

NEWSLETTER TRANSPLANT

International figures
on donation and
transplantation
2018



EDQM
Volume 24
2019

INTERNATIONAL FIGURES ON ORGAN, TISSUE & HAEMATOPOIETIC STEM CELL DONATION & TRANSPLANTATION ACTIVITIES. DOCUMENTS PRODUCED BY THE COUNCIL OF EUROPE EUROPEAN COMMITTEE (PARTIAL AGREEMENT) ON ORGAN TRANSPLANTATION (CD-P-TO). YEAR 2018.

Editor: Beatriz Domínguez-Gil

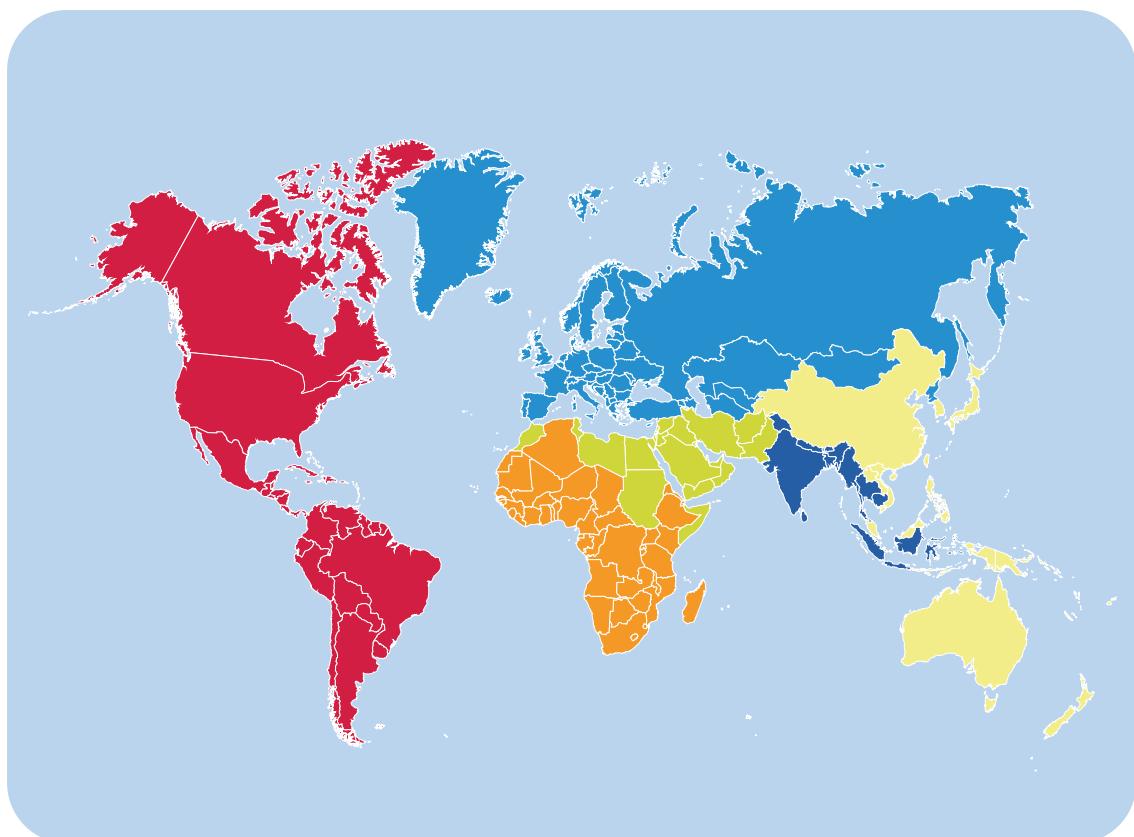
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Beatriz Domínguez-Gil
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NEWSLETTER TRANSPLANT 2019



CONTENTS

• Letter from the Editor	3
• International Figures on Organ Donation and Transplantation Activity. Year 2018	7
• International Data on Organ Donation and Transplantation Activity and Waiting List. Year 2018	41
• International Data on Tissues and Haematopoietic Stem Cell Donation and Transplantation Activity. Year 2018	63
• Council of Europe Reference Documents. Year 2018	79
– Illicit and Unethical Activities with Human Tissues and Cells: Addressing the Need for Elaboration of an International Legal Instrument to Protect Donors and Recipients	80
– Signatures and Ratifications of the Council of Europe Convention against Trafficking in Human Organs	94

FOR THE PURPOSES OF THIS NEWSLETTER THE FOLLOWING DEFINITIONS WERE USED:**Actual deceased organ donor**

An actual deceased organ donor is a person from whom at least one organ has been recovered for the purpose of transplantation, in contrast to a utilised donor, who is an actual donor from whom at least one organ has been transplanted. The number of utilised donors is therefore lower or equal than the number of actual donors.

Donor after brain death

A donor after brain death (DBD) is a deceased organ donor in whom death has been determined by neurologic criteria.

Donor after circulatory death

A donor after circulatory death (DCD) is a deceased organ donor in whom death has been determined by circulatory and respiratory criteria.

Total Tx (all combinations included)

Includes the transplantation of the corresponding organ with or without the simultaneous transplant of a different type of organ (s).

Double-kidney Tx

One double-kidney Tx is counted as 1 Tx.

Tx from living donors

A living donor is a living human being from whom organs have been recovered for the purpose of transplantation. A living Donor has one of the following relationships with the recipient:

A/ Related: The donor is genetically and/or emotionally related to the recipient.

A1/ Genetically Related: A genetic relation exists between donor and recipient (e.g. brother/sister, parent/offspring).

A2/ Emotionally Related: The donor is a genetically unrelated family member (e.g. spouse) of the recipient or a friend.

B/ Unrelated = Non Related: The donor has no genetic or emotional relationship with the recipient. The relation between donor and recipient must be outlined further by a sub-specification.

B1/ Paired exchange or cross-over: By a controlled programme, unrelated donor and recipient pairs exchange grafts beyond any emotional or genetic relation, with the aim of overcoming immunological restrictions.

B2/ Non-directed altruistic or anonymous: By a controlled programme, the donor can provide a graft to society which allocates this to a previously unknown recipient by defined rules.

B3/ Directed altruistic: By a controlled programme, the donor provides a graft to a recipient of the donor's choice.

Heart-lung Tx

One heart-lung Tx is counted as 1 lung Tx, 1 heart Tx and 1 heart-lung Tx.

Double-lung Tx

One double-lung Tx is counted as 1 Tx.

Total number of patients transplanted

When more than one organ is transplanted into the same recipient, only one recipient is counted (e.g. kidney-liver-heart Tx = counted as one recipient).

Paediatric

Includes only paediatric activity (patients aged < 18 years).

Waiting List (WL)

Example: At 1/1/201X there were 200 patients active on the WL. Along the year, 100 patients are newly included on the WL (first row). In total, 300 patients have been ever active on the WL during the year (second row). Along the year, 200 patients were transplanted (number recorded in a different questionnaire), 50 patients remain active at the end of the year (third row), 25 patients died (fourth row) and 25 patients were excluded (number not to be reported, but derived from previous figures).

Patients included on the WL for the first time in the course of 201X	100
Total number of patients ever active on the WL during 201X	300
Patients awaiting for a transplant (only active candidates) on 31/12/201X	50
Patients who died while on the WL during 201X	25

(*The United Nations Fund report (UNFPA: <http://www.unfpa.org/public/>) is used as the data source for estimates of population size)

Letter from the Editor



Letter from the Editor

Beatriz Domínguez-Gil, MD, PhD
Director Organización Nacional de Trasplantes, Spain
Editor of Newsletter Transplant

Dear friends

It is with pleasure that I introduce a new issue of the *Newsletter Transplant*, one of the most valuable tools produced by the Committee of Transplantation of the Council of Europe (CD-P-TO) in conjunction with the Spanish Organización Nacional de Trasplantes (ONT). Since 1996, this publication has allowed the CD-P-TO to share information on donation and transplantation activities in member states of the Council of Europe (CoE) – and beyond – and to present some of the projects developed by this committee and documents of relevance to the field. The *Newsletter Transplant* is in itself an opportunity to demonstrate the active contribution of the CD-P-TO to secure fundamental human rights, as well as to increase organ availability, improve the effectiveness of transplantation systems and enhance the quality and safety of organs, tissues and cells for clinical use.

Without doubt, monitoring of practices in donation and transplantation of substances of human origin in member states is essential for the sake of transparency and international benchmarking. This is the main aim of the *Newsletter Transplant*, and the reason it has become an international reference. In this new issue, the *Newsletter Transplant* reports data from almost 70 countries throughout the world for the year 2018 (global data refer to 2017). The information presented relates to organ donation and transplantation activities, management of the waiting lists, rate of refusals to organ donation and transplant centres. Data are displayed by age group and gender for both organ donors and recipients. Let me take this opportunity to remind you that the underlying data collection is also hosted by the Global Observatory on Organ Donation and Transplantation (<http://www.transplant-observatory.org/>) developed and maintained by the ONT on behalf of the World Health Organization. The Observatory allows users to download data and create figures online. For obvious reasons, not all information that is collected from countries is displayed in the *Newsletter Transplant* and the *Observatory*, but additional data can

be provided to final users on an ad hoc basis and upon request.

Information presented in the *Newsletter Transplant* is not limited to the organ field, but also covers tissues and cells. Provided by the Centro Nazionale di Trapianti (CNT) in Italy, which conducts the corresponding annual data collection, the *Newsletter Transplant* also presents data on the donation, procurement, processing, distribution and clinical use of tissues and cells from a significant number of countries.

This issue of the *Newsletter Transplant* also presents an important document produced by the CD-P-TO addressing illicit and unethical practices in the field of tissues and cells. In this document, the CD-P-TO analyses the international legal framework that regulates the process of donation and clinical use of tissues and cells of human origin. It concludes that an international agreement is needed to prohibit and criminalise certain unethical practices of particular severity, in terms of violation of the fundamental principles of human dignity and integrity. This work is intended to support decision-making bodies at the Council of Europe to decide on the need to elaborate an Additional Protocol to the Council of Europe Convention against Trafficking in Human Organs to address the trafficking of human tissues and cells.

The CD-P-TO has also contributed to the elaboration and dissemination of this Convention, which provides clarity on the practices in the field of organ donation and transplantation that must be criminalised and mechanisms to be strengthened for cooperation and victim protection. This issue of the *Newsletter Transplant* includes the current status of signatures and ratifications and invites countries that have not already done so to move forward in their accession to this important legal instrument.

I take this opportunity to remind you of the importance and usefulness of the technical guides in the fields of organs, tissues and cells that are regularly up-

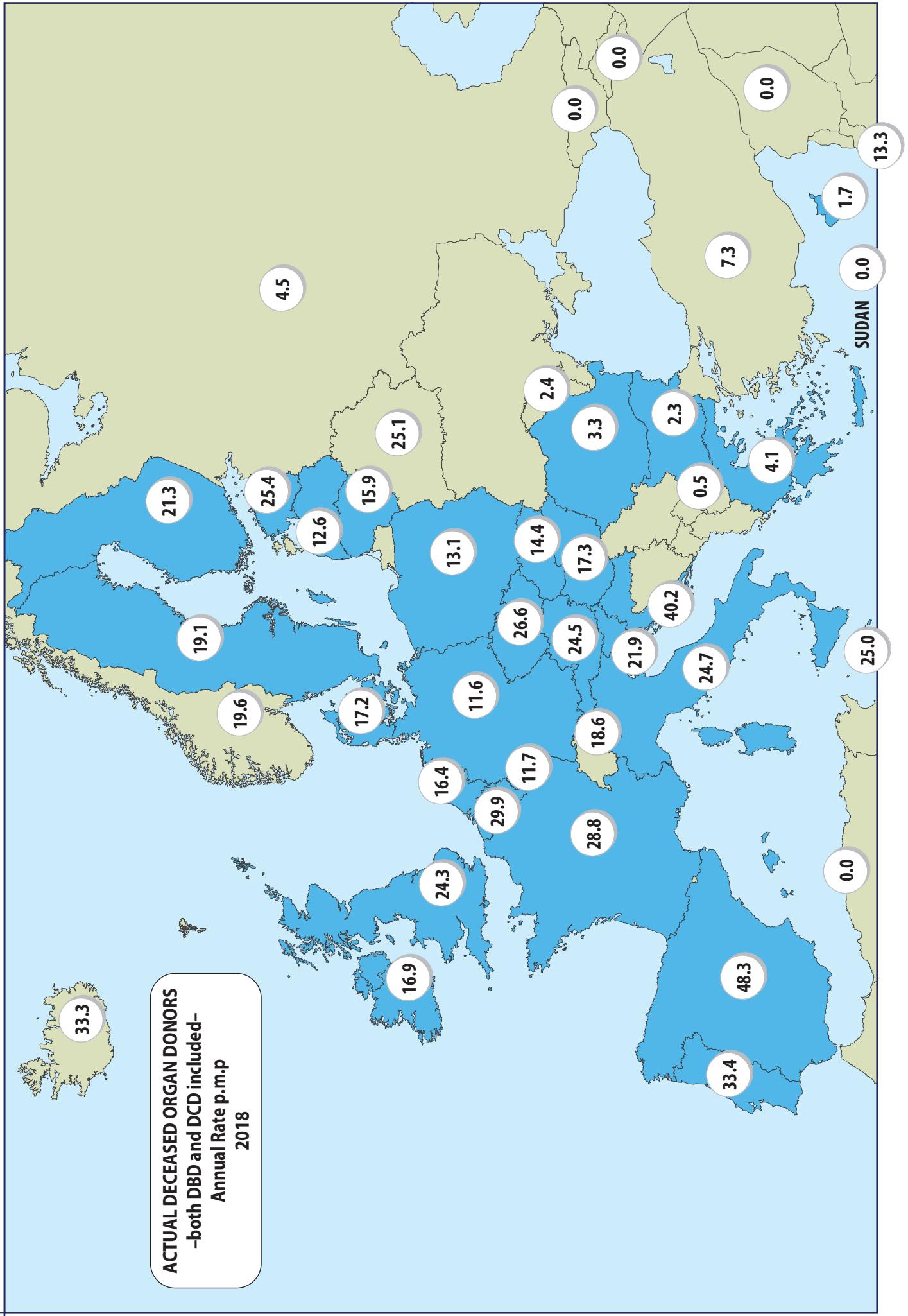
dated by the CD-P-TO. These are invaluable tools for regulators and health professionals throughout Europe and beyond.

Please allow me to finish this letter by thanking all those who make the *Newsletter Transplant* possible - members of the CD-P-TO, national focal points provid-

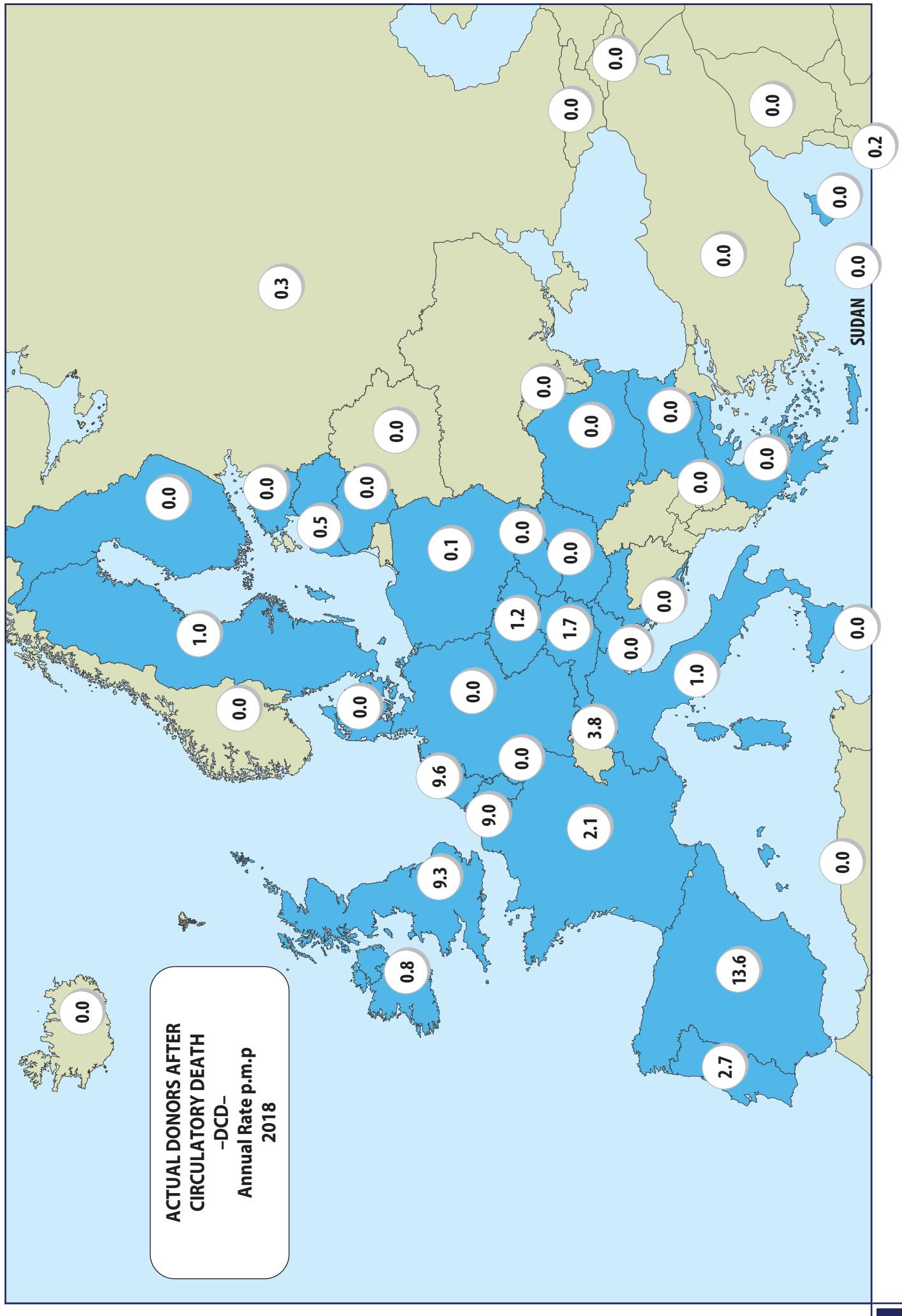
ing data on a regular basis and the EDQM secretariat. But, most importantly, let me thank the members of the ONT whose continuous work, commitment and enthusiasm are essential for an exercise that every year showcases the European progress in the fascinating field of transplantation.

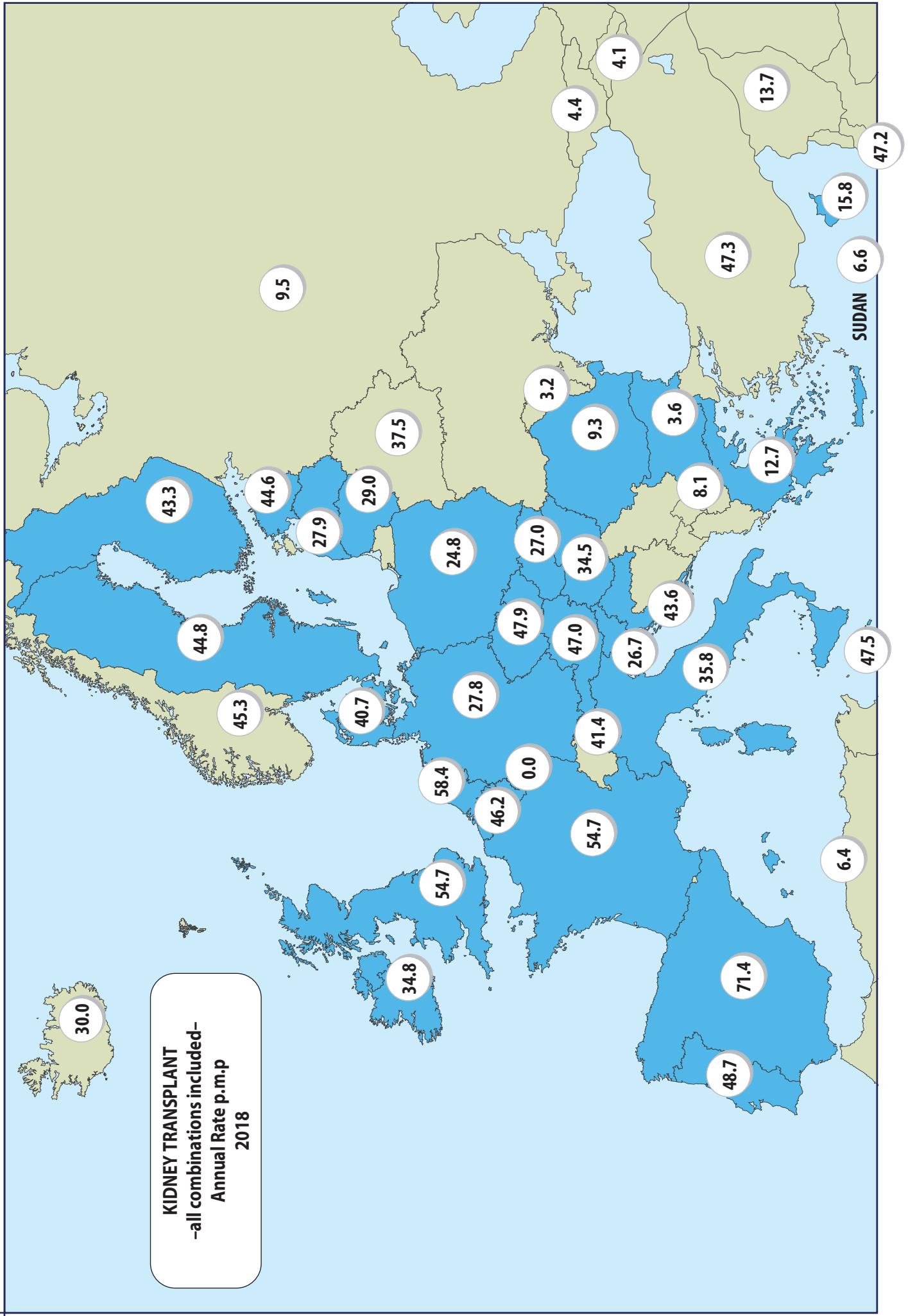
International Figures on Organ Donation and Transplantation Activity. Year 2018

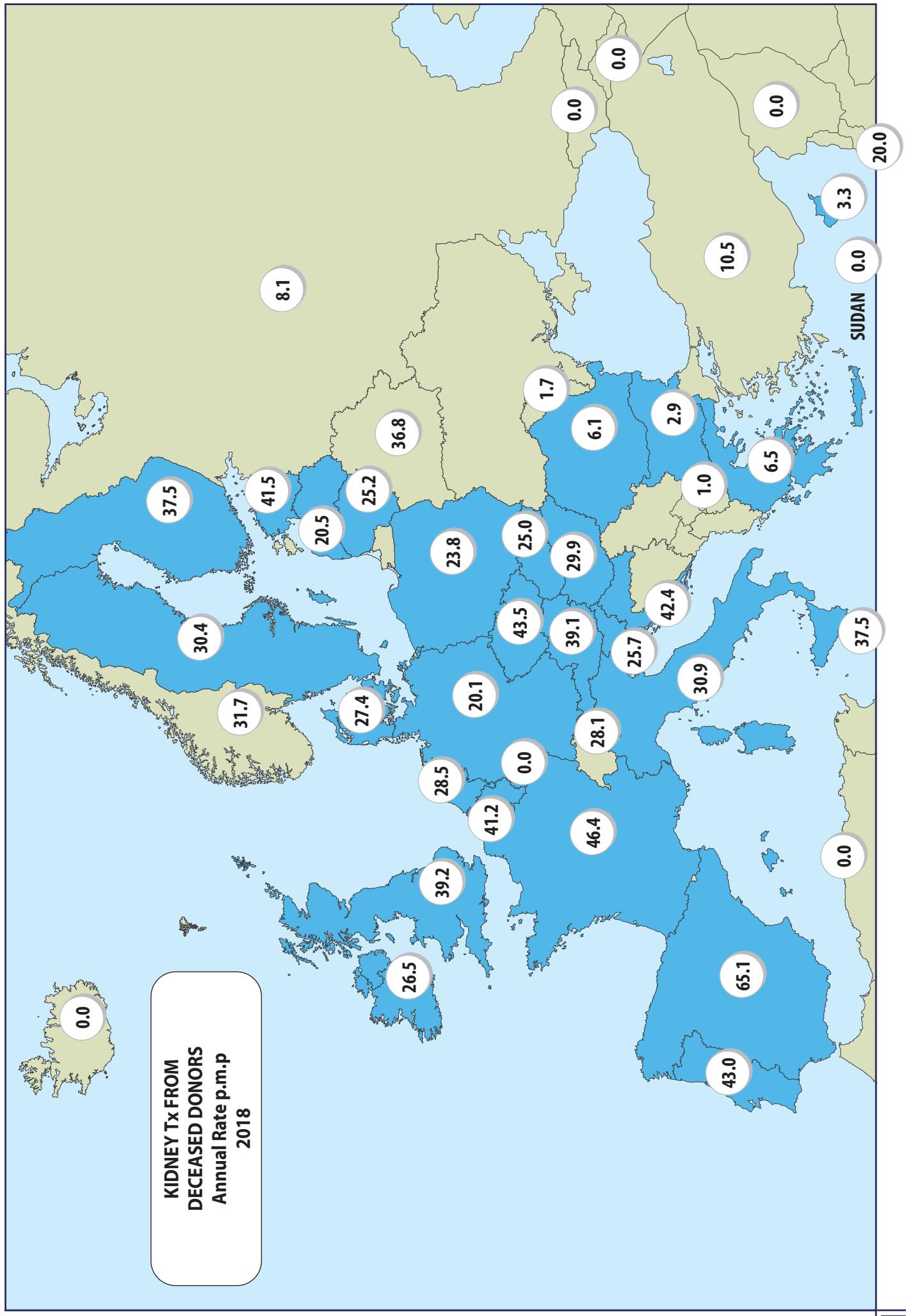




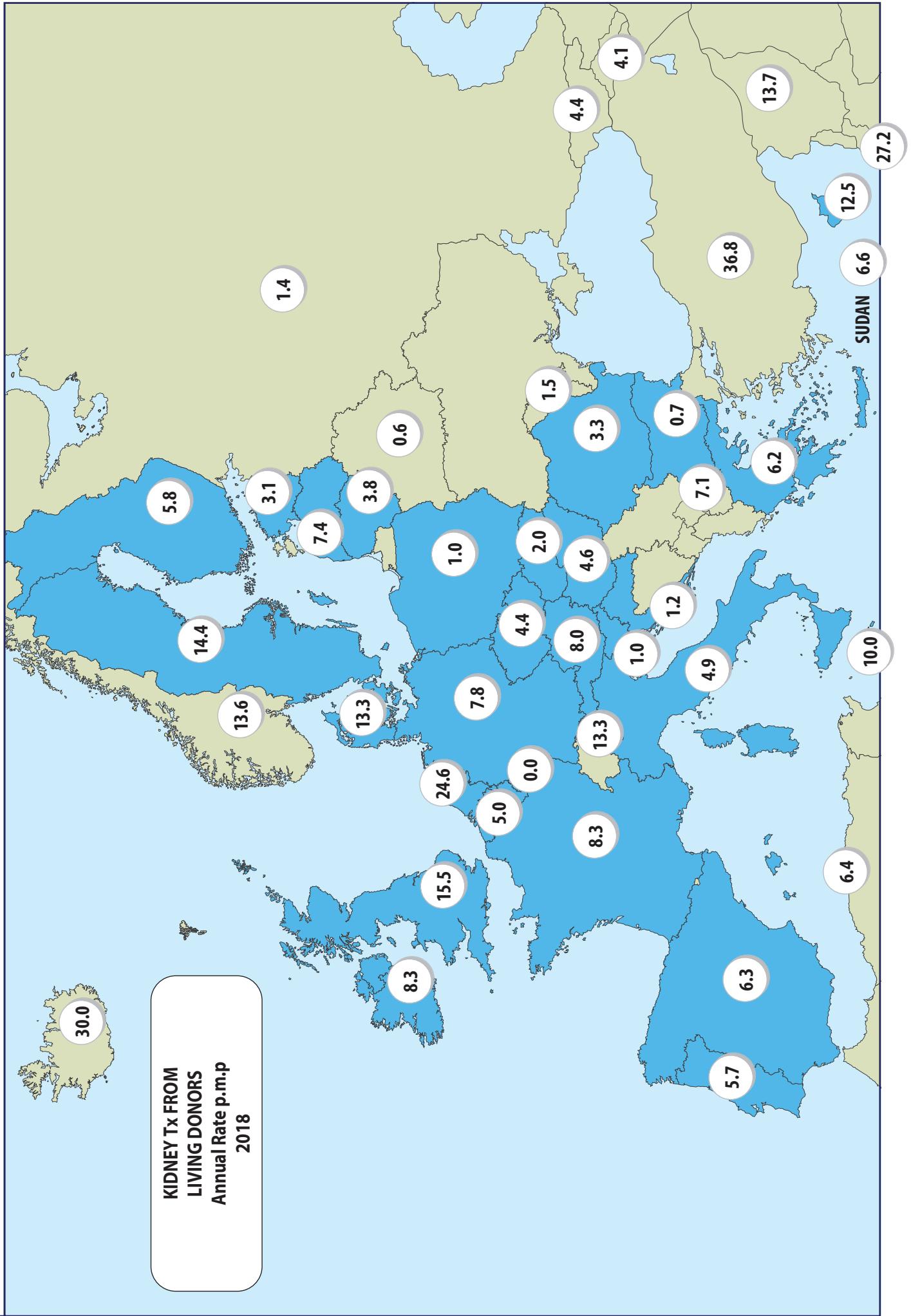
ACTUAL DECEASED ORGAN DONORS
-both DBD and DCD included-
Annual Rate p.m.p
2018

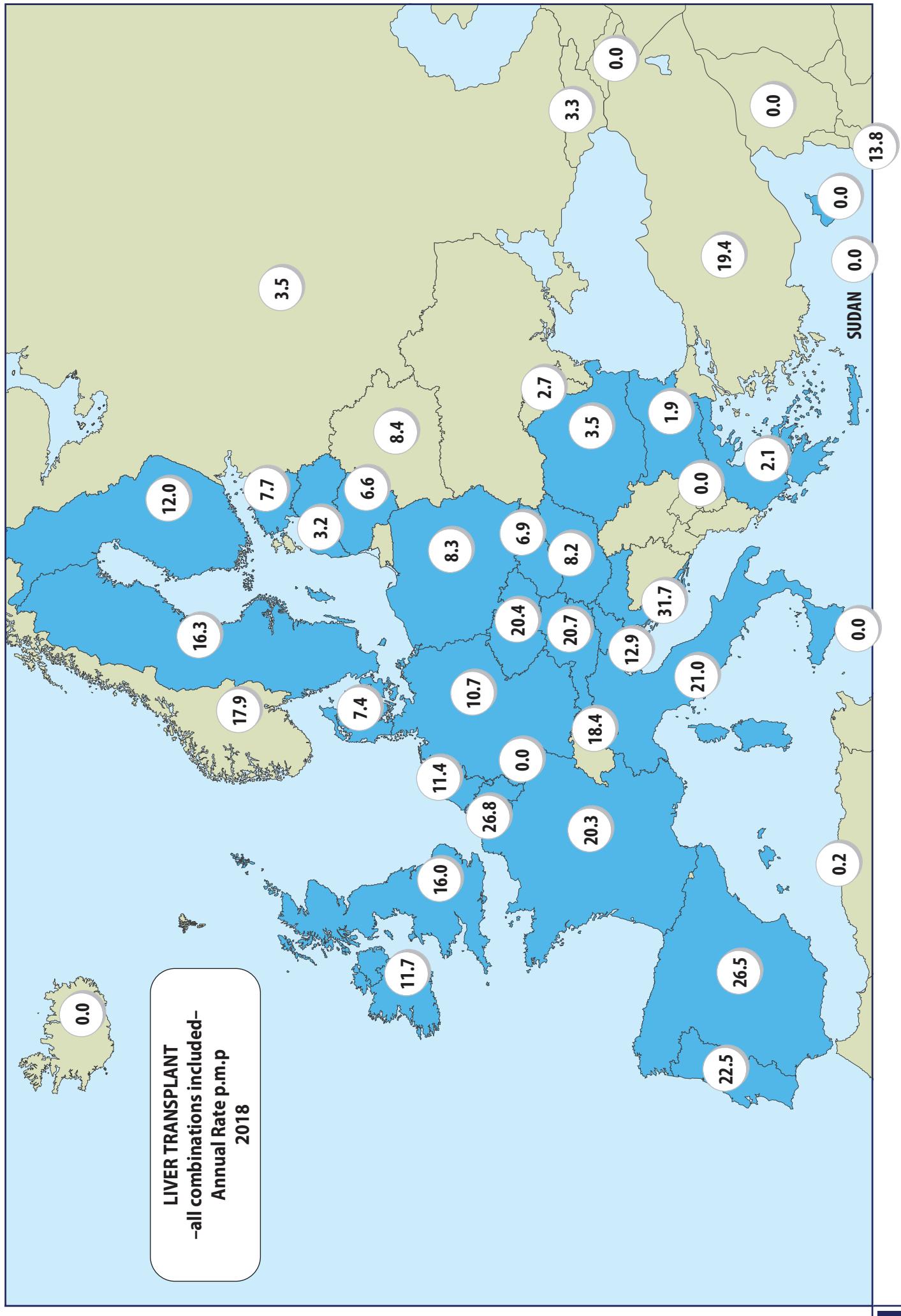


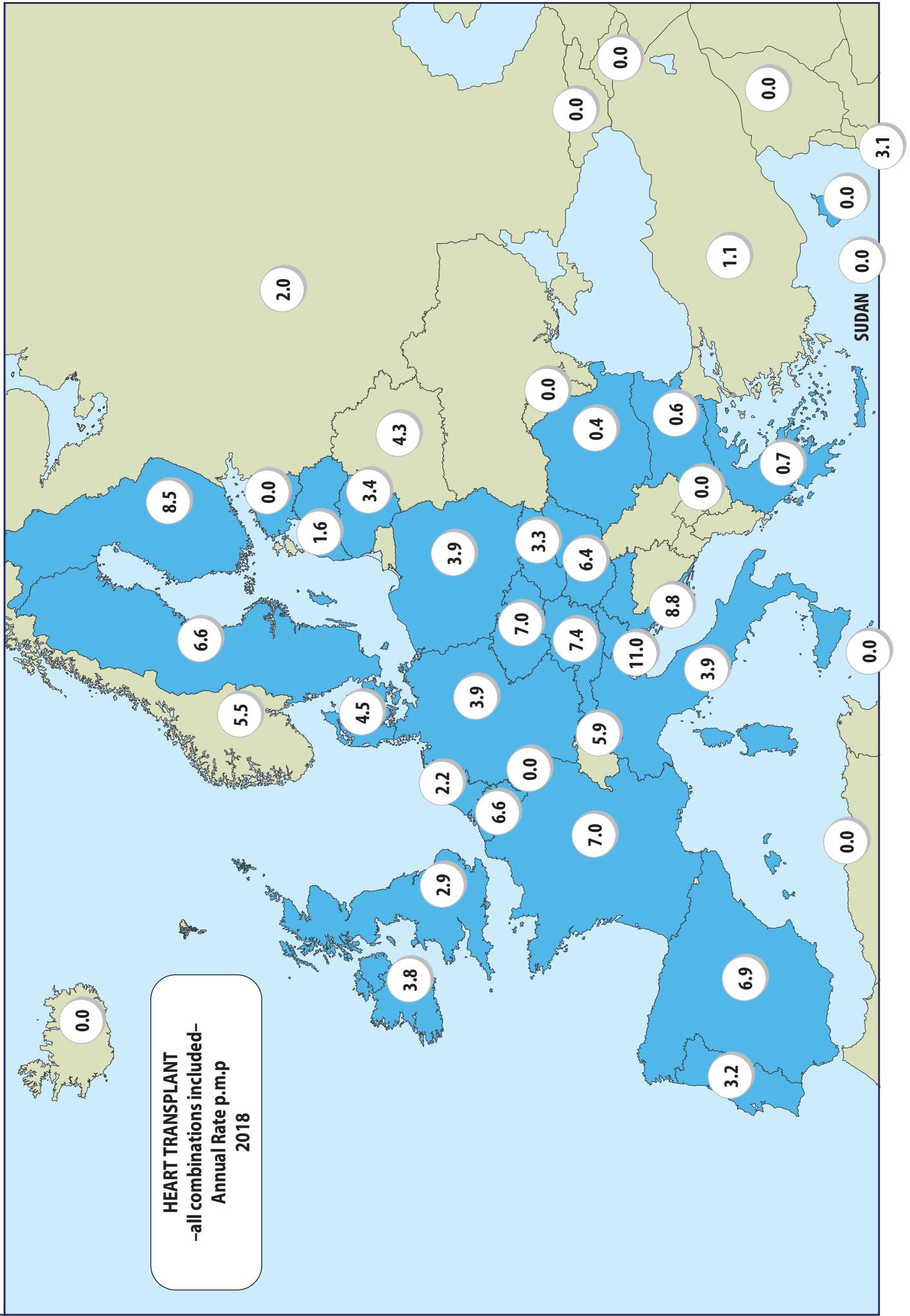




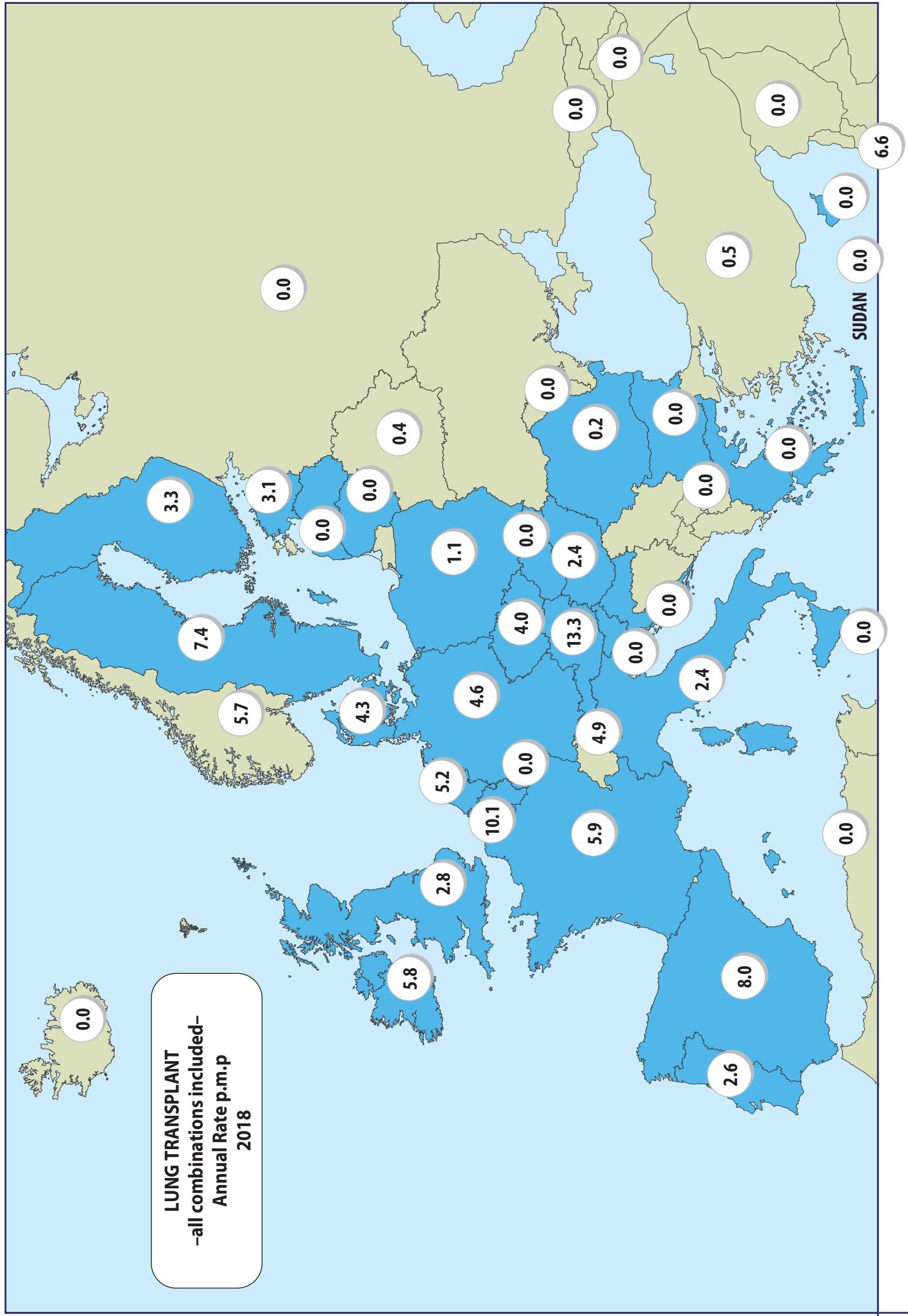
KIDNEY Tx FROM
DECEASED DONORS
Annual Rate p.m.p.
2018



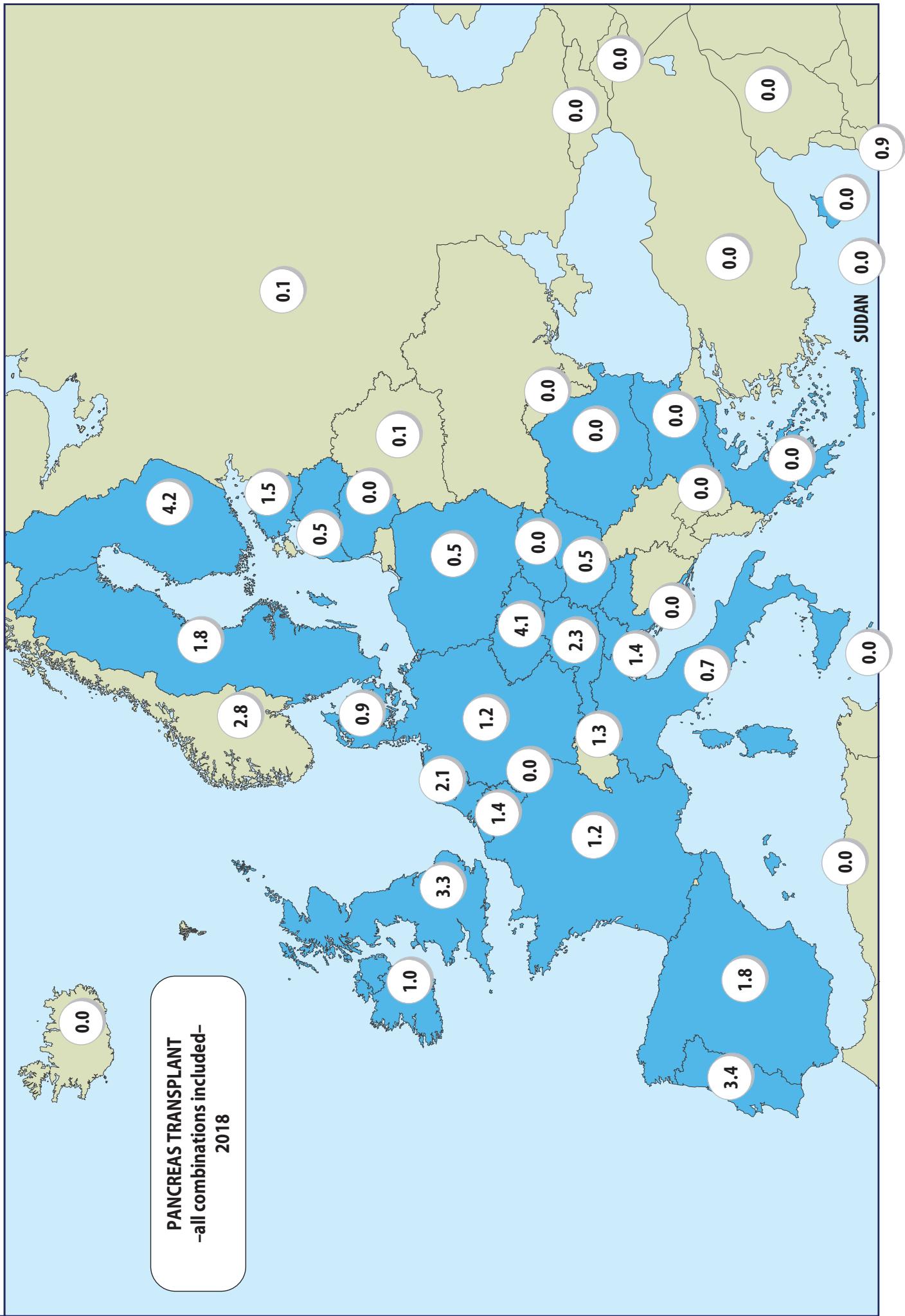


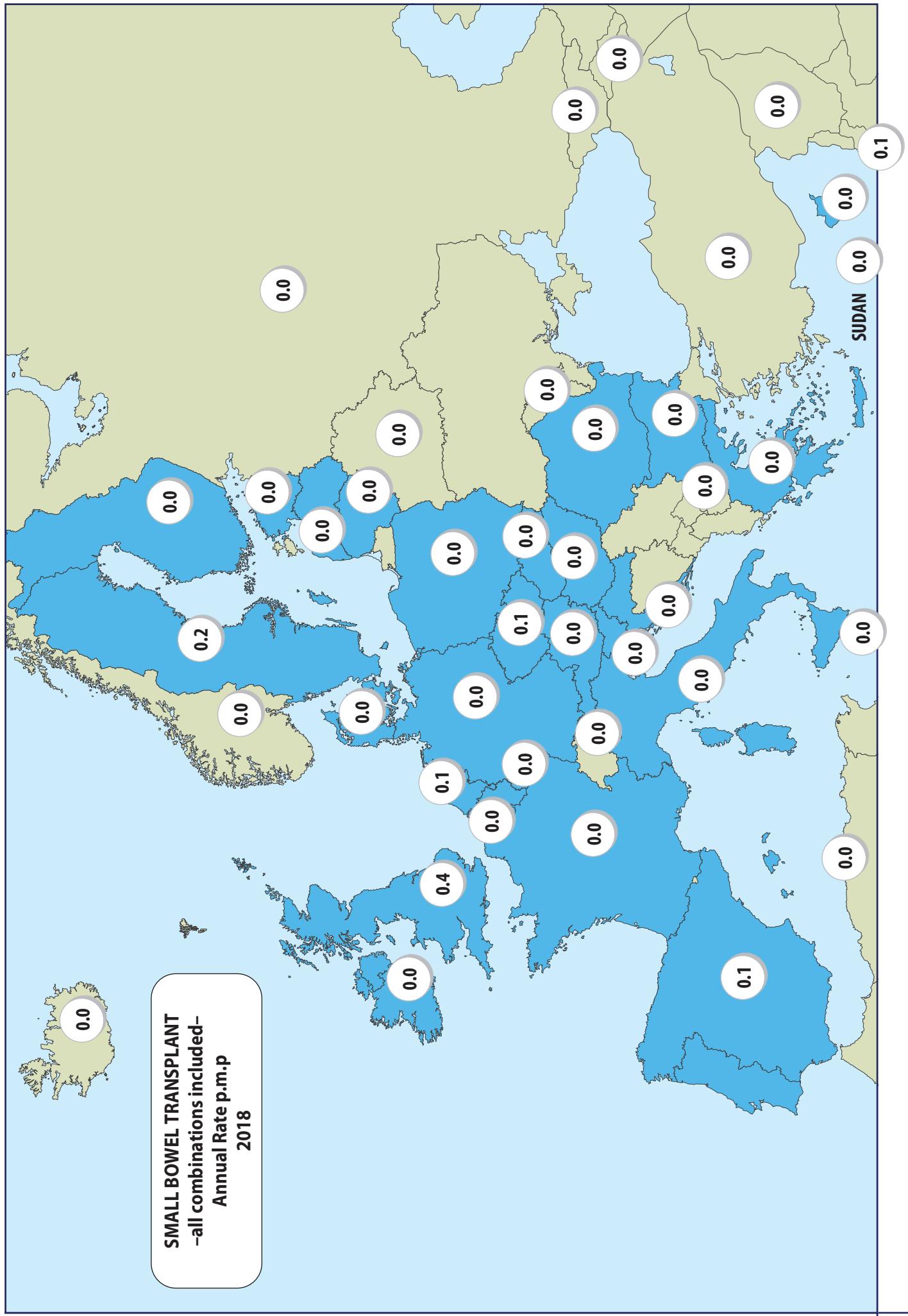


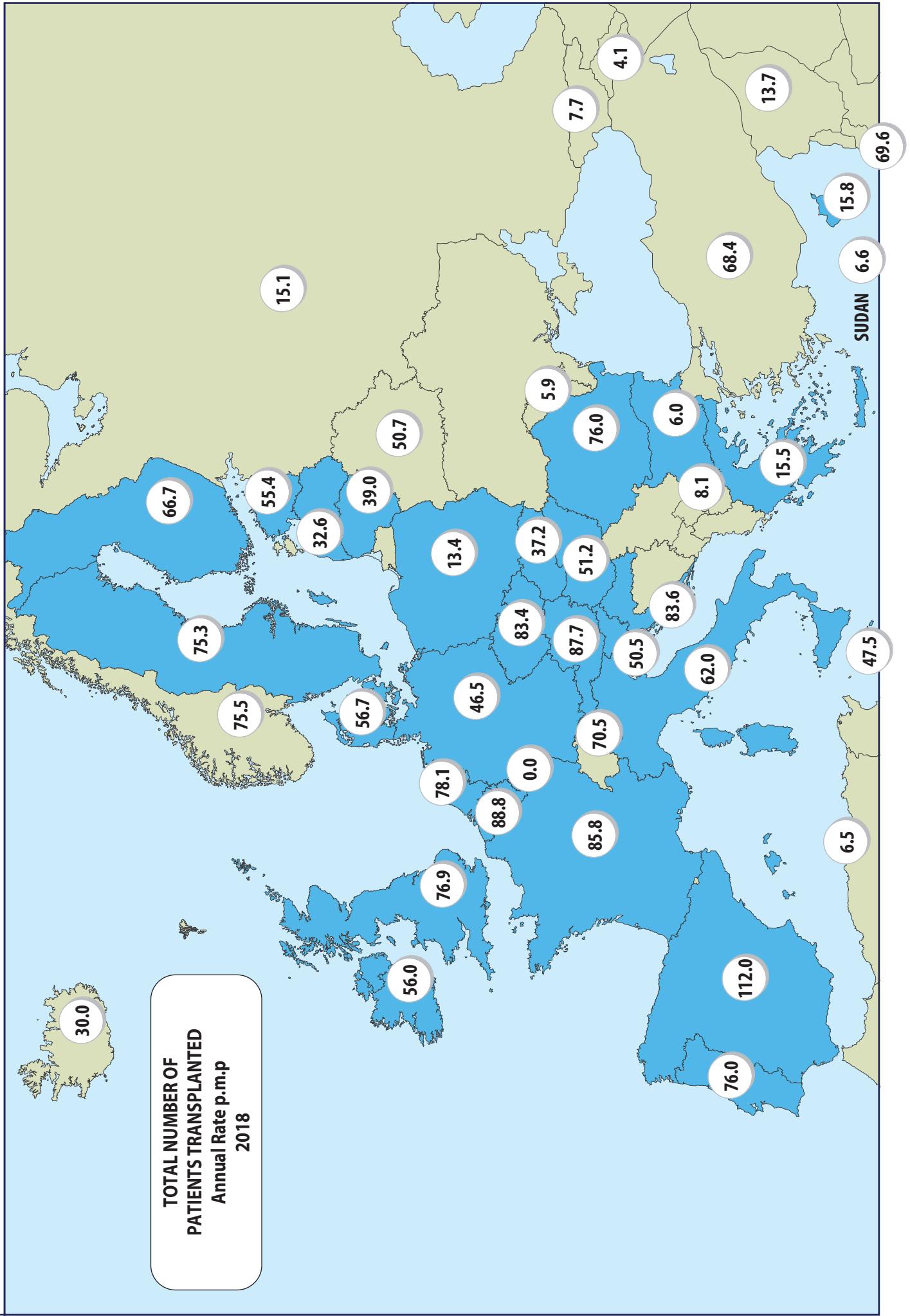
HEART TRANSPLANT
-all combinations included-
Annual Rate p.m.p
2018



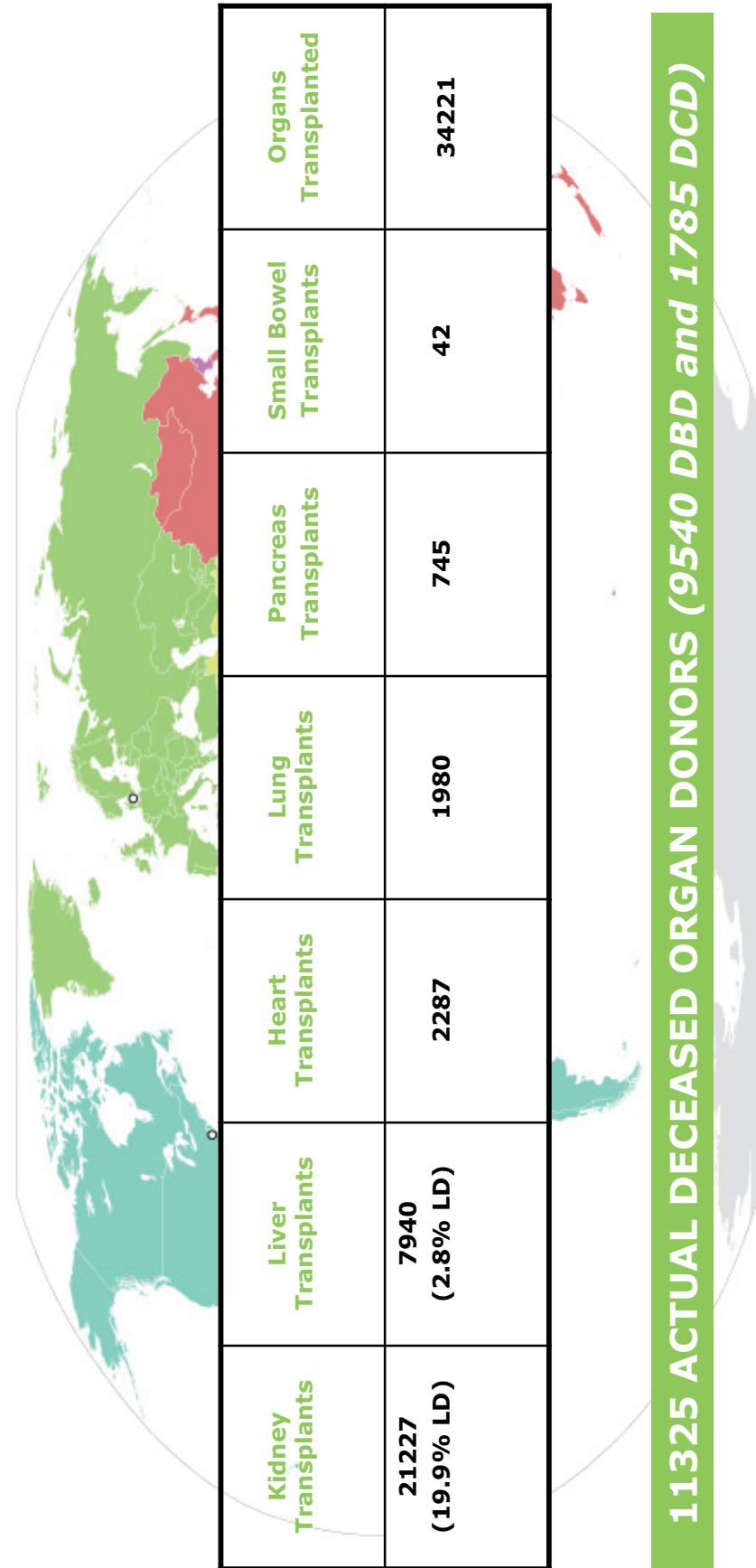
LUNG TRANSPLANT
-all combinations included-
Annual Rate p.m.p.
2018

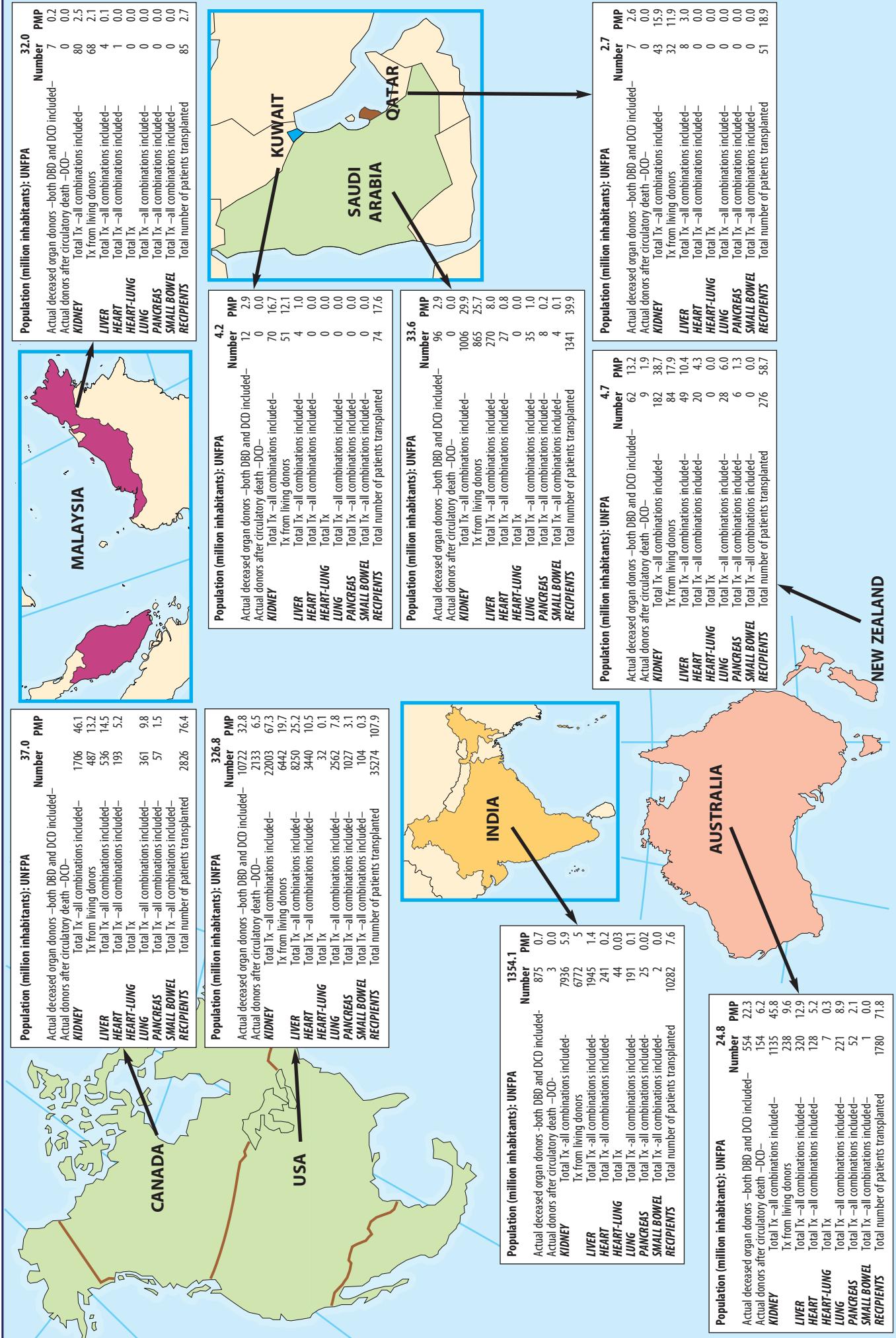


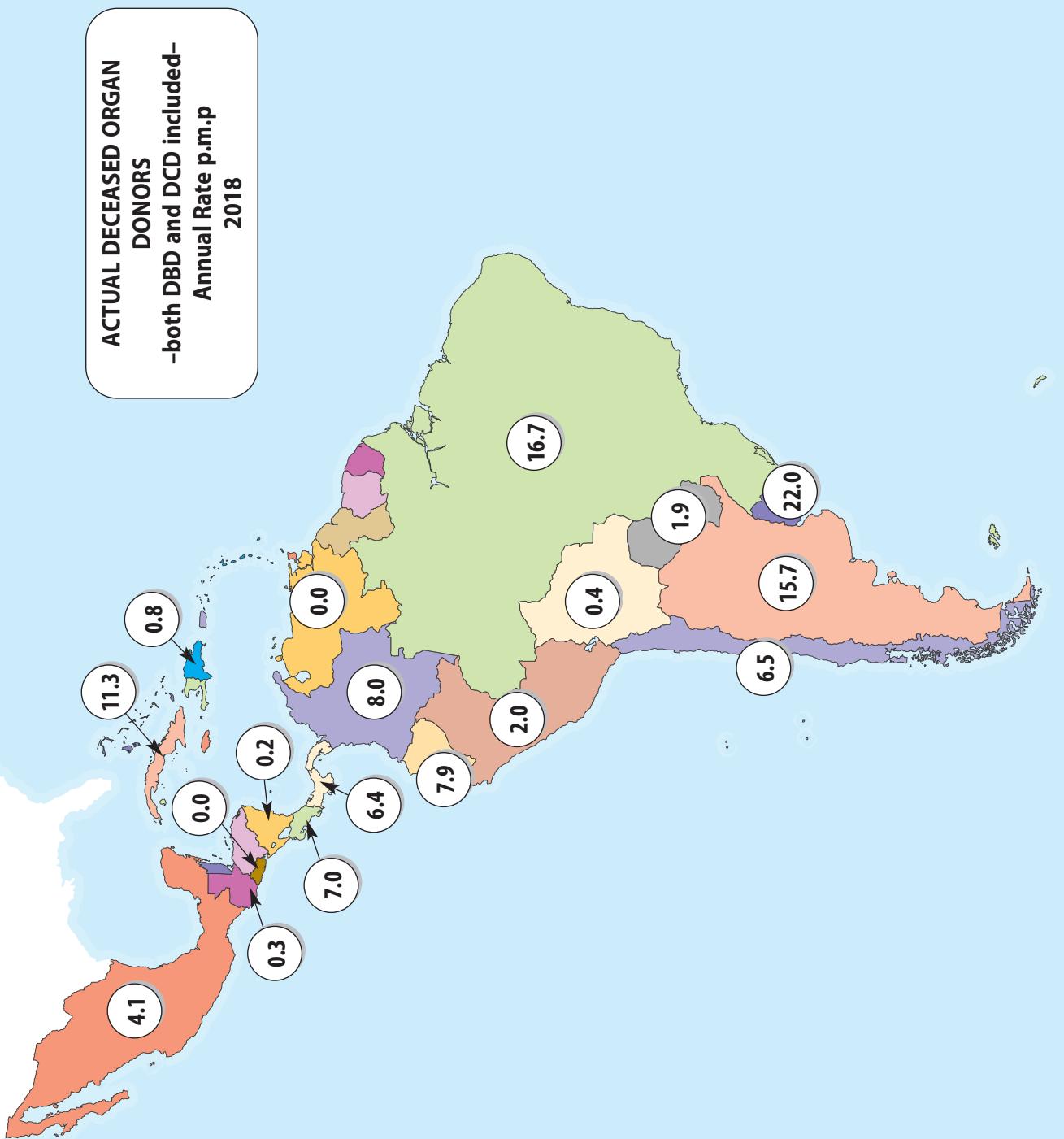


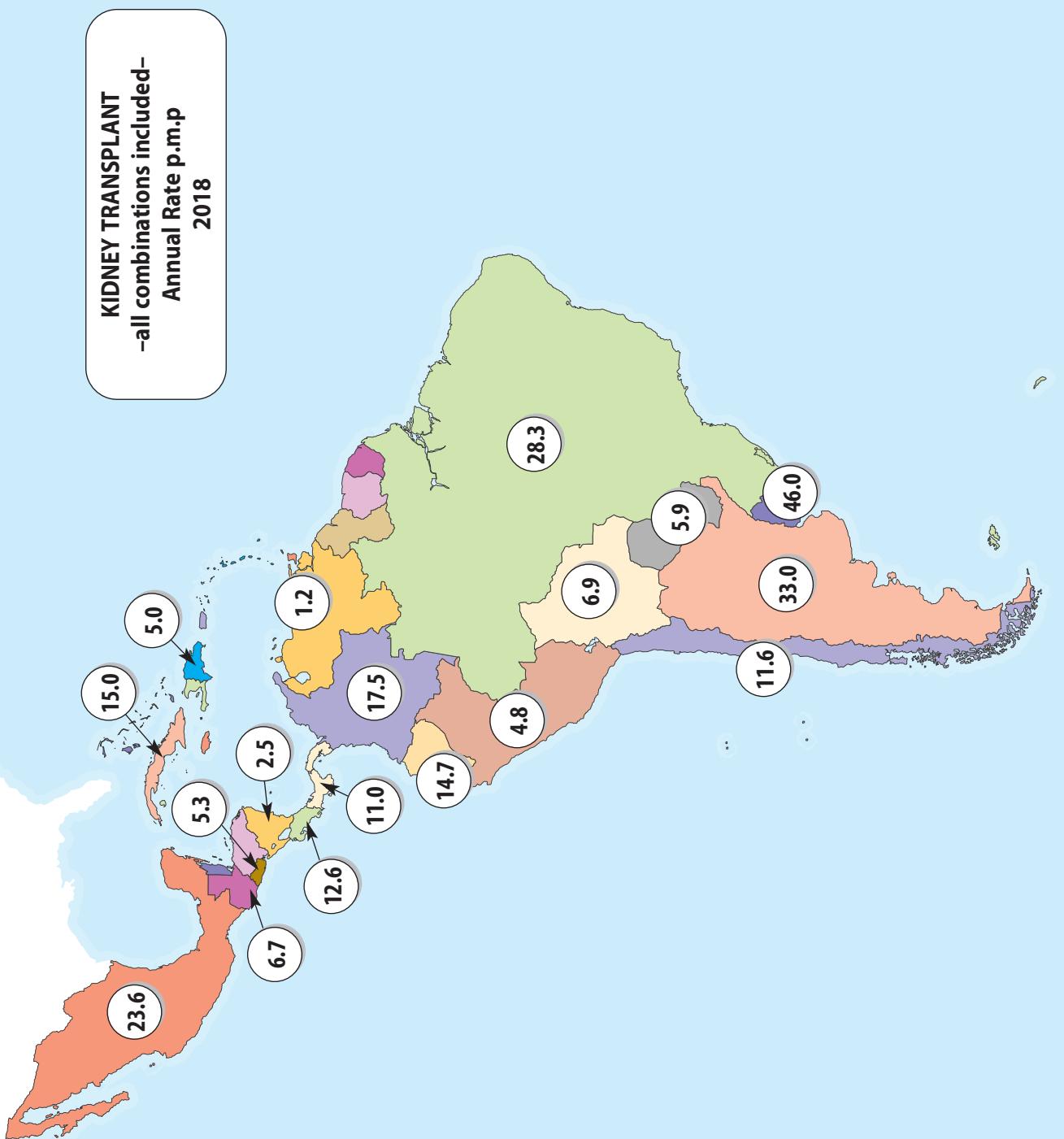


EUROPEAN UNION DATA

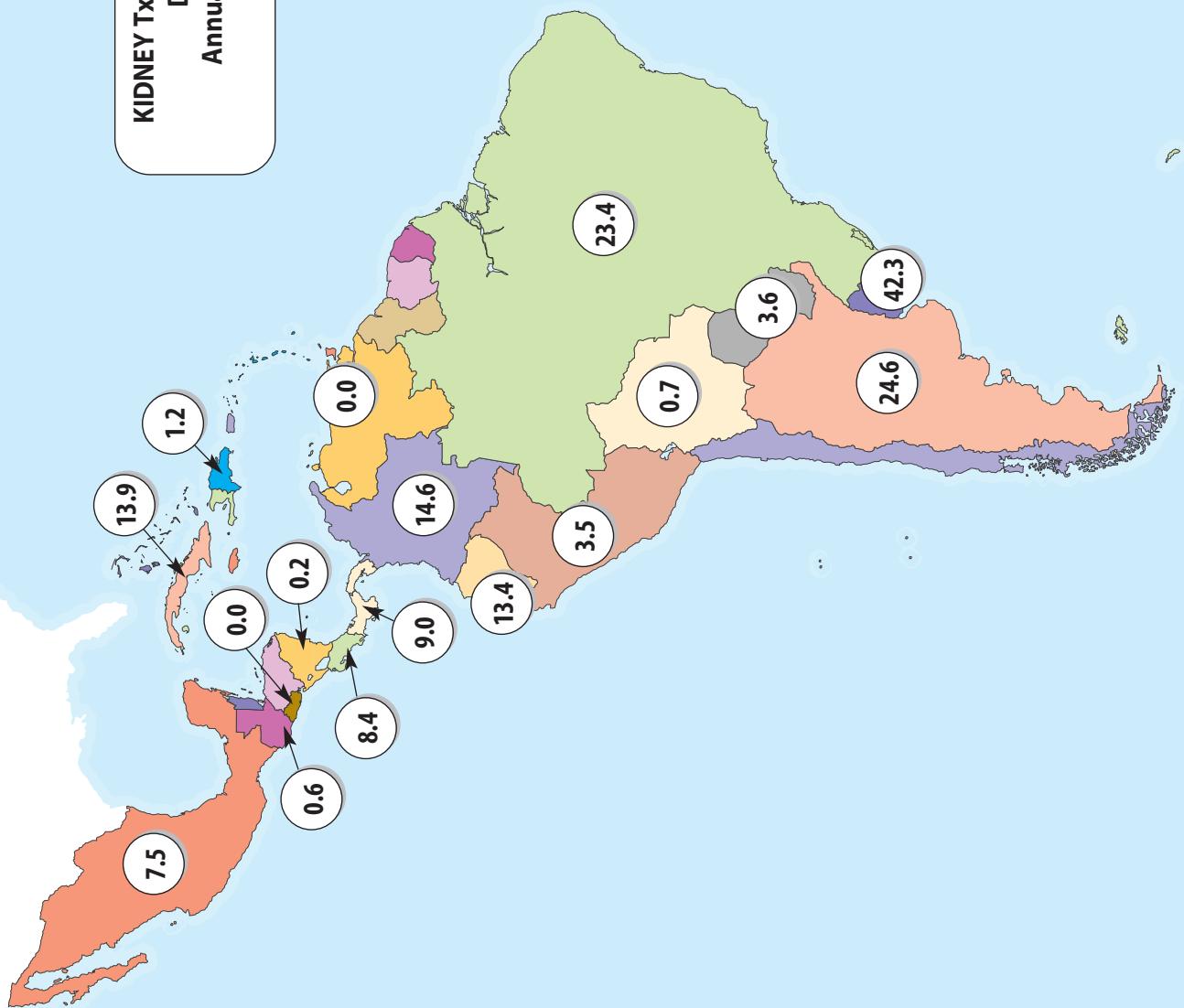


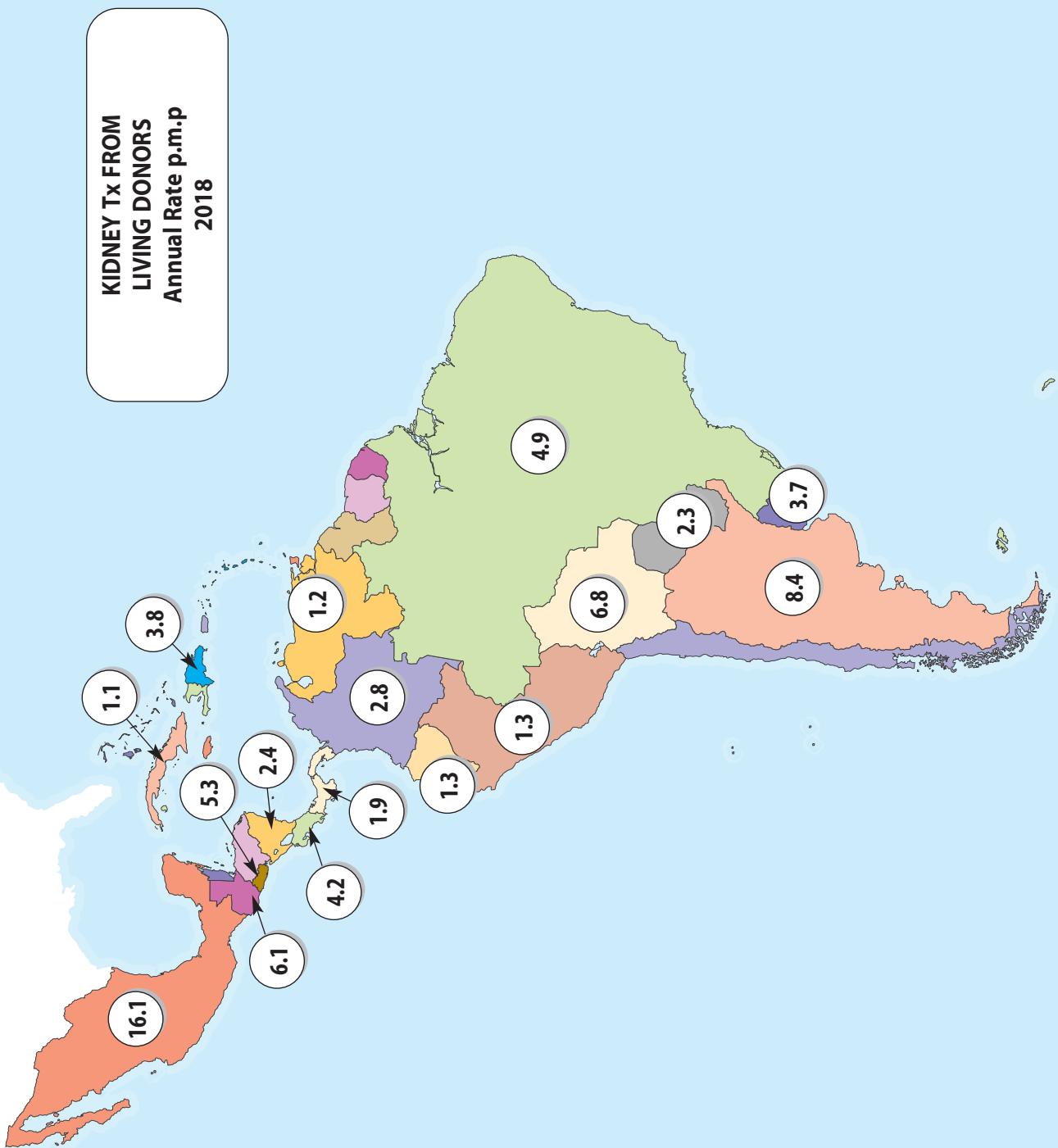




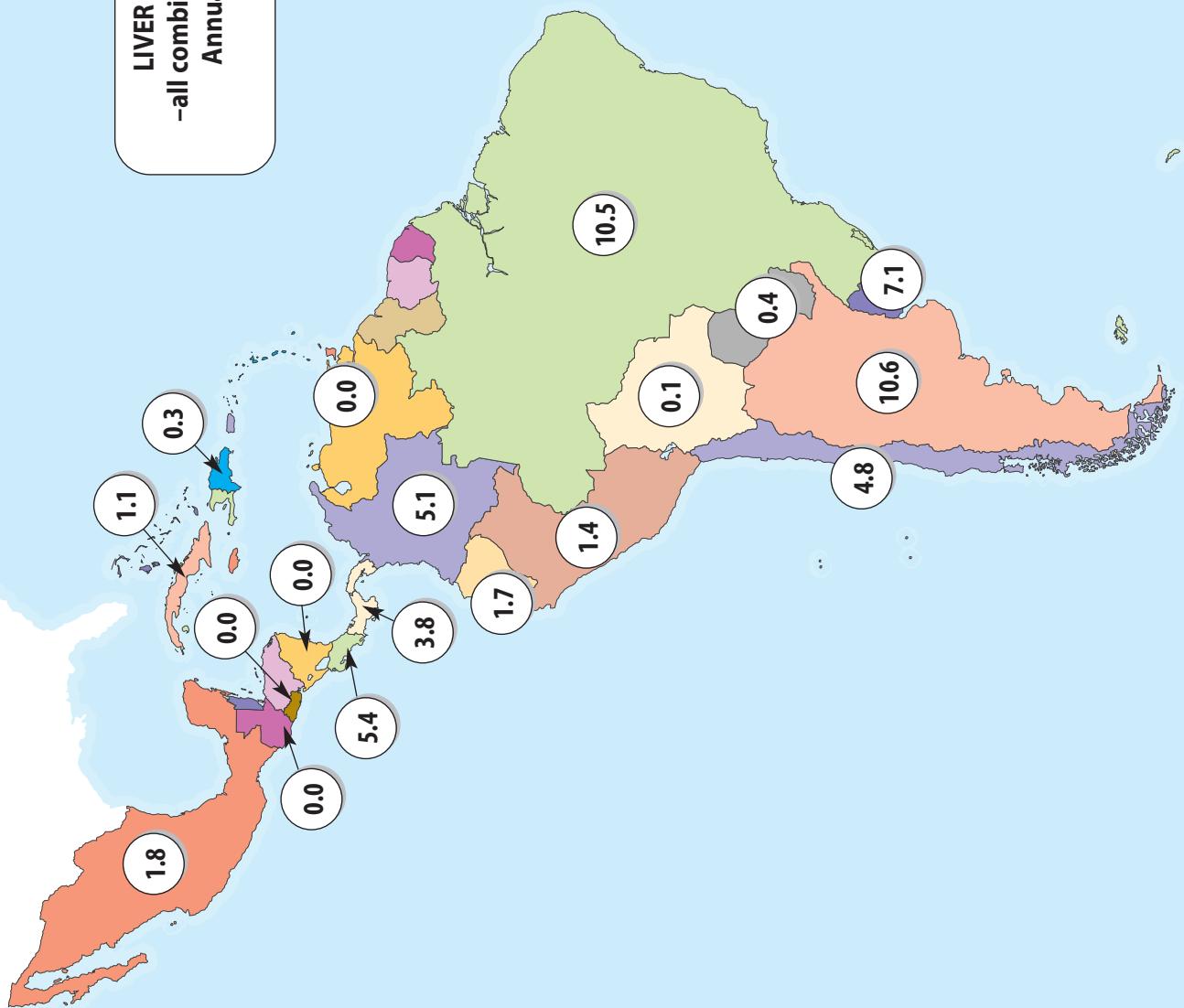


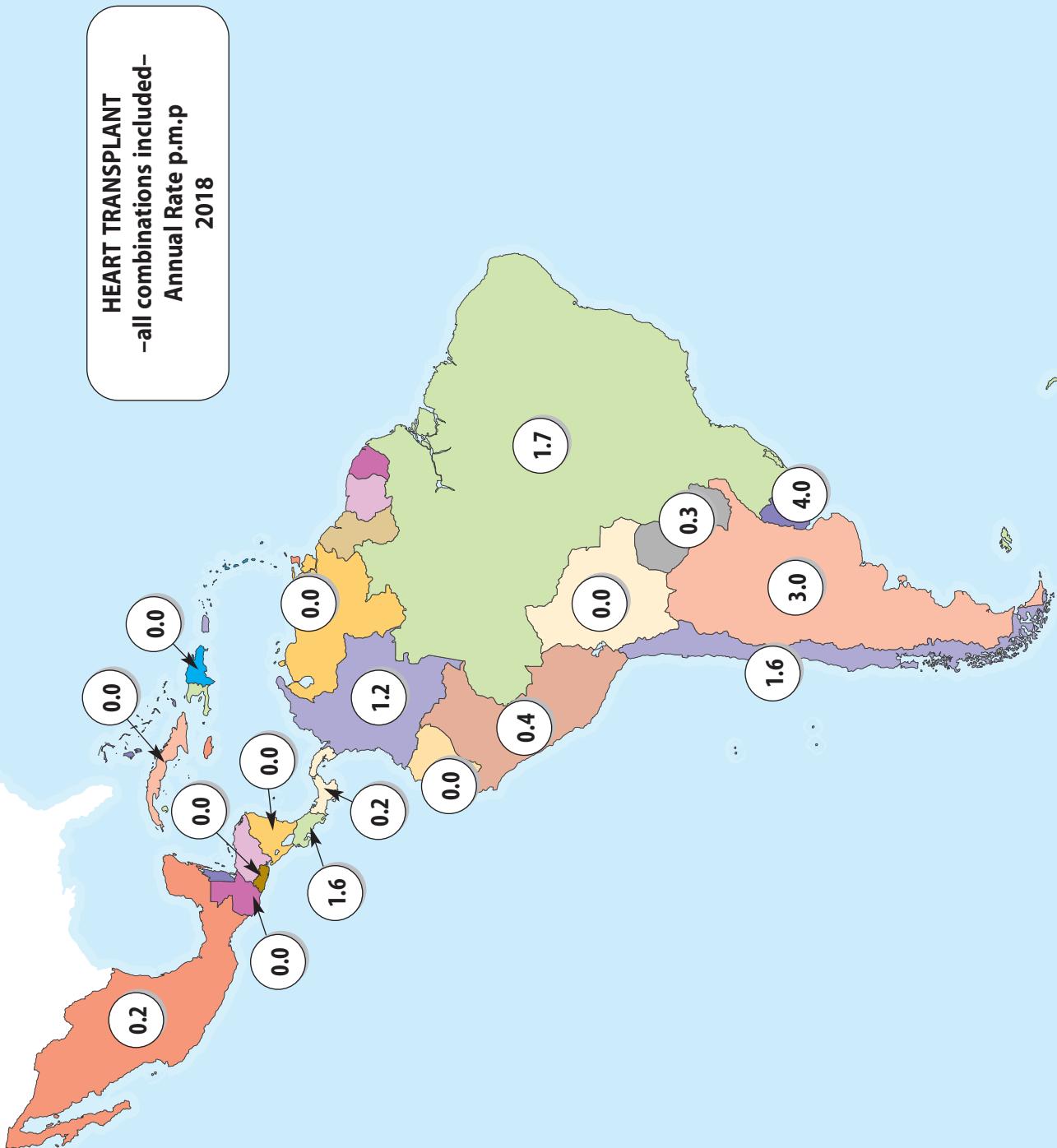
**KIDNEY Tx FROM DECEASED
DONORS**
Annual Rate p.m.p
2018



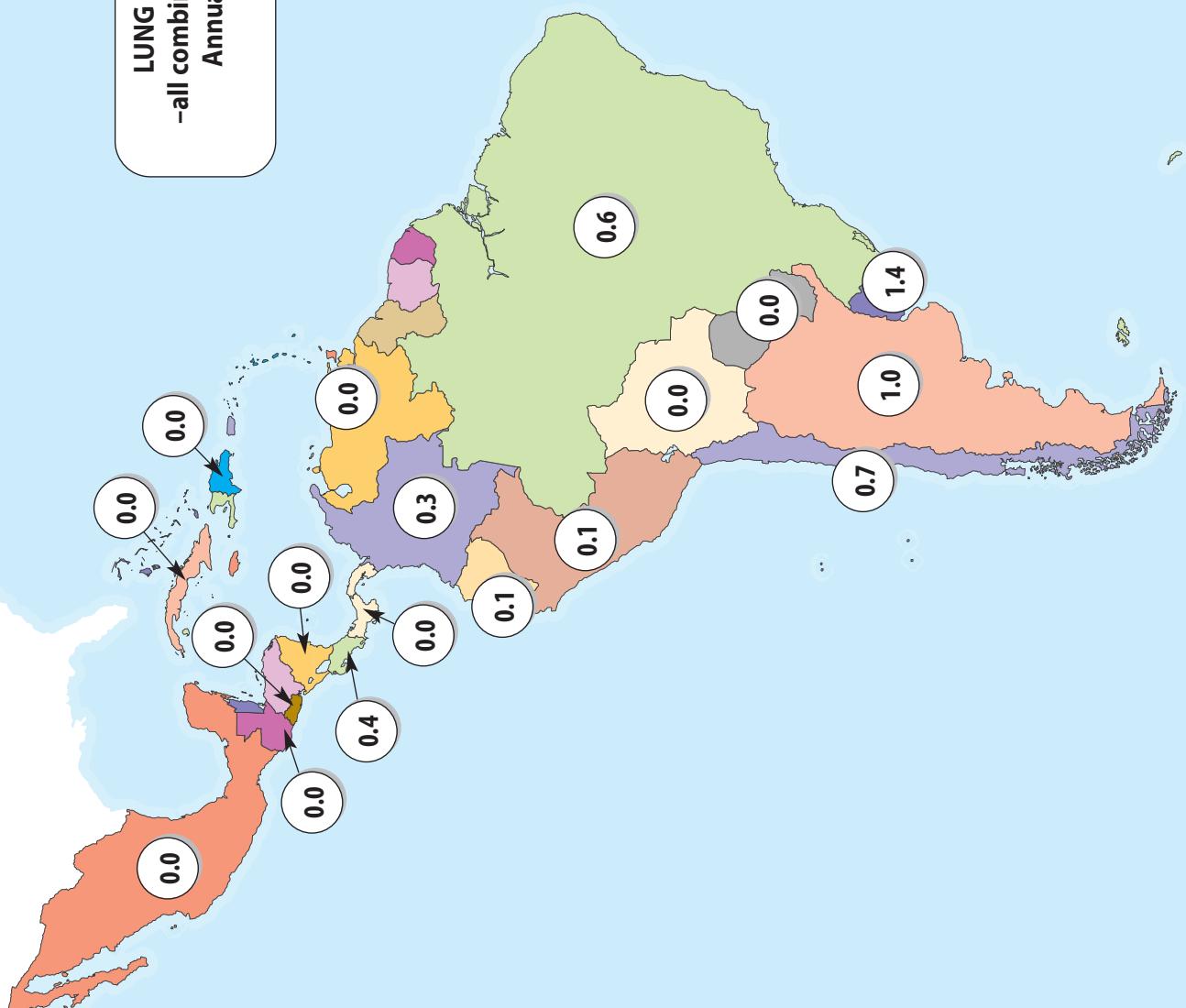


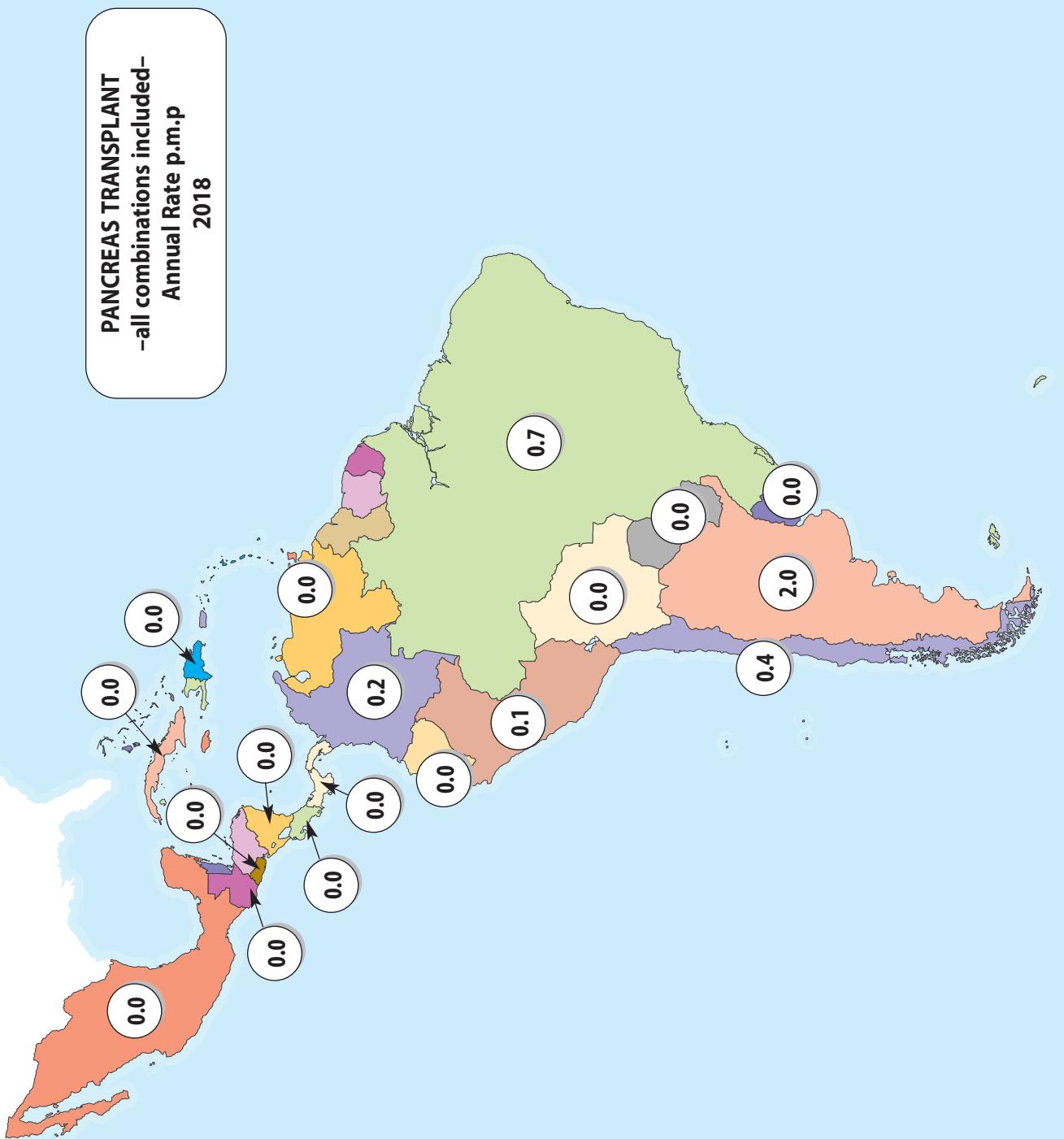
LIVER TRANSPLANT
-all combinations included-
Annual Rate p.m.p
2018



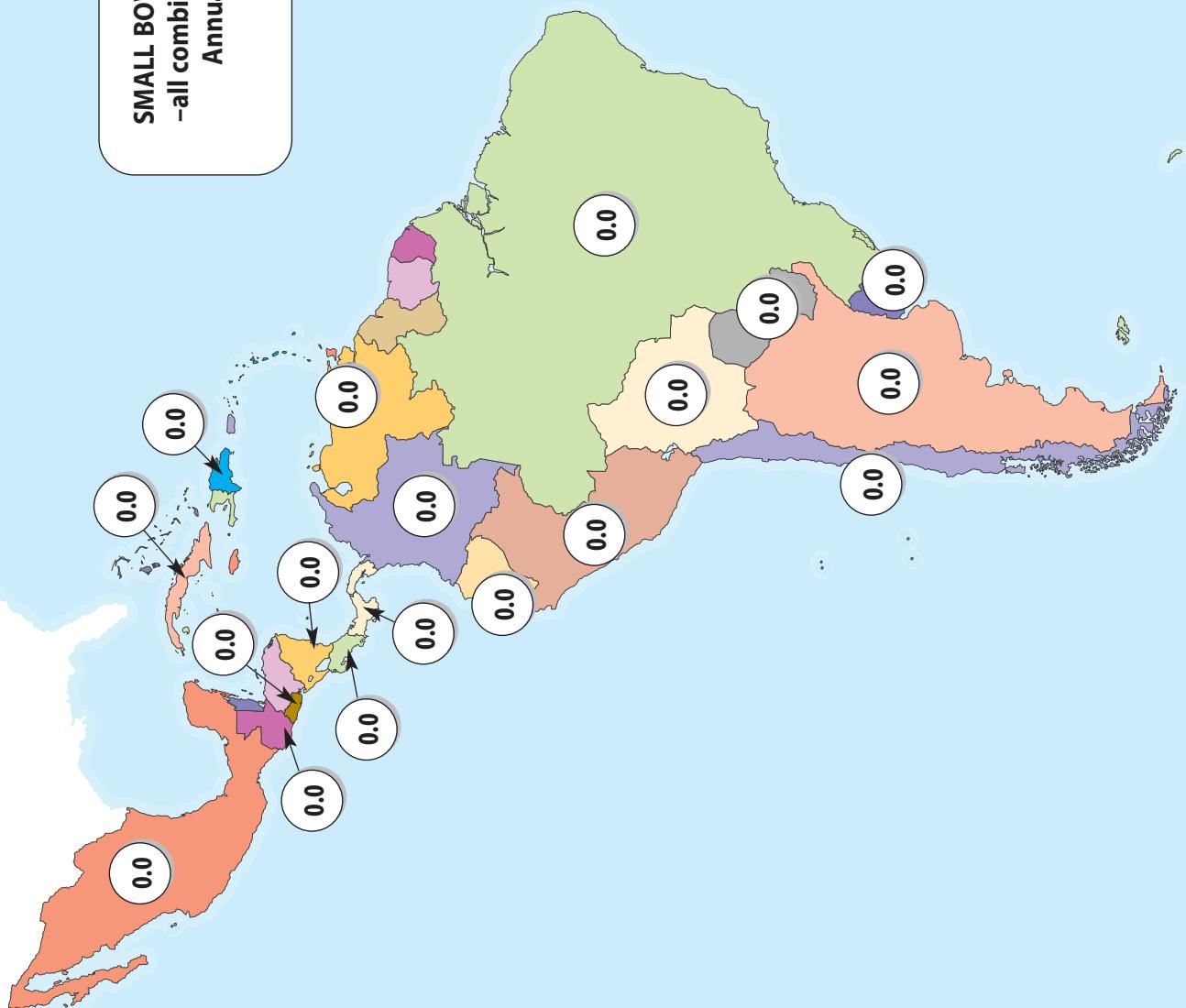


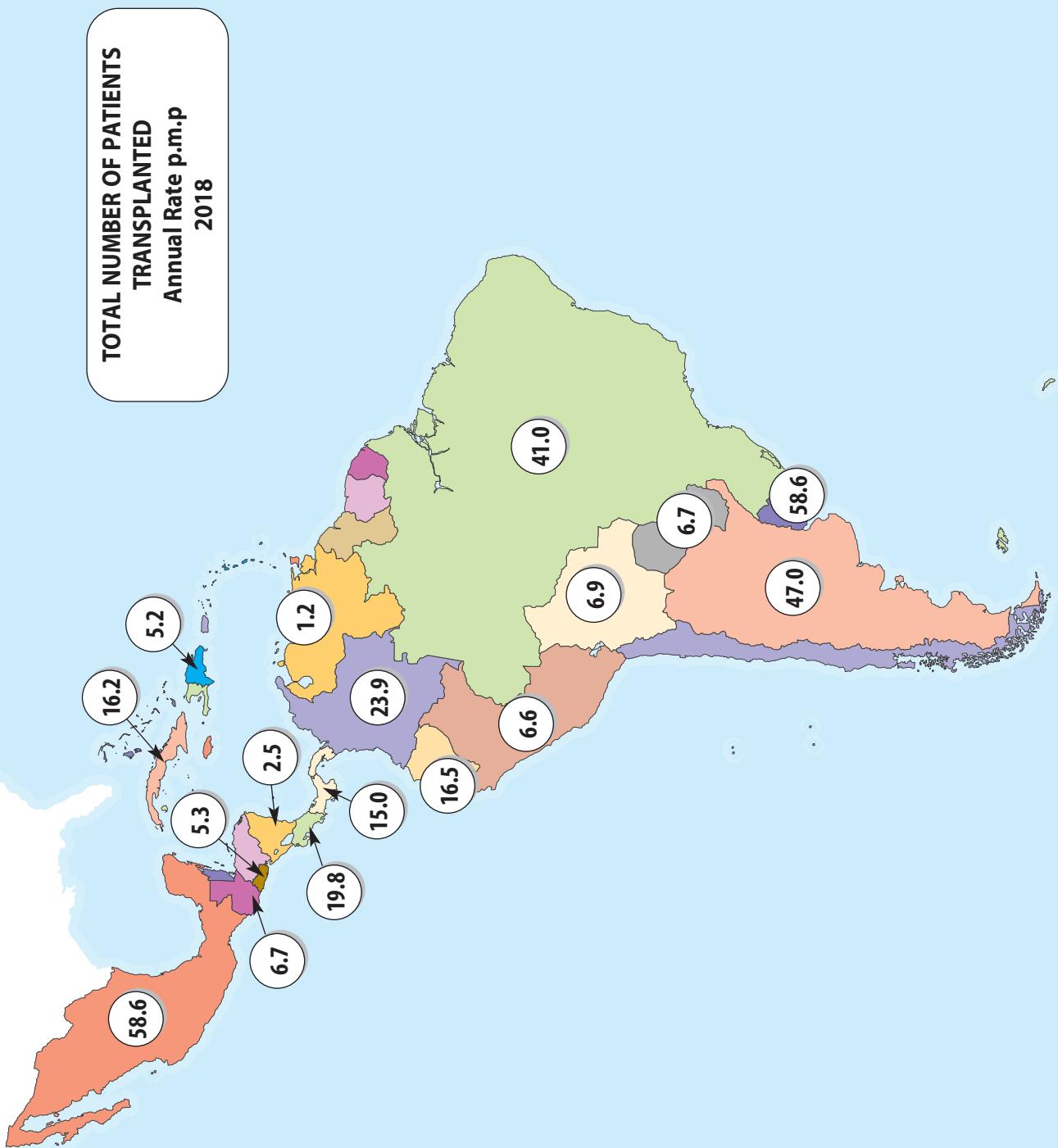
LUNG TRANSPLANT
-all combinations included-
Annual Rate p.m.p
2018





SMALL BOWEL TRANSPLANT
-all combinations included-
Annual Rate p.m.p
2018







Global Observatory on Donation and Transplantation

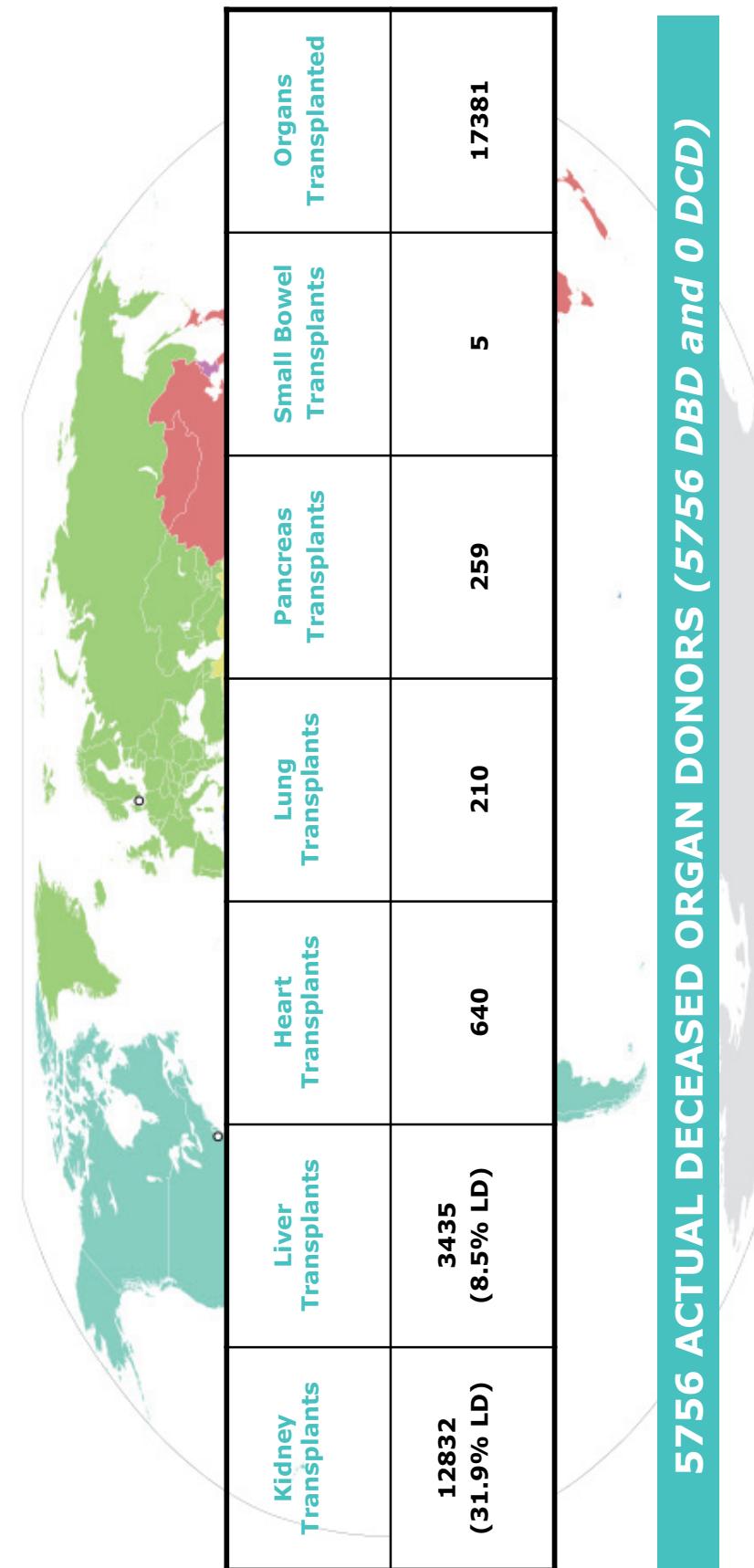


World Collaborating
Centres on Organisation
and Transplantation

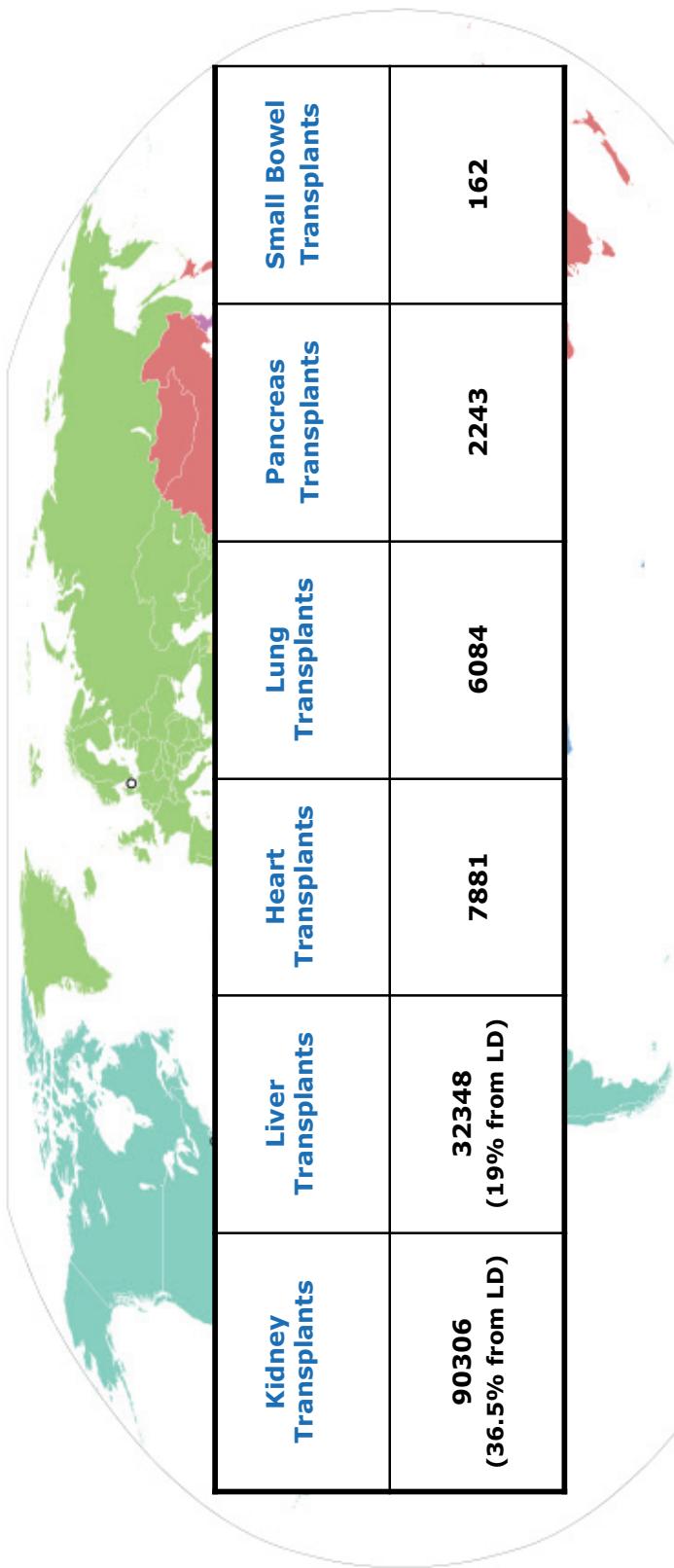


MINISTERIO
DE SALUD
DEL MUNDO
Y ASUNTOS SOCIALES

LATIN AMERICAN COUNTRIES



INTERNATIONAL ACTIVITIES IN ORGAN TRANSPLANTATION 2017 ESTIMATES



**37447 ACTUAL DECEASED ORGAN DONORS
(29462 DBD and 7985 DCD)**

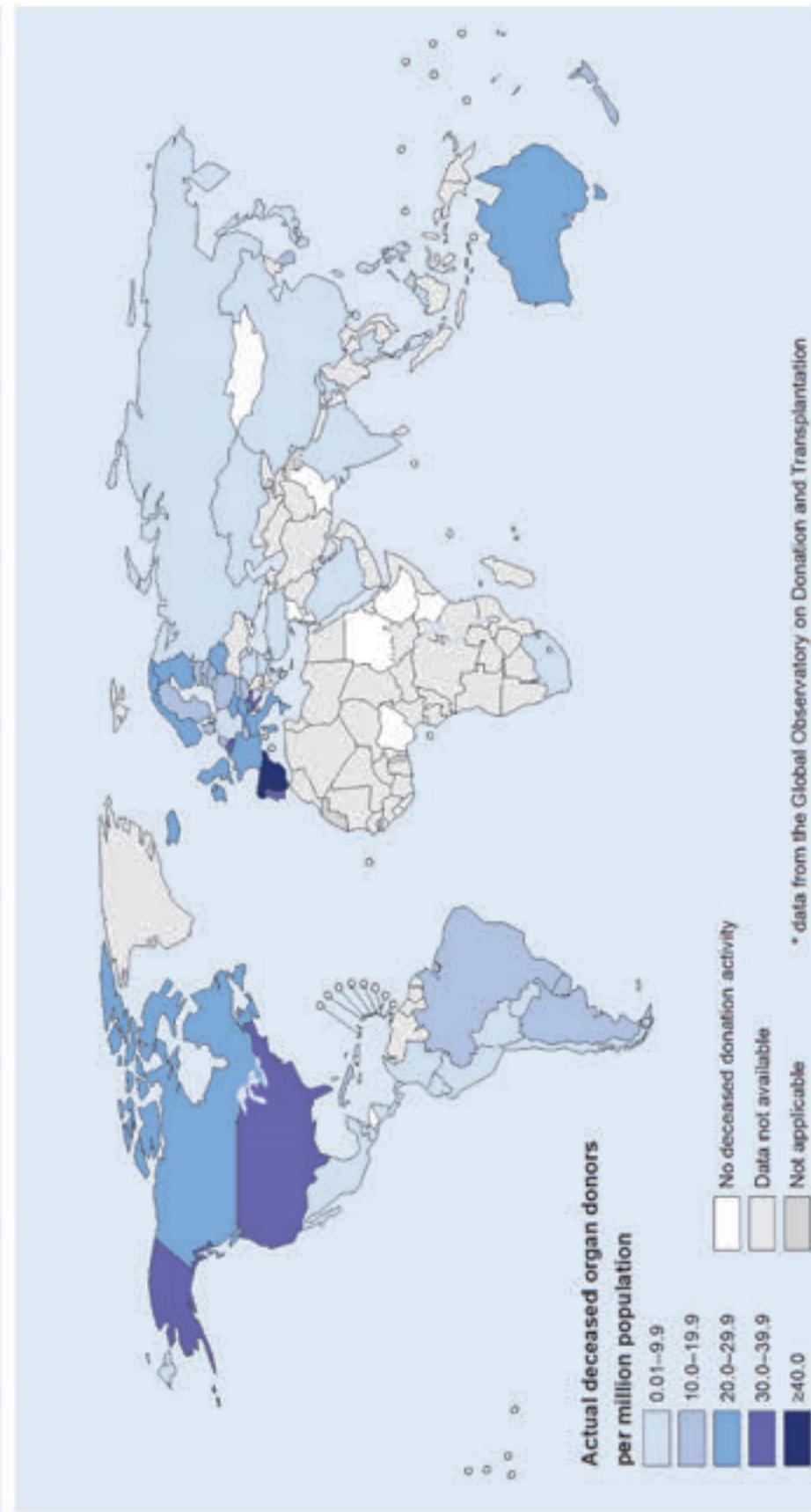
- Information of 82 Member States on organ transplantation activities is included in the GODT
- 139024 organ transplants were reported for 2017



Global Observatory on Donation and Transplantation



Actual donors from deceased persons, 2017*



* data from the Global Observatory on Donation and Transplantation

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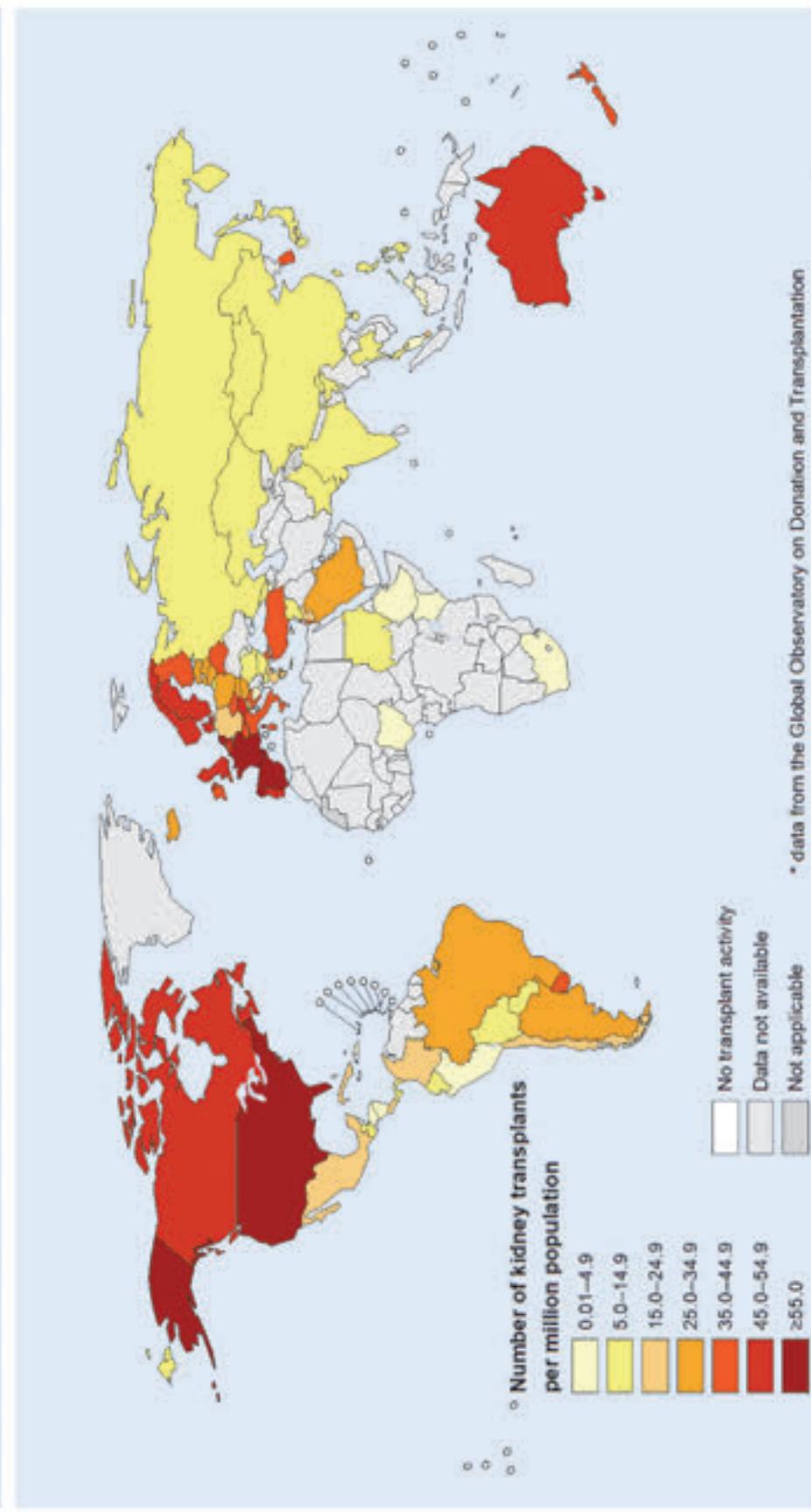
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World Health Organization



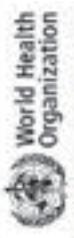
Global Observatory on Donation and Transplantation

Kidney transplantation activities, 2017*



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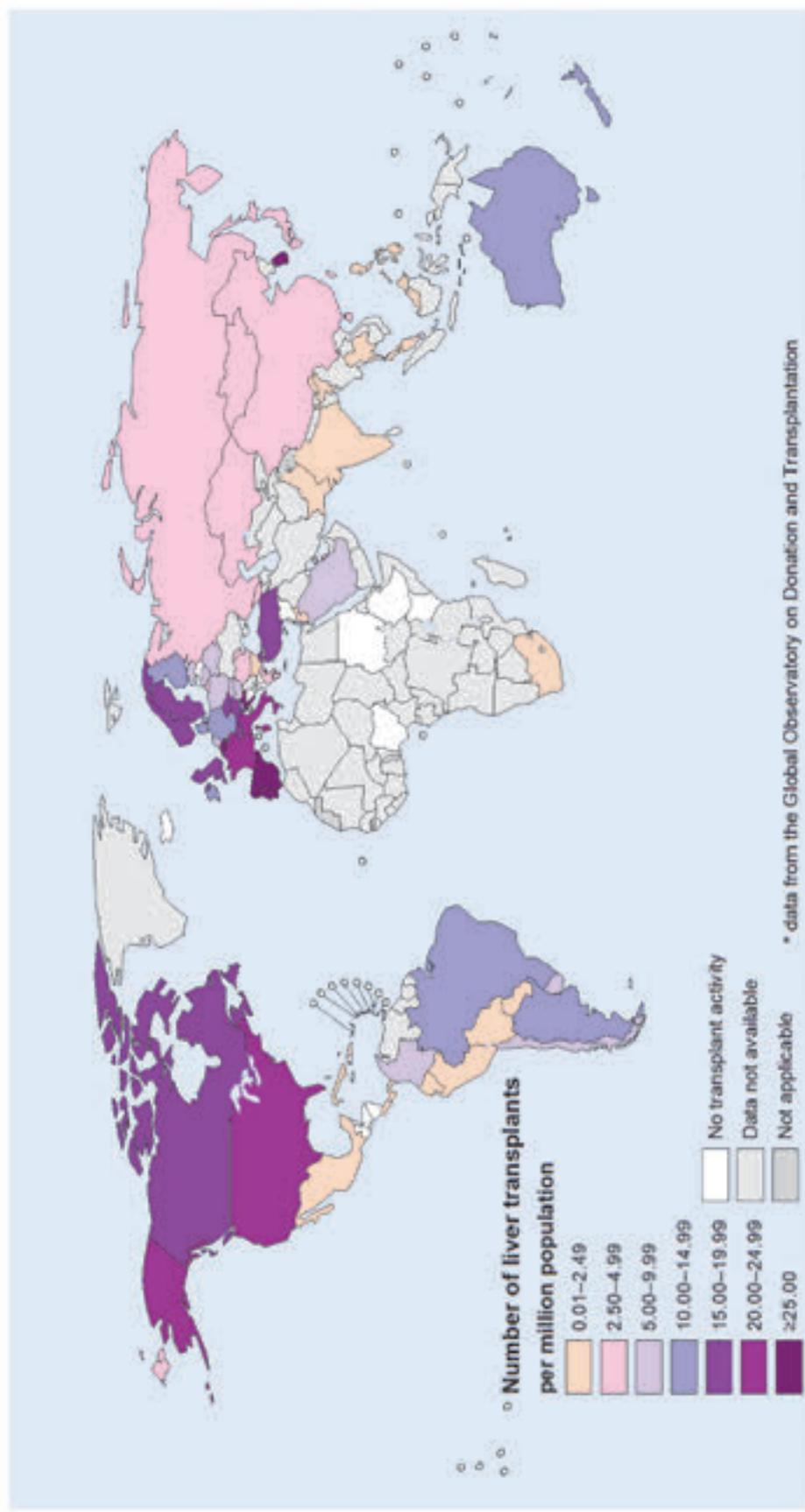


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Global Observatory on Donation and Transplantation

Liver transplantation activities, 2017*



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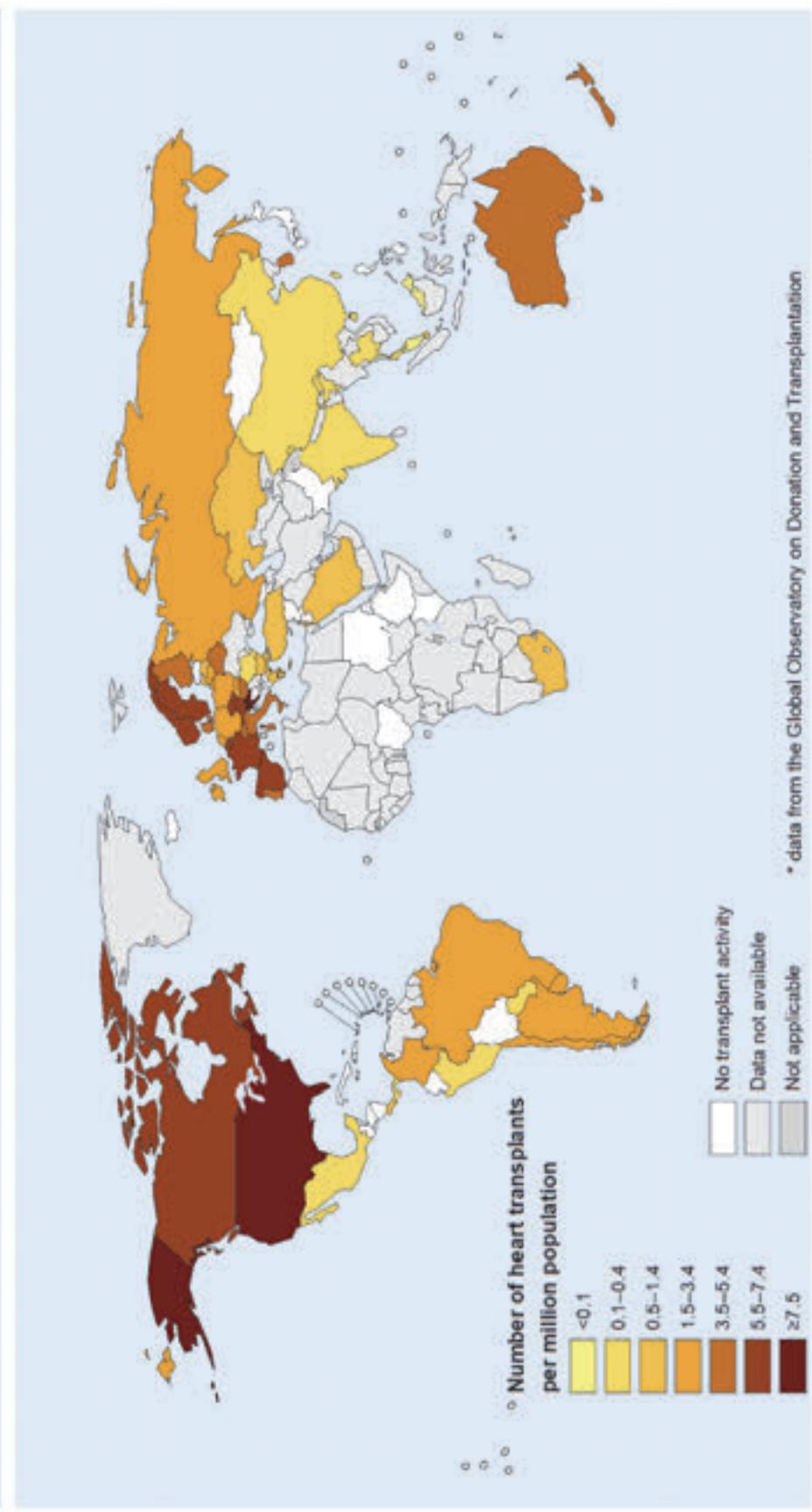


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Global Observatory on Donation and Transplantation

Heart transplantation activities, 2017*



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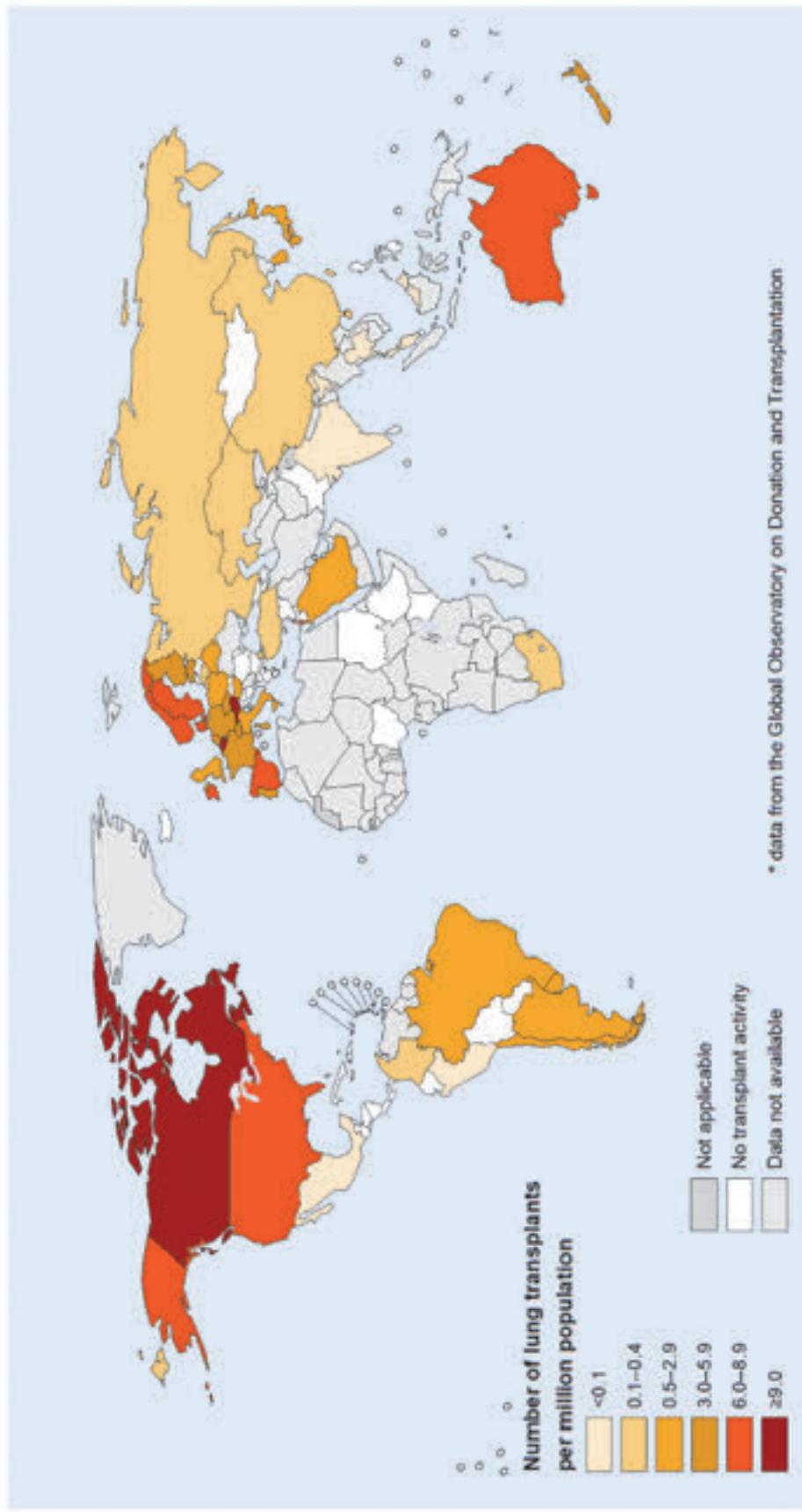
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Global Observatory on Donation and Transplantation

Lung transplantation activities, 2017*



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Data Source: Global Observatory on Donation & Transplantation, Map Production, Information Evidence and Research (IER) World Health Organization

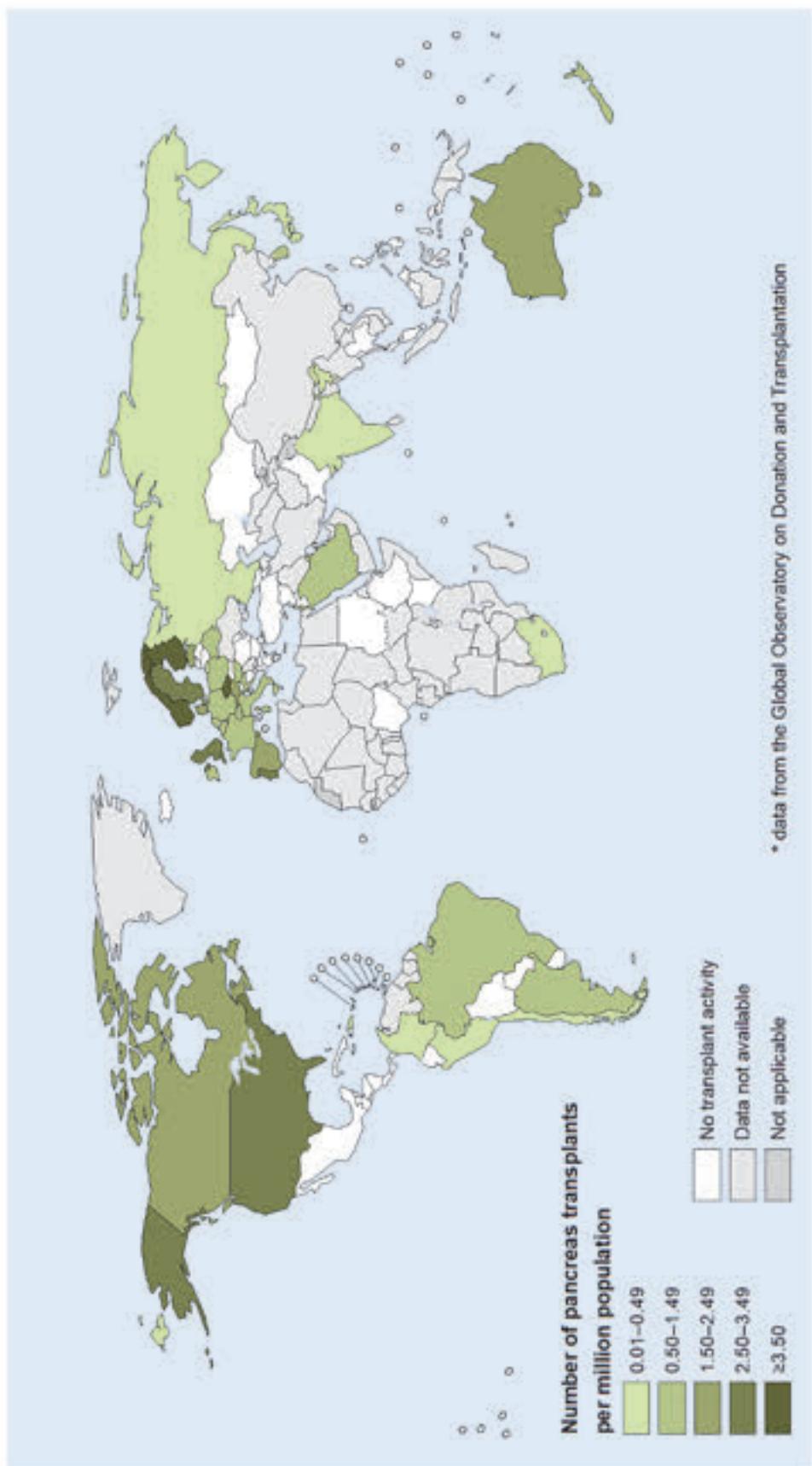
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Global Observatory on Donation and Transplantation

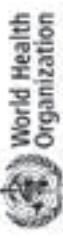


Pancreas transplantation activities, 2017*



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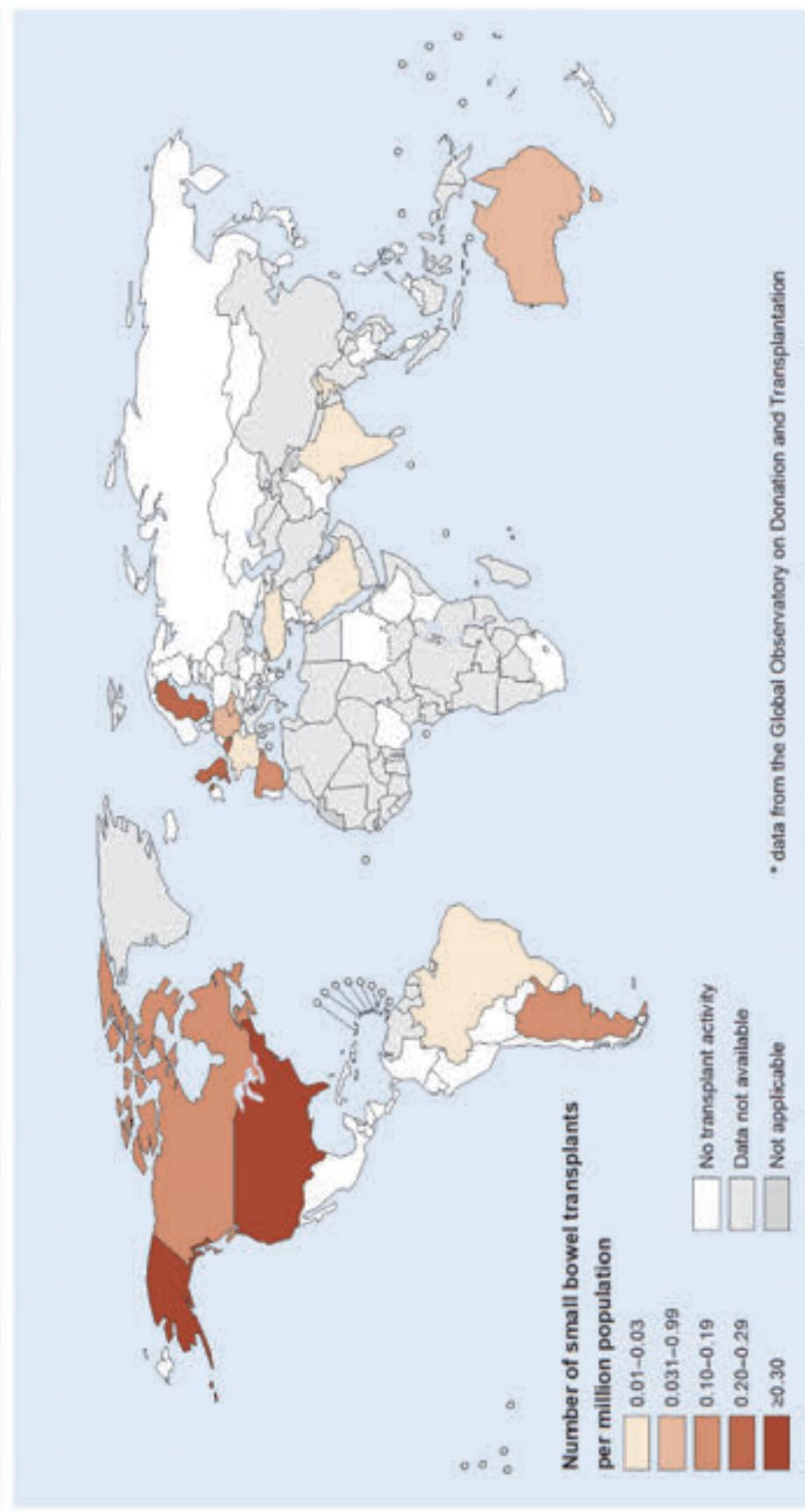
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Global Observatory on Donation and Transplantation

Small bowel transplantation activities, 2017*



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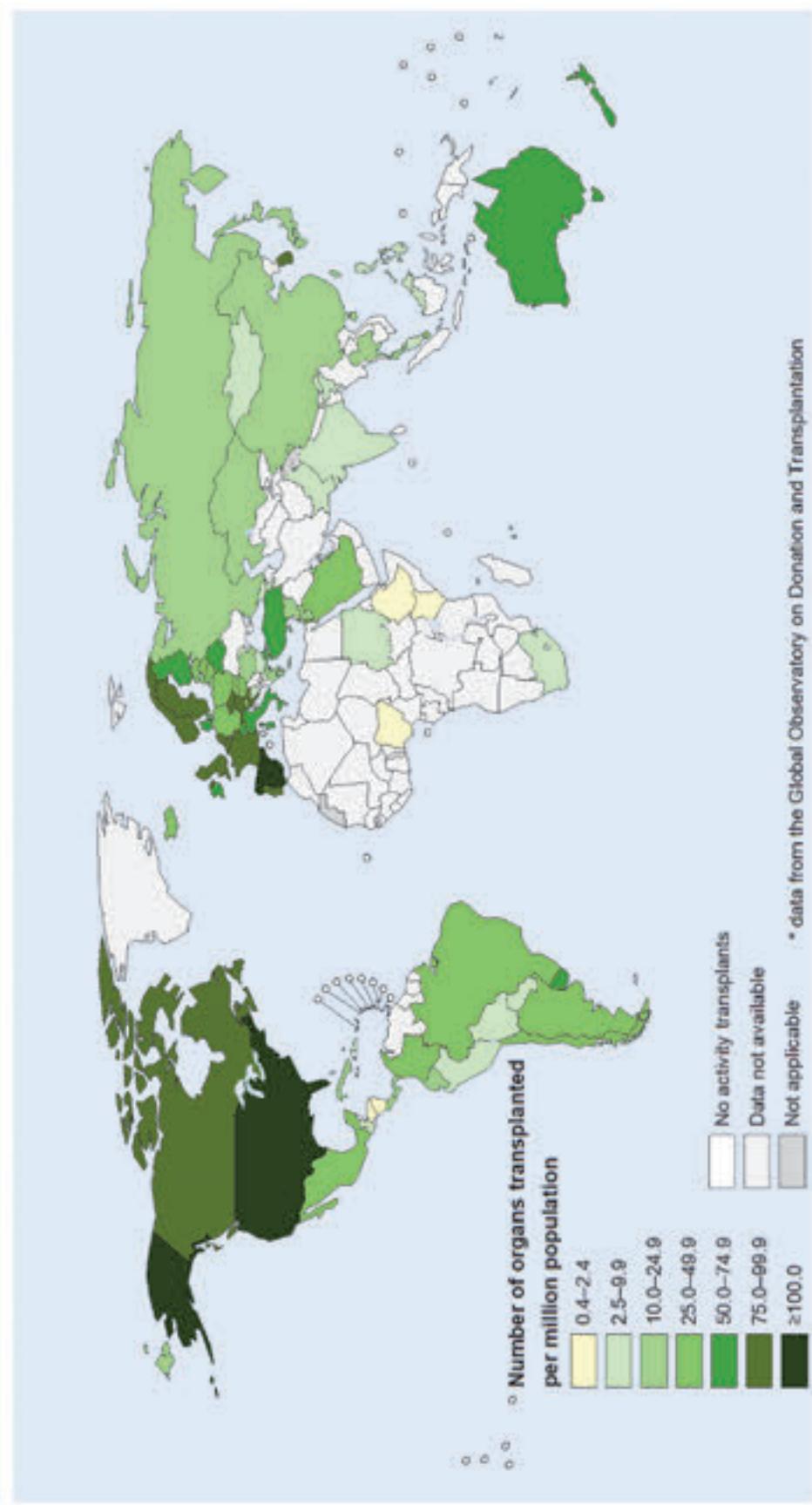
Data Source: Global Observatory on Donation & Transplantation; Map Production: Information, Evidence and Research (IER)
World Health Organization

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Global Observatory on Donation and Transplantation

Global transplantation activities of solid organs, 2017*



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Data Source: Global Observatory on Donation & Transplantation. Map Production: Information Evidence and Research (IER) World Health Organization



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International Data on Organ Donation and Transplantation Activity and Waiting List. Year 2018



DONATION ACTIVITY

EUROPEAN UNION COUNTRIES

Country	Population (million inhabitants): UNFPA	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czech Republic	Denmark	Estonia	Finland	France
DONATION											
Actual deceased organ donors		Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Actual deceased organ donor -both DBD and DCD included-	8.8	216	24.5	344	29.9	16	2.3	169	40.2	2	1.7
Actual deceased donors: Number of men		125	14.2	209	18.2	9	1.3			174	16.4
Actual deceased donors: Number of DD > 60 years		69	7.8	124	10.8	1	0.1	0	0.0	110	10.4
Actual donors after circulatory death -DCD- II/ Witnessed cardiac arrest (uncontrolled)		15	1.7	103	9.0	0	0.0	0	0.0	13	1.2
III/ Withdrawal of life-sustaining therapy (controlled)								0	0.0	13	1.2
IV/ Cardiac arrest while brain dead								0	0.0	0	0.0
Utilised deceased organ donors		Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Utilised deceased organ donors -both DBD and DCD included-		202	23.0	335	29.1	16	2.3	151	36.0	2	1.7
Utilised deceased donors: Number of men		117	13.3	204	17.7	9	1.3			154	14.5
Utilised deceased donors: Number of DD > 60 years		59	6.7	117	10.2	1	0.1	0	0.0	83	7.8
Utilised donors after circulatory death -DCD- II/ Witnessed cardiac arrest (uncontrolled)		14	1.6	98	8.5	0	0.0	0	0.0	11	1.0
III/ Withdrawal of life-sustaining therapy (controlled)								0	0.0	11	1.0
IV/ Cardiac arrest while brain dead								0	0.0	0	0.0
Living organ donors		Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Living Kidney donors: Number of men				0	0.0			4	3.3	14	1.3
Living Liver donors: Number of men				0	0.0			0	0.0	0	0.0
Living Lung donors: Number of men				0	0.0			0	0.0	0	0.0

DONATION ACTIVITY													
Country	Population (million inhabitants): UNFPA	EUROPEAN UNION COUNTRIES											
		Germany			Greece			Hungary			Ireland		
		82.3		11.1		9.7		4.8		59.3		1.9	
DONATION													
Actual deceased organ donors		Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Actual deceased organ donors -both DBD and DCD included-		955	11.6	45	4.1	168	17.3	81	16.9	1466	24.7	24	12.6
Actual deceased donors: Number of men		505	6.1	20	1.8	102	10.5	39	8.1	802	13.5	10	5.3
Actual deceased donors: Number of DD > 60 years		402	4.9	13	1.2	55	5.7	20	4.2	866	14.6	8	4.2
Actual donors after circulatory death -DCD-		0	0.0	0	0.0	0	0.0	4	0.8	57	1.0	1	0.5
II/ Witnessed cardiac arrest (uncontrolled)								0	0.0	24	0.4	0	0.0
III/ Withdrawal of life-sustaining therapy (controlled)								4	0.8	32	0.5	0	0.0
IV/ Cardiac arrest while brain dead								0	0.0	1	0.0	1	0.5
Utilised deceased organ donors		Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Utilised deceased organ donors -both DBD and DCD included-		933	11.3	43	3.9	167	17.2	73	15.2	1371	23.1	22	11.6
Utilised deceased donors: Number of men		492	6.0	19	1.7	101	10.4	35	7.3	742	12.5	10	5.3
Utilised deceased donors: Number of DD > 60 years		387	4.7	13	1.2	55	5.7	16	3.3	785	13.2	6	3.2
Utilised donors after circulatory death -DCD-		0	0.0	0	0.0	0	0.0	3	0.6	47	0.8	1	0.5
II/ Witnessed cardiac arrest (uncontrolled)								0	0.0	18	0.3	0	0.0
III/ Withdrawal of life-sustaining therapy (controlled)								3	0.6	28	0.5	0	0.0
IV/ Cardiac arrest while brain dead								0	0.0	1	0.0	1	0.5
Living organ donors		Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Living Kidney donors: Number of men		18	1.6	8	0.8	16	3.3	81	1.4	6	3.2	5	1.7
Living Liver donors: Number of men		0	0.0	0	0.0	0	0.0	10	0.2	0	0.0	0	0.0
Living Lung donors: Number of men		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

DONATION ACTIVITY

EUROPEAN UNION COUNTRIES											United Kingdom
Country	Population (million inhabitants): UNFPA	Netherlands	Poland	Portugal	Romania	Slovenia	Spain	Sweden	United Kingdom	66.6	
Actual deceased organ donors											
Actual deceased organ donors		17.1	38.1	10.3	19.6	5.4	2.1	46.4	10.0	66.6	
-both DBD and DCD included-											
Actual deceased donors: Number of men	281	16.4	498	13.1	344	33.4	65	3.3	78	14.4	46
Actual deceased donors: Number of DD > 60 years	165	9.6	329	8.6	208	20.2	43	2.2	49	9.1	33
Actual deceased donors: Number of DD > 60 years	125	7.3	113	3.0	187	18.2	20	1.0	19	3.5	26
Actual donors after circulatory death –DCD–	164	9.6	4	0.1	28	2.7	0	0.0	0	0.0	0
II/ Witnessed cardiac arrest (uncontrolled)			4	0.1	28	2.7					
III/ Withdrawal of life-sustaining therapy (controlled)			0	0.0	0	0.0					
IV/ Cardiac arrest while brain dead			0	0.0	0	0.0					
Utilised deceased organ donors											
Utilised deceased organ donors	273	16.0	475	12.5	309	30.0	65	3.3	74	13.7	40
-both DBD and DCD included-											
Utilised deceased donors: Number of men	159	9.3	311	8.2	186	18.1	43	2.2	48	8.9	30
Utilised deceased donors: Number of DD > 60 years	118	6.9	97	2.5	161	15.6	20	1.0	16	3.0	21
Utilised donors after circulatory death –DCD–	157	9.2	4	0.1	23	2.2	0	0.0	0	0.0	0
II/ Witnessed cardiac arrest (uncontrolled)			4	0.1	23	2.2					
III/ Withdrawal of life-sustaining therapy (controlled)			0	0.0	0	0.0					
IV/ Cardiac arrest while brain dead			0	0.0	0	0.0					
Living organ donors											
Living Kidney donors: Number of men	14	0.4	16	1.6			1	0.2		2.0	94
Living Liver donors: Number of men	8	0.2	1	0.1			0	0.0		0.2	8
Living Lung donors: Number of men	0	0.0	0	0.0			0	0.0		0.0	0

DONATION ACTIVITY

Country	OTHER COUNTRIES										Malaysia
	Algeria	Armenia	Australia	Belarus	Bosnia and Herzegovina	Canada	Georgia	Iceland	India	Israel	
Population (million inhabitants): UNFFPA	42.0	2.9	24.8	9.5	3.5	37.0	3.9	0.3	1354.1	8.5	4.2
											32.0
Actual deceased organ donors											
Actual deceased organ donors -both DBD and DCD included-	0	0.0	0	0.0	554	22.3	238	25.1	Number PMP	Number PMP	Number PMP
Actual deceased donors: Number of men					325	13.1	90	9.5	Number PMP	Number PMP	Number PMP
Actual deceased donors: Number of DD > 60 years					167	6.7	20	2.1	0	10	33.3
Actual donors after circulatory death -DCD-					154	6.2	0	0.0	0	7	23.3
II/ Witnessed cardiac arrest (uncontrolled)										3	10.0
III/ Withdrawal of life-sustaining therapy (controlled)										0	143
IV/ Cardiac arrest while brain dead										0	0.1
Utilised deceased organ donors											
Utilised deceased organ donors -both DBD and DCD included-	0	0.0	0	0.0	531	21.4	238	25.1	Number PMP	Number PMP	Number PMP
Utilised deceased donors: Number of men					312	12.6	90	9.5	763	20.6	0
Utilised deceased donors: Number of DD > 60 years					150	6.0	20	2.1	0	0.0	10
Utilised donors after circulatory death -DCD-					145	5.8	0	0.0	227	6.1	0
II/ Witnessed cardiac arrest (uncontrolled)										3	10.0
III/ Withdrawal of life-sustaining therapy (controlled)										0	115
IV/ Cardiac arrest while brain dead										0	0.1
Living organ donors											
Living Kidney donors: Number of men	94	2.2	4	1.4	99	4.0	2	0.2	Number PMP	Number PMP	Number PMP
Living Liver donors: Number of men	4	0.1	0	0.0	0	0.0	0	0.0	10	2.6	4
Living Lung donors: Number of men	0	0.0	0	0.0	0	0.0	0	0.0	9	2.3	0
									0	0.0	0
									0	0.0	0
									11	1.3	0
									0	0.0	0
									0	0.0	0
									127	14.9	40
									127	14.9	40
									127	14.9	40

DONATION ACTIVITY

Country	OTHER COUNTRIES										United States of America																			
	New Zealand	Norway	Qatar	Republic of Moldova	Russian Federation	Saudi Arabia	Sudan	Switzerland	Syrian Arab Republic	The Rep. of North Macedonia	Turkey	United States of America	Population (million inhabitants): UNFPA	4.7	5.4	2.7	4.0	144.0	33.6	41.5	8.5	18.3	2.1	81.9	326.8					
DONATION													DONATION																	
Actual deceased organ donors													Actual deceased organ donors																	
Actual deceased organ donors –both DBD and DCD included–	62	132	104	19.6	7	2.6	10	2.4	646	4.5	96	2.9	0	0.0	158	18.6	0	0.0	1	0.5	598	7.3	10722	32.8						
Actual deceased donors: Number of men	32	6.8	59	11.1	6	2.2	6	1.5	423	2.9	85	2.5	94	11.1	377	4.6	6497	19.9												
Actual deceased donors: Number of DD > 60 years	20	4.3	54	10.2	0	0.0	4	1.0	68	0.5	6	0.2	80	9.4	0	0.0	203	2.5	1544	4.7										
Actual donors after circulatory death –DCD– II/ Witnessed cardiac arrest (uncontrolled) III/ Withdrawal of life-sustaining therapy (controlled) IV/ Cardiac arrest while brain dead	9	1.9	0	0.0	0	0.0	0	0.0	37	0.3	0	0.0	32	3.8	0	0.0	0	0.0	0	0.0	29	0.1	2133	6.5						
Utilised deceased organ donors	58	12.3	100	18.9	6	2.2	8	2.0	639	4.4	94	2.8	0	0.0	154	18.1	0	0.0	1	0.5	560	6.8	10106	30.9						
Utilised deceased organ donors –both DBD and DCD included–	30	6.4	56	10.6	5	1.9	4	1.0	417	2.9	83	2.5	91	10.7	356	4.3	6158	18.8												
Utilised deceased donors: Number of men	17	3.6	50	9.4	0	0.0	3	0.7	68	0.5	6	0.2	77	9.1	0	0.0	184	2.2	1335	4.1										
Utilised deceased donors: Number of DD > 60 years	8	1.7	0	0.0	0	0.0	0	0.0	35	0.2	0	0.0	31	3.6	0	0.0	0	0.0	0	0.0	1862	5.7								
Utilised donors after circulatory death –DCD– II/ Witnessed cardiac arrest (uncontrolled) III/ Withdrawal of life-sustaining therapy (controlled) IV/ Cardiac arrest while brain dead	30	8.1	31	5.8	13	4.8	2	0.5	65	0.5	135	3.3	0	0.0	0	0.0	0	0.0	0	0.0	1981	24.2	2358	7.2						
Living organ donors	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	724	8.8	180	0.6						
Living Kidney donors: Number of men	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
Living Liver donors: Number of men	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
Living Lung donors: Number of men	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		

DONATION ACTIVITY														
Country	Population (million inhabitants): UNFFPA	LATIN AMERICAN COUNTRIES												
		Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican Republic	Ecuador	El Salvador	Number	PMP	
	44.7	11.2	210.9	18.2	49.5	5.0	11.5	10.9	16.9	16.9	6.4			
DONATION														
Actual deceased organ donors		Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	
Actual deceased organ donors -both DBD and DCD included-	701	15.7	4	0.4	3529	16.7	119	6.5	398	8.0	35	7.0	130	11.3
Actual deceased donors: Number of men	279	6.2	2	0.2	2074	9.8			262	5.3	23	4.6	88	7.7
Actual deceased donors: Number of DD > 60 years	131	2.9	0	0.0	415	2.0			36	0.7	6	1.2	16	1.4
Actual donors after circulatory death –DCD– I/ Witnessed cardiac arrest (uncontrolled)	0	0.0	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0
III/ Withdrawal of life-sustaining therapy (controlled)														
IV/ Cardiac arrest while brain dead														
Utilised deceased organ donors														
Utilised deceased organ donor -both DBD and DCD included-	643	14.4	4	0.4	3022	14.3	119	6.5	394	8.0	35	7.0	80	7.0
Utilised deceased donors: Number of men	386	8.6	2	0.2	1852	8.8			260	5.3	23	4.6	46	4.0
Utilised deceased donors: Number of DD > 60 years	103	2.3	0	0.0	225	1.1			34	0.7	6	1.2	7	0.6
Utilised donors after circulatory death –DCD– I/ Witnessed cardiac arrest (uncontrolled)	0	0.0	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0
III/ Withdrawal of life-sustaining therapy (controlled)														
IV/ Cardiac arrest while brain dead														
Living organ donors														
Living Kidney donors: Number of men	207	4.6	35	3.1					60	1.2	13	2.6	9	0.8
Living Liver donors: Number of men	16	0.4	1	0.1					25	0.5	0	0.0	1	0.1
Living Lung donors: Number of men	0	0.0	0	0.0					0	0.0	0	0.0	0	0.0

DONATION ACTIVITY

Country	Population (million inhabitants): UNFFPA	LATIN AMERICAN COUNTRIES						DONATION ACTIVITY					
		Guatemala	Honduras	Mexico	Nicaragua	Panama	Paraguay	Peru	Uruguay	Number	PMP	Number	PMP
		17.2	9.4	130.8	6.3	4.2	6.9	32.6	3.5	32.4			
Actual deceased organ donors													
Actual deceased organ donors -both DBD and DCD included-	5	0.3		534	4.1	1	0.2	27	6.4	13	1.9	65	2.0
Actual deceased donors: Number of men	3	0.2		354	2.7	1	0.2	16	3.8	5	0.7	40	1.2
Actual deceased donors: Number of DD > 60 years	0	0.0		47	0.4	0	0.0	1	0.2	0	0.0	4	0.1
Actual donors after circulatory death –DCD–	0	0.0		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
II/ Witnessed cardiac arrest (uncontrolled)													
III/ Withdrawal of life-sustaining therapy (controlled)													
IV/ Cardiac arrest while brain dead													
Utilised deceased organ donors													
Utilised deceased organ donors -both DBD and DCD included-	5	0.3		518	4.0	1	0.2	27	6.4	13	1.9	62	1.9
Utilised deceased donors: Number of men	3	0.2		347	2.7	1	0.2	16	3.8	5	0.7	37	1.1
Utilised deceased donors: Number of DD > 60 years	0	0.0		39	0.3	0	0.0	1	0.2	0	0.0	4	0.1
Utilised donors after circulatory death –DCD–	5	0.0		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
II/ Witnessed cardiac arrest (uncontrolled)													
III/ Withdrawal of life-sustaining therapy (controlled)													
IV/ Cardiac arrest while brain dead													
Living organ donors													
Living Kidney donors: Number of men	61	3.5		1034	7.9	6	1.0	5	1.2	9	1.3	15	0.5
Living Liver donors: Number of men	0	0.0		12	0.1	0	0.0	0	0.0	0	0.0	0	0.0
Living Lung donors: Number of men	0	0.0		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

TRANSPLANTATION ACTIVITY											
Country Population (million inhabitants): UNFPA		EUROPEAN UNION COUNTRIES						TRANSPLANTATION			
Austria 8.8	Belgium 11.5	Bulgaria 7.0	Croatia 4.2	Cyprus 1.2	Czech Republic 10.6	Denmark 5.8	Estonia 1.3	Finland 5.5	France 65.2		
KIDNEY											
Total Tx -all combinations included-											
Kidney tx: Number of men	414	47.0	531	46.2	25	3.6	183	43.6	19	15.8	508
Paediatric <18 years	294	33.4	341	29.7	20	2.9	0	0.0	14	11.7	348
Tx from DCD	14	1.6	14	1.2	0	0.0	0	0.0	0	0.0	15
- Single Tx	344	39.1	474	41.2	20	2.9	178	42.4	4	3.3	461
- Double Tx	35	4.0	98	8.5	0	0.0	0	0.0	0	0.0	43.5
Tx from living donors	334	38.0	474	41.2	20	2.9	178	42.4	0	2.1	22
- Tx from related living donors	10	1.1	0	0.0	0	0.0	0	0.0	0	0.0	0
- Tx from unrelated living donors	70	8.0	57	5.0	5	0.7	5	1.2	15	12.5	40
Paired exchange or cross-over	68	7.7	56	4.9	5	0.7	5	1.2	15	12.5	38
Non-directed altruistic or anonymous	2	0.2	1	0.1	0	0.0	0	0.0	0	0.0	0
Directed altruistic											
LIVER											
Total Tx -all combinations included-	182	20.7	308	26.8	13	1.9	133	31.7	0	0.0	216
Liver tx: Number of men	134	15.2	217	18.9	0	0.0	0	0.0	125	11.8	12
Paediatric <18 years	12	1.4	42	3.7	4	0.6	0	0.0	13	1.2	5
Split Tx	4	0.5	9	0.8	0	0.0	0	0.0	11	1.0	0
Domino Tx	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Tx from living donors	7	0.8	33	2.9	2	0.3	1	0.2	0	0.0	0
Tx from DCD	8	0.9	73	6.3	0	0.0	0	0.0	1	0.1	0
HEART											
Total Tx -all combinations included-	65	7.4	76	6.6	4	0.6	37	8.8	0	0.0	74
Heart tx: Number of men	52	5.9	2	0.2	0	0.0	0	0.0	53	5.0	21
Paediatric <18 years	7	0.8	0	0.0	0	0.0	0	0.0	2	0.2	1
HEART-LUNG											
Total Tx -all combinations included-	0	0.0	2	0.2	0	0.0	0	0.0	1	0.1	0
Paediatric <18 years											
LUNG											
Total Tx -all combinations included-	117	13.3	116	10.1	0	0.0	0	0.0	42	4.0	25
Lung Tx: Number of men	72	8.2	0	0.0	0	0.0	0	0.0	24	2.3	14
Paediatric <18 years	2	0.2	0	0.0	0	0.0	0	0.0	1	0.1	0
Single Tx	5	0.6	4	0.3	0	0.0	0	0.0	3	0.3	1
Double Tx (heart-lung Tx included)	112	12.7	112	9.7	2	0.2	0	0.0	39	3.7	24
Tx from DCD (double + single)	9	1.0	30	2.6					0	0.0	0
PANCREAS											
Total Tx -all combinations included-	20	2.3	16	1.4	0	0.0	0	0.0	43	4.1	5
Pancreas Tx: Number of men	16	1.8	57	5.0	0	0.0	0	0.0	24	2.3	5
Paediatric <18 years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Pancreas Tx Alone	1	0.1	2	0.2	0	0.0	0	0.0	7	0.7	1
Kidney – Pancreas Tx	19	2.2	14	1.2	2	0.2	0	0.0	36	3.4	4
Tx from DCD	1	0.1	2	0.2					0	0.0	0
SMALL BOWEL											
Total Tx -all combinations included-	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1	0
Small bowel Tx: Number of men											
Paediatric <18 years											
Small bowel Tx Alone											
RECIPIENTS											
Total number of patients transplanted	772	87.7	1021	88.8	42	6.0	351	83.6	19	15.8	884
Patients transplanted: Number of men	548	62.3	665	57.8	34	4.9	0	0.0	43	33.1	574
Paediatric <18 years	29	3.3	54	4.7	4	0.6	7	1.0	15	2.2	0
Patients transplanted from living donors	77	8.8	90	7.8	6	1.4	15	1.4	47	4.4	77

TRANSPLANTATION ACTIVITY											
Country Population (million inhabitants): UNFPA		EUROPEAN UNION COUNTRIES									
		Netherlands 17.1	Poland 38.1	Portugal 10.3	Romania 19.6	Slovakia 5.4	Slovenia 2.1	Spain 46.4	Sweden 10.0	United Kingdom 66.6	
KIDNEY	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total Tx – all combinations included–											
Kidney tx: Number of men	998	58.4	946	24.8	502	48.7	183	9.3	146	27.0	56
Paediatric <18 years	648	37.9	606	15.9	321	31.2	0.9	0.3	88	16.3	35
Tx from DD	28	1.6	41	1.1	9	5	0.3	0.4	2	0.4	0
- Tx from DCD	488	28.5	906	23.8	443	43.0	119	6.1	135	25.0	54
- Single Tx	296	17.3	7	46	46	4.5	0	0.0	0	0.0	0
- Double Tx	480	28.1	906	23.8	409	39.7	119	6.1	135	25.0	54
Tx from living donors	8	0.5	0	0.0	34	3.3	0	0.0	0	0.2	2
- Tx from related living donors	510	29.8	40	1.0	59	5.7	64	3.3	11	2.0	2
- Tx from unrelated living donors	421	24.6	40	1.0	53	5.1	64	3.3	11	2.0	2
Paired exchange or cross-over	89	5.2	0	0.0	6	0.6	0	0.0	0	0.0	0
Non-directed altruistic or anonymous					0	0.0					
Directed altruistic					0	0.0					
LIVER											
Total Tx – all combinations included–	195	11.4	316	8.3	232	22.5	69	3.5	37	6.9	27
Liver tx: Number of men	127	7.4	182	4.8	163	15.8	9	2	22	4.1	16
Paediatric <18 years	27	1.6	32	0.8	9	0.9	1	0.1	0	0.0	0
Split Tx	7	0.4	0	0.0	1	0.1	0	0.0	0	0.0	0
Domino Tx	0	0.0	0	0.0	12	1.2	0	0.0	0	0.0	0
Tx from living donors	12	0.7	22	0.6	1	0.1	11	0.6	0	0.0	0
Tx from DCD	69	4.0	0	0.0	0	0.0	0	0.0	0	0.0	0
HEART											
Total Tx – all combinations included–	38	2.2	147	3.9	33	3.2	7	0.4	18	3.3	23
Heart tx: Number of men	25	1.5	105	2.8	21	2.0	3	0.1	14	2.6	18
Paediatric <18 years	9	0.5	7	0.2	3	0.3	2	0.1	1	0.2	1
HEART-LUNG											
Total Tx – all combinations included–	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Heart tx: Number of men											
Paediatric <18 years											
LUNG											
Total Tx – all combinations included–	89	5.2	43	1.1	27	2.6	4	0.2	0	0.0	0
Lung tx: Number of men	59	3.5	29	0.8	16	1.6	1	0.1	0	0.0	0
Paediatric <18 years	2	0.1	0.1	0.0	0.1	0	0.4	0.0	0	0.0	0
Single Tx	9	0.5	8	0.2	4	0.4	0	0.0	0	0.0	0
Double Tx (heart-lung Tx included)	80	4.7	35	0.9	23	2.2	4	0.2	0	0.0	0
Tx from DCD (double + single)	30	1.8	0	0.0	0	0.0	0	0.0	0	0.0	0
PANCREAS											
Total Tx – all combinations included–	36	2.1	20	0.5	35	3.4	0	0.0	0	1.4	3
Pancreas tx: Number of men	23	1.3	12	0.3	21	2.0	0.0	0.0	0	0.8	0
Paediatric <18 years	1	0.1	0	0.0	0	0.0	0	0.0	0	0.1	0
Pancreas Tx Alone	14	0.8	1	0.0	2	0.2	0	0.0	0	0.2	0
Kidney – Pancreas Tx	20	1.2	19	0.5	33	3.2	0	0.0	3	1.4	4
Tx from DCD	19	1.1	0	0.0	0	0.0	0	0.0	0	0.1	0
SMALL BOWEL											
Total Tx – all combinations included–	2	0.1	0	0.0	0	0.0	0	0.0	0	0.1	0
Small bowel tx: Number of men											
Paediatric <18 years											
Small bowel Tx Alone											
RECIPIENTS											
Total number of patients transplanted	1336	78.1	1447	38.0	783	76.0	263	13.4	201	37.2	106
Patients transplanted: Number of men	868	50.8	917	24.1	512	49.7	22	2.1	124	23.0	69
Paediatric <18 years	50	2.9	82	2.2	60	1.6	75	0.5	3	0.5	2
Patients transplanted from living donors	522	30.5	62	0.6	0	0.0	11	3.8	2	2.0	2

TRANSPLANTATION ACTIVITY

Country	Population (million inhabitants): UNFPA	LATIN AMERICAN COUNTRIES										El Salvador
		Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican Republic	Ecuador	PMP	
		Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	
KIDNEY		1475	33.0	76	6.8	5975	28.3	212	11.6	864	17.5	63
Total Tx - all combinations included-												12.6
Kidney tx: Number of men		850	19.0	36	3.0	3621	17.2			38	7.6	34
Paediatric <18 years		155	3.5	4	0.4	337	1.6			2	0.4	0
Tx from DD		1099	24.6	8	0.7	4942	23.4			42	8.4	160
- Tx from DCD		0	0.0	0	0.0	0	0.0			0	0.0	0
- Single Tx		1099	24.6	8	0.7	4932	23.4			0	0.0	0
- Double Tx		0	0.0	0	0.0	10	0.0			15	0.3	13
Tx from living donors		0	0.0	0	0.0	1033	4.9			140	2.8	21
- Tx from related living donors		376	8.4	68	6.1	1033	4.9			140	2.8	13
- Tx from unrelated living donors		376	8.4	68	6.1	981	4.7			140	2.8	13
Paired exchange or cross-over		0	0.0	0	0.0	52	0.2			0	0.0	0
Non-directed altruistic or anonymous												
Directed altruistic												
LIVER		473	10.6	1	0.1	2221	10.5	87	4.8	251	5.1	27
Total Tx - all combinations included-												
Liver tx: Number of men		276	6.2	0	0.0	1491	7.1			132	2.7	14
Paediatric <18 years		97	2.2	0	0.0	239	1.1			71	1.4	6
Split Tx		55	1.2	0	0.0	6	0.0			0	0.2	1
Domino Tx		0	0.0	0	0.0	6	0.0			0	0.0	0
Tx from living donors		41	0.9	1	0.1	175	0.8			50	1.0	2
Tx from DCD		0	0.0	0	0.0	0	0.0			0	0.0	0
HEART		132	3.0	0	0.0	358	1.7	30	1.6	57	1.2	8
Total Tx - all combinations included-												
Heart tx: Number of men		86	1.9	0.3	0.0	234	1.1			47	0.9	6
Paediatric <18 years		15	0.3	0.0	0.0	39	0.2			3	0.1	0
HEART-LUNG		1	0.0	0	0.0	0	0.0			0	0.4	0
Total Tx		0	0.0	0	0.0	0	0.0			0	0.0	0
Paediatric <18 years												
LUNG		44	1.0	0	0.0	121	0.6	13	0.7	17	0.3	2
Total Tx - all combinations included-												
Lung Tx: Number of men		26	0.6	0	0.0	65	0.3			5	0.1	0
Paediatric <18 years		4	0.1	0	0.0	12	0.1			1	0.0	0
Single Tx		19	0.4	0	0.0	46	0.2			7	0.1	0
Double Tx (heart-lung Tx included)		25	0.6	0	0.0	73	0.3			10	0.2	2
Tx from DCD (double + single)		0	0.0	0	0.0	0	0.0			0	0.0	0
PANCREAS		89	2.0	0	0.0	150	0.7	7	0.4	10	0.2	0
Total Tx - all combinations included-												
Pancreas Tx: Number of men		32	0.7	0	0.0	62	0.3			4	0.1	0
Paediatric <18 years		0	0.0	0	0.0	44	0.2			0	0.0	0
Pancreas Tx Alone		5	0.1	0	0.0	106	0.5			2	0.0	0
Kidney - Pancreas Tx		84	1.9	0	0.0	0	0.0			8	0.2	0
Tx from DCD		0	0.0	0	0.0	0	0.0			0	0.0	0
SMALL BOWEL		1	0.0	0	0.0	4	0.0			0	0.0	0
Total Tx - all combinations included-												
Small bowel Tx: Number of men		0	0.0	0	0.0	1	0.0			0	0.0	0
Paediatric <18 years		1	0.0	0	0.0	0	0.0			0	0.0	0
Small bowel Tx Alone		0	0.0	0	0.0	0	0.0			0	0.0	0
RECIPIENTS		2102	47.0	77	6.9	8642	41.0			99	19.8	186
Total Tx - all combinations included-												
Small number of patients transplanted: Number of men		1224	27.3	36	3.2	3502	16.6			58	11.6	162
Paediatric <18 years		265	5.9	4	0.4	616	2.9			26	5.1	41
Patients transplanted from living donors		417	9.3	69	0.9	1192	5.7			38	1.6	14
Patients transplanted from living donors												

TRANSPLANTATION ACTIVITY																
Country Population (million inhabitants): UNFPA		Guatemala 17.2			Honduras 9.4			Nicaragua 6.3			LATIN AMERICAN COUNTRIES					
KIDNEY	Total Tx –all combinations included– Kidney tx: Number of men Paediatric <18 years Tx from DCD – Tx from DCD – Single Tx – Double Tx Tx from living donors – Tx from related living donors – Tx from unrelated living donors Paired exchange or cross-over Non-directed altruistic or anonymous Directed altruistic	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Peru 32.6	Uruguay 3.5	Venezuela 32.4
	Total Tx –all combinations included– Kidney tx: Number of men Paediatric <18 years Tx from DCD – Tx from DCD – Single Tx – Double Tx Tx from living donors – Tx from related living donors – Tx from unrelated living donors Paired exchange or cross-over Non-directed altruistic or anonymous Directed altruistic	115 67 10 0 10 0 0 105 103 2	6.7 3.9 0.6 0.0 0.6 0.6 0.6 6.1 6.0 0.1	17.2 15.0 22.4 976 0 966 10 2105 1719 386	9.4 2.5 1 0.0 1 0.2 0.1 15.1 13.1 3.0	23.6 15.0 22.4 7.5 0.0 7.4 1 15.1 13.1 0	16 1 1 0.0 0.0 0.2 0.1 15 15 0	11.0 7.4 0.0 9.0 0.0 9.0 0.0 0.0 2.4 2.4 0.0	46 0 38 9.0 0 38 0 0 8 8 0	41 33 4 25 0 115 0 0 16 16 0	5.9 4.8 0.6 3.6 0.0 115 3.5 0.0 0.0 16 0	157 91 7 148 0 115 3.5 0.0 0.0 42 0.0 0	46.0 28.6 2.0 42.3 0.0 3.5 0.0 0.0 0.0 13 0.0 0.0	40 40 0 0 0 0 0 0 0 13 0.0 0.0	1.2 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 3.7 0.0 0.0	
LIVER	Total Tx –all combinations included– Liver tx: Number of men Paediatric <18 years Split Tx Dominic Tx Tx from living donors Tx from DCD	0	0.0			241 138 37	1.8 1.1 0.3	0	0.0	16 11 0	3.8 2.6 0.0	3	0.4 0.0 0.0	45 26 13	1.4 0.8 0.4	7.1 3.7 3
HEART	Total Tx –all combinations included– Heart tx: Number of men Paediatric <18 years	0	0.0			26 20 0	0.2 0.2 0.0	0	0.0	1 1 0	0.2 0.2 0.0	2	0.3 0.3 0.0	25 13 3	1.4 0.9 0.0	0.0 0.0 0.0
HEART-LUNG	Total Tx –all combinations included– Paediatric <18 years	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
LUNG	Total Tx –all combinations included– Lung Tx: Number of men Paediatric <18 years Single Tx Double Tx (heart-lung Tx included) Tx from DCD (double + single)	0	0.0			3 3 0 1 0	0.0 0.0 0.0 0.0 0.0	0	0.0	0	0.0 0.0 0.0 0.0 0.0	4 2 0 0 0	0.1 0.1 0.0 0.0 0.0	14 9 2 0 0	4.0 2.6 0.6 0.0 0.0	0.0 0.3 0.0 0.0 0.0
PANCREAS	Total Tx –all combinations included– Pancreas Tx: Number of men Paediatric <18 years Pancreas Tx Alone Kidney – Pancreas Tx Tx from DCD	0	0.0			1 1 0 0 0	0.0 0.0 0.0 0.0 0.0	0	0.0	0	0.0 0.0 0.0 0.0 0.0	2 2 0 0 0	0.1 0.1 0.0 0.0 0.0	0	0.0 0.0 0.0 0.0 0.0	0.0 0.0 0.0 0.0 0.0
SMALL BOWEL	Total Tx –all combinations included– Small bowel Tx: Number of men Paediatric <18 years Small bowel Tx Alone	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
RECIPIENTS	Total number of patients transplanted Patients transplanted: Number of men Paediatric <18 years Patients transplanted from living donors	115 67 10 105	6.7 3.9 0.6 6.1			16 43 1 15	2.5 10.2 0.2 2.4	63 35 4 8	15.0 4.0 0.6 1.9	46 35 4 16	6.7 5.1 4 2.3	216 130 42 47	6.6 4.0 1.3 1.4	205 124 11 15	40 35.4 3.1 4.3	1.2 0.0 0.0 1.2

WAITING LIST

EUROPEAN UNION COUNTRIES							
Country	Population (million inhabitants): UNFFPA	Germany	Greece	Hungary	Ireland	Italy	Lithuania
		82.3	11.1	9.7	4.8	59.3	1.9
KIDNEY							
N Tx CENTRES	38	5	4	1	40	1	2
Patients included on the WL for the first time in the course of 2018	2348	220	393	178	2330	59	0
Total number of patients ever active on the WL during 2018	10616	1354	1230	660	9059	82	10
Patients awaiting for a transplant (only active candidates) on 31/12/2018	7526	1246	818	429	6770	28	92
Patients who died while on the WL during 2018	453	35	53	17	167	1	0
Patients on dialysis on 31/12/2018	11843	6915	2124	650	1340	7	0
							1
LIVER							
N Tx CENTRES	21	2	1	1	22	1	2
Patients included on the WL for the first time in the course of 2018	1177	70	81	63	1461	17	0
Total number of patients ever active on the WL during 2018	2387	218	181	98	2434	9	0
Patients awaiting for a transplant (only active candidates) on 31/12/2018	851	159	72	32	961	6	0
Patients who died while on the WL during 2018	289	21	12	6	129	3	0
						38	0
						22	0
HEART							
N Tx CENTRES	23	1	2	1	16	1	2
Patients included on the WL for the first time in the course of 2018	493	15	84	23	324	8	0
Total number of patients ever active on the WL during 2018	1223	57	144	37	1047	8	27
Patients awaiting for a transplant (only active candidates) on 31/12/2018	719	38	60	10	711	5	0
Patients who died while on the WL during 2018	86	9	10	2	53	0	0
						38	0
						16	0
LUNG							
N Tx CENTRES	15	0	1	1	11	0	1
Patients included on the WL for the first time in the course of 2018	391		30	43	214	4	0
Total number of patients ever active on the WL during 2018	799		42	85	562	0	0
Patients awaiting for a transplant (only active candidates) on 31/12/2018	314		10	32	362	0	0
Patients who died while on the WL during 2018	71		4	16	39	0	0
						6	0
						14	0
PANCREAS							
N Tx CENTRES	28	0	2	1	16	1	1
Patients included on the WL for the first time in the course of 2018	144		17	10	62	4	0
Total number of patients ever active on the WL during 2018	458		48	24	311	7	0
Patients awaiting for a transplant (only active candidates) on 31/12/2018	287		40	19	253	0	0
Patients who died while on the WL during 2018	36		0	1	0	0	0
						6	0
						0	0
SMALL BOWEL							
N Tx CENTRES	9	0	0	2	2	0	0
Patients included on the WL for the first time in the course of 2018			0	0	0	0	0
Total number of patients ever active on the WL during 2018			0	0	12	0	0
Patients awaiting for a transplant (only active candidates) on 31/12/2018		12	0	0	11	0	0
Patients who died while on the WL during 2018			0	0	0	0	0

WAITING LIST

OTHER COUNTRIES										
Country	Algeria	Armenia	Australia	Belarus	Bosnia and Herzegovina	Canada	Georgia	Iceland	India	Israel
Population (million inhabitants): UNFPA	42.0	2.9	24.8	9.5						
KIDNEY	12	1	20	7		25	3	1	443	6
N Tx CENTRES										1
Patients included on the WL for the first time in the course of 2018										6
Total number of patients ever active on the WL during 2018										104
Patients awaiting for a transplant (only active candidates) on 31/12/2018										389
Patients who died while on the WL during 2018										5147
Patients on dialysis on 31/12/2018										459
	23798		13412	3741		2645	11222	6687	2000	42350
LIVER										
N Tx CENTRES	3	0	8	1		9	2	0	147	3
Patients included on the WL for the first time in the course of 2018										2
Total number of patients ever active on the WL during 2018										6
Patients awaiting for a transplant (only active candidates) on 31/12/2018										9
Patients who died while on the WL during 2018										4
HEART										
N Tx CENTRES	0	0	5	1		11	0	0	115	2
Patients included on the WL for the first time in the course of 2018										1
Total number of patients ever active on the WL during 2018										2
Patients awaiting for a transplant (only active candidates) on 31/12/2018										9
Patients who died while on the WL during 2018										7
	8		8	8		9			22	14
LUNG										
N Tx CENTRES	0	0	5	2		6	0	0	59	1
Patients included on the WL for the first time in the course of 2018										1
Total number of patients ever active on the WL during 2018										4
Patients awaiting for a transplant (only active candidates) on 31/12/2018										7
Patients who died while on the WL during 2018										3
	14		2	2		28			3	30
PANCREAS										
N Tx CENTRES	0	0	2	1		8	0	0	40	2
Patients included on the WL for the first time in the course of 2018										0
Total number of patients ever active on the WL during 2018										8
Patients awaiting for a transplant (only active candidates) on 31/12/2018										5
Patients who died while on the WL during 2018										5
	3		2	2					3	0
SMALL BOWEL										
N Tx CENTRES	0	0	1	1		3	0	0	18	1
Patients included on the WL for the first time in the course of 2018										0
Total number of patients ever active on the WL during 2018										0
Patients awaiting for a transplant (only active candidates) on 31/12/2018										0
Patients who died while on the WL during 2018										0

WAITING LIST

Country	OTHER COUNTRIES										Turkey	United States of America
	New Zealand	Norway	Qatar	Republic of Moldova	Russian Federation	Saudi Arabia	Sudan	Switzerland	Syrian Arab Republic	The Rep. of North Macedonia		
Population (million inhabitants): UNFPA	4.7	5.4	2.7	4.0		33.6	41.5	8.5	18.3	2.1	81.9	326.8
KIDNEY												
N Tx CENTRES	4	1	1	1	49	18	7	6	1	78	237	
Patients included on the WL for the first time in the course of 2018		258	42	13	1728	2650				6308	30726	
Total number of patients ever active on the WL during 2018		771	108	51	6219	6750	216			28145	88595	
Patients awaiting for a transplant (only active candidates) on 31/12/2018		343	54	32	4815	4850	30	478		20877	60901	
Patients who died while on the WL during 2018		16	1	57			25			1939	3934	
Patients on dialysis on 31/12/2018		2949	905	660	45000	19214	9525	400		63349	726331	
LIVER												
N Tx CENTRES	1	1	1	1	28	6	3	1	0	49	147	
Patients included on the WL for the first time in the course of 2018		97	12	22	579	285		209		2182	11766	
Total number of patients ever active on the WL during 2018		142	16	110	1830	570				3424	23695	
Patients awaiting for a transplant (only active candidates) on 31/12/2018		32	6	91	1171	300	88			1774	10666	
Patients who died while on the WL during 2018		6	2	8	154		29			380	1164	
HEART												
N Tx CENTRES	1	0	0	0	18	2	3	0	0	15	140	
Patients included on the WL for the first time in the course of 2018		32	0	0	397	81	60			475	4293	
Total number of patients ever active on the WL during 2018		48	3	3	823	120				1156	7648	
Patients awaiting for a transplant (only active candidates) on 31/12/2018		11	3	3	490	93	46			946	2891	
Patients who died while on the WL during 2018		0	0	0	48		12			199	316	
LUNG												
N Tx CENTRES	1	0	0	0	3	2	2	0	0	5	71	
Patients included on the WL for the first time in the course of 2018		37			35	50	43			81	3016	
Total number of patients ever active on the WL during 2018		80			77	75				84	4363	
Patients awaiting for a transplant (only active candidates) on 31/12/2018		41			34	37	24			48	1230	
Patients who died while on the WL during 2018		7			15		4			36	213	
PANCREAS												
N Tx CENTRES	1	0	0	0	6	2	2	0	0	8	135	
Patients included on the WL for the first time in the course of 2018		9			33	18	18			23	1308	
Total number of patients ever active on the WL during 2018		37			153	35				170	2432	
Patients awaiting for a transplant (only active candidates) on 31/12/2018		13			132	27	19			166	1041	
Patients who died while on the WL during 2018		0			4		6			2	112	
SMALL BOWEL												
N Tx CENTRES	0	0	0	0	0	1	2	0	0	5	20	
Patients included on the WL for the first time in the course of 2018		0			0	2	0			4	115	
Total number of patients ever active on the WL during 2018		0			0	4	0			4	263	
Patients awaiting for a transplant (only active candidates) on 31/12/2018		0			0	2	0			1	159	
Patients who died while on the WL during 2018		0			0					3	14	

WAITING LIST									
		LATIN AMERICAN COUNTRIES							
Country	Population (million inhabitants): UNFPA	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican Republic
KIDNEY		44.7	11.2	210.9	18.2	49.5	5.0	11.5	10.9
N Tx CENTRES		58	10	191	25	7	9	8	8
Patients included on the WL for the first time in the course of 2018		2177	12631	1484	50	100	53	420	420
Total number of patients ever active on the WL during 2018		8310	33201	5166		450	255	592	592
Patients awaiting for a transplant (only active candidates) on 31/12/2018		5834	22736	2576	250	382	207	400	400
Patients who died while on the WL during 2018		514	1402	93	32	4	14	14	14
Patients on dialysis on 31/12/2018		30053	108468	26952	226	3200	4197	12367	12367
LIVER									
N Tx CENTRES		37	1	85	11	4	3	1	2
Patients included on the WL for the first time in the course of 2018		834	3847	307	20	10	13	55	55
Total number of patients ever active on the WL during 2018		2101	5112	726		32	42	58	58
Patients awaiting for a transplant (only active candidates) on 31/12/2018		1195	1112	138	21	30	33	15	15
Patients who died while on the WL during 2018		192	814	24	10	8	11	11	11
HEART									
N Tx CENTRES		25	0	64	7	1	1	2	1
Patients included on the WL for the first time in the course of 2018		204	566	85	10	3	0	0	0
Total number of patients ever active on the WL during 2018		330	843	179		5	0	0	0
Patients awaiting for a transplant (only active candidates) on 31/12/2018		120	270	22	0	4	0	0	0
Patients who died while on the WL during 2018		40	110	9		0	0	0	0
LUNG									
N Tx CENTRES		8	0	9	4	1	0	0	1
Patients included on the WL for the first time in the course of 2018		137	177	46	4	0	0	0	1
Total number of patients ever active on the WL during 2018		336	366	102	4	0	0	0	1
Patients awaiting for a transplant (only active candidates) on 31/12/2018		233	175	32	2	0	0	0	1
Patients who died while on the WL during 2018		38	36	7		0	0	0	0
PANCREAS									
N Tx CENTRES		16	0	22	5	1	0	1	0
Patients included on the WL for the first time in the course of 2018		9	312	4	0	0	0	0	0
Total number of patients ever active on the WL during 2018		14	855	5	0	0	0	0	0
Patients awaiting for a transplant (only active candidates) on 31/12/2018		11	438	3	0	0	0	0	0
Patients who died while on the WL during 2018		0	63	0		0	0	0	0
SMALL BOWEL									
N Tx CENTRES		2	0	3	4	1	0	0	0
Patients included on the WL for the first time in the course of 2018		1	7	2	0	0	0	0	0
Total number of patients ever active on the WL during 2018		11	9	2	0	0	0	0	0
Patients awaiting for a transplant (only active candidates) on 31/12/2018		9	7	1	0	0	0	0	0
Patients who died while on the WL during 2018		0	0	0		0	0	0	0

International Data on Tissues and Haematopoietic Stem Cell Donation and Transplantation Activity. Year 2018



Data provided by National Competent Authorities:

EUROPE	The Republic of Moldova Igor Codreanu Tatiana Timbalari	Costa Rica César A. Gamboa Martha Romero Roselyn Serrano
Austria		
Belgium	The Rep. of North Macedonia	Cuba M. Antonio Enamorado
Bulgaria Maya Serafimova Yordan Peev	Malta Patricia Galea	Dominican Republic Fernando R. Morales Alexander Altman
Cyprus	Netherlands Frank van Linden	Ecuador Mauricio Heredia
Czech Republic Eva Křemenová	Norway	El Salvador Raúl Palomo
Germany Dagmar Dörmann	Poland	Guatemala Salvador López Rudolf García-Gallont
Denmark	Portugal Paulo Severino	Honduras
Estonia Pille Säälik	Romania	Mexico J. Salvador Aburto José André Madrigal
Spain Jorge Gayoso Bibiana Ramos Marina Álvarez	Sweden Nina Lundmark Tobiasregistret	Nicaragua Mabel I. Sandoval
Finland Anne Vaskunlahti	Slovenia Magdaléna Krátká Daniel Kuba	Panama Cesar J. Cuero Camilo Chong
France Katia Bruneau	Switzerland Barbara Schärer	Paraguay Gustavo A. Melgarejo Marcelo Martínez
Greece	Turkey	Peru Juan A. Almeyda
Croatia Milena Ivanković	United Kingdom Rita Barallon Robert Watson	Uruguay Milka Bengoechea
Hungary János Sajtos	LATIN AMERICA	Venezuela Evelyn Alonso
Ireland	Argentina Sergio Madera	
Italy Fiorenza Bariani Letizia Lombardini Liliam Santilli	Bolivia	
Lithuania Justina Davainytė	Brazil Daniela Ferreira Salomao Thais Lucena de Oliveira	
Luxembourg Martine Debacker	Chile Juan E. Sánchez	
Latvia Ieva Bekere	Colombia Edwin A. Cárdenas Adriana Segura Yazmin R. Arias	

Glossary (Tissues)

A

Adipose tissue: Connective tissue in which fat is stored and which has the cells distended by droplets of fat.

Amniotic membrane: The innermost layer of the placental membrane; it surrounds the foetus during pregnancy.

Autologous: Refers to tissues or cells removed from and applied in the same individual.

B

Blood vessels: A tube in the body carrying blood to (veins) or from (arteries) the heart.

Bone: The hard, rigid, mineralised form of connective tissue constituting most of the skeleton of vertebrates and composed primarily of calcium salts. There are two types of osseous tissue that form bones: cortical bone (the compact bone of the shaft of a bone that surrounds the marrow cavity) and cancellous or trabecular bone (typically occurs at the ends of long bones, proximal to joints and within the interior of vertebrae). Cancellous bone is highly vascular and frequently contains bone marrow.

Bone filling material: Cancellous (spongy type of bone with a very high surface area found at the ends of long bones) or Corticocancellous bone which has been chopped, shaped or ground to chips, cubes, granules or powder.

C

Cancellous bone chips: Spongy (cancellous) bone cut in pieces, chopped or shaped to chips or cubes of various sizes.

Cardiovascular: Relating to the heart or vessels carrying blood.

Competent authority (or health authority/regulatory authority/regulatory agency): the body which has been delegated with the responsibility for ensuring that tissue and cell donation, banking and human application are appropriately promoted, regulated and monitored in the interests of donor and patient safety and public transparency on a national or regional basis by their government.

Cornea: The transparent anterior part of the outer fibrous coat of the eye. A collagenous tissue bounded by an outer stratified epithelium and an inner monolayer of endothelial cells. The major refractive component of the eye.

Cortical strut: A small shaped piece of compact bone mainly from the femur or tibia used in structural grafting, such as rings, pins etc.

Cortico cancellous bone chips: Bone containing both compact and spongy part cut into pieces, chopped or shaped to chips or cubes of varying sizes.

Craniectomy: The surgical removal of a portion of the skull.

D

Deceased donor: A person declared to be dead according to established medical criteria and from whom cells, tissues or organs have been recovered for the purpose of human application.

Deceased heart-beating donor (DBD) (Donor after Brain Death): A donor who is declared dead based on the irreversible loss of neurological functions. Also known as heart-beating donor.

Deceased non-heart beating donor (DCD) (Donor after Cardiac Death): A donor who is declared dead and diagnosed by means of cardiopulmonary criteria.

Distribution: Transportation and delivery of cells or tissues intended for human application.

Donation: Donating human tissues or cells intended for human applications.

Donor: Every human source, whether living or deceased of human cells or tissues.

E

Export: Act of transporting a tissue or cell intended for human application to another country where it is to be processed further or used directly.

F

Fascia: A layer of fibrous connective tissue that surrounds muscles, groups of muscles, blood vessels and nerves, which binds some structures together while permitting others to slide smoothly over each other.

Femoral arteries superficial: The section of femoral artery from the bifurcation of the common femoral artery with the profunda femoris artery to the popliteal artery.

Femoral head: Ball shaped proximal head of the femur (thigh bone) forming ball and socket joint with the os coxae (hip bone)

H

Heart valve: One of the four structures within the heart that prevent backflow of blood by opening and closing with each heartbeat. They include two

semilunar valves (aortic and pulmonary), the mitral (or bicuspid) valve, and the tricuspid valve. They permit blood flow in only one direction.

Human application: The use of tissues or cells on or in a human recipient.

Human tissues and cells for human application: Material containing or consisting of human tissues and/or cells intended for implantation, transplantation, infusion, or transfer into a human recipient.

I

Import: The act of bringing tissues or cells into one country from another for the purpose of human application or further processing.

Importing tissue establishment: A tissue bank or a unit of a hospital or another body established within the EU which is a party to a contractual agreement with a third country supplier for the import into the EU of tissues and cells coming from a third country and intended for human application.

L

Ligament: A tough band of fibrous connective tissue that connects bone to bone.

Living donor: A living person from whom cells or tissues have been removed for the purpose of human application.

M

Menisci: The cartilage cushions found in the knee joint between the femur and tibia.

Musculoskeletal: Tissues that are part of the skeleton and muscular system, including muscles, bones, cartilage, tendons and ligaments, which function in the support and movement of the body.

N

Number of tissues discarded: The number of tissues and/or cells that have been discarded.

Number of tissues distributed: the total number transported or delivered to a clinical unit (as Article 3 (k) of Directive 2004/23/EC defines: Distribution "means transportation and delivery of tissues or cells intended for human applications" (Article 3 (k) Directive 2004/23/EC), whereas 'human application' is defined in the same article as follows: "means the use of tissues or cells on or in a human recipient and extracorporeal applications".)

Number of tissues processed: Article 3(g) of Directive 2004/23/EC defines processing as 'all operations involved in the preparation, manipulation, preservation and packaging of tissues or cells intended for human

applications'. This term refers to tissues and cells processed in TEs but not necessarily distributed.

Number of tissue procured: The number of donated tissue made available through the process of procurement.

Number of recipients for each type of tissue: The total number of patients who had at least one unit of tissues or cells applied during the year concerned in a given country. It is acknowledged that not all Member States currently collect data on the total number of patients treated with each type of tissue or cells.

O

Ocular tissue: Corneas and Scleras.

Other tissue: All human tissues for human application that does not have a dedicated row on the form.

P

Pancreas: A large lobulated gland that in humans lies in front of the upper lumbar vertebrae and behind the stomach and is somewhat hammer-shaped and firmly attached anteriorly to the curve of the duodenum with which it communicates through one or more pancreatic ducts.

Pancreatic islets: Any of the groups of small slightly granular endocrine cells that form anastomosing trabeculae among the tubules and alveoli of the pancreas and secrete insulin and glucagon.

Parathyroid: Any of the usually four small endocrine glands that are adjacent to or embedded in the thyroid gland, are composed of irregularly arranged secretory epithelial cells lying in a stroma rich in capillaries, and produce parathyroid hormone.

Placenta: An organ that connects the developing foetus to the uterine wall to allow nutrient uptake, waste elimination and gas exchange via the mother's blood supply.

Processing: All operations involved in the preparation, manipulation, preservation, storage and packaging of tissues or cells intended for human application.

R

Recipient: Person to whom human tissues, cells or reproductive cells and embryos are applied.

Retrieval or Recovery: See Number of tissue procured.

S

Sclera: Fibrous white outer coat of the eye.

Skin: Thin layer of tissue forming the natural outer covering of the human body. Skin is composed of two primary

layers: the epidermis and dermis. These layers are separated by a thin sheet of fibres, the 'basement membrane'. Keratinocytes constitute 95% of the epidermis. The dermis provides tensile strength and elasticity to the skin through an extracellular matrix composed of collagen fibrils, microfibrils, and elastic fibres, embedded in proteoglycans.

Skin – meshed: Strips of skin graft less than 1mm in depth cut into a lattice structure to increase surface area.

Storage: Means maintaining the product under appropriate controlled conditions until distribution.

T

Tendon: A tough band of fibrous connective tissue that usually connects muscle to bone and which can withstand tension.

Tissue: All constituent parts of the human body formed by cells.

Tissue establishment: A tissue bank or a unit of a hospital or another body where activities of processing,

preservation, storage or distribution of human tissues and cells are undertaken. It may also be responsible for procurement and/or testing of tissues and cells.

Tissue donation (effective): When tissue intended for human application is retrieved from a human body.

Transplantation/implantation/grafting: Transfer (engraftment) of human tissues or cells from a donor to a recipient with the aim of restoring function(s) in the body.

U

Unique donation number: The unique number attributed to a specific donation of tissues and cells in line with the system in place in each Member State for allocating such numbers, as further specified in Annex VII to Commission Directive (EU) 2015/565.

W

Whole bone: Whole or pieces of bone which remain as a piece rather than being ground down.

Glossary (Haematopoietic Stem Cells)

A

Allogeneic use: Cells removed from one person and applied to another.

Autologous use: Cells removed from and applied in the same person.

B

Banking: Processing, preservation, storage and distribution of cells for human application or other purposes, including research and training.

Bone marrow: Tissue at the centre of large bones. It is the place where new blood cells are produced. Bone marrow contains two types of stem cell: haematopoietic (which can produce blood cells) and stromal (which can produce fat, cartilage and bone). In this collection: as a source of haematopoietic stem cells or mesenchymal stem cells.

C

Cells: Means individual human cells or a collection of human cells when not bound by any form of connective tissue.

Collection: Any procedure for procuring a cellular therapy product regardless of technique or source (synonym: harvest).

Competent authority (or health authority/regulatory authority/regulatory agency): the body which has been delegated with the responsibility for ensuring that tissue and cell donation, banking and human application are appropriately promoted, regulated and monitored in the interests of donor and patient safety and public transparency on a national or regional basis by their government.

Cord blood: Blood collected from placental vessels and umbilical cord blood vessels after the umbilical cord is clamped and/or severed as a source of haematopoietic progenitor cells.

Cord blood bank: An organisation responsible for donor management and the collection, processing, testing, cryopreservation, storage, listing, reservation, release, and distribution of cord blood units.

Cryopreservation: Preservation and storage of viable tissues and cells (including gametes and embryos) to preserve viability, either by freezing or vitrification, or alternatively (to extend their viable life) by low-temperature storage.

D

Distribution: Transportation and delivery of tissues or cells intended for human applications.

Donation: Donating human tissues or cells intended for human applications.

Donation centre: An organisation responsible for donor recruitment, consenting, testing, management and the collection of donor personal, genetic, medical data.

Donor: Every human source, whether living or deceased of human cells.

Donor registry: An organisation responsible for coordinating the search for haematopoietic stem cells from donors (including cord blood) unrelated to the potential recipient.

H

HPC transplant centre: A medical facility where a patient (recipient) receives a transplant (graft) with HSC from an unrelated donor or from an umbilical cord blood unit. The TC oversees the immediate medical treatment and provides long-term follow-up of the recipient. The search unit undertakes the search for an unrelated donor for specific patients using criteria defined and documented by the TC. This entity may be contained within a TC or may be separate from the TC. If separate, the search unit may coordinate searches for one or several TCs. In the standards, reference to a TC should be interpreted as a TC and/or a search unit as appropriate. Transplant centres/search units seeking an international donor work through the registry in their country.

Haematopoietic progenitor cells (HPC): Primitive haematopoietic cells capable of self-renewal as well as maturation into any of the haematopoietic lineages, including committed and lineage-restricted progenitor cells, unless otherwise specified and regardless of tissue source. Also referred to as 'haematopoietic stem cells'.

Human application: The use of tissues or cells on or in a human recipient.

Human tissues and cells for human application: Material containing or consisting of human tissues and/or cells intended for implantation, transplantation, infusion, or transfer into a human recipient.

N

Number of cells distributed: The total number transported or delivered to a clinical unit (as Article 3 (k) of Directive 2004/23/EC define). Distribution "means transportation and delivery of tissues or cells intended for human applications" (Article 3 (k) Directive 2004/23/EC), whereas 'human application' is defined in the same article as follows: "means the use of tissues or cells on or in a human recipient and extracorporeal applications".)

O

Organisation responsible for human application: means a healthcare establishment or a unit of a hospital or another body which carries out human application of human tissues and cells

P

Peripheral blood: In this collection: HSC haematopoietic stem cells collected in peripheral blood by apheresis.

Potential donor: Any person who has no medical contraindications for organ, tissue or cell donation and who meets the definition of a deceased heartbeating donor, deceased non-heartbeating donor or living donor.

Procurement organisation: Means a health care establishment or a unit of a hospital or another body that undertakes the procurement of human tissues and cells and that may not be accredited, designated, authorised or licensed as a tissue establishment.

R

Recipient: Person to whom human tissues, cells or reproductive cells and embryos are applied.

Related: Existence of a genetic relationship between donor and recipient.

S

Search performed: Number of searches for compatibility performed in the marrow registry.

T

Transplantation/implantation/grafting: Transfer (engraftment) of human tissues or cells from a donor to a recipient with the aim of restoring function(s) in the body.

Transplant centre: See Organisation responsible for human application.

U

Unique donation number: The unique number attributed to a specific donation of tissues and cells in line with the system in place in each Member State for allocating such numbers, as further specified in Annex VII to Commission Directive (EU) 2015/565.

Unrelated: Where there exists no genetic relationship between donor and recipient.

PRELIMINARY DATA ON TISSUES - YEAR 2018

EUROPEAN UNION COUNTRIES											
Country	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	
Population (Source: eurostat)	8.822.267	11.398.589	7.050.034	4.105.493	864.236	5.781.190	1.319.133	5.513.130	66.926.166	82.792.351	
TYPE OF TISSUE	TYPE OF DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	
PLACENTA/AMNIOTIC MEMBRANES	N of tissue donations Tissue donation PMP N of tissue retrieved N tissue processed (units) N tissue distributed nationally (units) N tissue imported (units) N tissue exported (units) N of tissues transplanted N of patients transplanted N of transplant procedures	16 2.3 16 45 39 0 0 310 202 307	2 0.5 2 106 133 0 0 134 109 134	704 66.4 704 8.378 780 0 0 601 1.420 224 1.420	4 3.0 4 157 65 0 0 NA NA NA	6 1.1 6 2.834 216 3.182 138 14 NA 45 NA	241 3.6 241 2.834 3.182 0 9 114 3.182 2.744 UK	NA 0 188 6.845 4.052 0 9 114 NA NA	NA NA 0 0 0 0 0 0 0 0	NA NA 0 155 126 0 0 0 0 0	317 5.2 317 4.383
PANCREAS/PANCREATIC ISLETS	N of tissue donations Tissue donation PMP N of tissue retrieved N tissue processed (units) N tissue distributed nationally (units) N tissue imported (units) N tissue exported (units) N of tissues transplanted N of patients transplanted N of transplant procedures	0 0.0 0 0 0 0 0 0 0	0 0.0 0 0 0 0 0 0 0	10 0.9 10 10 10 0 0 10 10	10 10 10 10 10 0 0 10 10	NE NE NE NE NE NE NE NE NA	0 0 0 0 0 0 0 0 0	51 0.8 51 0 0 0 0 0 0	NA NA 0 0 0 0 0 0 0	NA NA 0 0 0 0 0 0 0	59 1.0 59 59 14
ADIPOSE TISSUE	N of tissue donations Tissue donation PMP N of tissue retrieved N tissue processed (units) N tissue distributed nationally (units) N tissue imported (units) N tissue exported (units) N of tissues transplanted N of patients transplanted N of transplant procedures	2 0.3 2 0 0 0 0 0 0	0 0.0 0 0 0 0 0 0 0	27 2.5 27 21 21 0 0 18 18	27 2.5 27 21 21 0 0 18 18	NE NE NE NE NE NE NE NE NA	1 0.2 1 1 0 0 0 0 0	NA NA 0 0 0 0 0 0 0	NA NA 0 0 0 0 0 0 0	NA NA 0 0 0 0 0 0 0	59 59 NA NA NA NA NA NA NA
PARATHYROID	N of tissue donations Tissue donation PMP N of tissue retrieved N tissue processed (units) N tissue distributed nationally (units) N tissue imported (units) N tissue exported (units) N of tissues transplanted N of patients transplanted N of transplant procedures	0 0.0 0 0 0 0 0 0 0	0 0.0 0 0 0 0 0 0 0	0 0.0 0 0 0 0 0 0 0	0 0.0 0 0 0 0 0 0 0	NE NE NE NE NE NE NE NE NA	0 0 0 0 0 0 0 0 0	NA NA 0 0 0 0 0 0 0	NA NA 0 0 0 0 0 0 0	NA NA 0 0 0 0 0 0 0	NA NA 0 0 0 0 0 0 0
AUTOLOGOUS CRANIECTOMY PIECES	N of transplant procedures N of tissue retrieved	0 0	0 0	0 95	0 95	NA NE	0 9	UK 338	NA 0	0 0	0 664
OTHER TISSUE	N of tissue donations Tissue donation PMP N of tissue retrieved N tissue processed (units) N tissue distributed nationally (units) N tissue imported (units) N tissue exported (units) N of tissues transplanted N of patients transplanted N of transplant procedures	31 4.4 31 0 0 0 0 0 0 0	0 0.0 0 0 0 0 0 0 0 3	410 38.6 413 324 142 128 0 4 2 3	410 38.6 413 324 142 128 0 4 18 18	NE NE NE NE NE NE NE NE NA	0 0 0 0 0 0 0 0 0	NA NA 3.735 4.613 11 4 NA NA NA	NA NA 14 14 2.230 9 0 0 0	NA NA NA NA NA NA NA NA NA	NA NA NA NA NA NA NA NA NA

PRELIMINARY DATA ON TISSUES - YEAR 2018

LATIN AMERICAN COUNTRIES											
Country	Argentina	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican R.	Ecuador	El Salvador	Guatemala	Mexico
Population (Source: UNFPA, state of world population, 2018 - Million)	44,7	210,9	18,2	49,5	5,0	11,5	10,9	16,9	6,4	17,2	130,8
TYPE OF TISSUE	TYPE OF DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA
CORNEA	N of tissue donations Tissue donation PMP N of tissue retrieved N of tissues transplanted N of patients transplanted N of transplant procedures	34.447 163,3 30,735 14,788 14,788	1,388 28,0 2,831 2,672 206	149 29,8 206 206 0	0,0 0,0 0 0 0	320 18,9 292 183 0	208 12,1 208 183 183	4,546 34,8 4,544 4,311 4,311	2 0,5 2 2 2	126 18,3 116 116 116	88 25,1 201 187 201
BLOOD VESSEL	N of tissue donations Tissue donation PMP N of tissue retrieved N of tissues transplanted N of patients transplanted N of transplant procedures	0 0 0 0 0 0	8 0,2 10 37 37 18	5 1,0 18 0 0 0	0,0 0,4 0 0 0 0	7 0,4 6 0 0 0	0 0,0 0 0 0 0	0 0,0 0 0 0 0	0 0 0 0 0 0	0 6,3 22 22 22 22	
HEART VALVE	N of tissue donations Tissue donation PMP N of tissue retrieved N of tissues transplanted N of patients transplanted N of transplant procedures	239 1,1 429 163 163	34 0,7 33 37 17	5 1,0 17 17 0	0,0 0,0 0 0 0	0 0 0 0 0	0 0,0 0 0 0	0 0,0 32 4 4	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0
MUSCULOSKELETAL	N of tissue donations Tissue donation PMP N of tissue retrieved N of tissues transplanted N of patients transplanted N of transplant procedures	1.105 5,2 17,676 12,848 12,848	881 17,8 1,297 16,020 147	57 11,4 147 0 0	0,0 0,0 0 0 0	350 20,7 326 0 0	459 3,5 477 0 0	0 0,0 0 0 0	0 0 0 0 0	0 0 0 0 0	36 10,3 36 0 0
PLACENTA/AMNIOTIC MEMBRANE	N of tissue donations Tissue donation PMP N of tissue retrieved N of tissues transplanted N of patients transplanted N of transplant procedures	0 0,0 0 0 0 0	84 1,7 83 465 465	32 6,4 54 0 0	0,0 0,4 0 0 0	7 0,4 0 0 0	459 3,5 477 0 0	0 0,0 0 0 0	0 0 0 0 0	0 0 0 0 0	36 10,3 36 0 0
SKIN	N of tissue donations Tissue donation PMP N of tissue retrieved N of tissues transplanted N of patients transplanted N of transplant procedures	627 3,0 121,176 83,559 83,559	84 1,7 498 564 31	8 1,6 0 0 0	0,0 0,4 0 0 0	7 0,4 0 0 0	459 3,5 477 0 0	0 0,0 0 0 0	0 0 0 0 0	0 0 0 0 0	36 10,3 36 0 0
OTHERS	N of tissue donations Tissue donation PMP N of tissue retrieved N of tissues transplanted N of patients transplanted N of transplant procedures	0 0,0 0 0 0 0	0 0,0 9 9 NA	0 0 0 0 0 7	0 0,0 0 0 0 0	6 0,4 4 0 0 0	459 3,5 477 0 0	0 0,0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	36 10,3 36 0 0

PRELIMINARY DATA ON HPC CELLS - YEAR 2018

EUROPEAN UNION COUNTRIES															
Country	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
Population (Source: eurostat)	8.822.267	11.398.589	7.050.034	4.105.493	864.236	10.610.055	5.781.190	1.319.133	5.513.130	66.926.166	82.792.351	10.741.165	9.778.371	4.830.392	60.483.973
CATEGORY OF <DATA	TYPE OF DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA
POTENTIAL DONATIONS AND SEARCHING IN THE NATIONAL REGISTRIES	N of potential donors at 31.12	NA	56.201	115.997	NA	48.141	290.342	UK	NA	NA	NA	NA	NA	NA	416.852
	N of cord blood units at 31.12	NA	3.502	6.707	0	NA	36.651	UK	NA	NA	NA	NA	NA	NA	36.370
	N of searches requested	NA	505	48.991	NA	NA	28.472	UK	NA	NA	NA	NA	NA	NA	3.055
	N of unrelated donations	NA	50	201	NA	NA	1.145	NA	NA	NA	NA	NA	NA	NA	897
DONATIONS	N of donations - Autologous	2.519	570	1.100	57	NA	3.576	4.530	539	539	4.618				
	N of donations - Allogenic	122	1.086	290	3	505	1.266	8.418	123	123	12.590				
	N of donations - Allogenic, related	42	49	103	3	NA	988	1.037	122	122	1.328				
	N of donations - Allogenic, unrelated	80	1.037	187	0	NA	278	7.381	1	1	11.262				
BANKING OF CORD BLOOD	N of unrelated cord blood units collected	80	1.014	15	0	0	615	733	0	0	10.661				
	N of unrelated cord blood units distributed	0	0	4	0	4	119	0	0	0	38				
	N of related cord blood units collected	2.421	11	585	0	NE	NA	25	25	4.373	150				
	N of related cord blood units distributed	0	0	0	0	NE	NA	0	2	2	4				
TRANSPLANT	N of transplants - Autologous	98	190	463	55	NA	3.316	4.540	307	307	3.310				
	N of patients transplanted - Autologous	93	131	364	NA	245	3.183	3.757	232	232	2.628				
	N of transplants - Allogenic	64	80	266	23	NA	1.946	3.450	172	172	1.881				
	N of patients transplanted - Allogenic	64	74	248	NA	131	1.905	3.267	158	158	1.796				
	N of transplants - Allogenic, related	42	34	90	3	NA	991	1.017	80	80	1.020				
	N of patients transplanted - Allogenic, related	42	31	83	NA	NA	NA	943	73	73	948				
	N of transplants - Allogenic, unrelated	22	46	176	20	NA	955	2.433	92	92	861				
	N of patients transplanted - Allogenic, unrelated	22	43	165	NA	NA	NA	2.324	85	85	848				

PRELIMINARY DATA ON HPC CELLS - YEAR 2018

Country	Population (Font: Eurostat)	Category of Data	Type of Data	EUROPEAN UNION COUNTRIES										OTHER COUNTRIES					
				Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	United Kingdom	Norway	Republic of Moldova	Switzerland
POTENTIAL DONATIONS AND SEARCHING IN THE NATIONAL REGISTRIES	1,934,379	2,808,901	602,005	475,701	17,181,084	37,976,687	10,291,027	19,530,631	5,443,120	2,066,880	46,658,447	10,120,242	66,275,576	5,295,619	3,547,539	8,484,130	NO DATA	NO DATA	NO DATA
DONATIONS			NO DATA														NO DATA	NO DATA	
BANKING OF CORD BLOOD																			
TRANSPLANT																			

PRELIMINARY DATA ON HPC CELLS - YEAR 2018

LATIN AMERICAN COUNTRIES

Country	Argentina	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican	Ecuador	Guatemala	Mexico	Nicaragua	Panama	Paraguay	Peru	Uruguay	Venezuela
Population (Source: UNFPA, state of world population, 2018 - Million)	44,7	210,9	18,2	49,5	5,0	11,5	10,9	16,9	17,2	130,8	6,3	4,2	6,9	32,6	3,5	32,4
Category of Data	Type of Data	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA	NO DATA
POTENTIAL DONATION AND SEARCHING IN THE NATIONAL REGISTRIES																
N of potential donors at 31.12	4,783,465	0	NA	0	35	0	0	0	0	0	0	0	0	0	0	1,230
N of cord blood units at 31.12	15,373	0	NA	0	0	0	0	0	0	0	0	0	0	0	0	0
N of searches requested	14,477	0	NA	0	0	0	0	0	0	0	0	0	0	0	0	26
BANKING OF CORD BLOOD																
N of unrelated cord blood units at 31.12	15,030	0	0	0	0	1,186	0	0	0	0	0	0	0	0	0	0
N of related cord blood units at 31.12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TRANSPLANT																
N of transplants - Autologous	1,294	471	15	0	25	0	0	0	0	31	17	89				
N of patients transplanted - Autologous	0	471		0	0	0	0	0	0	31	17	0				
N of transplants - Allogenic	1,000	423	64	0	10	0	0	0	0	0	1	32				
N of patients transplanted - Allogenic	367	423	0	0	0	0	0	0	0	0	1	32				
N of transplants - Allogenic, related	621	201	64	0	10	0	0	0	0	0	1	28				
N of patients transplanted - Allogenic, related	0	201	0	0	0	0	0	0	0	0	1	4				
N of transplants - Allogenic, unrelated	379	222		0	0	0	0	0	0	0	0	28				
N of patients transplanted - Allogenic, unrelated	367	222	0	0	0	0	0	0	0	0	0	4				

Council of Europe Reference Documents.

Year 2018



Illicit and Unethical Activities with Human Tissues and Cells: Addressing the Need for the Elaboration of an International Legal Instrument to Protect Donors and Recipients

as adopted following the 22nd meeting of the European Committee on Organ Transplantation (CD-P-T0) on 12 October 2018

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1. Introduction

Biomedical innovation has led in recent years to an increase in the use of human cells, tissues and cell or tissue-based products. Today these human substances, including musculoskeletal, cardiovascular and ocular tissues, haematopoietic progenitor cells, gametes and embryos, are routinely used for medical purposes, therapy and research. A consequence of this growth is that the processing and distribution of tissues and cells of human origin has progressively become an “industry” in some settings and donated human material treated as a commodity [1].

Despite considerable efforts by the European Commission, the number of human tissues and cells that are used for human application in the European Union (EU) healthcare setting can only be estimated. In a survey of EU competent authorities, more than 2.1 million human tissue and cell products were reported to have been distributed for medical use in

2015 [2]. It is unclear from these data whether these are only allogeneic products, or if tissues and cells for autologous use are also included in the reports from the member states (MS). Furthermore, information on the volume of tissue products imported into the EU from third countries or exported outside of the EU is not systematically collected.

From surveys of relevant professional societies in the field and estimates by the European Commission, the total number of tissues and cells used for human application can be broken down into the rough annual figures described in **Table 1**.

This burgeoning field is in some cases highly profitable. In some countries, a progressive transformation of initially not-for-profit activities into for-profit activities in the tissues and cells field (e.g. cornea [3], bone, gametes [4]) has been described, with the potential risk of not complying with the essential principle that *“the human body and its parts shall not give rise, as such, to financial*

Table 1. Estimated annual volume of clinical use of human tissues in the European Union².

Human substance	Estimated volume*
Corneas	35 000
Heart valves/cardiovascular tissue	5 000
Haematopoietic stem cells (including cord blood)	57 000
Musculoskeletal tissue	190 000–250 000
Skin	14 000
Medically assisted reproduction (including partner donation)	700 000–800 000

* In products/transplants/implants

gain". Thus, profit rather than medical need may be the motivating factor for the procurement of tissues and cells. Furthermore, the availability of donors (both living and deceased) is often a limiting factor for the procurement of tissue and cells, thus source materials are often scarce. Due to this scarcity and the potential financial profits, the risk of illicit and unethical activities involving human tissues and cells can be considered a realistic threat.

Much has been written about trafficking in human organs and human trafficking for the purpose of organ removal [5]. Reports of human exploitation for organ removal and its consequences have been widely reported in the literature [6]. Resolutions, Conventions and professional declarations and statements against these crimes have been adopted by the international community and national laws have been enacted or reinforced in many countries to not only prohibit, but also criminalise the trade in human organs. In contrast, limited attention has been paid to illicit and unethical activities associated with the procurement and clinical use of other substances of human origin, such as tissues and cells. This is perhaps because society is less familiar with tissue and cell transplantation compared with organ transplantation, although the latter happens far less frequently. Moreover, there is no international agreement on what represents illicit and unethical activities with human tissues and cells, and there is no consensus on which of these practices should be criminalised.

Various ethical and safety-related scandals have been reported, such as procurement without consent or authorisation, inadequate testing, inaccurate or false donor files, irresponsible allocation and illegal trade. Hearings, lawsuits, convictions, resignations and closures of tissue establishments have followed. Mediatised cases such as the "France Hypophyse scandal" [7], the "New York body-snatching ring" [8] and the "Alder Hey organ retention scandal" [9] drew public attention and called into question the adequacy of the regulatory framework that governed the human cell, tissue and cellular and tissue-based product industry [10].

Furthermore, there are activities that, in addition to their illicit and unethical component, could seriously jeopardise the quality and safety of tissues and cells and thus the recipient's safety. This is the case when excessive reimbursement for donation is given (e.g. in a third country) that could be an incentive for the donor not to disclose relevant information related to certain health risks, or when cell-based experimental treatments

are promoted or performed without any clinically demonstrated safety and efficacy.

Regrettably, knowledge about the true extent of these illicit and unethical activities with tissues and cells remains limited [11]. Little information is available from official sources, with figures and trends mostly the result of estimates and rumours. Unsubstantiated reports often appear in the media, such as those describing the existence of undercover networks of brokers, technicians and physicians in various countries. There are probably more cases, but many may go unreported due to fear on the part of the victims/donors and silence on the part of those directly involved in these illicit but lucrative activities. Furthermore, when detected, there are significant disparities from country to country in the management of suspected activities in this context. Inspectors and enforcement officers lack specific training on how to deal with, identify and handle cases of suspected or confirmed illicit activities related to tissues and cells [12].

In view of this evidence, it becomes clear that a definition of "Trafficking in Human Tissues and Cells" should be agreed upon at international level with the involvement of all the relevant stakeholders. Furthermore, the Council of Europe could play a leading role in elaborating an international legal instrument setting out this definition and the measures to prevent such trafficking and protect the victims, as well as the criminal-law measures to punish the crime. Such initiative would follow the elaboration of the *Convention against trafficking in human organs*, which was adopted by the Committee of Ministers of the Council of Europe in July 2014, and represented the first legal document providing an internationally agreed upon definition of trafficking in human organs, and identifying activities that ratifying states must criminalise [11, 13]. During the preparation of the Convention, ad-hoc Committee of Experts on Trafficking in Human Organs, Tissues and Cells (PC-TO) acknowledged the need to develop an *Additional Protocol on Tissues and Cells* in the future. This need was further stressed by the Committee on Organ Transplantation of the Council of Europe (CD-P-TO) and the Council of Europe Committee on Social Affairs, Health and Sustainable Development of the Parliamentary Assembly [14].

2. Objectives

With this paper, the CD-P-TO aims to raise awareness among Council of Europe decision-making bodies of

the necessity to explore the need for an additional protocol to define, prevent and combat illicit activities in the chain of donation to clinical application of human tissue and cells, and to protect donors and recipients.

The present document outlines the issues related to illicit and unethical activities with tissues and cells. In particular, it is intended to provide: i) a review of the existing international legal framework that regulates practices in the field of tissues and cells; ii) a compilation of the available evidence with regard to the dimension and features of illicit and unethical activities involving tissues and cells; iii) a description of the consequences of such practices from the public health and other perspectives; iv) based on the above, a discussion on the need to develop additional international legal tools against unethical practices in the field of human tissues and cells.

In summary, our intention is to use the conclusions and recommendations reached by the CD-P-TO and summarised in this project as food for thought for the Council of Europe decision-making bodies. We are convinced that this study will make us stronger in our fight against illicit activities involving tissues and cells of human origin.

3. International standards in the field of tissues and cells

3.1 World Health Organization

The World Health Organization (WHO), through its 2010 *Guiding Principles on Human Cell, Tissue and Organ Transplantation*, sets out standards for the donation, procurement, clinical use and equitable distribution of human tissues and cells [15]. Although not legally binding, the WHO Guiding Principles have profoundly impacted upon national legislation and professional codes of practice. The fundamental principles laid down include:

- Consent requirements: the living donor must provide duly informed, specific and free consent to the removal of tissues and cells. The Guiding Principles also call for the prohibition of the removal of tissues and cells from living minors, although exceptions may be permissible under national law in the case of regenerative tissues, provided that the minor is duly protected. In the case of the deceased donor, consent for the removal of tissues and cells must be obtained as required by national law, only where there is no
- reason to believe that the deceased person objected to such removal. Consent may be explicit ("opt in") or presumed ("opt out") depending on the existing legal requirements within a given jurisdiction. Where explicit consent has been given and recorded, for example in a donor registry, such consent may be withdrawn at any time before the procurement. Procurement on the basis of presumed consent cannot proceed where the donor has recorded or otherwise made known an objection to deceased donation.
- Prohibition of financial gain: the principle of unpaid donation and the prohibition of financial gain from the human body and its parts is established in the WHO principles. Living donors may be reimbursed for reasonable and verifiable expenses and loss of earnings directly related to the donation, but countries should define the conditions under which such compensation is justified, always avoiding financial incentives or benefits in kind to living donors or deceased donor families. Procurement must be carried out on a non-profit basis. Similarly, WHO allows the payment of professional fees for the services rendered in connection with the donation, procurement and clinical use of human tissues and cells. The prohibition of advertising the need for, or the availability of, human tissues and cells with a view to offering or seeking financial gain or comparable advantage is also set down.
- Allocation: the allocation of tissues and cells should be guided by clinical criteria and ethical norms, not financial or other considerations. Allocation rules, defined by appropriately constituted committees, should be equitable, externally justified and transparent.
- Self-sufficiency: countries should strive to achieve self-sufficiency in human tissues for patient treatment by endorsing donation of tissues and cells and thus removing the incentive for unethical practices involving tissue and cells of human origin.
- Altruistic donation: solidarity between donors and recipients should be advocated without financial gain.
- Equal access to grafts: allocation of human tissues and access to treatment should be based on clinical need only.
- Efficacy, safety and quality: WHO sets out the need to ensure traceability and vigilance systems and to

assess the outcomes of recipients of these substances of human origin and of living donors.

3.2 Council of Europe

The Council of Europe *Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine* (Oviedo convention) and its *Additional Protocol concerning Transplantation of Organs and Tissues of Human Origin* detail some of the essential principles related to the donation of organs and tissue that have been agreed upon [16, 17]. This Convention has been ratified by 29 Council of Europe MS that are hence bound by this treaty.

The fundamental principles laid down by the Oviedo Convention include:

- Organ and tissue removal from living donors: removal of organs or tissue from living persons for clinical use may only be carried out when there is no other therapeutic alternative or organ/tissue available from deceased persons. The necessary consent as provided for under Article 5 must have been given expressly and specifically either in written form or before an official body (Article 19).
- Protection of persons not able to consent: the Convention prohibits the removal of organs or tissues from persons not able to provide valid consent (Article 20).
- Prohibition of financial gain: the human body and its parts shall not, as such, give rise to financial gain (Article 21).
- Disposal of a removed part of the human body: the use of parts of the human body must be restricted to that for which specific information and consent was given (Article 22).

The above principles are complemented by those in the *Additional Protocol concerning Transplantation of Organs and Tissues of Human Origin* as follows [17]:

- Professional standards and safety: the Protocol stresses the need to conform to professional obligations and standards (Article 4) and further expands on the need to minimise disease transmission or other harm to recipients (Article 6).
- Consent requirements: an organ or tissue may be removed from a living donor only after the person

concerned has given free, informed and specific consent to it either in written form or before an official body (Article 13). As regards deceased donation, it is stipulated that organs or tissues shall not be removed from the body of a deceased person unless consent or authorisation required by law has been obtained. The removal shall not be carried out if the deceased person had objected to it (Article 17).

- Prohibition of financial gain: it is stated that "*the human body and its parts shall not, as such, give rise to financial gain or comparable advantage*". The text goes on to say that the prohibition of financial gain does not prevent: (i) compensation of living donors for loss of earnings and reimbursement of any other justifiable expenses caused by the removal or by the related medical examinations; (ii) compensation in the case of undue damage resulting from the removal of organs, tissues or cells; (iii) the payment of a justifiable fee for medical or related technical services rendered in connection with the donation (Article 21).
- Organ and tissue trafficking: organ and tissue trafficking are expressly prohibited (Article 22). It must be noted that, while the Council of Europe has developed an international definition of practices that are consistent with trafficking in human organs [13], it has not performed the same exercise in the field of human tissues and cells.

To provide guidance to MS on the implementation of the principle of the prohibition of financial gain as laid down in Article 21 of the Oviedo Convention, a guide was adopted in 2017 – *Guide for the implementation of the principle of prohibition of financial gain with respect to the human body and its parts, as such, from living or deceased donors* – which provides clarification on key notions relevant to the above-mentioned principles and examples of what are considered as "altruistic focused measures" [18].

3.3 European Union

The *Charter of Fundamental Rights* of the EU should be highlighted, notably the principle set out in Article 3(2)(c), which states that the prohibition on making the human body and its parts as such a source of financial gain must be respected [19]. As mentioned above, this principle is also enshrined in Article 21 of the *Convention on Human Rights and Biomedicine* [16], and in the *WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation* [16].

The European Commission has issued the following EU Cell and Tissue Directives: 2004/23/EC [20]; 2006/17/EC [21]; 2006/86/EC [22] and 2015/565/566/EC [23]. These directives were designed to ensure harmonised and high standards of quality and safety for the donation, procurement, testing, processing, preservation, storage and distribution of human cells and tissues, to facilitate their cross-border movements and to ensure availability in the EU. If MS cannot achieve self-sufficiency, for example because of the scale of the issue or the effects of the potential measures, this can be done at Union level. This means that the Union is allowed to adopt measures in accordance with the principle of subsidiary as set out in Article 5 of the *Lisbon Treaty*¹.

These Directives apply to tissues and cells, including haematopoietic peripheral blood, umbilical cord blood and bone marrow stem cells, reproductive cells (oocytes, sperm), foetal tissues and cells and adult and embryonic stem cells.

Under Directive 2004/23/EC [20], MS must establish an accreditation system for tissue establishments and ensure that appropriate control measures are in place for the procurement of human tissues and cells. Furthermore, MS must organise inspections and control measures, which have to be carried out by officials representing the competent authority, to ensure that tissue establishments comply with the provisions under the EU Directives. The officials involved in inspections and control measures must be appropriately qualified and receive adequate training.

The EU Directives do not, however, describe the penalties that can be imposed in cases of infringement of the national provisions adopted under the EU Directives. MS are obliged to lay down national rules on penalties with regard to breaches of compliance with the EU Directives, penalties that must be effective, proportionate and dissuasive. There is no general overview available of the penalties that the different MS have adopted to ensure compliance with the EU Directives, because of the freedom given to the MS in choosing a legal framework. However, it is known that not all MS have implemented criminal legislation for cases of infringement of the relevant legislation on the quality and safety of tissues and the protection of donors' rights.

To support MS implement a legal framework to combat illicit activities involving tissues and cells, an Inspection

guide for Competent Authorities was published in 2011—*Guidance on the detection and investigation of suspected illegal and/or fraudulent activity (IFA) related to tissues and cells* [24] to provide guidance to European Union (EU) Competent Authorities for detecting / identifying, investigating, managing and communicating such activities.

3.4 Professional societies

The *Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects*, originally adopted in June 1964, is a set of ethical principles regarding human experimentation developed for the medical community by the World Medical Association (WMA). [25] It is widely regarded as the cornerstone document on human research ethics. The Declaration developed the ten principles first stated in the *Nuremberg Code* [26], and tied them to the *Declaration of Geneva* (1948), a statement of physicians' ethical duties [27]. Subsequently, in 2012, the WMA also adopted a *Statement On Organ And Tissue Donation* [28].

The *Barcelona Principles: An Agreement on the use of human donated tissue for ocular transplantation, research, and future technologies* is an international consensus document, developed by the eye bank and ophthalmic communities under the leadership of the Global Alliance of Eye Bank Associations (GAEBA), to inform on the management of altruistic and voluntary ocular tissue donations, their subsequent utility within ophthalmology and research, their retention as a public resource for the shared benefit of all, and their accessibility by waiting recipients [29]. This document is the result of global sector engagement over a 12-month period that aims at providing leadership, guidance and recommendations that inform and support sound policy, sector wide strategic planning and implementation at local, national, regional, and international levels.

4. Dimension and characteristics of unethical activities involving human tissues and cells

Little research has been performed to investigate the extent of illicit and unethical activities with human cells and tissues in Europe and worldwide. Most of the information comes from case reports, investigating authorities such as the police or health departments and from articles published in the press.

¹ Under the principle of subsidiarity, in areas which do not fall within its exclusive competence, the Union shall act only if and insofar as the objectives of the proposed action cannot be sufficiently achieved by the Member States, either at central level or at regional and local level, but can rather, by reason of the scale or effects of the proposed action, be better achieved at Union level.

When illicit and unethical activities involve donors, they frequently relate to recently deceased persons. Tissues may have been sold for the purpose of research or clinical use without the authorisation required in the corresponding jurisdiction, or with falsified papers. Illicitly obtained tissues from one deceased person can reach up to 90 tissue recipients.

When recipients are victims of such practices, cases involve the use of illicitly and/or unsafely procured grafts, but also unethical medical practices such as unauthorised indications or medical treatments without any evidence of efficacy that may cause harm to patients [30]. The latter, however, are primarily violations of laws on practicing medicine and professional medical standards and cannot be prevented simply by regulating the quality and safety of tissues and cells for clinical use.

For the purpose of this document, we define illicit practices in the field of human tissue and cells as any practice performed in violation of one or more legal requirements or guiding principles, as set down in international legally binding instruments (see **Section 3**) that are related to the donation and/or human application of tissue and cells of human origin (see **Table 2**).

4.1 Results from the SOHO V&S project

In 2011, a report on illicit activities involving tissues and cells was prepared as part of an EUfunded project entitled "Vigilance and Surveillance of Substances of Human Origin (SOHO V&S)"² [13]. This report aimed at providing EU MS Competent Authorities responsible for tissues and cells with guidance on detecting/identifying, investigating, managing and communicating such activities.

In order to evaluate the experience with illicit activities related to tissues and cells, a questionnaire was developed as part of this project. The questionnaire was submitted to EU Competent Authorities, as well as to several other third countries, during 2010. The scope of the questionnaire was *Directive 2004/23/EC* on tissues and cells used in transplantation and assisted reproduction.

The questionnaire elicited 26 responses from 22 EU MS, 3 European non-EU countries (at the time Croatia had not yet joined the EU) and 1 non-European country³.

An analysis of all the responses showed that many questionnaires were incomplete due to the fact that MS had limited insight into the matter. Some findings, however, could be highlighted:

- The majority of countries had legislation in place related to illicit activities, which was applicable to human tissue and cells. Those who did not have any legislation in place indicated that they considered it necessary or were working on it.
- Twelve countries indicated having had actual experience with illicit activities over the previous 5 years. In addition, 15 countries had experienced misleading and unsubstantiated claims related to the beneficial effects of cell and tissue transplants.
- Eighteen countries had reported these incidents to other agencies and/or the general public.
- Seventeen cases of illicit were reported which dealt with gametes (sperm, oocytes, embryos), cord blood/tissue and bones/musculoskeletal tissue. Of these, nine were confirmed as constituting illicit activities and the others were still under investigation at the time the questionnaire was being completed. Most of the illicit activities had occurred during the procurement/donation stage of the process.
- Sanctions were imposed where cases of illicit activities had been identified, but it is notable that criminal and administrative sanctions are under the sovereignty of each MS and not EU institutions. Non-harmonised legislation in this regard means that an activity that is criminalised in one MS might not be so in another jurisdiction.

4.2 Interpol survey

At the request of the French Health Authority, a similar survey was developed by Interpol for Law Enforcement Agencies in 2012. In total, representatives from 43 countries completed this survey, most of them from policy-making agencies. One third of the respondents (14) reported cases of illicit with tissues and cells. These reports were based not only on questionnaires, but also on the Interpol database, scientific literature and other open sources. Only 50% of the respondents found legislation in their country sufficient in these matters.

² Grant Agreement Number: 20091110. Funded under the EU Second Programme of Community Action in the Field of Health.

³ Belgium, Croatia, Cyprus, Czech Republic, Denmark, Germany, Estonia, Iceland, Spain, Finland, France, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovenia, Sweden, United Kingdom, United States of America..

The types of tissue and cells subjected to illicit activities in these reports were bone (including demineralised bone), tendons and ligaments, ocular tissues (corneas and sclera), skin, human placenta, cord blood for autologous use and gametes.

4.3 Case reports

One of the most cautionary examples of a large-scale fraud is the case of Biomedical Tissue Services Ltd (BTS), where intentional misconduct with tissue donors turned out to be highly lucrative and led to a risk of harm to

Table 2. Areas of potential unethical activities in the field of tissues and cells.

Violation	Related legislation/principles
<p>Procurement of tissue/cells without free, specific and informed consent (living donor) or without the authorisation required in a given jurisdiction, for the purpose of:</p> <ul style="list-style-type: none"> • Clinical use • Research • Further processing as innovative therapies (e.g. in the EU, following under the regulatory frameworks of medical devices or advanced therapy medicinal products) <p>Use of surgical residues without free, specific and informed consent</p>	<ul style="list-style-type: none"> • Directive 2004/23/EC (Article 13) • Council of Europe recommendation (2006)⁴ • Convention on Human Rights and Biomedicine and additional protocols (CETS 168,186,195,203)
<p>Violation of body integrity beyond the necessity to procure tissue or cells</p>	<ul style="list-style-type: none"> • Council of Europe recommendation (2016)⁶ • Convention on Human Rights and Biomedicine and additional protocols (CETS 168,186,195,203)
<p>Unlicensed storage, processing, distribution, testing</p>	<ul style="list-style-type: none"> • Directive 2004/23/EC (Article 6) • Directive 2006/86/EC (Articles 3 and 4)
<p>Breach of legal requirements for traceability, donor evaluation, testing, processing, storage and distribution</p>	<ul style="list-style-type: none"> • Directive 2004/23/EC (Article 8) • Directive 2015/565/EC (Article 1, sub paragraph 2)
<p>Excessive reimbursement or compensation of living donors or a third party in return for the donation of human tissues or cells</p>	<ul style="list-style-type: none"> • Directive 2004/23/EC (Article 12) • Council of Europe Convention on Human Rights and Biomedicine (Article 21) • Additional Protocol on transplantation of organs and tissues of human origin (Article 21)
<p>Distribution of unauthorised tissue and cell products (e.g. from unlicensed tissue establishments, illegal imports, brokers)</p>	<ul style="list-style-type: none"> • Directive 2004/23/EC (Articles 6 and 9(3)) • Directive 2015/566/EC (Article 3)
<p>Promotion of tissue and cell-based experimental treatments without evidence of safety and/or efficacy</p>	<ul style="list-style-type: none"> • WHO Guiding Principle 10 • Additional Protocol to the Convention on Human Rights and Biomedicine concerning Transplantation of Organs and Tissues of Human Origin (Articles 4 and 6)

patients. Between 2002 and 2005, BTS distributed tens of thousands of illegally obtained and improperly processed tissues throughout the world. BTS acquired tissues from cooperative funeral homes in the New Jersey area without any authorisation, and produced false death certificates and infectious disease test results. The Food and Drug Administration (FDA) estimated that 13,000 patients had ultimately received tissues processed by BTS. Not all hospitals kept records of which tissues had been implanted and in which patients, so the impact on recipients' health remains largely unknown.

The FDA responded to the BTS scandal by strengthening the regulations governing tissue procurement. However, within a year, another organisation supplying improperly obtained and processed tissues, and using an almost identical *modus operandi*, was discovered to be operating in North Carolina, under the name Donor Referral Services [31].

In Europe, similar practices have been brought to the European Court of Human Rights: the removal of tissue from a deceased man's body without the knowledge or consent of his wife amounted to degrading treatment [32]. The applicant was a Latvian woman whose husband had died in a car accident. After the autopsy had taken place, it emerged that tissue had been removed from the body prior to the funeral without her knowledge or consent. Under a State-approved agreement, the tissue had been sent to a pharmaceutical company in Germany to be modified into bio implants. During the course of the investigation, it was established that in 1999 tissues had been removed from 152 people; in 2000, from 151 people; in 2001, from 127 people; and in 2002, from 65 people. In exchange for the supply of tissue to the company in Germany, the forensic centre involved had organised the purchase of various items of medical equipment, instruments, technology and computers for medical institutions in Latvia.

The Court underlined that, in the special field of organ and tissue transplantation, it had been recognised that the human body had to be treated with respect even after death. Indeed, international treaties, including the *Convention on Human Rights and Biomedicine* and its *Additional Protocol on Transplantation* [16, 17], were drafted to protect the dignity, identity and integrity of "everyone" who had been born, whether at the time living or dead. The Court stressed that respect for human dignity formed part of the very essence of the European Convention.

Between 2009 and 2012, concerns were raised about illegally obtained tissues in forensic institutes in Ukraine;

these were intended for the German and US markets and processed by for-profit tissue processors in both countries [33]. Although relatives of the deceased accused the forensic institutes of falsifying consent forms and/or obtaining more tissue than originally agreed upon, the police investigation could not substantiate illegal activities according to Ukrainian law. The processors stopped acquiring human tissue from Ukraine after negative publicity.

Recently, the financial gains made by abortion clinics as a result of selling foetal waste material for research purposes have come under public scrutiny. Although these practices have been going on for decades, ownership of the remains of the foetus and the necessity for consent from the mother has not been regulated in several European countries and therefore these practices continue despite the fact that in other countries they are considered to be a violation of principles and legal requirements.

Practices at some European sperm banks have also come under scrutiny. Among them, the direct sale of sperm samples to women for home insemination. In addition, because several MS prohibit anonymous gamete donation (with the purpose of protecting the right of the child to know its parent), distribution of anonymous sperm to some countries is considered illegal.

Stem cell therapy brings a new challenge to the field because of the fraudulent practice of offering cures for almost every known disease using stem cells from different sources (autologous, embryonic, allogenic), sometimes obtained and implanted without fulfilling any legal or quality requirements, and in all cases without any evidence of efficacy of these treatments [34].

5. Potential and actual consequences of unethical activities from the perspectives of society and public health

5.1 Risks for recipients

The most important risk for recipients of tissues or cells obtained through illicit and unethical activities is the lack of control of the quality and safety of the tissue or cell products. Risk are increased by incorrect donor histories, doubtful procurement circumstances, incomplete documentation and traceability, inadequate processing, storage and labelling and lack of vigilance and recall options. The consequences may be diverse but can potentially seriously jeopardise the clinical outcome of the patient.

As is the case with organ trafficking, and in particular due to less stringent acceptance criteria, there is an enhanced risk of viral, bacterial or fungal infections transmitted via grafts procured in the context of illicit and unethical practices. In the past, several diseases have been transmitted via tissues and human cells: bone allografts have transmitted hepatitis viruses, tuberculosis and human immunodeficiency virus (HIV-1) [35]. Corneas have transmitted rabies, herpes simplex viruses, bacteria and fungi. Heart valves have been implicated in transmitting tuberculosis and hepatitis B. HIV-1 and cytomegalovirus seroconversion have been reported in patients receiving skin from seropositive donors. Creutzfeldt-Jacob disease has been transmitted by dura and pericardium transplants and several bacteria, such as *Treponema*, have been transferred through tissue. There are also potential dangers associated with stem cell therapy, such as malignant transformation of the implanted cells [36].

When illicit and unethical practices occur in the form of financial inducement to donors (or their families), there may be a risk of potential living donors not adequately considering and evaluating the potential risks related to the donation procedure or of donors or their families not disclosing relevant medical or behavioural information that would, under normal circumstances, preclude donation. This can also motivate intermediaries to withhold information for fear of losing fees.

While it cannot be stated that these complications are more frequent or particularly severe in the context of illicit and unethical practices with tissues and cells, inappropriate donor (and recipient) selection and substandard practices applied to the procurement, processing and allocation of human tissues and cells are more likely to result in harm to patients.

Desperation may lead patients to search for alternative treatment options for a substantial number of diseases. In this context, advances in the field of stem cell therapies have been accompanied by the promotion of the clinical use of tissues and cells of human origin with no scientific evidence in terms of efficacy and safety. On occasion, patients travel outside of their country of origin in search of these "miraculous" treatments that violate fundamental ethical principles and quality and safety standards (this is the so-called stem cell tourism).

5.2 Consequences for donors or next of kin

The procurement of tissue and cells without consent, or with consent based on insufficient information, may

cause severe psychological stress to the living donor and/or deceased donors' families. In particular, the idea that parts of the body "live on" elsewhere, or that the body of the deceased has been violated, often for financial gain, can cause trauma for donors (e.g. repeated and uncontrolled oocyte donation) and their next of kin.

Excessive damage to the deceased body, in the case of unprofessional procurement of tissue, may cause stress during the funeral and leave a permanent stain on relatives' memories of the donor. Other medical considerations include inadequate care and treatment of living donors after procurement of tissue or cells, including donation-related complications. Linked to the lack of appropriate clinical follow up, there is a possible absence of full traceability from donors to recipients and vice versa, as well as failure to record and report serious adverse events and reactions.

5.3 Consequences for the healthcare system

Successful tissue and cell donation and transplantation programs depend on public trust and support. The confidence of the general public in the donation system for tissue and cell products, in a context where the principle of voluntary unpaid donation is legally endorsed, is already threatened by the fact that certain human products are distributed via commercially used channels for pharmaceuticals and medical devices. Furthermore, the public has been shocked on several occasions by incidences of illicit medical practices where unfounded cures were promised by applying human materials.

Against this background, illicit and unethical practices pose an even bigger threat to public trust and support. Not only will scandals related to such practices cause a drop in confidence in all types of donor-derived products, but it will also result in a reluctance to donate bodily materials at all.

Ultimately this will affect the availability of tissue and cell grafts, and jeopardise the availability of organ and blood donors as well.

It is worth noting that desperate patients (as is the case with organ transplantation) who would like to find a solution for their disease are easy prey for illicit and unethical practices with human tissues and cells.

In the end, when financial gain plays a role, the allocation of human tissues and cells according to clinical needs no longer takes priority and this introduces inequality in access to treatment. Patients who benefit will tend

to be those who can afford to pay. In addition to financial incentives to donate, there may be coercion, fraud and abuse of donors, as well as long-term medical, social and financial harm to living donors.

Finally, the risk of transmitting infections or other diseases with tissue or cells obtained through illicit and unethical practices does not only endanger the recipients, but may also affect others that are in contact with the recipients thus constituting a serious public health threat.

6. Conclusions

- The volume of tissue and cell donation and transplantation activities in Europe is substantial and the sector is developing fast, being subject to technological innovations and increasing commercial interest.
- The scarcity of donor material and the potential for financial gain from human tissues and cells for human application may encourage illicit activities. Although some cases have come to light, the true dimension of the problem remains unknown in the absence of systematic and coordinated efforts to define and monitor these practices (last inventory in 2015).
- Illicit activities with tissue and cells may pose a risk to the individual health of both the donor and the recipient, by causing harm through unnecessary procurement procedures, facilitating the transmission of diseases (which also poses a risk to public health) or applying therapies that have not been tested in terms of safety and quality for the individual.
- Illicit activities may jeopardise public trust and willingness to altruistically donate tissue and cells and therefore limit the availability of these essential healthcare provisions for patients.
- The confidence of the general public in the donation system may be undermined by unethical but very lucrative medicinal procedures, in which treatments with tissues and cells offer unproven cures.
- The existing international legal framework provides ample provisions to ensure good practices and the quality and safety of tissues and cells, e.g. by specifying consent and authorisation requirements, prohibiting financial gain and creating the obligation of sanctions/penalties in cases of violation of such provisions. These provisions and sanctions, however, have not yet been implemented in all European

countries and most of those found to be violating these requirements have not been subject to sanctions.

- Despite the existing legal framework, the interpretation of what constitutes illicit practices differs between countries; this may result in tissue and cell-related activities being acceptable in one country while illegal in a neighbouring one. Moreover, there is no international agreement on which illicit practices are of such severity – because they violate fundamental human rights and freedoms, such as that of self-determination, dignity and integrity and/or because they pose important threats to public health – that they should be subject to criminalisation and made consistent with trafficking in tissues and cells. International agreement and coordinated efforts against trafficking in human tissues and cells are imperative in this field where transnational activity is frequent.

7. Recommendations

1. The principle of the prohibition of making financial gain with the human body or its parts should be the paramount consideration in relation to the donation of tissues and cells of human origin. All national legislations concerning the donation and human application of tissues and cells should conform to this principle.
2. The definition and interpretation of what constitute illicit activities, as well as the need for adequate sanctions against these practices, should be agreed at international level. In particular, international agreement should be reached on which illicit activities involving human tissue and cells are of such severity – because they imply the violation of fundamental principles and/or pose important threats to public health – that they should be criminalised.
3. Collaboration between international organisations, as well as national and international law enforcement agencies, such as Interpol and Europol, are indispensable where illicit practices are detected or suspected at an international level or where is the potential to have international consequences.
4. Cooperation among customs authorities, law enforcement agencies and Health Authorities should be strengthened, particularly during ongoing investigations. To coordinate the identification and management of suspected cases, clearly defined roles, training and education for all involved parties

- and adequate resources should be set in place.
5. Donors and recipients of tissues and cells, and the general public, should be informed of donors' rights and the legal context of donating, processing and distributing human materials for medical and research purposes, including (acceptable) commercial involvement.
 6. Healthcare professionals should continue to promote standards for ethical practices in the field of tissues and cells. Professional societies should have a leading role in the development and dissemination of such professional codes of ethics.
 7. It is essential to start collecting reliable data on illicit activities involving human tissues and cells. There is limited knowledge of the scale of the problem since little and fragmentary information about the number of trafficked tissues and cells and victims of illicit practices is available from official sources. This hinders both the quantification of illicit practices and also their qualitative description. The data should be disaggregated by sex in order to assess whether and to what extent the processes disproportionately affect women and girls. States should make efforts in terms of data collection in relation to illicit practices and commission an international body to systematically monitor and report international data and exchange good practices for the prevention and prosecution of such activities.

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Annex 1. Questionnaire to compile information on experience of illegal and fraudulent activities with tissues and cells.

1.	Please provide the number of suspected IFA cases related to tissues and cells your CA/MS has been involved in the last 5 years	
2.	What, in your opinion, are the strengths and weaknesses of the IFA management system in your MS? Please summarise. strengths: weaknesses:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you have any experience in dealing with misleading advertising in the use of tissues and cells (i.e. unsubstantiated claims)? If Yes, please summarise	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you have procedures to communicate suspected IFA cases to other agencies/the public? If Yes, please summarise	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you had any experience with a "virtual" tissue establishment that is involved in import/export? If Yes, please summarise	<input type="checkbox"/> Yes <input type="checkbox"/> No

Annex 2. Examples of cases related to consent matters.

Case	Year	Reason for case	Decision/settlement
Beleno v. Tex. Dept. of State Health Servs., No. SA-09-CA-188-FB, United States District Court for the Western District of Texas	2009	Parents sued state for use of leftover blood samples that were collected for new-born blood screening and were used in research for which parents had not given consent.	Case settled out of court. State destroyed all existing leftover specimens.
Adams v. King County, 192 P. 3d 891 (Wa. 2008)	2008	Organ donor's organs were sent to medical research institute for research. Family sued, contending that donor's consent was limited to transplantation.	Court held that family had a claim based on their interest in proper treatment of body; not a property interest.
Washington University v. Catalona, 490 F 3d 667 (8th Cir. 2007)	2007	Washington University refused to relinquish custody of tissue obtained for research purposes when one of the investigators (and some of the donors) requested that the samples be transferred to another institution.	Court held that donors made a gift of their samples and did not retain a right to direct that they be transferred elsewhere.
Havasupai Tribe v. Arizona State University, Case No. CV2005013190, Superior Court of Arizona, Maricopa County	2004	Native American tribe filed lawsuit claiming samples given to local universities for diabetes research were used for studies on inbreeding, schizophrenia, metabolic diseases, alcoholism and population migration.	Case settled out of court. The University of Arizona's Board of Regents to pay \$700,000 to the tribe members, provide other forms of assistance to the impoverished Havasupai and return the blood samples.
Greenberg v. Miami Children's Hospital Research Institute, 264 F. Suppl. 2d, 1064 (SD Fl. 2003)	2003	Plaintiffs donated samples for research which led to development of new diagnostic test. Plaintiffs sued after learning that research institution was licensing the test.	Patients have no property right in tissue voluntarily donated for medical research.
Application n° 61243/08 by Dzintra ELBERTE v Latvia	2001	After the autopsy had taken place, it emerged that tissue had been removed from the body prior to the funeral without his wife knowledge or consent. More cases were discovered later.	Although relatives of the deceased accused the forensic institutes of falsifying consent forms and/or obtaining more tissue than originally agreed upon, the police investigation could not substantiate IFA according to Ukrainian law
Mansaw v. Midwest Organ Bank, 1998 U.S. Dist. LEXUS 10307 (W.D. Mo. 1998)	1998	Father sued for rights to control the removal of tissue and organs from his deceased son's body.	Court acknowledged father's property interest, but held that it was minimal.

Annex 2. Examples of cases related to consent matters. (cont.)

Case	Year	Reason for case	Decision/settlement
Moore v. Regents of University of California, 793 P.2d 479 (Cal. 1990)	1990	Patient's cells were used for research without his knowledge or consent. Patient sued after learning that research institution had developed cell line and realised economic benefit.	Court held that patient did not have property right in excised tissue, but could pursue a breach of fiduciary duty claim.
York v. Jones, 717 F. Suppl. 421 (E.D. Va. 1989)	1989	Couple signed agreement regarding procedures for freezing their fertilised eggs, and permitting use for research if they no longer desired to initiate a pregnancy. Later the couple sought to have the prezygote transferred to another medical school for implantation.	Court ruled that the relationship was that of bailee/bailor and the couple did have property rights and could repossess the prezygote.

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

Signatures

Armenia	24/01/2018
Austria	25/03/2015
Belgium	25/03/2015
Costa Rica*	16/04/2018
Greece.....	25/03/2015
Ireland.....	08/10/2015
Italy	25/03/2015
Luxembourg.....	25/03/2015
Russian Federation	24/09/2015
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Switzerland	10/11/2016
Turkey.....	25/03/2015
Ukraine	11/09/2017
United Kingdom	25/03/2015

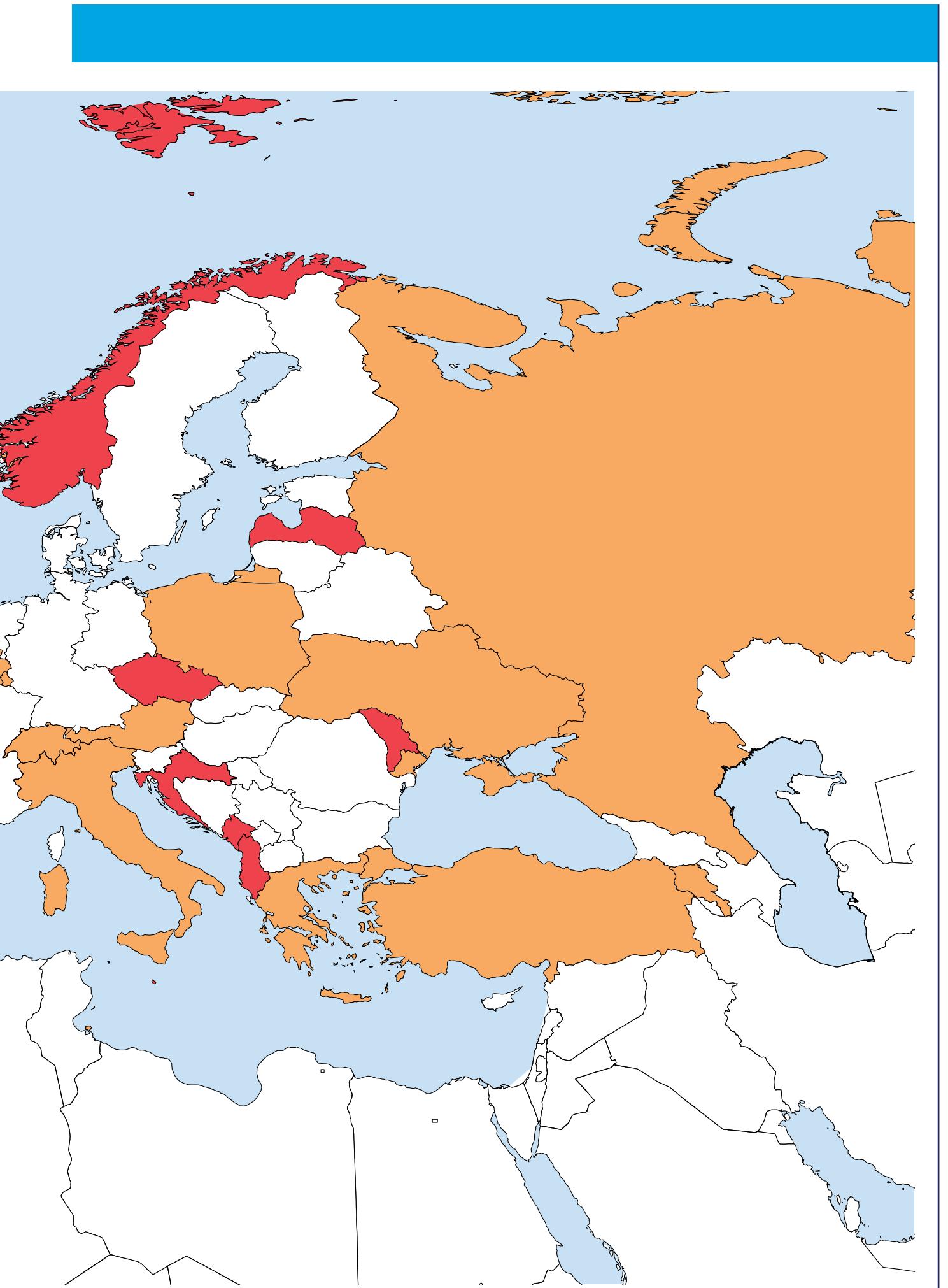
Ratifications

Albania	06/06/2016
Croatia	16/05/2019
Czech Republic.....	21/09/2017
Latvia.....	09/07/2019
Malta	07/11/2017
Montenegro	05/02/2019
Norway	12/09/2017
Portugal	08/11/2018
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