnic communities, but also in rituals around the human body and its disposal. Though there are no explicit religious or traditional objections to organ donation, most ethnicities object to physical mutilation after death, which might be one of the reasons for Nepal's reluctance to donate organs. Though a myth, the assumption that mutilation of the body happens during organ harvesting may be deeply embedded in society and must be addressed and eliminated through public awareness initiatives.

Some people wrongly assume that people can wake up after brain death, and some others are religiously opposed to organ donation, despite the reality that all major religions favor organ donation. These misconceptions and beliefs must be overcome in order to promote organ donation, which can be accomplished through awareness programs aimed at the country's many ethnic populations and religions.

As already mentioned in the first chapter, organ trafficking is a big trade and is constantly growing. Even if Nepal ratified the United Nations Convention against Transnational Organized Crime in 2001, and the additional document Protocol to Prevent, Suppress and Punish Trafficking in Persons in 2020, the country is still one of the major organ trafficking hubs in South-Asia.

Organ trafficking in Nepal is significant in the Kavrepalanchok District, where 189 residents have been confirmed to have sold their organs. The district of Kavrepalanchok is one of Nepal's 75 districts. According to a survey conducted by Protection of People's Rights (PPR) Nepal, the majority of victims of organ trafficking came from the villages

[40] *Ibidem.*

[41] World Bank Data and https://english.onlinekhabar.com/population-below-poverty-line.html#:~:text=Over%2015%20per%20cent%20of,rural%20areas%20of%20the%20country.

of Hokse, Sathighar Bhabgati, Anekot, Devbhumi Baluwa, Kavre Nitya Chandeswori, Panchkhal, Phulbari, Jyamdi, and Jaiswthok.[42]

As dimostrated before, due to the high percentage of poverty, people have no choice, they believe and trust what the traffickers tell them. Usually they are poor, ignorant and belong to the most disadvantaged caste groups. The poor ones decide to cooperate with these criminals because they do not have choice, and this seems the only way to improve their socio-economic conditions. They are assured that their children would find job, high income, and accommodation outside as domestic workers, restaurant staff, hotel workers, or in occupations that do not require specific training.

When they reach the destination country, however, they do not receive the promised employment. Most of the times they are brought into different countries, such as the neibouring India, where they are completely alone and they do not know the language. For the organ trafficking case, they are forced to do blood tests, without knowing the reason, in other cases they are instead forced to work, especially girls as prostitutes in order to live. In other cases they already know that they are going to sell a kidney, and when the trafficker comes to the village, he manipulates and convince them that they can live with only one kidney.

The latest report of Nepal's Human Rights Commission on Trafficking in Persons of 2018 estimates that nearly 35.000 people, including 15.000 women and 5.000 girls, were victims of these crimes: sexual exploitation, forced labor and organ removal.[43]

The issue of organ trafficking in Nepal is so widespread due to the economic disparity and the laws that are not very strict.

People in Nepal would benefit from mass awareness initiatives on organ donation on television, radio, newspapers, and social media platforms, which will assist them grasp the legal provision of organ donation in a good way.

The Nepalese government and interested parties must work together to enhance the general public's socioeconomic and knowledge position. Youth employment in Nepal will very probably prevent illegal organ harvesting and trading.

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[42] Irvan Mareto, "*UNODC Tackling Human Trafficking: the case in Nepal*", ResearchGate, July 2022.
[43] Alok Atreya, Ambika Dawadi, Manish Upreti, Nuwadatta Subedi, Ritesh George Menezes, "*Organ transplantation in Nepal: Ethical, legal, and practical issues*", Bioethics Wiley, June 2022.

3.3 Stories of Organ Trafficking Survivors

Organ trafficking is a widespread crime around the world, difficult to control because of constant loopholes. So is it difficult to find and collect stories of victims of this brutal crime. Many of the victims die under the knife due to the poor sanitary conditions of the places where the operations take place, others do not survive post-surgery, as they do not receive the right attentive care and develop very dangerous infections. Those few survivors, on the other hand, fear for their lives and remain silent, not reporting to the authorities, who most often are corrupt and collaborate with traffickers.

What follows are stories, testimonies of some survivors of this despicable crime and who decided to denounce what happened to them.

Ismat Bibi, 28 years old, a housewife from the Punjab province, Pakistan. Mother of four children and married with her husband, who is suffering from tuberculosis. A debt of Rs 100.000, four children to feed and a husband to look after, Ismat decided to sacrifice herself.

The deal seemed very simple: she would go to an hospital in a nearby city, the organ would be removed and she would get Rs 110.000. "No one needs two kidneys", that's what the man, from the neibouring town of Kot Momin, said to Mrs. Bibi.

Twelve years later, not only debts have increased, her husband's health has deteriorated dramatically, a mentally disabled young daughter, and the terrible pain in her abdomen from the removal of her right kidney. Her son, 15 years old, plans to sell his kidney too.

"I am begging my son not to do this, but he is adamant," said Bibi, 40, as she sat in her one-roomed mud home in a slum on the outskirts of Kot Momin in Punjab, northern Pakistan. "I committed a mistake by selling the kidney, but I had no other option to feed my family."[44]

Santosh, 19 years old: "I never thought my life would come to this. I can barely walk, I faint easily and can no longer lift heavy objects". He asked to be quoted by jus his first name due to fear of being shamed.

[44] Ismat Bibi's Story, https://scroll.in/article/850288/selling-kidneys-for-money-in-pakistans-punjab-the-organ-trade-business-is-cashing-in-on-debt#:~:text=The%20decision%20to%20sell%20her,The%20deal%20seemed%20simple%20enough.

June 2022: “I was lured by two men who came to my native village in central Nepal with the promise of a new job in New Delhi, the northwestern capital city of neighboring India. Over the next few weeks, I was illegally trafficked to India through the porous land border the two countries share and was then taken to a hospital in the eastern city of Kolkata, where doctors conducted an illegal surgery, removing one of my two kidneys”.

“They stole my kidney, handed me a bunch of money and sent me back to Nepal. I never knew what was being done to me”.

Santosh was the only member of his family of six who earned an income of any kind. The work he did at a small farm of less than 13 acres in Nuwakot District in central Nepal made him barely enough to get by. “I have four sisters and a mother back home, six mouths to feed and no money. I was desperate for this new job”. That desperation made him an easy target for traffickers. Traffickers gave him $4.500 for his stolen kidney.

After the surgery, Santosh was bedridden for several weeks, he could no longer work at his farm, now he works at a small tea-shop in Kathmandu, earning less than $2 a day.

Every time he bends over, severe pains radiate through his abdomen; he is no longer the healthy young man he once was.

Jamdi Village, Kaali, 69 years old woman, she is worried for her son, who sold his kidney. “My older son gave his kidney a few years back. He used to work as a construction worker. Now he struggles with life, he’s weaker and gets sick easily”. Her son received less than $500 for his kidney.

Suddhata, 13 years old: “I know that my uncle sold his kidney when I was young. Whenever he changed clothes, we could see the surgery mark. His kidney was sold fo only $300”.

Suddhata, last month, stopped her father from selling his kidney out of desperation. “He needed money to start a new business. I cried and cried and the whole family begged him to not do so. He is both – our mother and father because we don’t have a mother. After a lot of pleas, he finally agreed to not sell his kidney”.

“I hear about kidney sale in our village and I know it is because of poverty. No one does such a thing if not in dire need. I think what we need is education. Please help us with

education, build schools for us, create jobs for us. So no one has to be so helpless that they sell their kidney".[45]

Each victim told to Nepali officials about the same Indian hospital: Rabindranath Tagore International Institute for Cardiac Sciences. This hospital has been one of the major illegal kidney transplants in the past, and has never been prosecuted by Indian authorities.

Dr. Sanjay Nagral, transplant surgeon in Mumbai, said: "We wrote to the local authorities at that time and we have still not heard from them. And when a single hospital is being repeatedly in the news, clearly there seems to be a problem."

Dr. Sanjay Nagral is the co-chair of the Declaration of Istanbul Custodian Group, an association of global experts from more than 100 countries on organ trafficking that sets international norms for transplant procedure. He said that a majority of kidney trafficking cases in Nepal lead to hospitals in India. And there's big money riding on the illegal buying and selling of organs. Dr. Nagral added: "A lot of transplantation in South Asia, including India, is done in the private sector and there's huge money involved. So the rules of market medicine apply even more acutely or severely to transplantation. There's big money riding on it and then there are individuals who need kidneys who are rich and willing to pay whatever is needed for a healthy kidney. [46]

Nepali government report estimated that nearly 35.000 of Nepalese men, women and children are "sold" into the new forms of modern slavery. When there's a high demand for kidneys in India, its poorer neighbor Nepal becomes the hunting ground for traffickers who either convince young people in Nepal to sell their kidneys for quick money, or deceive them into doing so, as they did with Santosh.[47]

Murari Kharel, Nepal's National Human Rights Commissioner Sid: "This vulnerability comes as the result of year of isolation. The governments of India and Nepal and humanitarian agencies are not able to face this problem. The government needs to pay more attention to this. Even humanitarian agencies have failed to create awareness and provide support in those villages. For too long, they've been neglected, and citizens became more vulnerable to falling victim to illegal schemes."[48]

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[45] Nepal stories, https://www.pbs.org/newshour/world/in-nepals-kidney-valley-poverty-drives-an-illegal-market-for-human-organs

[46] *Ibidem.*

[47] *Ibidem.*

[48] *Ibidem.*

July 2015, Hoske, Geeta a 37 years old mother, convinced by her sister-in-law, travelled to India and sold a kidney in return of $2000. The woman spent some of her money on buying land and the rest she used for build an house. Unfortunately Geeta's house was destroyed by the earthquake in Nepal in 2015.[49]

"My sister-in-law talked me into selling my kidney and said that my body only needed one. My sister stole my kidney and the earthquake stole my house".[50]

These are stories, testimonies of real episodes of organ trafficking. Organ trafficking is not a myth, is a true crime.

[49] Monir Moniruzzaman, "*Transplant and Trafficking in Nepal: the Ethical Concerns*", MSU Bioethics, 2015.

[50] The Daily Mail UK, "*Revealed: Nepalese village where almost everyone sold their kidneys to organ traffickers to buy an house and be destroyed by devoting earthquake*", *https://www.dailymail.co.uk/news/article-3155817/Nepalese-village-sold-kidneys-organ-traffickers-buy-house-destroyed-devastating-earthquake.html*

Conclusion

Organ trafficking is a serious global problem that raises a lot of ethical questions. A comprehensive investigation of organ trafficking has been carried out in this master's thesis, with a particular focus on transplant tourism, legal frameworks, and case studies from Pakistan and Nepal. This research has added to the existing body of knowledge on the subject by examining the intricate dynamics of organ trafficking, analyzing international legal instruments, and focusing on specific situations.

This study's findings have shown that a combination of socioeconomic disparities, poor governance, and individuals' vulnerability support organ trafficking. As a result of socioeconomic disparities, there is now a lucrative illicit market for organs where demand outpaces supply. Organ trafficking networks are further facilitated by weak governance, which is characterized by inadequate regulation and enforcement mechanisms. Additionally, people are prone to being exploited by traffickers because of their vulnerability, which stems from poverty, desperation, and a lack of awareness. Policymakers and other stakeholders can effectively combat organ trafficking by comprehending these fundamental factors.

The analysis of international legal frameworks has emphasized the importance of protecting the rights of organ donors and transplantees. The World Health Organization Resolution (WHA 63.22), the United Nations Protocol against Trafficking in Persons especially Women and Children, the Council of Europe Convention against Human Organ Trafficking and the Declaration of Istanbul all provide a solid foundation for dealing with organ trafficking on a global scale. In order to eradicate this crime and preserve the integrity of organ transplantation procedures, these legal instruments emphasizes the need for prevention, law enforcement and victim assistance measures.

In addition, the case studies from Pakistan and Nepal have shed light on the particular socio-economic contexts and legal frameworks of organ trafficking. The complexities of

combating organ trafficking are exacerbated by the distinct circumstances of each nation, including disparities in economic status, cultural norms, and healthcare infrastructure. These case studies have emphasized the importance of customized interventions that account for the specific challenges, but also the difficulties.

The testimonies of survivors organ trafficking in Nepal and Pakistan, have highlighted the urgent need for action. These people have brought the issue to light, revealing the devastating consequences faced by individuals whose organs are commodified. Survivors' stories are useful as a reminder that organ trafficking is not merely an abstract concept, a myth, but a real crime that inflicts an immense amount of damage to people. It cannot be overstated how urgent it is to combat organ trafficking and safeguard the rights of the most vulnerable.

In conclusion, this master thesis just emphasized and provided a comprehensive examination an already known phenomenon, organ trafficking.

This study has enriched the body of knowledge on this important topic by deciphering the intricate dynamics of organ trafficking, examining international legal instruments, and focusing on specific situations in Pakistan and Nepal, trying to give voice to the victims of this charged crime.

The findings of this study underscore the need for comprehensive and specialized interventions that address socioeconomic disparities, improve governance, and protect the vulnerable.

The whole world, especially the most vulnerable ones, expect that this exploration will illuminate strategy-making, encourage a globally coordinated effort, and promote moral ways of behaving in organ transplantation, contributing to the destruction of organ trafficking and the safety of human nobility.

List of Acronyms

CBEC: Center for Biomedical Ethics and Culture

CECTHO: Council of Europe Convention against Trafficking in Human Organs

DICG: Declaration of Istanbul Custodian Group

EU: European Union

EUROPOL: European Union Agency for Law Enforcement Cooperation

HOTA: Human Organ Transplantation Authority

HOTC: Human Organ Transplant Center

INTERPOL: International Criminal Police Organization

SDNTC: Shahid Dharma Bhakta National Transplant Center

SIUT: Sindh Institute of Urology and Transplantation

TUTH: Tribhuvan University Teaching Hospital

UNODC: United Nation Office on Drugs and Crime

WHO: World Health Organization

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