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2014

INTERNATIONAL FIGURES ON DONATION AND TRANSPLANTATION - 2013

NEWSLETTER TRANSPLANT

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ONT
edqm European Directorate for the Quality of Medicines & HealthCare
COUNCIL OF EUROPE
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INTERNATIONAL FIGURES ON ORGAN, TISSUE & HEMATOPOIETIC STEM CELL DONATION & TRANSPLANTATION ACTIVITIES. DOCUMENTS PRODUCED BY THE COUNCIL OF EUROPE EUROPEAN COMMITTEE (PARTIAL AGREEMENT) ON ORGAN TRANSPLANTATION (CD-P-TO). YEAR 2013

Editor: Rafael Matesanz

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Rafael Matesanz
Beatriz Mahillo
Marina Alvarez
Mar Carmona

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Edición: GRUPO AULA MÉDICA, S.L. Isabel Collbrand, 10-12. Oficina 140. Planta 5ª - 28050 Madrid
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NEWSLETTER
TRANSPLANT 2014

CONTENTS

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.

Multiorgan donor
A multiorgan donor is an actual donor from whom at least two different types of organs have been recovered for the purpose of transplantation.

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 three possible relationships with the recipient:

A/ Related:
A1/ Genetically Related:
1st Degree Genetic Relative: Parent, Sibling, Offspring
2nd Degree genetic relative, e.g. grandparent, grandchild, aunt, uncle, niece, nephew,
Other than 1st or 2nd degree genetically related, for example cousin
A2/ Emotionally Related: Spouse (if not genetically related); in-laws; Adopted; Friend
B/ Unrelated = Non Related: Not Genetically or Emotionally Related

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
For more than one organ transplanted into the same recipient: kidney-liver-heart TX. = counted as one recipient.

Absolute number
Include all figures corresponding to all donors/ patients adults and children.

Paediatric
Includes only paediatric activity (patients aged < 15 years).

Waiting List
Example: At 1/1/2011 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 2011	100
Total number of patients ever active on the WL during 2011	300
Patients awaiting for a transplant (only active candidates) on 31/12/2011	50
Patients who died while on the WL during 2011	25

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

International Figures On Organ Donation And Transplantation Activity. Year 2013

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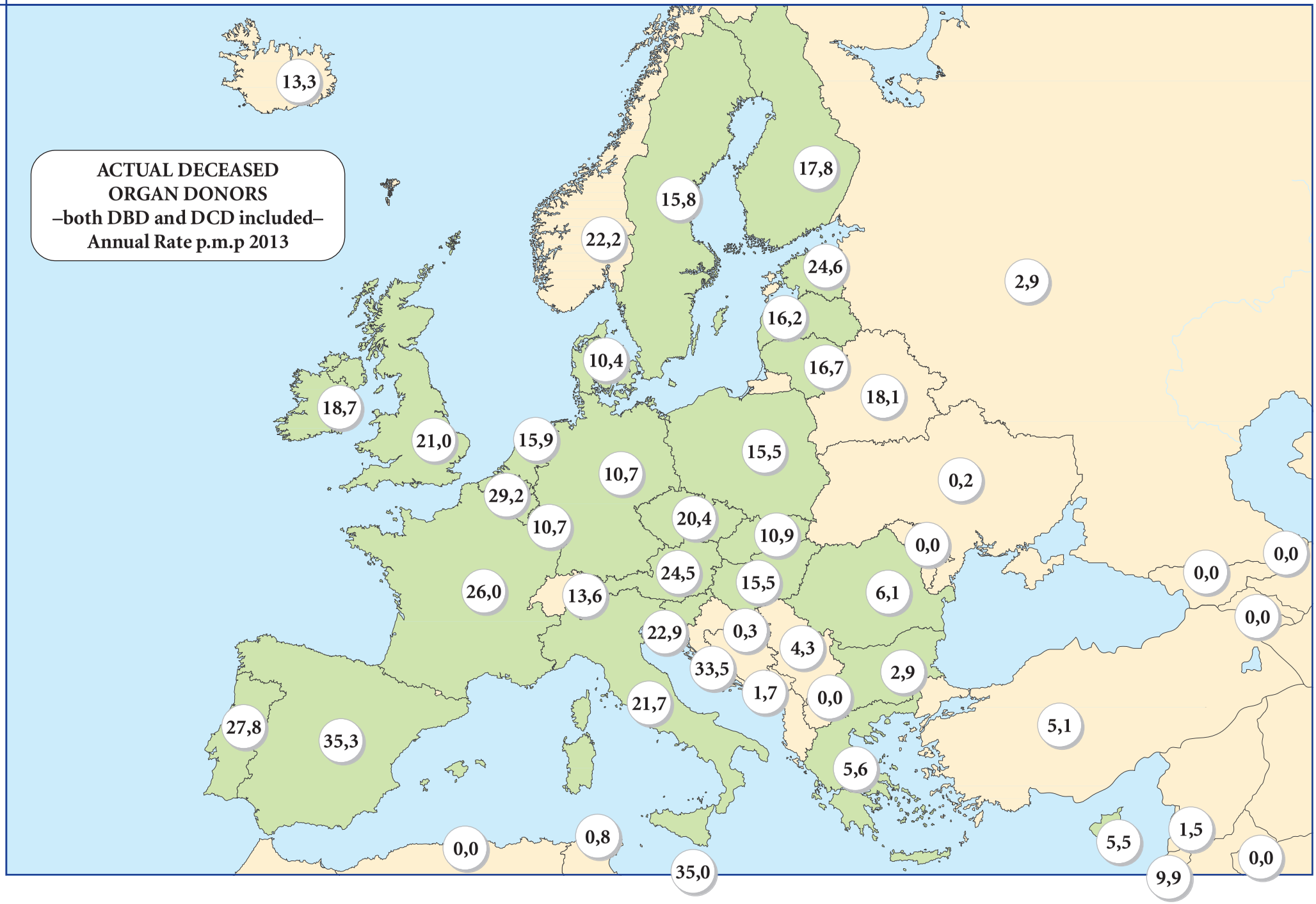
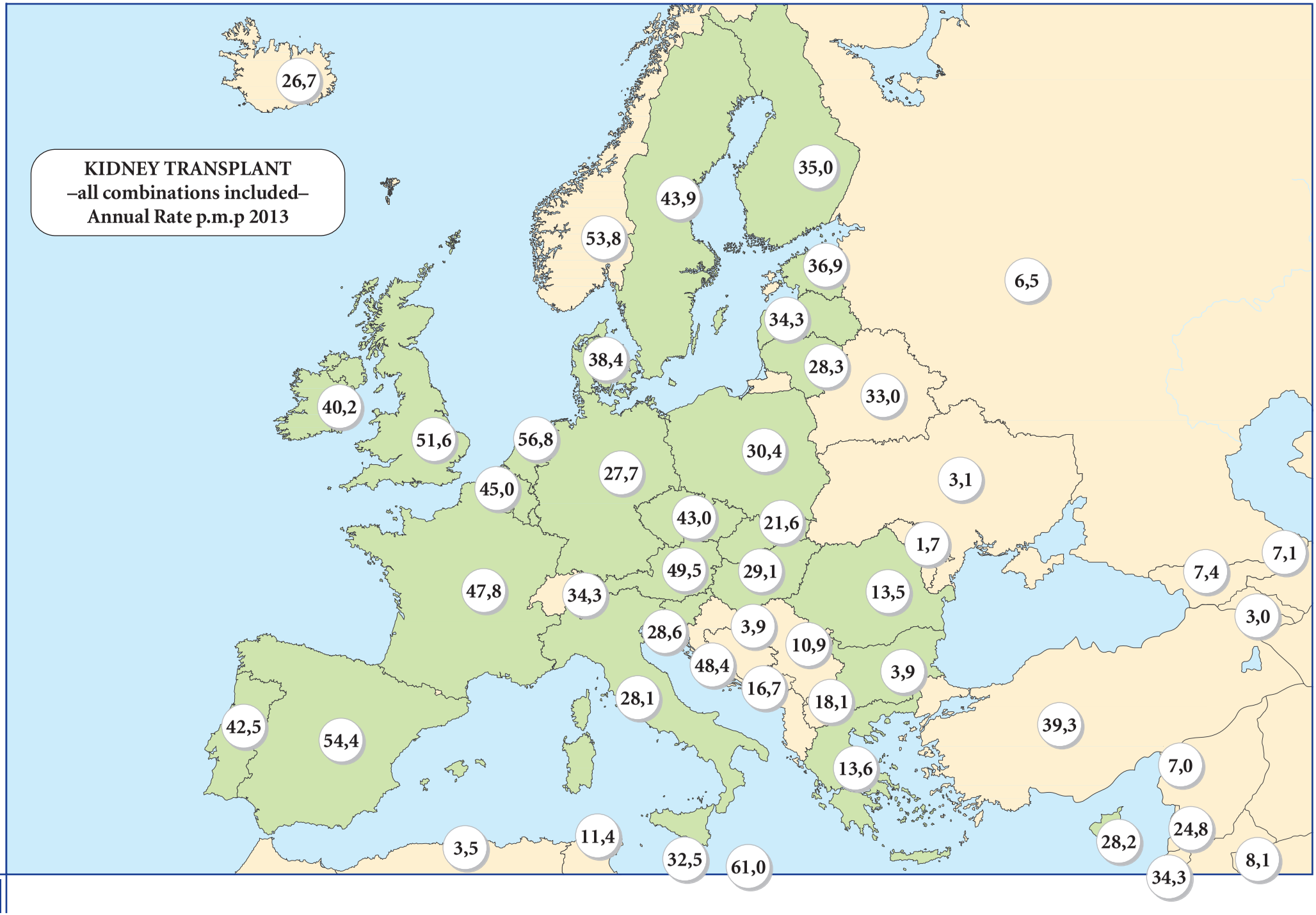
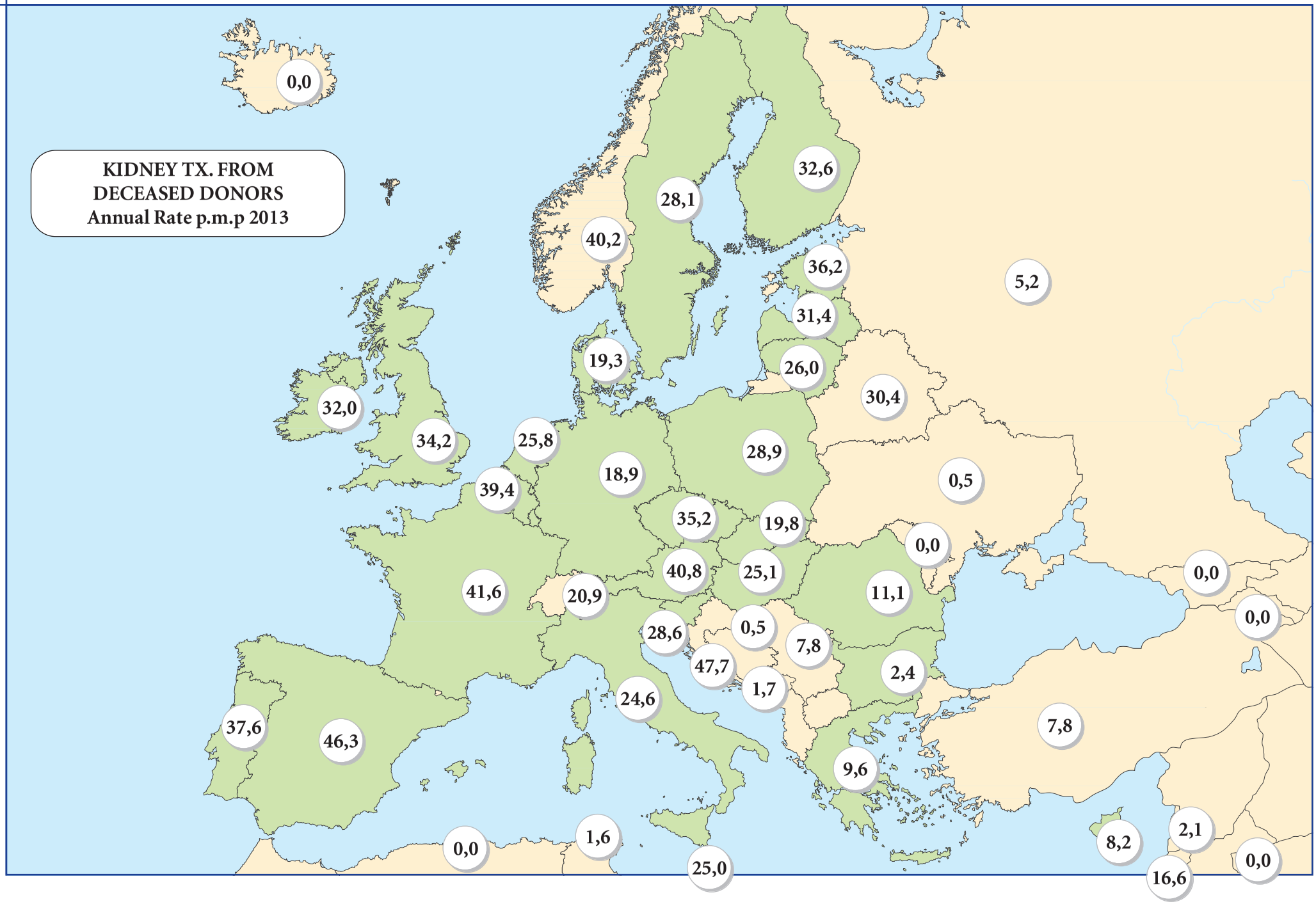
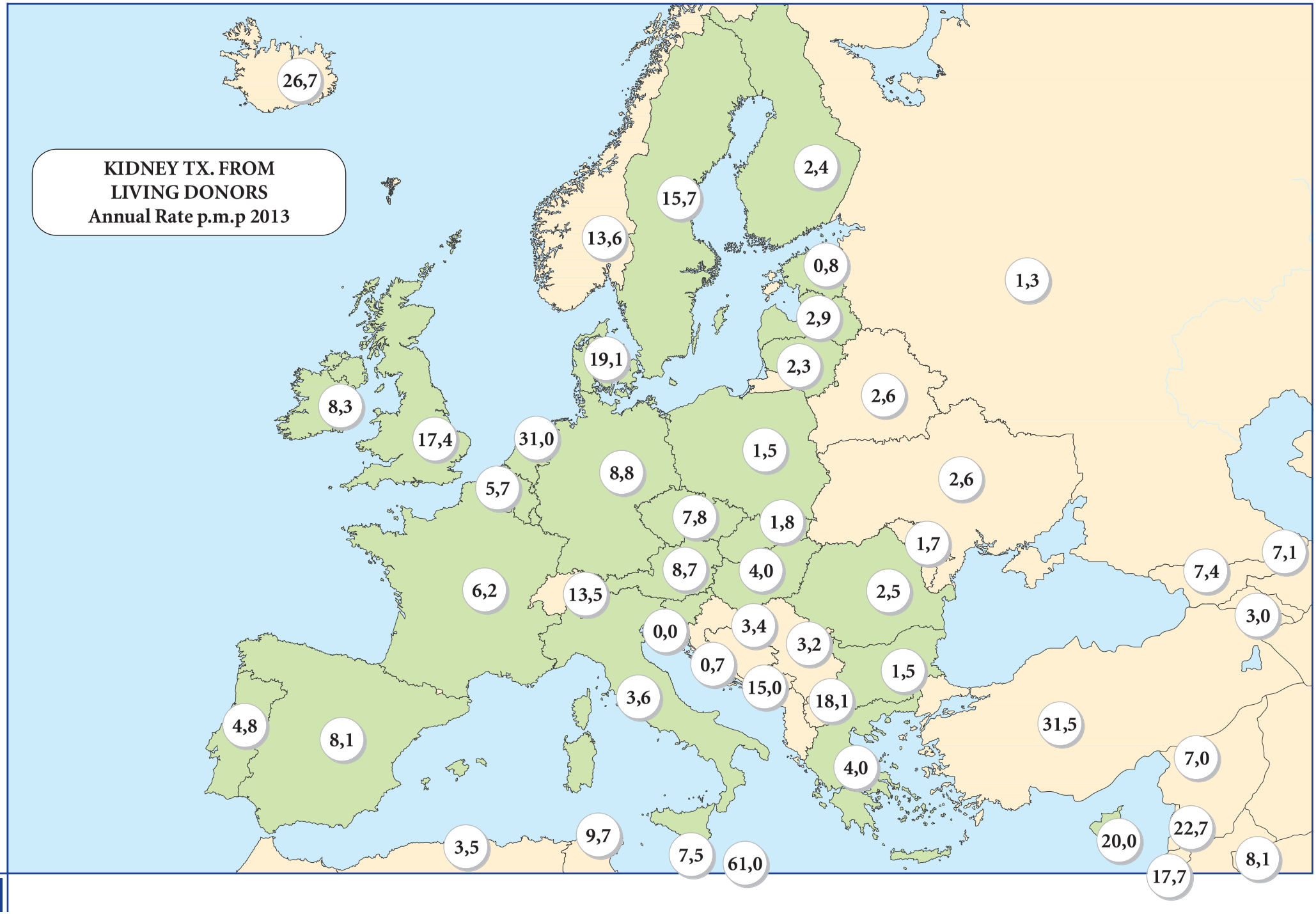
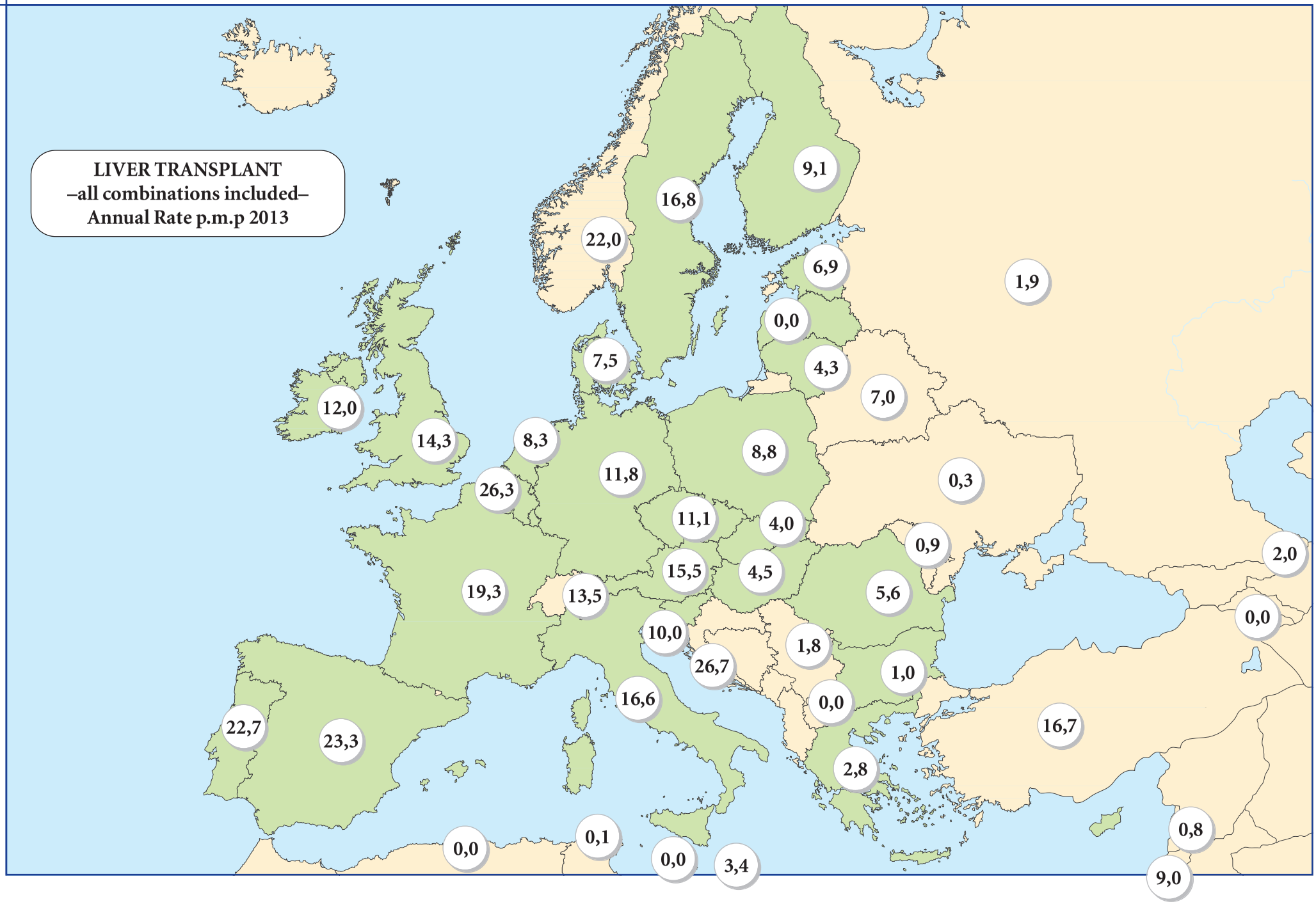
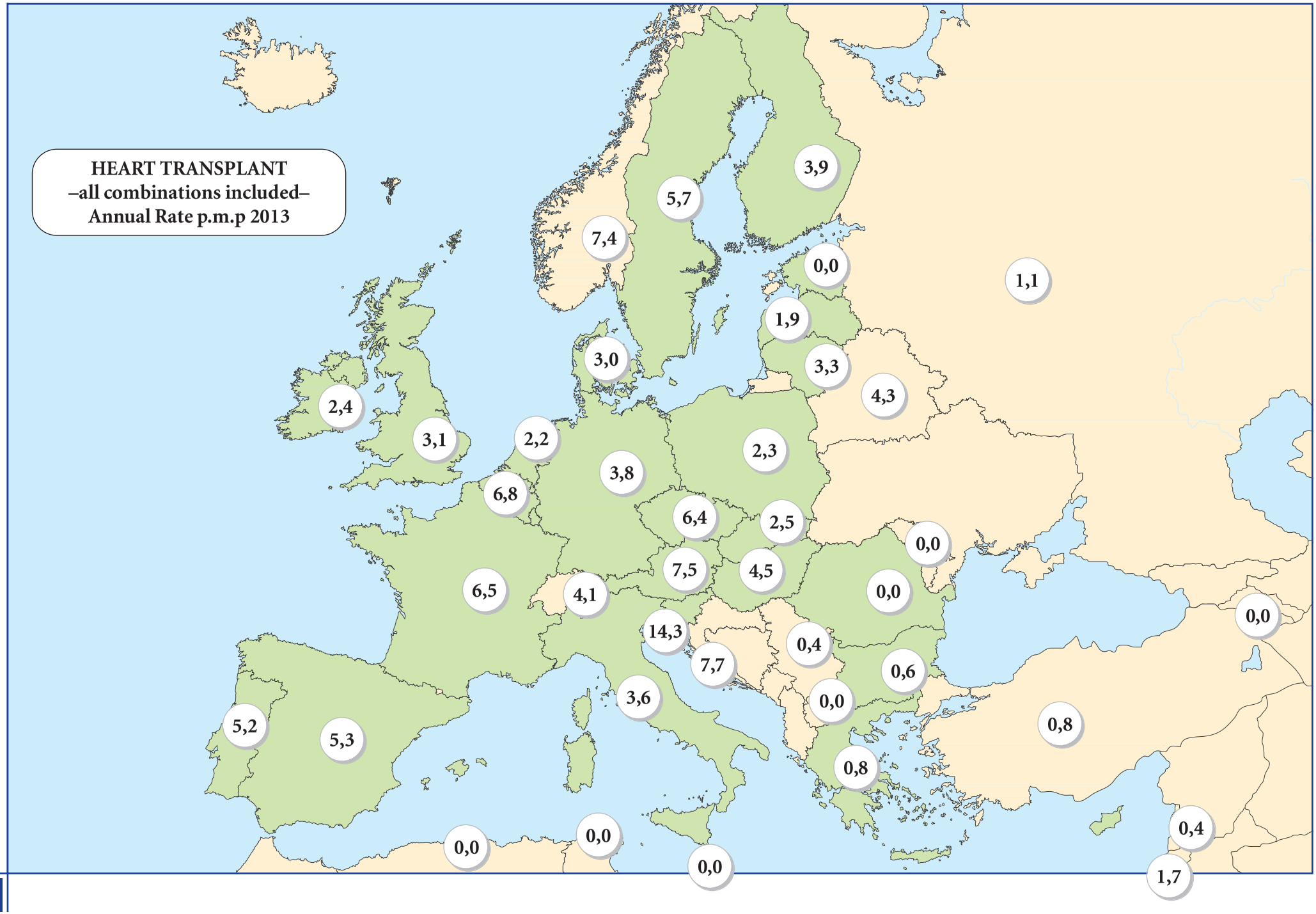

ACTUAL DECEASED
ORGAN DONORS
–both DBD and DCD included–
Annual Rate p.m.p 2013
13,3
17,8
15,8
22,2
24,6
2,9
16,2
10,4
16,7
18,1
18,7
21,0
15,9
15,5
10,7
0,2
29,2
20,4
10,7
10,9
0,0
0,0
0,0
24,5
15,5
26,0
13,6
6,1
0,0
22,9
0,3
4,3
33,5
2,9
1,7
0,0
21,7
5,1
27,8
35,3
5,6
5,5
1,5
0,0
9,9
0,0
0,8
35,0

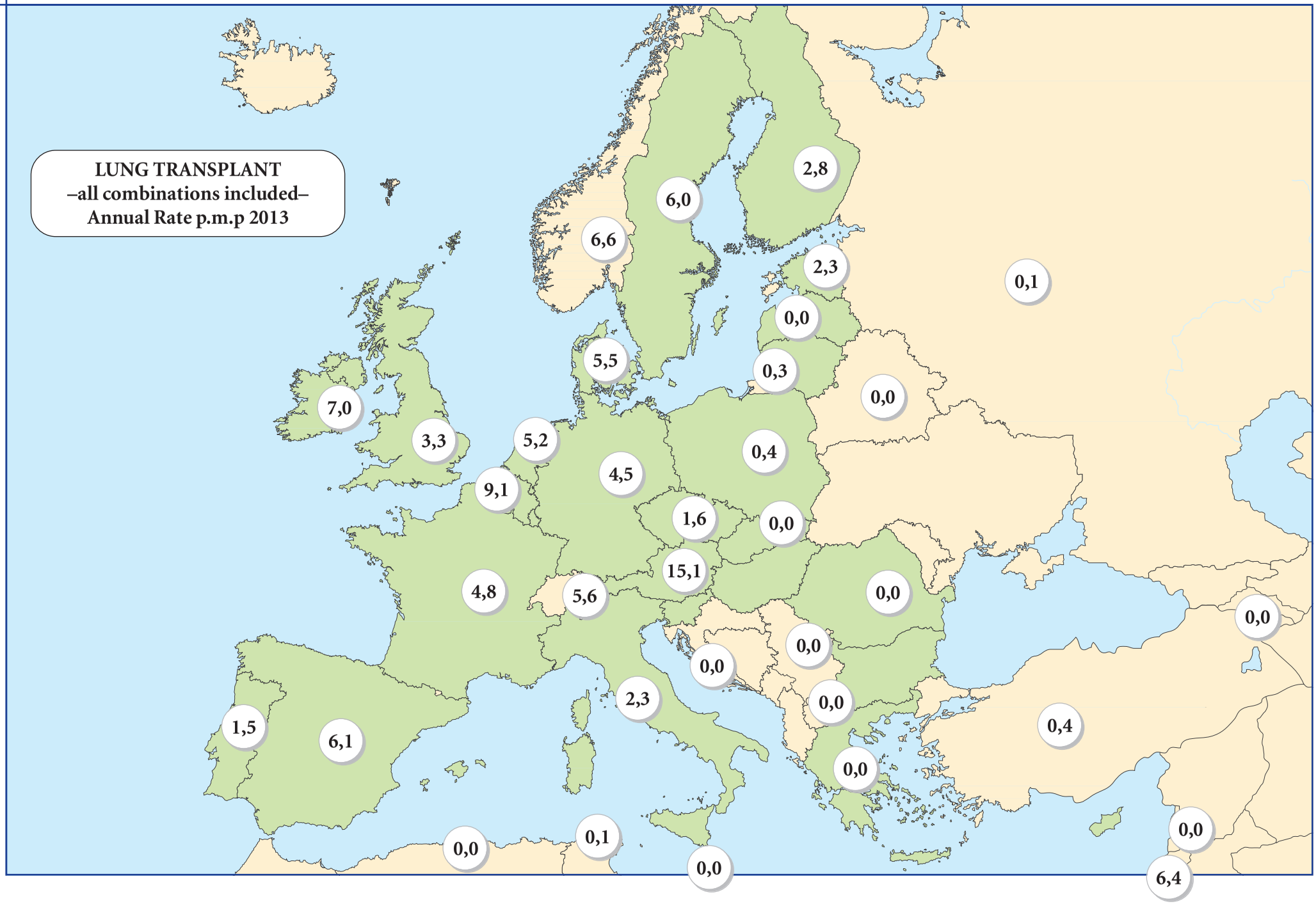

KIDNEY TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
26,7
35,0
43,9
53,8
36,9
6,5
34,3
38,4
28,3
33,0
40,2
51,6
56,8
30,4
27,7
3,1
45,0
43,0
21,6
1,7
7,1
49,5
29,1
7,4
47,8
34,3
13,5
3,0
28,6
3,9
10,9
48,4
3,9
16,7
18,1
28,1
42,5
54,4
39,3
13,6
7,0
24,8
28,2
3,5
11,4
32,5
61,0
34,3
8,1


KIDNEY TX. FROM
DECEASED DONORS
Annual Rate p.m.p 2013
0,0
32,6
28,1
40,2
36,2
5,2
31,4
19,3
26,0
30,4
32,0
34,2
25,8
28,9
18,9
0,5
39,4
35,2
19,8
0,0
40,8
25,1
0,0
41,6
20,9
11,1
0,0
28,6
0,5
7,8
47,7
2,4
1,7
24,6
37,6
46,3
7,8
9,6
0,0
1,6
25,0
8,2
2,1
16,6
0,0


KIDNEY TX. FROM
LIVING DONORS
Annual Rate p.m.p 2013
26,7
15,7
2,4
13,6
0,8
1,3
2,9
19,1
2,3
2,6
8,3
17,4
31,0
1,5
8,8
2,6
5,7
7,8
1,8
1,7
7,1
8,7
4,0
7,4
6,2
13,5
2,5
3,0
3,4
0,0
3,2
0,7
1,5
15,0
3,6
18,1
4,8
8,1
31,5
4,0
7,0
9,7
3,5
7,5
61,0
20,0
22,7
8,1
17,7


LIVER TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
9,1
16,8
22,0
6,9
1,9
0,0
7,5
4,3
7,0
12,0
14,3
8,3
8,8
11,8
0,3
26,3
11,1
4,0
0,9
2,0
15,5
4,5
19,3
13,5
5,6
0,0
10,0
1,8
26,7
1,0
16,6
0,0
16,7
22,7
23,3
2,8
0,8
0,0
0,1
0,0
3,4
9,0


HEART TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
3,9
5,7
7,4
0,0
1,1
1,9
3,0
3,3
4,3
2,4
3,1
2,2
2,3
3,8
6,8
6,4
2,5
0,0
7,5
4,5
6,5
4,1
0,0
0,0
14,3
0,4
7,7
0,6
3,6
0,0
0,8
5,2
5,3
0,8
0,4
0,0
0,0
0,0
1,7


LUNG TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
2,8
6,0
6,6
2,3
0,1
0,0
5,5
0,3
0,0
7,0
3,3
5,2
0,4
4,5
9,1
1,6
0,0
15,1
4,8
5,6
0,0
0,0
0,0
0,0
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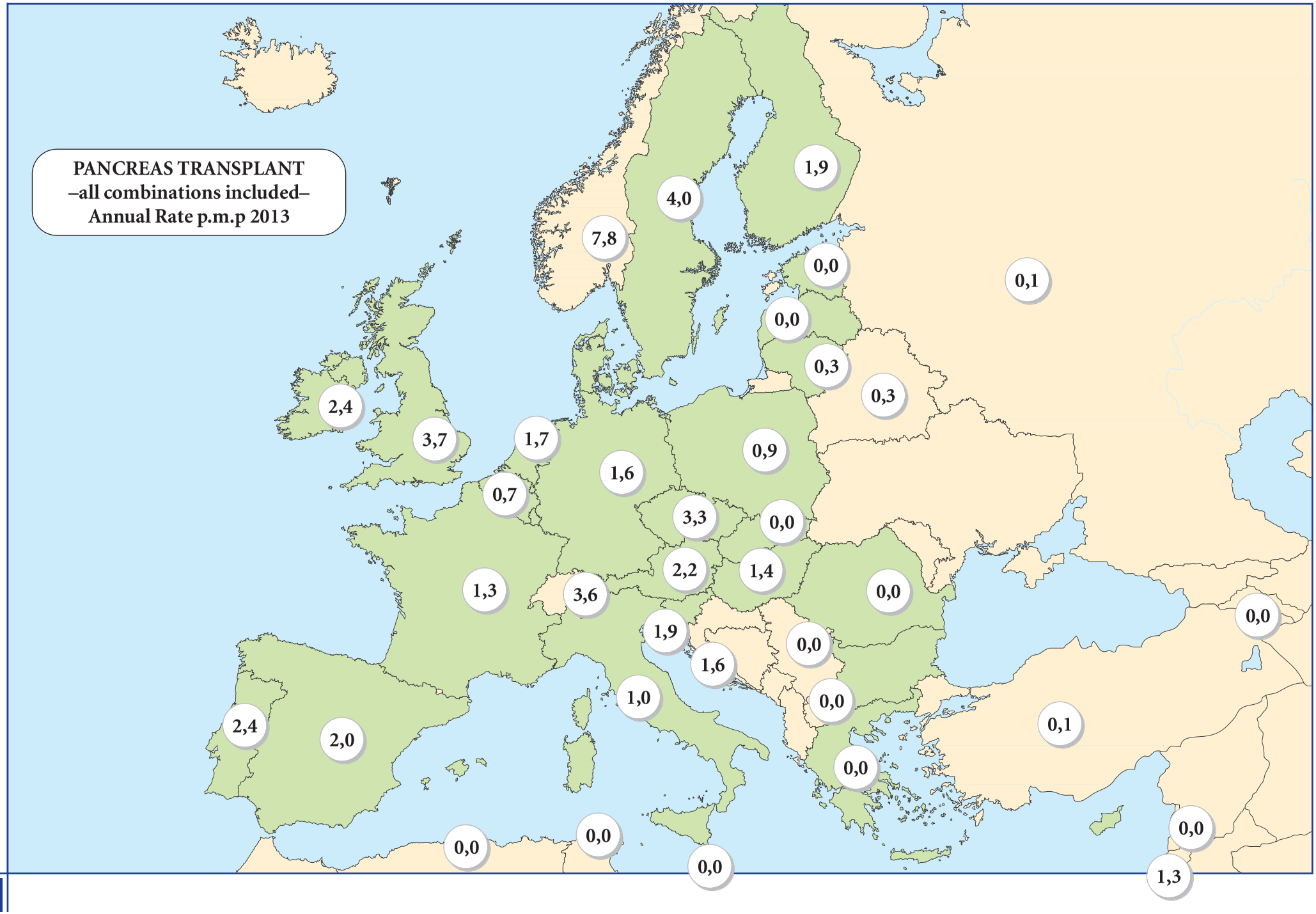
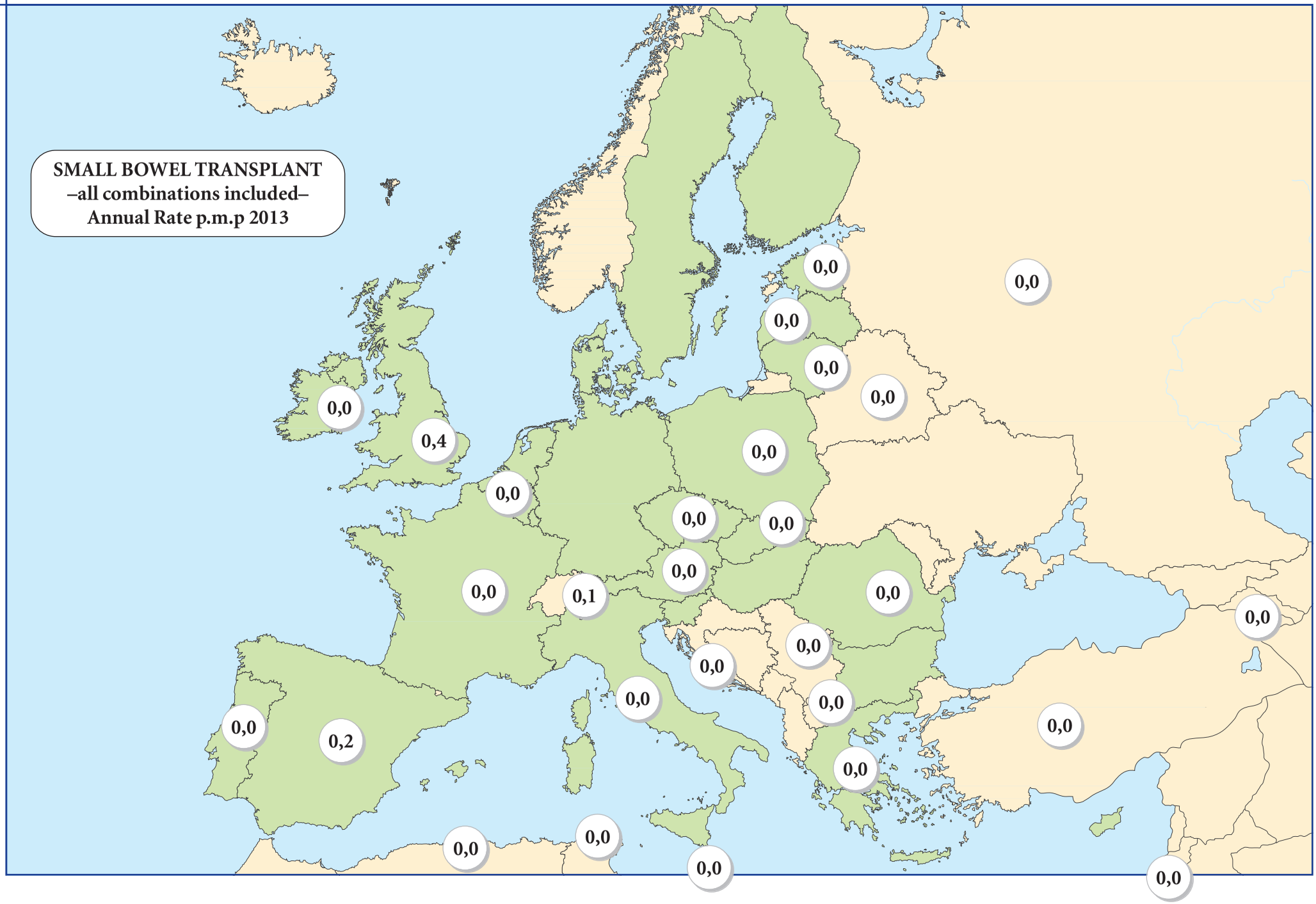
0,0
0,0
0,1
0,0
0,0
6,4


PANCREAS TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
1,9
4,0
7,8
0,0
0,1
0,0
0,3
0,3
2,4
3,7
1,7
0,9
1,6
0,7
3,3
0,0
2,2
1,4
1,3
3,6
0,0
1,9
0,0
1,6
0,0
1,0
0,0
2,4
2,0
0,1
0,0
0,0
0,0
0,0
1,3


SMALL BOWEL TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
0,0
0,0
0,0
0,0
0,0
0,0
0,4
0,0
0,0
0,0
0,0
0,0
0,1
0,0
0,0
0,0
0,0
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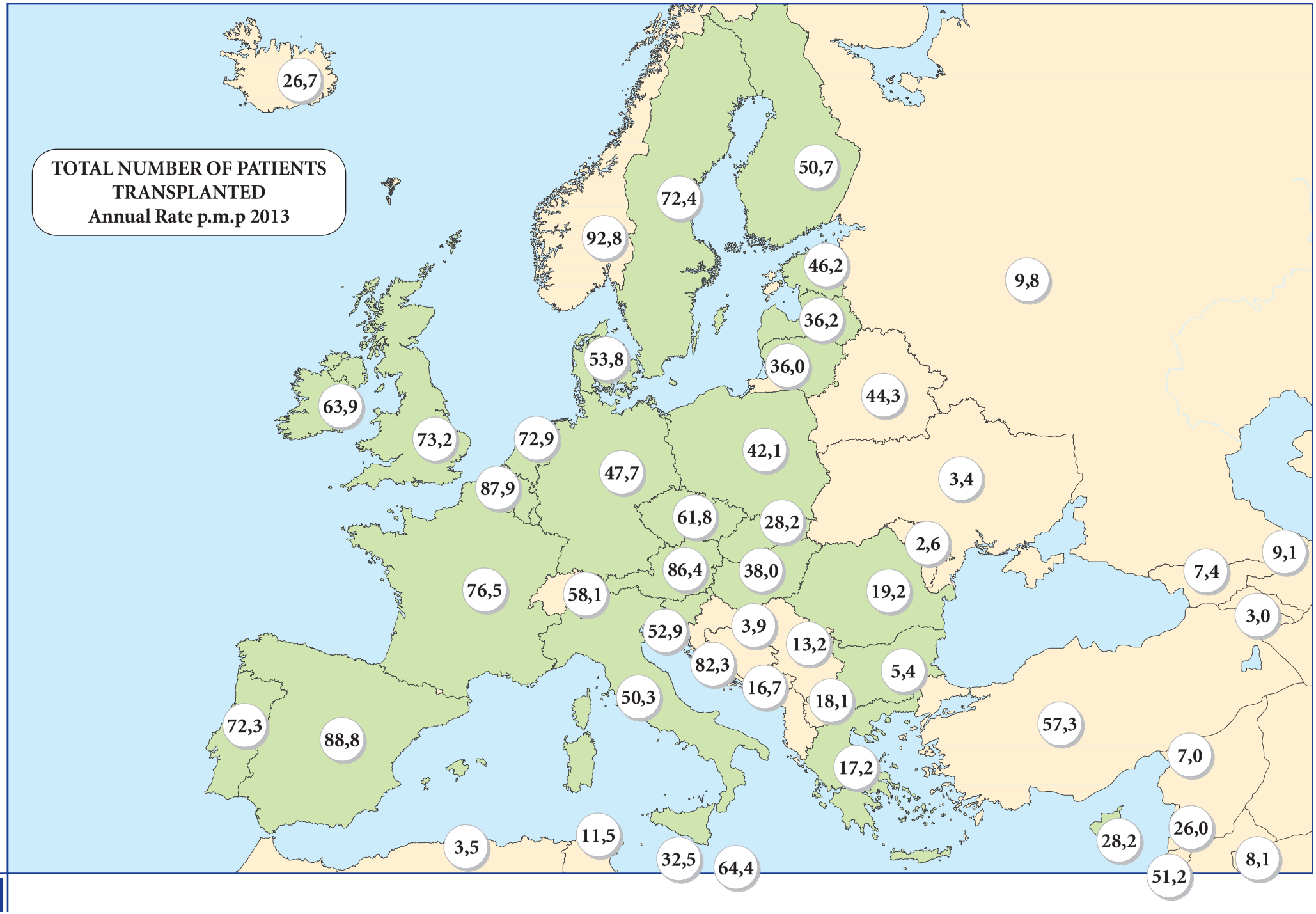
0,0

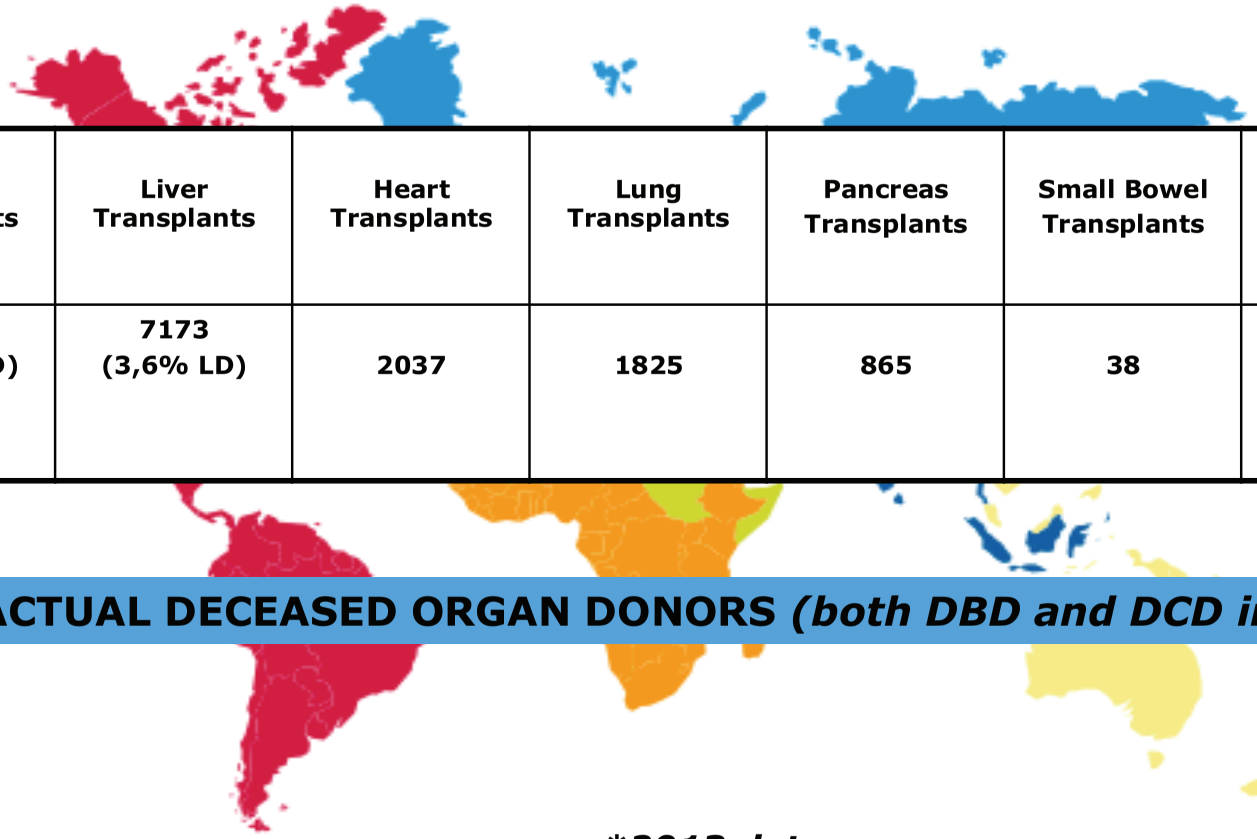

TOTAL NUMBER OF PATIENTS
TRANSPLANTED
Annual Rate p.m.p 2013
26,7
50,7
72,4
92,8
46,2
9,8
36,2
53,8
36,0
44,3
63,9
73,2
72,9
42,1
47,7
3,4
87,9
61,8
28,2
2,6
9,1
86,4
38,0
7,4
76,5
58,1
19,2
3,0
52,9
3,9
13,2
82,3
5,4
16,7
18,1
50,3
72,3
88,8
57,3
7,0
17,2
26,0
28,2
11,5
3,5
32,5
64,4
8,1
51,2

GODT Global Observatory on Donation & Transplantation

In collaboration with World Health Organization

EUROPEAN UNION DATA

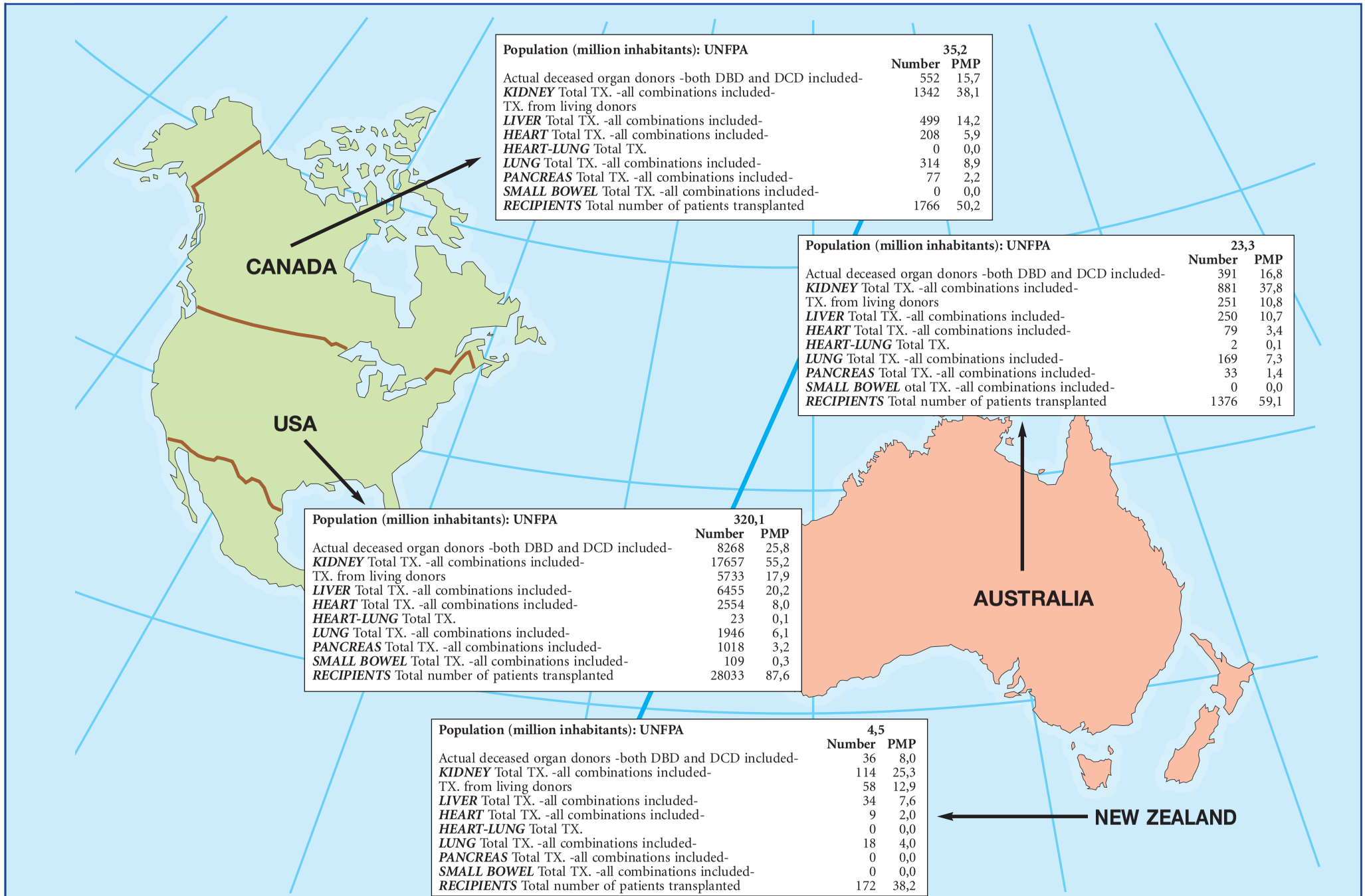
Kidney Transplants	Liver Transplants	Heart Transplants	Lung Transplants	Pancreas Transplants	Small Bowel Transplants	Patients Transplanted
19227 (21,8% LD)	7173 (3,6% LD)	2037	1825	865	38	31165



9912 ACTUAL DECEASED ORGAN DONORS *(both DBD and DCD included)*

***2013 data**

N= 28 COUNTRIES (508,7 million inhabitants)

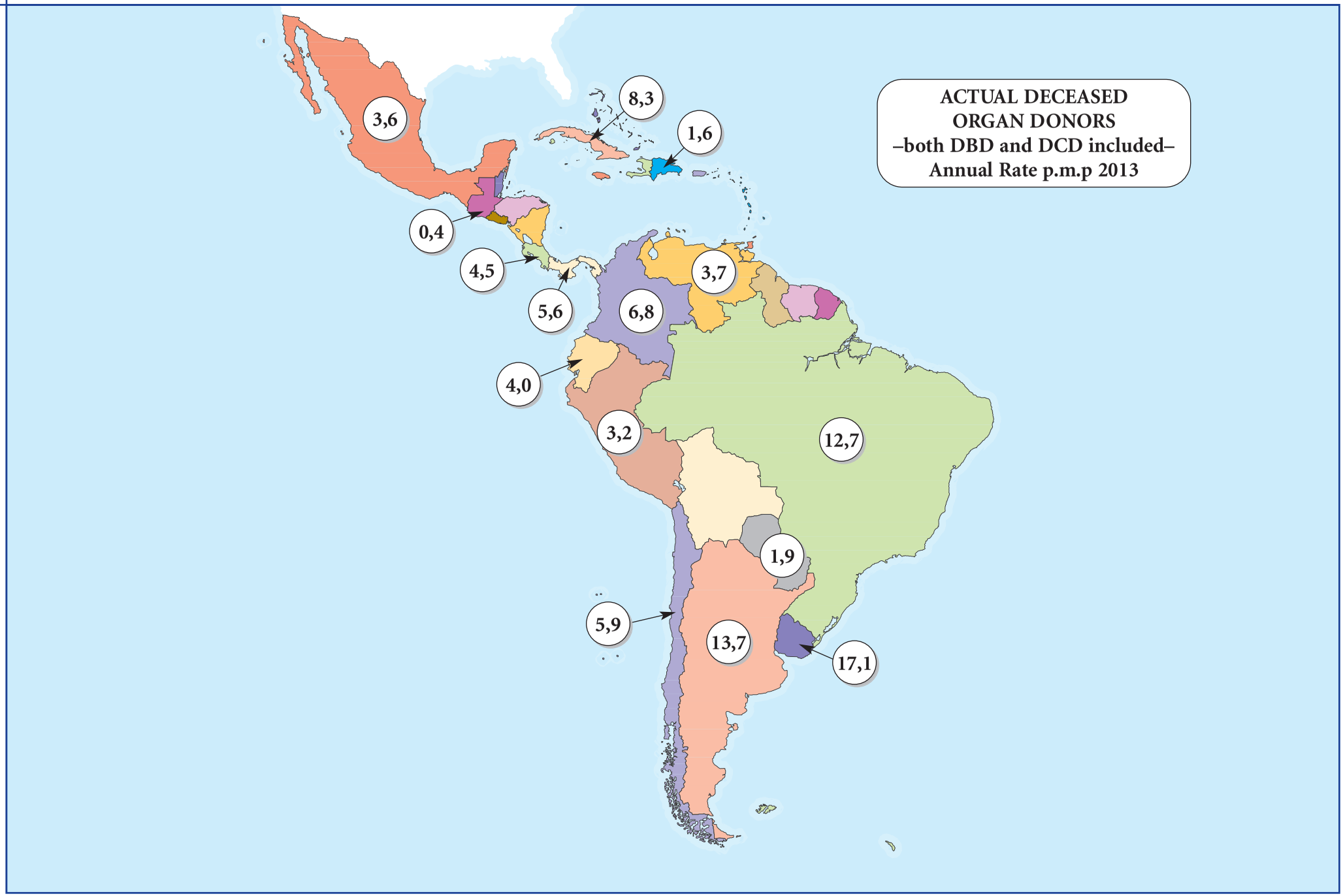


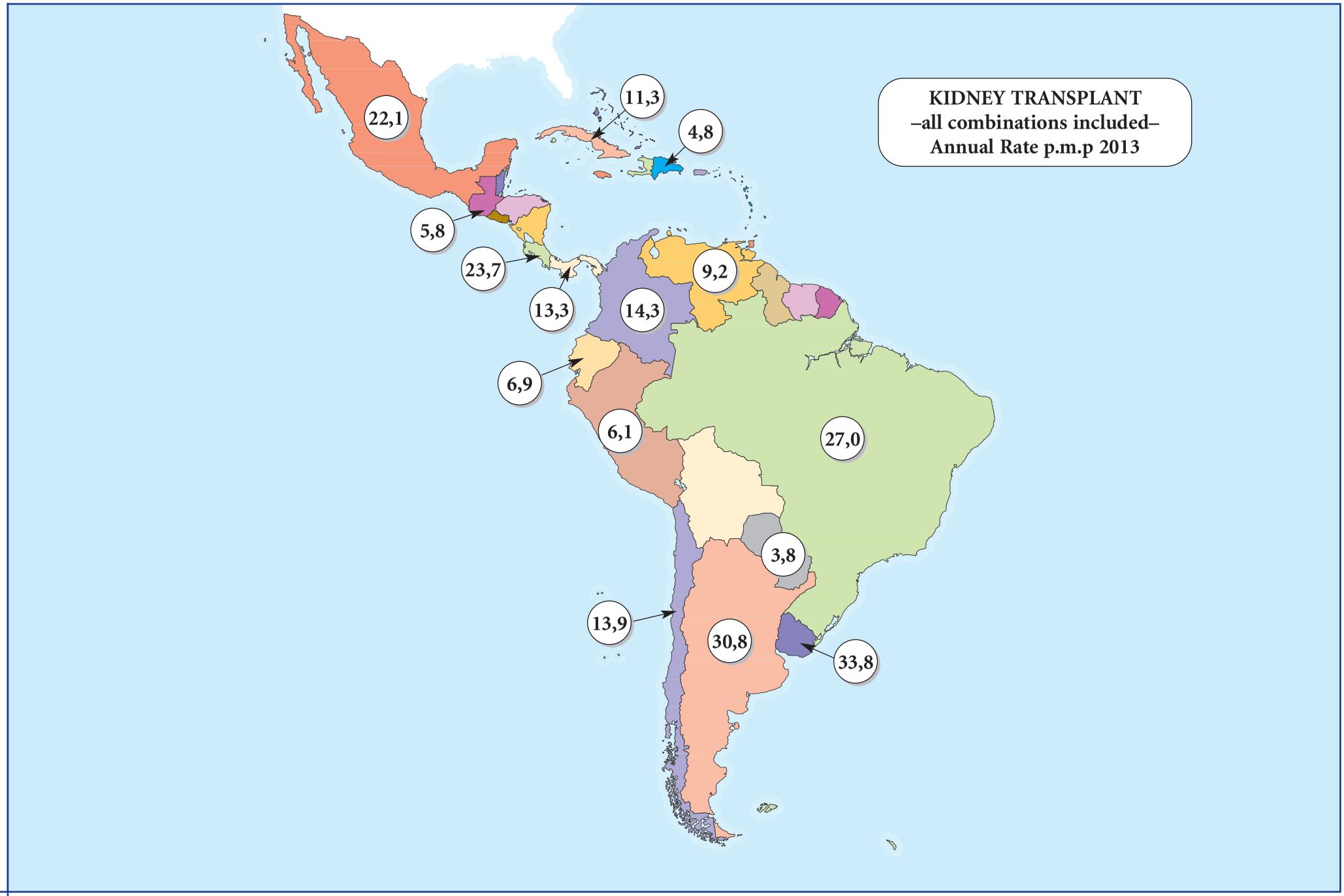
Population (million inhabitants): UNFPA	35,2	
	Number	PMP
Actual deceased organ donors -both DBD and DCD included-	552	15,7
KIDNEY Total TX. -all combinations included-	1342	38,1
TX. from living donors		
LIVER Total TX. -all combinations included-	499	14,2
HEART Total TX. -all combinations included-	208	5,9
HEART-LUNG Total TX.	0	0,0
LUNG Total TX. -all combinations included-	314	8,9
PANCREAS Total TX. -all combinations included-	77	2,2
SMALL BOWEL Total TX. -all combinations included-	0	0,0
RECIPIENTS Total number of patients transplanted	1766	50,2

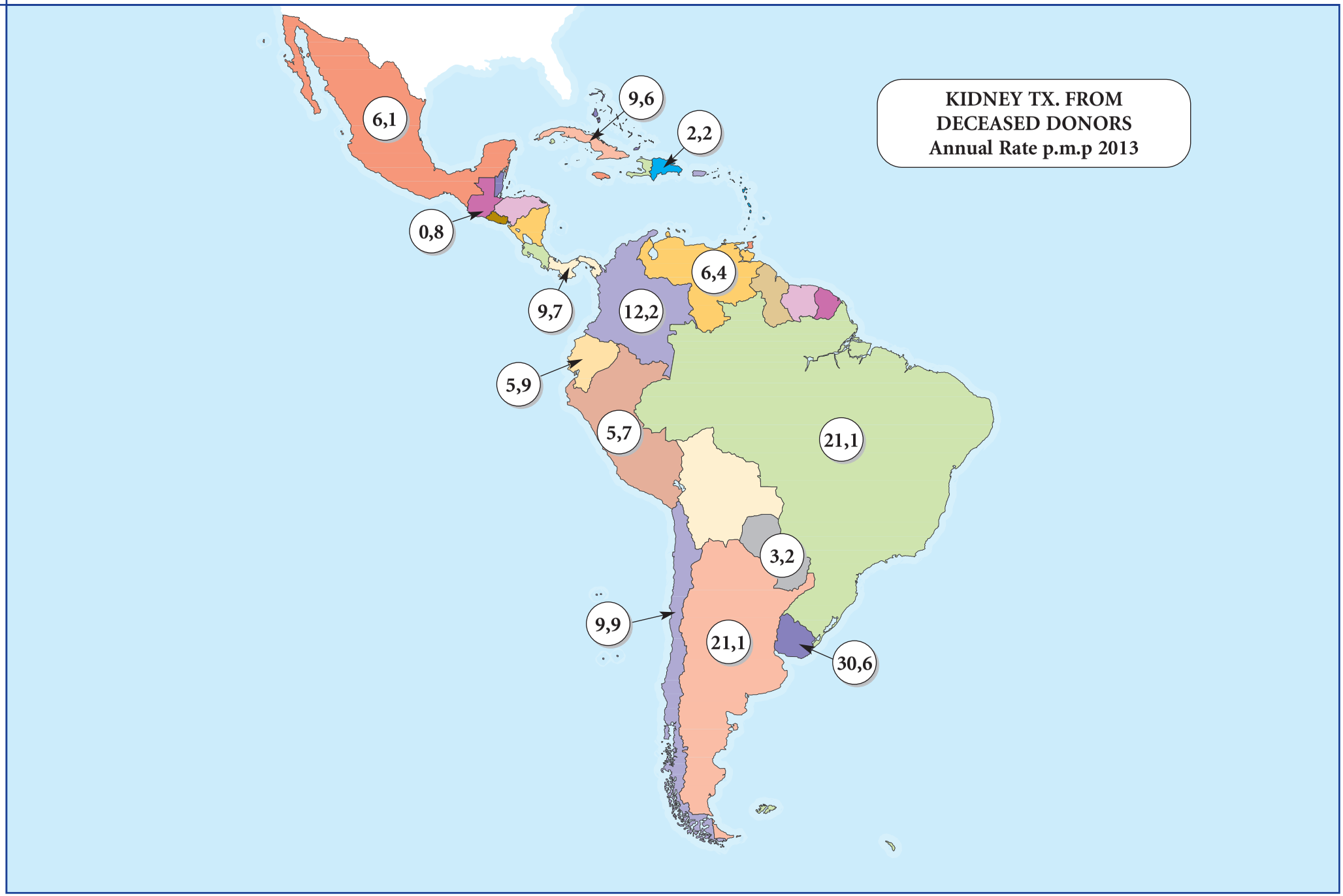
Population (million inhabitants): UNFPA	23,3	
	Number	PMP
Actual deceased organ donors -both DBD and DCD included-	391	16,8
KIDNEY Total TX. -all combinations included-	881	37,8
TX. from living donors	251	10,8
LIVER Total TX. -all combinations included-	250	10,7
HEART Total TX. -all combinations included-	79	3,4
HEART-LUNG Total TX.	2	0,1
LUNG Total TX. -all combinations included-	169	7,3
PANCREAS Total TX. -all combinations included-	33	1,4
SMALL BOWEL otal TX. -all combinations included-	0	0,0
RECIPIENTS Total number of patients transplanted	1376	59,1

Population (million inhabitants): UNFPA	320,1	
	Number	PMP
Actual deceased organ donors -both DBD and DCD included-	8268	25,8
KIDNEY Total TX. -all combinations included-	17657	55,2
TX. from living donors	5733	17,9
LIVER Total TX. -all combinations included-	6455	20,2
HEART Total TX. -all combinations included-	2554	8,0
HEART-LUNG Total TX.	23	0,1
LUNG Total TX. -all combinations included-	1946	6,1
PANCREAS Total TX. -all combinations included-	1018	3,2
SMALL BOWEL Total TX. -all combinations included-	109	0,3
RECIPIENTS Total number of patients transplanted	28033	87,6

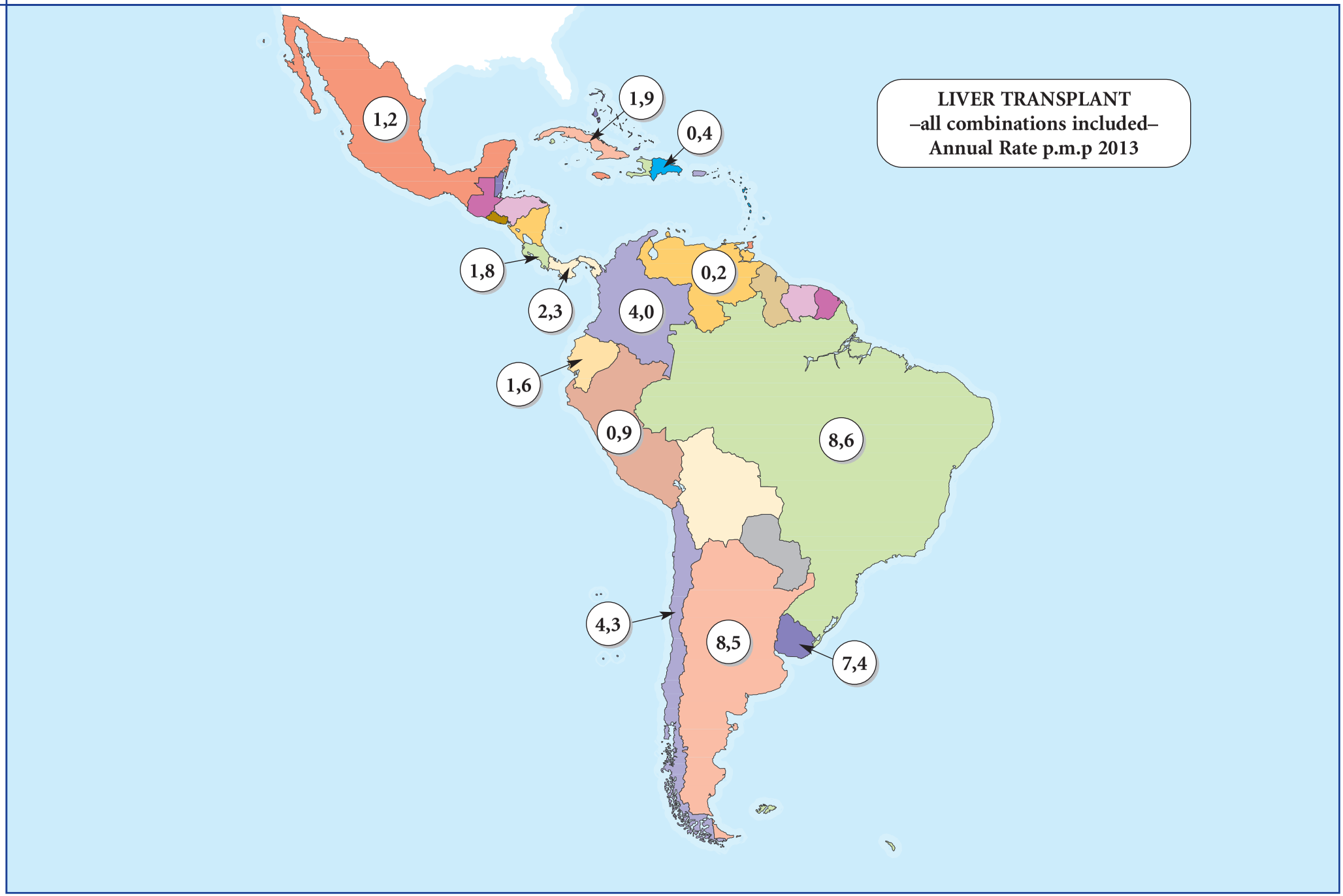
Population (million inhabitants): UNFPA	4,5	
	Number	PMP
Actual deceased organ donors -both DBD and DCD included-	36	8,0
KIDNEY Total TX. -all combinations included-	114	25,3
TX. from living donors	58	12,9
LIVER Total TX. -all combinations included-	34	7,6
HEART Total TX. -all combinations included-	9	2,0
HEART-LUNG Total TX.	0	0,0
LUNG Total TX. -all combinations included-	18	4,0
PANCREAS Total TX. -all combinations included-	0	0,0
SMALL BOWEL Total TX. -all combinations included-	0	0,0
RECIPIENTS Total number of patients transplanted	172	38,2


ACTUAL DECEASED
ORGAN DONORS
–both DBD and DCD included–
Annual Rate p.m.p 2013
3,6
8,3
1,6
0,4
4,5
5,6
6,8
3,7
4,0
3,2
12,7
1,9
5,9
13,7
17,1

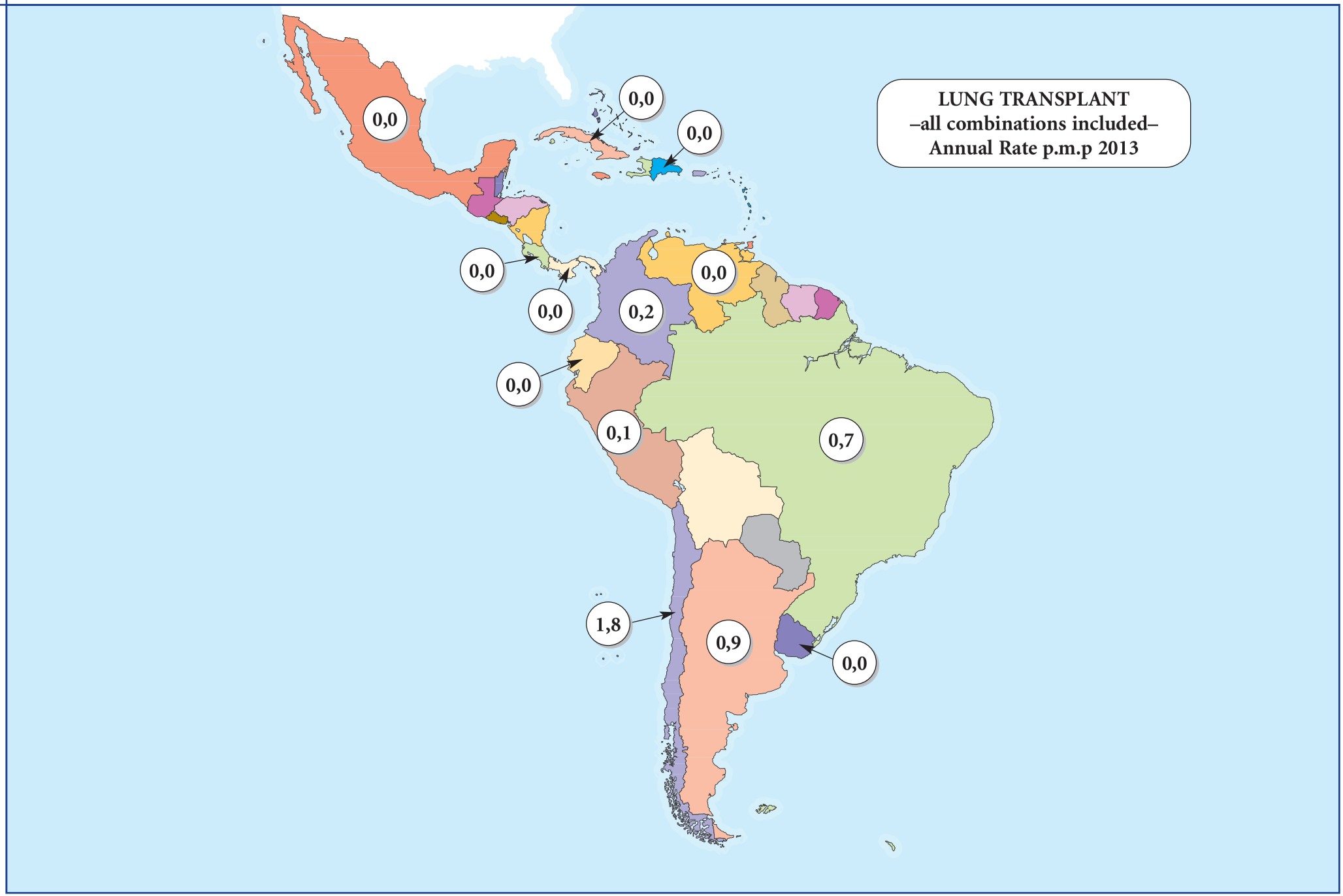

KIDNEY TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
22,1
11,3
4,8
5,8
23,7
13,3
14,3
9,2
6,9
6,1
27,0
3,8
13,9
30,8
33,8


KIDNEY TX. FROM
DECEASED DONORS
Annual Rate p.m.p 2013
6,1
9,6
2,2
0,8
6,4
9,7
12,2
5,9
5,7
21,1
3,2
9,9
21,1
30,6

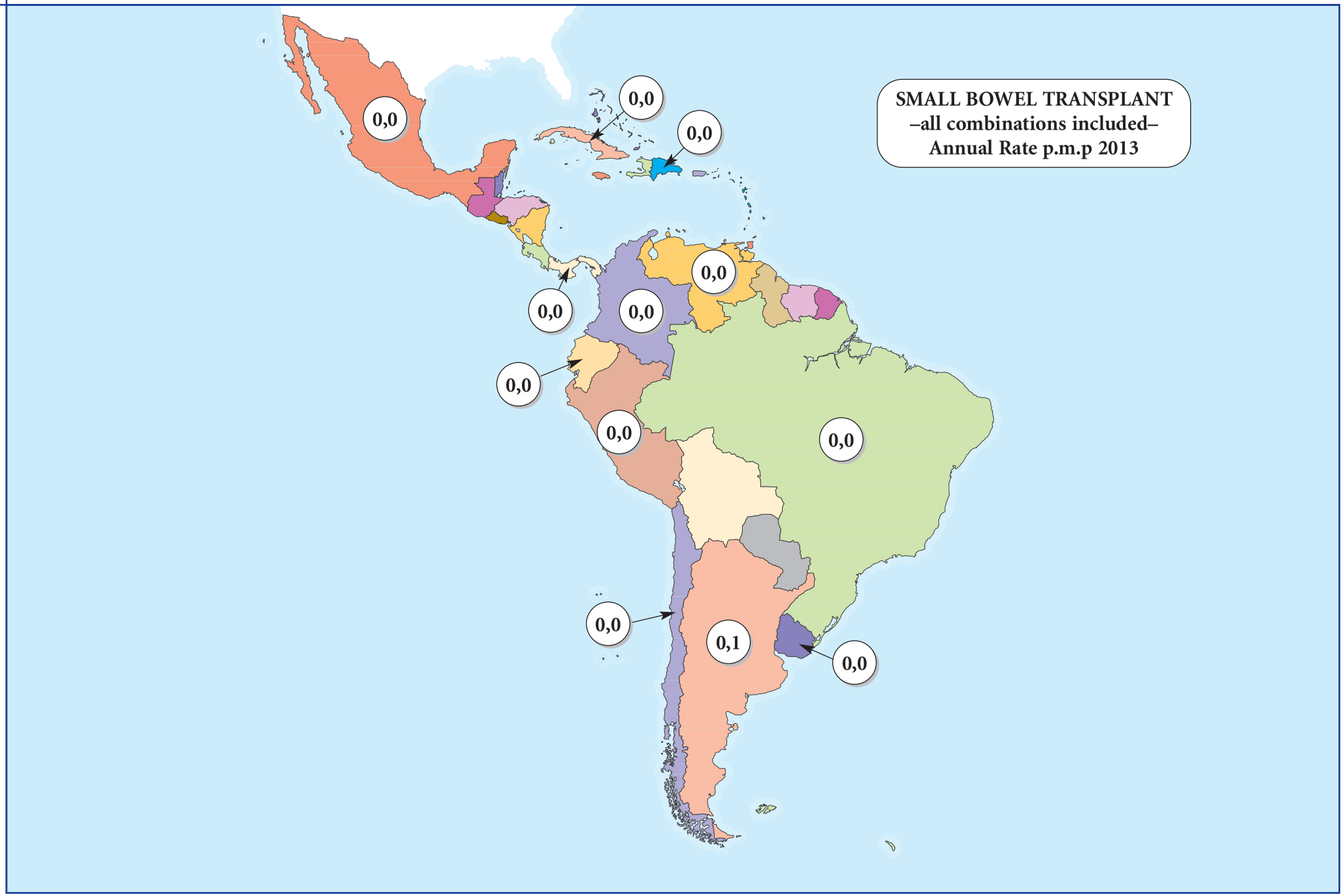

KIDNEY TX. FROM
LIVING DONORS
Annual Rate p.m.p 2013
16,0
1,8
2,6
5,0
2,8
3,6
2,2
1,4
0,4
5,9
0,6
3,9
9,7
3,2


LIVER TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
1,2
1,9
0,4
1,8
2,3
4,0
0,2
1,6
0,9
8,6
4,3
8,5
7,4


HEART TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
0,4
0,2
0,1
0,2
0,0
0,0
1,7
0,0
0,3
1,3
1,0
1,8
2,4
1,5


LUNG TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
0,0
0,0
0,0
0,0
0,0
0,0
0,2
0,0
0,1
0,7
1,8
0,9
0,0


PANCREAS TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
0,0
0,0
0,0
0,0
0,1
0,0
0,1
0,0
0,8
0,0
1,8
1,2


SMALL BOWEL TRANSPLANT
–all combinations included–
Annual Rate p.m.p 2013
0,0
0,0
0,0
0,0
0,0
0,0
0,0
0,0
0,0
0,0
0,1
0,0


TOTAL NUMBER OF PATIENTS
TRANSPLANTED
Annual Rate p.m.p 2013
48,5
13,5
5,3
5,8
25,7
15,6
19,9
9,5
8,5
7,4
37,8
4,9
21,4
42,7
42,6

GODT Global Observatory on Donation & Transplantation

In collaboration with World Health Organization

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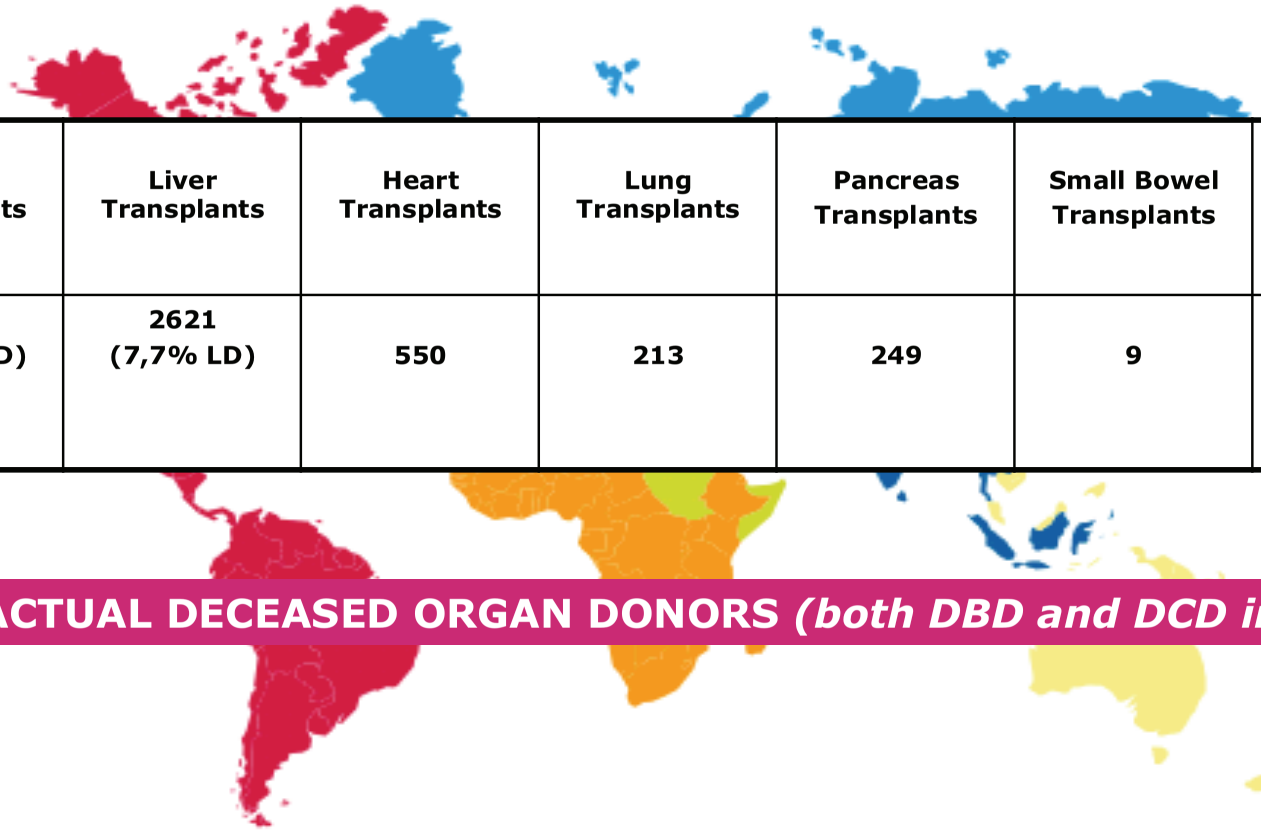
LATINAMERICAN COUNTRIES



Kidney Transplants	Liver Transplants	Heart Transplants	Lung Transplants	Pancreas Transplants	Small Bowel Transplants	Patients Transplanted
11478 (34,8% LD)	2621 (7,7% LD)	550	213	249	9	17923

5536 ACTUAL DECEASED ORGAN DONORS *(both DBD and DCD included)*

***2013 data**

N= 15 COUNTRIES (562,7 million inhabitants)

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GLOBAL ACTIVITY IN ORGAN TRANSPLANTATION 2012 ESTIMATES

Kidney Transplants	Liver Transplants	Heart Transplants	Lung Transplants	Pancreas Transplants	Small Bowel Transplants
77818 (42,3% LD)	23986 (18,2% LD)	5935	4359	2423	169

114690 SOLID ORGANS REPORTED TO BE TRANSPLANTED

- Information of 109 Member States on organ transplantation activities is included in the GODT: 91 of 2012, 9 of 2011, 3 of 2010, 2 of 2009, 4 of 2008.

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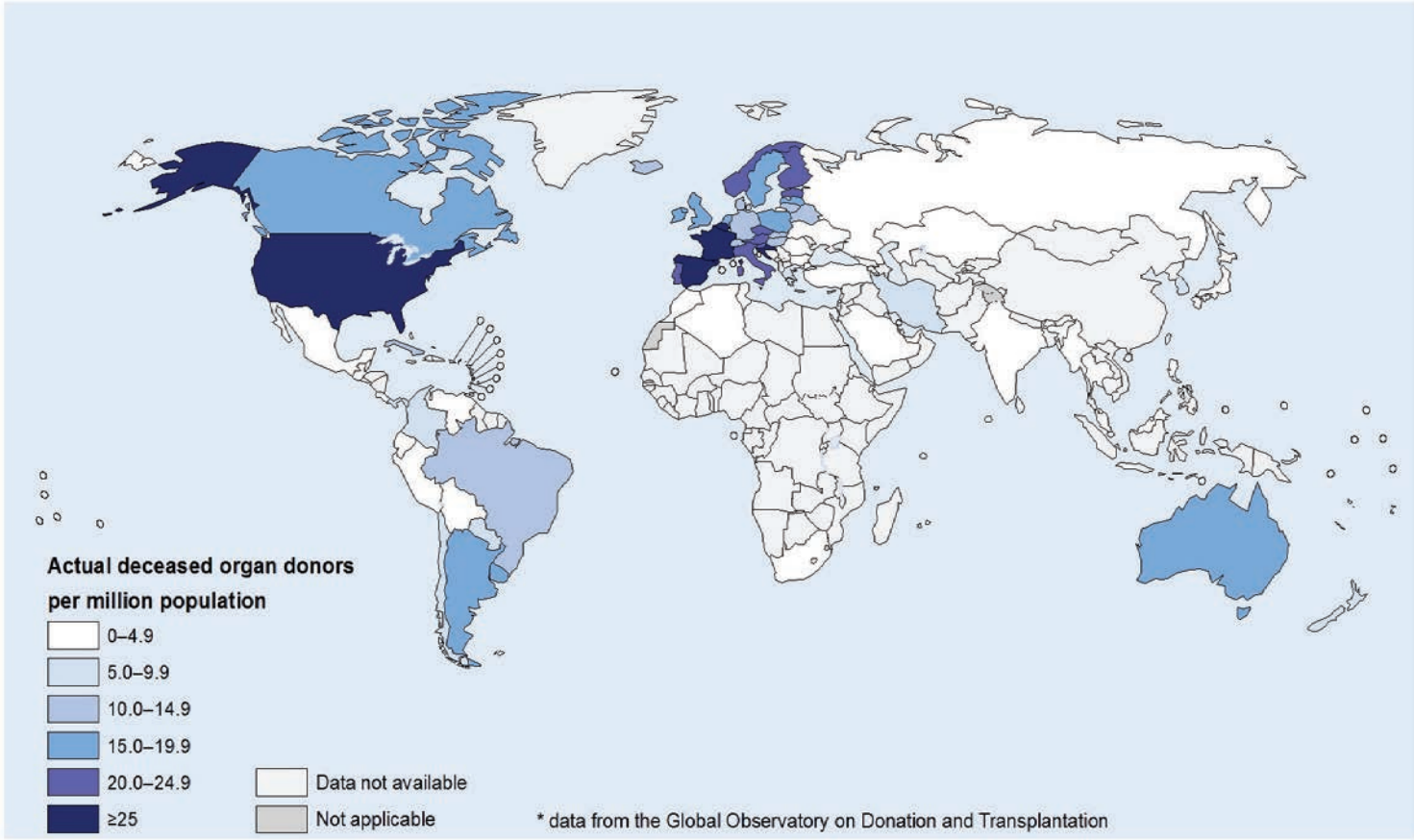
Actual donors from deceased persons, 2012*

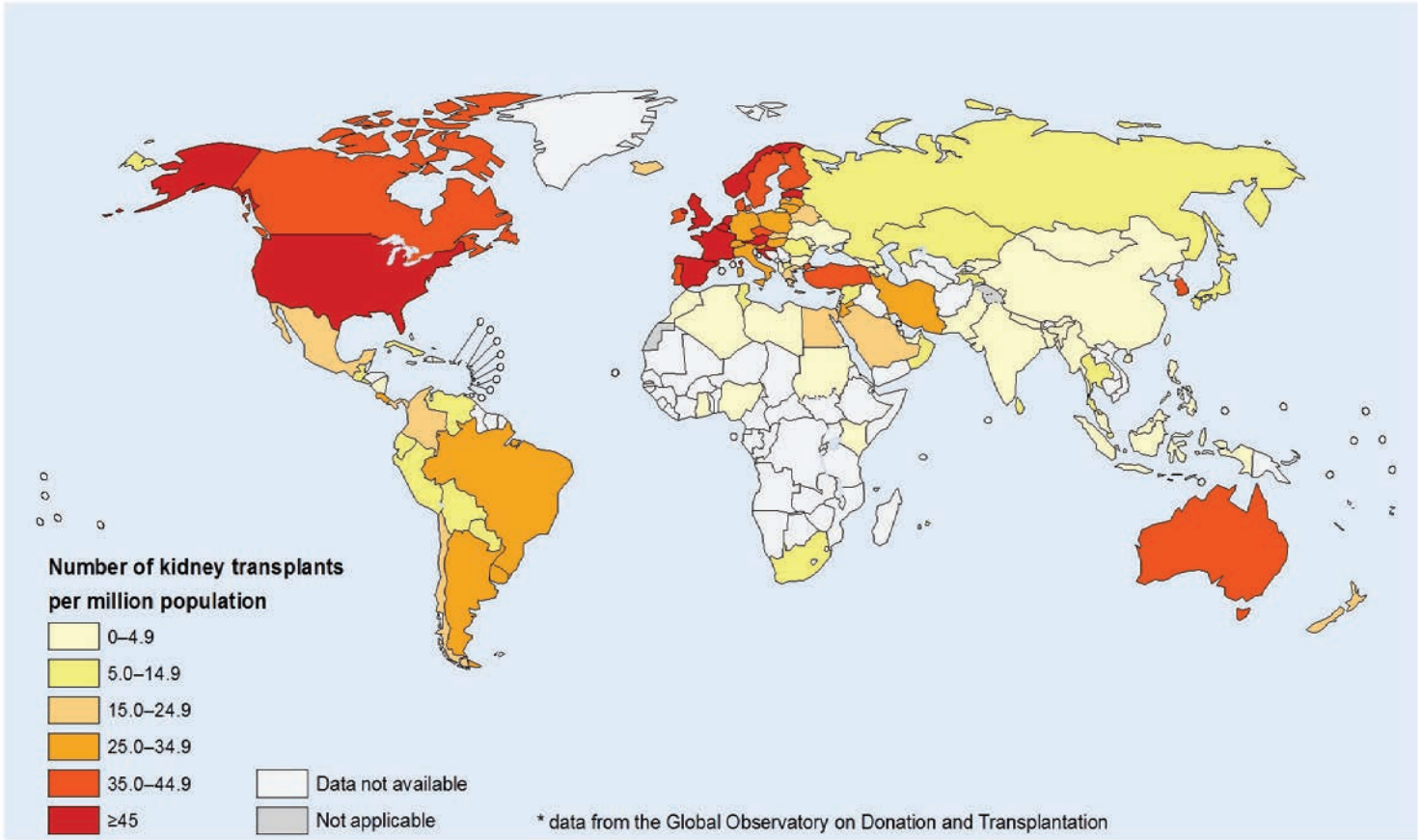


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: Global Observatory on Donation & Transplantation. Map Production: Health Statistics and Information Systems (HSI), World Health Organization

World Health Organization

Kidney transplantation activities, 2012*



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Data Source: Global Observatory on Donation & Transplantation. Map Production: Health Statistics and Information Systems (HSI), World Health Organization

World Health Organization

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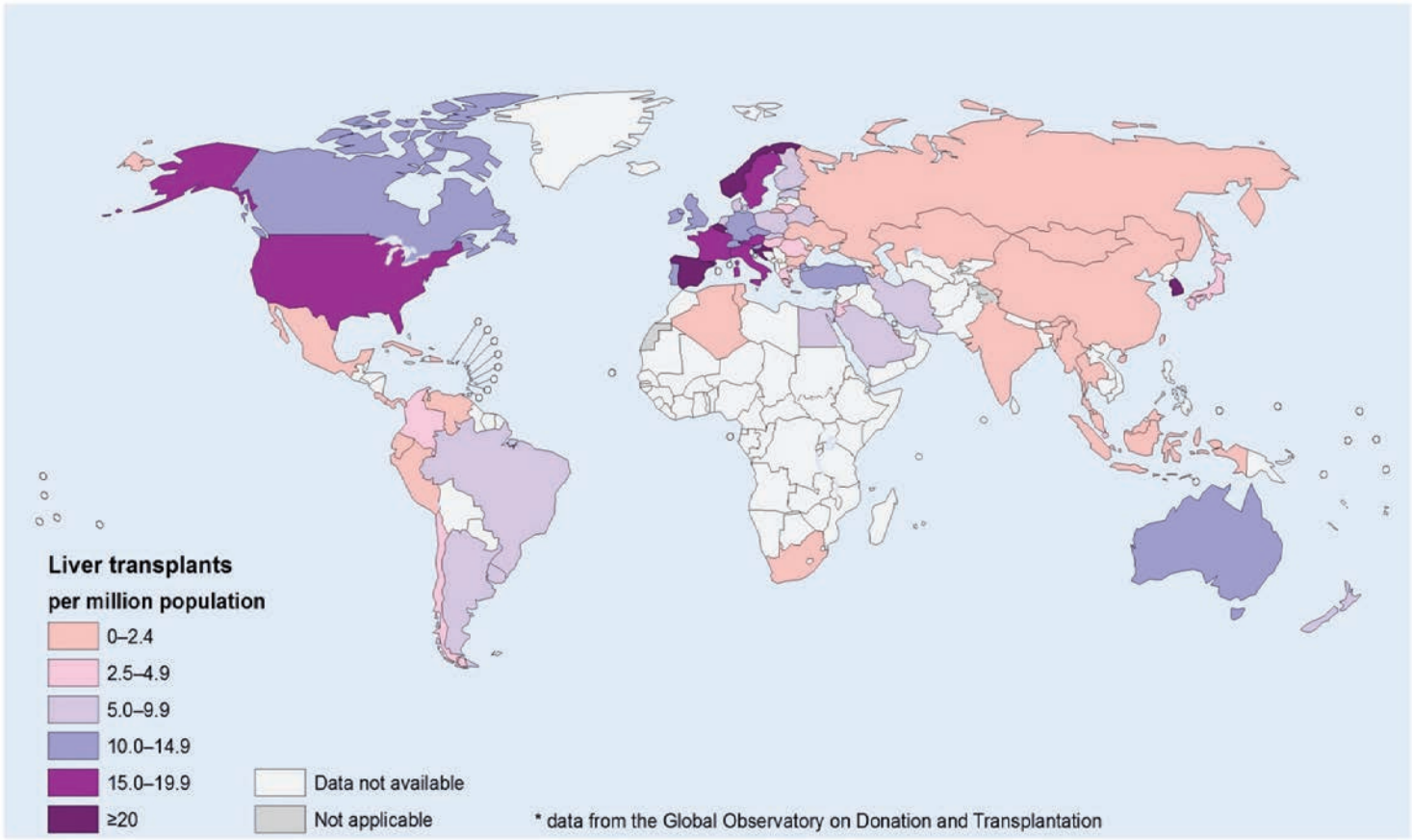
Liver transplantation activities, 2012*

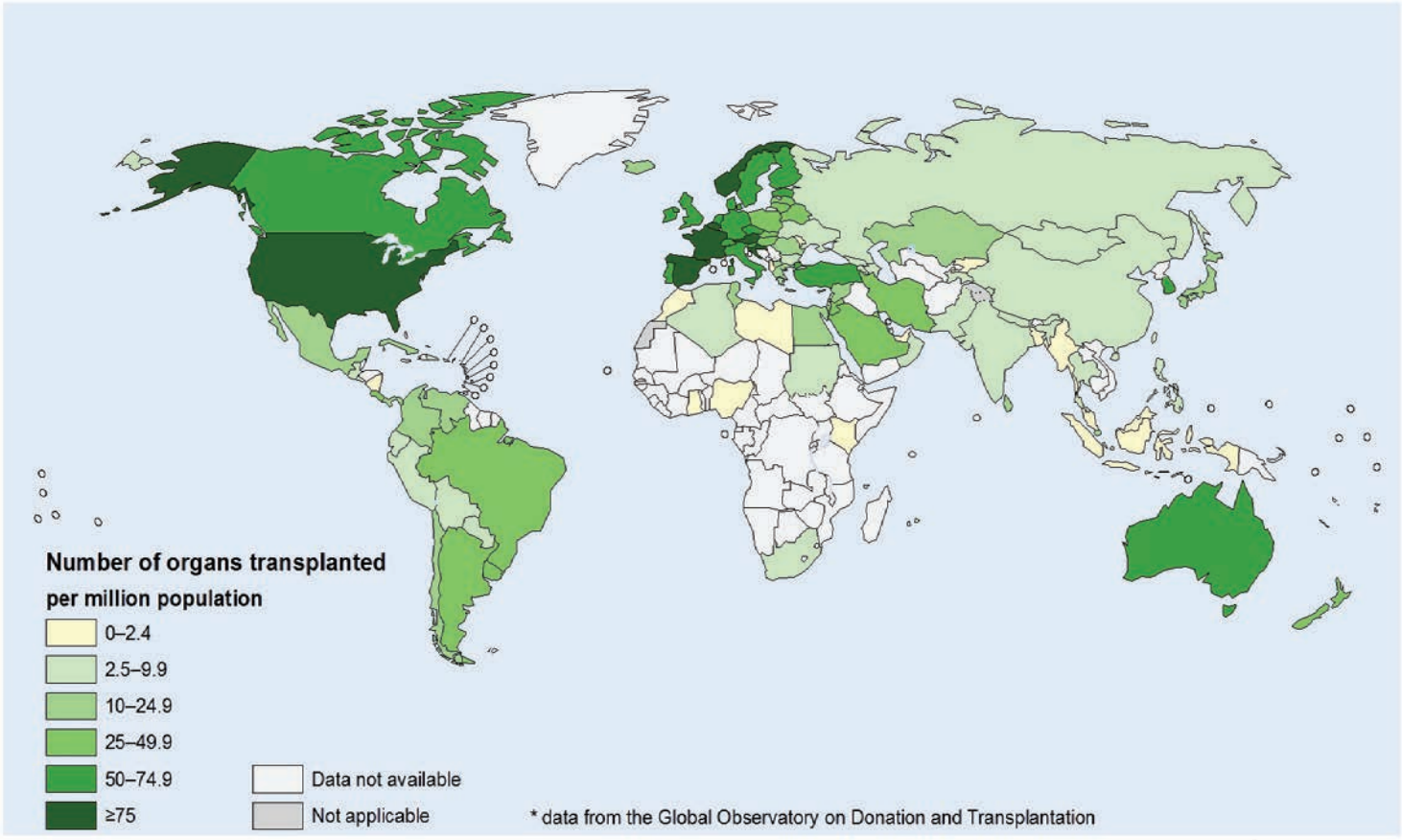


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: Global Observatory on Donation & Transplantation. Map Production: Health Statistics and Information Systems (HSI), World Health Organization

World Health Organization

Global transplantation activities of solid organs, 2012*



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Data Source: Global Observatory on Donation & Transplantation. Map Production: Health Statistics and Information Systems (HSI), World Health Organization

World Health Organization

International Data On Organ Donation And Transplantation Activity, Waiting Lists and Family Refusals. Year 2013

edqm
European Directorate for the Quality of Medicines & HealthCare

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

DONATION AND TRANSPLANTATION ACTIVITY

EUROPEAN UNION COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	AUSTRIA 8,5		BELGIUM 11,1		BULGARIA 7,2		CROATIA 4,3		CYPRUS 1,1		CZECH. R. 10,7		DENMARK 5,6		ESTONIA 1,3		FINLAND 5,4		FRANCE 64,3	
DONATION																				
	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Actual deceased organ donors -both DBD and DCD included-	208	24,5	324	29,2	21	2,9	144	33,5	6	5,5	218	20,4	58	10,4	32	24,6	96	17,8	1673	26,0
Actual donors after circulatory death –DCD-	5	0,6	78	7,0			0	0,0	0	0,0	1	0,1			0	0,0			53	0,8
Multiorgan donors	142	16,7			21	2,9	119	27,0	0	0,0	126	11,8	40	7,1	0	0,0	63	11,7	1554	24,2
TRANSPLANTATION																				
KIDNEY																				
Total TX. -all combinations included-	421	49,5	500	45,0	28	3,9	208	48,4	31	28,2	460	43,0	215	38,4	48	36,9	189	35,0	3074	47,8
% (TX. from living d. / Total TX.)	17,6		12,6		39,3		1,4		71,0		18,0		49,8		2,1		6,9		13,0	
Paediatric <15 years	4	0,5	10	0,9			0	0,0	1	0,9	9	0,8	10	1,8	0	0,0	10	1,9	73	1,1
TX. from deceased donors	347	40,8	437	39,4	17	2,4	205	47,7	9	8,2	377	35,2	108	19,3	47	36,2	176	32,6	2673	41,6
-TX. from DCD	4	0,5	78	7,0			0	0,0	0	0,0	2	0,2			0	0,0			78	1,2
-Single TX.	343	40,4	437	39,4					9	8,2	372	34,8	108	19,3	46	35,4	176	32,6	3026	47,1
-Double TX.	4	0,5	0	0,0					0	0,0	5	0,5	0	0,0	1	0,8	0	0,0	48	0,7
TX. from living donors	74	8,7	63	5,7	11	1,5	3	0,7	22	20,0	83	7,8	107	19,1	1	0,8	13	2,4	401	6,2
-TX. from Related living donors	68	8,0					3	0,7	22	20,0	58	5,4	106	18,9	1	0,8	13	2,4	401	6,2
-TX. from Unrelated living donors	6	0,7					0	0,0	0	0,0	25	2,3	1	0,2	0	0,0	0	0,0	0	0,0
LIVER																				
Total TX. -all combinations included-	132	15,5	292	26,3	7	1,0	115	26,7			119	11,1	42	7,5	9	6,9	49	9,1	1241	19,3
Paediatric <15 years	5	0,6	38	3,4			0	0,0			8	0,7	4	0,7	0	0,0	4	0,7	75	1,2
Split TX.	2	0,2	2	0,2			0	0,0			7	0,7	0	0,0	0	0,0	0	0,0	89	1,4
Domino TX.	0	0,0	0	0,0			0	0,0			0	0,0	0	0,0	0	0,0	0	0,0	7	0,1
TX. from living donors	2	0,2	42	3,8			1	0,2			0	0,0	0	0,0	0	0,0	0	0,0	13	0,2
TX. from DCD	1	0,1	50	4,5			0	0,0			0	0,0	0	0,0	0	0,0	0	0,0	2	0,0
HEART																				
Total TX. -all combinations included-	64	7,5	75	6,8	4	0,6	33	7,7			68	6,4	17	3,0	0	0,0	21	3,9	421	6,5
Paediatric <15 years	7	0,8	5	0,5			0	0,0			1	0,1	1	0,2	0	0,0	5	0,9	18	0,3
HEART-LUNG																				
Total TX.	2	0,2	0	0,0			0	0,0			0	0,0	0	0,0	0	0,0	0	0,0	11	0,2
Paediatric <15 years	1	0,1	0	0,0			0	0,0			0	0,0	0	0,0	0	0,0	0	0,0	1	0,0
LUNG																				
Total TX. -all combinations included-	128	15,1	101	9,1			0	0,0			17	1,6	31	5,5	3	2,3	15	2,8	310	4,8
Paediatric <15 years	5	0,6	0	0,0			0	0,0			0	0,0			0	0,0	1	0,2	7	0,1
-Single TX.	2	0,2	2	0,2			0	0,0			4	0,4	3	0,5	0	0,0	0	0,0	47	0,7
-Double TX. (heart-lung TX. included)	126	14,8	99	8,9			0	0,0			13	1,2	28	5,0	0	0,0	15	2,8	263	4,1
TX. from living 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
TX. from DCD (double + single)	0	0,0	16	1,4			0	0,0			0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
PANCREAS																				
Total TX. -all combinations included-	19	2,2	8	0,7			7	1,6			35	3,3			0	0,0	10	1,9	85	1,3
Paediatric <15 years	0	0,0	0	0,0			0	0,0			0	0,0			0	0,0	0	0,0	13	0,2
Pancreas TX. Alone	3	0,4	1	0,1			1	0,2			5	0,5			0	0,0	0	0,0	13	0,2
Kidney – Pancreas TX.	16	1,9	6	0,5			6	1,4			30	2,8			0	0,0	10	1,9	71	1,1
TX. from DCD	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-	0	0,0	0	0,0			0	0,0			0	0,0			0	0,0			3	0,0
Paediatric <15 years	0	0,0	0	0,0			0	0,0			0	0,0			0	0,0			2	0,0
Small bowel TX. Alone	0	0,0	0	0,0			0	0,0			0	0,0			0	0,0			1	0,0
RECIPIENTS																				
Total number of patients transplanted	734	86,4	976	87,9	39	5,4	354	82,3	31	28,2	661	61,8	301	53,8	60	46,2	274	50,7	4922	76,5
Paediatric <15 years	20	2,4	48	4,3			0	0,0	1	0,9	18	1,7	15	2,7	0	0,0	20	3,7	165	2,6
Patients transplanted from living donors	76	8,9	105	9,5	11	1,5	4	0,9	22	20,0	83	7,8	107	19,1	1	0,8	13	2,4	414	6,4

DONATION AND TRANSPLANTATION ACTIVITY

EUROPEAN UNION COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	GERMANY 82,0		GREECE 11,1		HUNGARY 10,0		IRELAND 4,6		ITALY 61,0		LATVIA 2,1		LITHUANIA 3,0		LUXEMBOURG 0,5		MALTA 0,4	
DONATION																		
	Number	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**
Actual deceased organ donors -both DBD and DCD included-	875	10,7	62	5,6	155	15,5	86	18,7	1323	21,7	34	16,2	50	16,7	8	10,7	14	35,0
Actual donors after circulatory death –DCD-	0	0,0	0	0,0	0	0,0	6	1,3	3	0,0	13	6,2	0	0,0	0	0,0	0	0,0
Multiorgan donors	792	9,7	44	4,0	104	10,4	63	13,7		0,0	4	1,9	21	7,0	7	9,7		
TRANSPLANTATION																		
KIDNEY																		
Total TX. -all combinations included-	2272	27,7	151	13,6	291	29,1	185	40,2	1715	28,1	72	34,3	85	28,3			13	32,5
% (TX. from living d. / Total TX.)	31,9		29,1		13,7		20,5		12,7		8,3		8,2				23,1	
Paediatric <15 years	66	0,8	2	0,2	12	1,2	9	2,0	44	0,7	2	1,0	3	1,0			0	0,0
TX. from deceased donors	1547	18,9	107	9,6	251	25,1	147	32,0	1498	24,6	66	31,4	78	26,0			10	25,0
-TX. from DCD	0	0,0	0	0,0	0	0,0	11	2,4	0	0,0	20	9,5	0	0,0			0	0,0
-Single TX.	1537	18,7	104	9,4	249	24,9	141	30,7	1402	23,0	66	31,4	78	26,0			10	25,0
-Double TX.	10	0,1	3	0,3	2	0,2	6	1,3	96	1,6	0	0,0	0	0,0			0	0,0
TX. from living donors	725	8,8	44	4,0	40	4,0	38	8,3	217	3,6	6	2,9	7	2,3			3	7,5
-TX. from Related living donors			42	3,8			38	8,3	217	3,6	6	2,9	7	2,3			2	5,0
-TX. from Unrelated living donors			2	0,2			0	0,0	0	0,0	0	0,0	0	0,0			1	2,5
LIVER																		
Total TX. -all combinations included-	970	11,8	31	2,8	45	4,5	55	12,0	1013	16,6	0	0,0	13	4,3			0	0,0
Paediatric <15 years	122	1,5	0	0,0	4	0,4	0	0,0	68	1,1	0	0,0	0	0,0			0	0,0
Split TX.	83	1,0	0	0,0	1	0,1	0	0,0	78	1,3	0	0,0	0	0,0			0	0,0
Domino TX.	3	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0			0	0,0
TX. from living donors	86	1,0	0	0,0	0	0,0	0	0,0	21	0,3	0	0,0	0	0,0			0	0,0
TX. from DCD	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0			0	0,0
HEART																		
Total TX. -all combinations included-	313	3,8	9	0,8	45	4,5	11	2,4	219	3,6	4	1,9	10	3,3			0	0,0
Paediatric <15 years	27	0,3	0	0,0	5	0,5	0	0,0	17	0,3	0	0,0	1	0,3			0	0,0
HEART-LUNG																		
Total TX.	12	0,1	9	0,8			0	0,0	3	0,0	0	0,0	1	0,3			0	0,0
Paediatric <15 years	0	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-	371	4,5	0	0,0			32	7,0	141	2,3	0	0,0	1	0,3			0	0,0
Paediatric <15 years	7	0,1	0	0,0			0	0,0	1	0,0	0	0,0	0	0,0			0	0,0
-Single TX.	39	0,5	0	0,0			14	3,0	38	0,6	0	0,0	0	0,0			0	0,0
-Double TX. (heart-lung TX. included)	320	3,9	0	0,0			18	3,9	103	1,7	0	0,0	1	0,3			0	0,0
TX. from living donors	0	0,0	0	0,0			0	0,0	0	0,0	0	0,0	0	0,0			0	0,0
TX. from DCD (double + single)	0	0,0	0	0,0			0	0,0	0	0,0	0	0,0	0	0,0			0	0,0
PANCREAS																		
Total TX. -all combinations included-	129	1,6	0	0,0	14	1,4	11	2,4	59	1,0	0	0,0	1	0,3			0	0,0
Paediatric <15 years	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0			0	0,0
Pancreas TX. Alone	19	0,2	0	0,0	1	0,1	0	0,0	13	0,2	0	0,0	0	0,0			0	0,0
Kidney – Pancreas TX.	106	1,3	0	0,0	13	1,3	11	2,4	43	0,7	0	0,0	1	0,3			0	0,0
TX. from DCD	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-			0	0,0			0	0,0	0	0,0	0	0,0	0	0,0			0	0,0
Paediatric <15 years			0	0,0			0	0,0	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	0,0			0	0,0
RECIPIENTS																		
Total number of patients transplanted	3909	47,7	191	17,2	380	38,0	294	63,9	3066	50,3	76	36,2	108	36,0			13	32,5
Paediatric <15 years			2	0,2	21	2,1	9	2,0	128	2,1	2	1,0	4	1,3			0	0,0
Patients transplanted from living donors	811	9,9	44	4,0	40	4,0	38	8,3	238	3,9	6	2,9	7	2,3			3	7,5

DONATION AND TRANSPLANTATION ACTIVITY

EUROPEAN UNION COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	NETHERLANDS 16,8		POLAND 38,2		PORTUGAL 10,6		ROMANIA 21,7		SLOVAKIA 5,5		SLOVENIA 2,1		SPAIN 46,9		SWEEDEN 9,6		U. K. 63,1	
DONATION																		
	Number	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**
Actual deceased organ donors -both DBD and DCD included-	267	15,9	593	15,5	295	27,8	132	6,1	60	10,9	48	22,9	1655	35,3	152	15,8	1323	21,0
Actual donors after circulatory death –DCD-	160	9,5	0	0,0	0	0,0	0	0,0	0	0,0	0		159	3,4			544	8,6
Multiorgan donors	199	11,8	371	9,7	215	20,3	132	6,1	29	5,3	41	19,0	1324	28,0	132	13,8	900	14,3
TRANSPLANTATION																		
KIDNEY																		
Total TX. -all combinations included-	954	56,8	1162	30,4	450	42,5	294	13,5	119	21,6	60	28,6	2552	54,4	421	43,9	3257	51,6
% (TX. from living d. / Total TX.)	54,5		5,0		11,3		18,4		8,4		0,0		15,0		35,9		33,8	
Paediatric <15 years	15	0,9	41	1,1	15	1,4	5	0,2	2	0,4	0	0,0	67	1,4	15	1,6	93	1,5
TX. from deceased donors	434	25,8	1105	28,9	399	37,6	240	11,1	109	19,8	60	28,6	2170	46,3	270	28,1	2157	34,2
-TX. from DCD	249	14,8	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	200	4,3			832	13,2
-Single TX.	431	25,7	1105	28,9	396	37,4	240	11,1	108	19,6	60	28,6	2156	46,0	269	28,0	2086	33,1
-Double TX.	3	0,2	0	0,0	3	0,3	0	0,0	1	0,2	0	0,0	14	0,3	1	0,1	71	1,1
TX. from living donors	520	31,0	57	1,5	51	4,8	54	2,5	10	1,8	0	0,0	382	8,1	151	15,7	1100	17,4
-TX. from Related living donors			57	1,5	49	4,6	33	1,5	9	1,6	0	0,0	341	7,3	150	15,6	918	14,5
-TX. from Unrelated living donors			0	0,0	2	0,2	21	1,0	1	0,2	0	0,0	41	0,9	1	0,1	182	2,9
LIVER																		
Total TX. -all combinations included-	140	8,3	336	8,8	241	22,7	122	5,6	22	4,0	21	10,0	1093	23,3	161	16,8	904	14,3
Paediatric <15 years	16	1,0	33	0,9	12	1,1	1	0,0	0	0,0	0	0,0	53	1,1	12	1,3	100	1,6
Split TX.	5	0,3	0	0,0	0	0,0	2	0,1	0	0,0	0	0,0	12	0,3			147	2,3
Domino TX.	138	8,2	0	0,0	10	0,9	0	0,0	0	0,0	0	0,0	8	0,2	6	0,6	4	0,1
TX. from living donors	2	0,1	18	0,5	3	0,3	14	0,6	0	0,0	0	0,0	23	0,5	5	0,5	30	0,5
TX. from DCD	48	2,9	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	29	0,6	0	0,0	146	2,3
HEART																		
Total TX. -all combinations included-	37	2,2	87	2,3	55	5,2	1	0,0	14	2,5	30	14,3	249	5,3	55	5,7	195	3,1
Paediatric <15 years	6	0,4	3	0,1	4	0,4	0	0,0	1	0,2	0	0,0	30	0,6	4	0,4	30	0,5
HEART-LUNG																		
Total TX.	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	2	0,0	0	0,0	6	0,1
Paediatric <15 years	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	1	0,0
LUNG																		
Total TX. -all combinations included-	88	5,2	17	0,4	16	1,5	0	0,0	0	0,0			285	6,1	58	6,0	211	3,3
Paediatric <15 years	1	0,1	0	0,0	2	0,2	0	0,0	0	0,0			5	0,1	1	0,1	7	0,1
-Single TX.	17	1,0	10	0,3	12	1,1	0	0,0	0	0,0			124	2,6	5	0,5	28	0,4
-Double TX. (heart-lung TX. included)	71	4,2	7	0,2	4	0,4	0	0,0	0	0,0			161	3,4	53	5,5	183	2,9
TX. from living 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
TX. from DCD (double + single)	38	2,3	0	0,0	0	0,0	0	0,0	0	0,0			69	1,5	0	0,0	38	0,6
PANCREAS																		
Total TX. -all combinations included-	29	1,7	35	0,9	25	2,4	0	0,0	0	0,0	4	1,9	92	2,0	38	4,0	235	3,7
Paediatric <15 years	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	1	0,0
Pancreas TX. Alone	4	0,2	6	0,2	4	0,4	0	0,0	0	0,0	0	0,0	18	0,4	2	0,2	30	0,5
Kidney – Pancreas TX.	18	1,1	29	0,8	21	2,0	0	0,0	0	0,0	4	1,9	67	1,4	36	3,8	190	3,0
TX. from DCD	4	0,2	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	46	0,7
SMALL BOWEL																		
Total TX. -all combinations included-			0	0,0	0	0,0	0	0,0	0	0,0			8	0,2			27	0,4
Paediatric <15 years			0	0,0	0	0,0	0	0,0	0	0,0			7	0,1			2	0,0
Small bowel TX. Alone			0	0,0	0	0,0	0	0,0	0	0,0			0	0,0			11	0,2
RECIPIENTS																		
Total number of patients transplanted	1225	72,9	1610	42,1	766	72,3	417	19,2	155	28,2	111	52,9	4167	88,8	695	72,4	4622	73,2
Paediatric <15 years			77	2,0	33	3,1	6	0,3	3	0,5	0	0,0	155	3,3	32	3,3	229	3,6
Patients transplanted from living donors	522	31,1	75	2,0	54	5,1	68	3,1	10	1,8	0	0,0	405	8,6	156	16,3	1130	17,9

OTHER COUNTRIES

COUNTRIES	ALGERIA		ARMENIA		AUSTRALIA		AZERBAIJAN		BELARUS		BOSNIA AND HERZEGOVINA		CANADA		GEORGIA		ICELAND		ISRAEL		LEBANON		LIBYA		MACEDONIA	
Population (million inhabitants): UNFPA	**39,2**		**3,0**		**23,3**		**9,4**		**9,4**		**3,8**		**35,2**		**4,3**		**0,3**		**7,7**		**4,8**		**6,2**		**2,1**	
DONATION																										
	Number	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**
Actual deceased organ donors																										
-both DBD and DCD included-	0	0,0	0	0,0	391	16,8	0	0,0	170	18,1	1	0,3	552	15,7	0	0,0	4	13,3	76	9,9	7	1,5			0	0,0
Actual donors after circulatory death –DCD-	0	0,0	0	0,0	86	3,7			0	0,0	0	0,0			0	0,0			0	0,0	0	0,0			0	0,0
Multiorgan donors	0	0,0	0	0,0	352	15,1			122	13,0	0	0,0			0	0,0	4	13,3	0	0,0		0,0				
TRANSPLANTATION																										
KIDNEY																										
Total TX. -all combinations included-	137	3,5	9	3,0	881	37,8	67	7,1	310	33,0	15	3,9	1342	38,1	32	7,4	8	26,7	264	34,3	119	24,8	378	61,0	38	18,1
% (TX. from living d. / Total TX.)	100,0		100,0		28,1		100,0		6,7		86,7				100,0		100,0		51,5		91,6		100,0		100,0	
Paediatric <15 years	8	0,2	0	0,0	30	1,3	0	0,0	18	1,9	0	0,0			0	0,0	1	3,3	21	2,7	0	0,0	15	2,4	3	1,4
TX. from deceased donors	0	0,0	0	0,0	630	27,0			286	30,4	2	0,5			0	0,0		0,0	128	16,6	10	2,1			0	0,0
-TX. from DCD	0	0,0	0	0,0	139	6,0			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0	0	0,0			0	0,0
-Single TX.	0	0,0	0	0,0	615	26,4			286	30,4	2	0,5			0	0,0	0	0,0	123	16,0					0	0,0
-Double TX.	0	0,0	0	0,0	15	0,6			0	0,0	0	0,0			0	0,0	0	0,0	5	0,6					0	0,0
TX. from living donors	137	3,5	9	3,0	251	10,8	67	7,1	24	2,6	13	3,4			32	7,4	8	26,7	136	17,7	109	22,7	378	61,0	38	18,1
-TX. from Related living donors	121	3,1	9	3,0	215	9,2			24	2,6	13	3,4			32	7,4	8	26,7	118	15,3			378	61,0	38	18,1
-TX. from Unrelated living donors	16	0,4	0	0,0	36	1,5			0	0,0	0	0,0			0	0,0	0	0,0	18	2,3			0		0	0,0
LIVER																										
Total TX. -all combinations included-	1	0,0	0	0,0	250	10,7	19	2,0	66	7,0			499	14,2					69	9,0	4	0,8	21	3,4	0	0,0
Paediatric <15 years	0	0,0	0	0,0	39	1,7	0	0,0	6	0,6									10	1,3	0	0,0	5	0,8	0	0,0
Split TX.	0	0,0	0	0,0	37	1,6			2	0,2									0	0,0	0	0,0			0	0,0
Domino TX.	0	0,0	0	0,0	1	0,0			0	0,0									1	0,1	0	0,0			0	0,0
TX. from living donors	1	0,0	0	0,0	1	0,0	19	2,0	4	0,4									10	1,3	0	0,0	21	3,4	0	0,0
TX. from DCD	0	0,0	0	0,0	10	0,4			0	0,0									0	0,0	0	0,0			0	0,0
HEART																										
Total TX. -all combinations included-	0	0,0	0	0,0	79	3,4			40	4,3			208	5,9					13	1,7	2	0,4			0	0,0
Paediatric <15 years	0	0,0	0	0,0	9	0,4			2	0,2									0	0,0	0	0,0			0	0,0
HEART-LUNG																										
Total TX.	0	0,0	0	0,0	2	0,1			0	0,0			0	0,0					0	0,0					0	0,0
Paediatric <15 years	0	0,0	0	0,0	0	0,0			0	0,0									0	0,0					0	0,0
LUNG																										
Total TX. -all combinations included-	0	0,0	0	0,0	169	7,3			0	0,0			314	8,9					49	6,4					0	0,0
Paediatric <15 years	0	0,0	0	0,0	2	0,1			0	0,0									0	0,0					0	0,0
-Single TX.	0	0,0	0	0,0	5	0,2			0	0,0									25	3,2					0	0,0
-Double TX. (heart-lung TX. included)	0	0,0	0	0,0	164	7,0			0	0,0									24	3,1					0	0,0
TX. from living donors	0	0,0	0	0,0	0	0,0			0	0,0									0	0,0					0	0,0
TX. from DCD (double + single)	0	0,0	0	0,0	28	1,2			0	0,0									0	0,0					0	0,0
PANCREAS																										
Total TX. -all combinations included-	0	0,0	0	0,0	33	1,4			3	0,3			77	2,2					10	1,3					0	0,0
Paediatric <15 years	0	0,0	0	0,0	0	0,0			0	0,0									0	0,0					0	0,0
Pancreas TX. Alone	0	0,0	0	0,0	0	0,0			0	0,0									0	0,0					0	0,0
Kidney – Pancreas TX.	0	0,0	0	0,0	33	1,4			3	0,3									10	1,3					0	0,0
TX. from DCD	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-	0	0,0	0	0,0	0	0,0			0	0,0			0	0,0					0	0,0					0	0,0
Paediatric <15 years	0	0,0	0	0,0	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	0,0					0	0,0
RECIPIENTS																										
Total number of patients transplanted	138	3,5	9	3,0	1376	59,1	86	9,1	416	44,3	15	3,9	1766	50,2	32	7,4	8	26,7	394	51,2	125	26,0	399	64,4	38	18,1
Paediatric <15 years	8	0,2	0	0,0	80	3,4	0	0,0	26	2,8	0	0,0			0	0,0	1	3,3	31	4,0	0	0,0	20	3,2	3	1,4
Patients transplanted from living donors	138	3,5	9	3,0	252	10,8	86	9,1	28	3,0	13	3,4			32	7,4	8	26,7	146	19,0	109	22,7	399	64,4	38	18,1

DONATION AND TRANSPLANTATION ACTIVITY

OTHER COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	MOLDOVA 3,5		MONTENEGRO 0,6		NEW ZEALAND 4,5		NORWAY 5,0		PALESTINE 4,3		RUSSIAN F. 142,8		SERBIA 9,5		SWITZERLAND 8,1		SYRIA 21,9		TUNISIA 11,0		TURKEY 74,9		UKRAINE 45,2		USA 320,1	
DONATION																										
	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Actual deceased organ donors																										
-both DBD and DCD included-	0	0,0	1	1,7	36	8,0	111	22,2	0	0,0	420	2,9	41	4,3	110	13,6			9	0,8	381	5,1	11	0,2	8268	25,8
Actual donors after circulatory death –DCD-	0	0,0	0	0,0	2	0,4			0	0,0	116	0,8	0	0,0	12	1,5			0	0,0	0	0,0	0	0,0	1205	3,8
Multiorgan donors	0	0,0	1	1,7	35	7,8	101	20,2	0	0,0	222	1,6	17	1,8	76	9,4			2	0,2		0,0	0	0,0	6436	20,1
TRANSPLANTATION																										
KIDNEY																										
Total TX. -all combinations included-	6	1,7	10	16,7	114	25,3	269	53,8	35	8,1	935	6,5	104	10,9	278	34,3	154	7,0	125	11,4	2944	39,3	140	3,1	17657	55,2
% (TX. from living d. / Total TX.)	100,0		90,0		50,9		25,3		100,0		20,1		28,8		39,2		100,0		85,6		80,1		84,3		32,5	
Paediatric <15 years	0	0,0	0	0,0	6	1,3	6	1,2	2	0,5	57	0,4	6	0,6	9	1,1	16	0,7	8	0,7	149	2,0	0	0,0	517	1,6
TX. from deceased donors	0	0,0	1	1,7	56	12,4	201	40,2	0	0,0	747	5,2	74	7,8	169	20,9			18	1,6	585	7,8	22	0,5	11924	37,3
-TX. from DCD	0	0,0	0	0,0	0	0,0		0,0	0	0,0			0	0,0	17	2,1			0	0,0	0	0,0	0	0,0	1849	5,8
-Single TX.	0	0,0			53	11,8	201	40,2	0	0,0	747	5,2	74	7,8	160	19,8			18	1,6	585	7,8	22	0,5	11597	36,2
-Double TX.	0	0,0			3	0,7	0	0,0	0	0,0	0	0,0	0	0,0	9	1,1			0	0,0	0	0,0	0	0,0	327	1,0
TX. from living donors	6	1,7	9	15,0	58	12,9	68	13,6	35	8,1	188	1,3	30	3,2	109	13,5	154	7,0	107	9,7	2359	31,5	118	2,6	5733	17,9
-TX. from Related living donors	6	1,7	9	15,0	49	10,9	68	13,6	35	8,1	188	1,3	30	3,2	108	13,3	82	3,7	107	9,7	2161	28,9	118	2,6	4786	15,0
-TX. from Unrelated living donors	0	0,0	0	0,0	9	2,0	0	0,0	0	0,0	0	0,0	0	0,0	1	0,1	72	3,3	0	0,0	198	2,6	0	0,0	947	3,0
LIVER																										
Total TX. -all combinations included-	3	0,9			34	7,6	110	22,0			273	1,9	17	1,8	109	13,5			1	0,1	1248	16,7	14	0,3	6455	20,2
Paediatric <15 years	0	0,0			9	2,0	4	0,8			69	0,5	0	0,0	9	1,1			0	0,0	215	2,9	0	0,0	488	1,5
Split TX.	0	0,0			5	1,1	0	0,0					0	0,0	3	0,4			0	0,0	14	0,2	0	0,0	167	0,5
Domino TX.	0	0,0			0	0,0	0	0,0					0	0,0	1	0,1			0	0,0	0	0,0	0	0,0	8	0,0
TX. from living donors	3	0,9			3	0,7	0	0,0			119	0,8	0	0,0	4	0,5			0	0,0	959	12,8	14	0,3	244	0,8
TX. from DCD	0	0,0			1	0,2	0	0,0					0	0,0	9	1,1			0	0,0	0	0,0	0	0,0	309	1,0
HEART																										
Total TX. -all combinations included-	0	0,0			9	2,0	37	7,4			164	1,1	4	0,4	33	4,1			0	0,0	63	0,8			2554	8,0
Paediatric <15 years	0	0,0			0	0,0	1	0,2			2	0,0	0	0,0	4	0,5			0	0,0	14	0,2			341	1,1
HEART-LUNG																										
Total TX.	0	0,0			0	0,0	0	0,0			1	0,0	0	0,0	0	0,0			0	0,0	0	0,0			23	0,1
Paediatric <15 years	0	0,0			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0			0	0,0	0	0,0			5	0,0
LUNG																										
Total TX. -all combinations included-					18	4,0	33	6,6			10	0,1	0	0,0	45	5,6			1	0,1	32	0,4			1946	6,1
Paediatric <15 years					1	0,2	0	0,0					0	0,0	1	0,1			0	0,0	0	0,0			43	0,1
-Single TX.					0	0,0	0	0,0					0	0,0	6	0,7			0	0,0	0	0,0			620	1,9
-Double TX. (heart-lung TX. included)					18	4,0	33	6,6					0	0,0	39	4,8			0	0,0	0	0,0			1325	4,1
TX. from living donors					0	0,0	0						0	0,0	0	0,0			0	0,0	0	0,0			1	0,0
TX. from DCD (double + single)					0	0,0	0						0	0,0	5	0,6			0	0,0	0	0,0			35	0,1
PANCREAS																										
Total TX. -all combinations included-					0	0,0	39	7,8			16	0,1	0	0,0	29	3,6			0	0,0	4	0,1			1018	3,2
Paediatric <15 years					0	0,0	0	0,0					0	0,0	0	0,0			0	0,0	0	0,0			21	0,1
Pancreas TX. Alone					0	0,0	20	4,0					0	0,0	13	1,6			0	0,0	2	0,0			256	0,8
Kidney – Pancreas TX.					0	0,0	19	3,8					0	0,0	16	2,0			0	0,0	2	0,0			726	2,3
TX. from DCD					0	0,0	0	0,0					0	0,0	0	0,0			0	0,0	0	0,0			19	0,1
SMALL BOWEL																										
Total TX. -all combinations included-					0	0,0					1	0,0	0	0,0	1	0,1			0	0,0	2	0,0			109	0,3
Paediatric <15 years					0	0,0					0	0,0	0	0,0	0	0,0			0	0,0	0	0,0			33	0,1
Small bowel TX. Alone					0	0,0					1	0,0	0	0,0	0	0,0			0	0,0	2	0,0			45	0,1
RECIPIENTS																										
Total number of patients transplanted	9	2,6	10	16,7	172	38,2	464	92,8	35	8,1	1400	9,8	125	13,2	471	58,1	154	7,0	127	11,5	4293	57,3	154	3,4	28033	87,6
Paediatric <15 years	0	0,0	0	0,0	16	3,6	11	2,2	2	0,5	128	0,9	6	0,6	22	2,7	16	0,7	8	0,7	378	5,0	0	0,0	1344	4,2
Patients transplanted from living donors	9	2,6	9	15,0	61	13,6	68	13,6	35	8,1	307	2,1	30	3,2	113	14,0	154	7,0	107	9,7	3318	44,3	132	2,9	5978	18,7

DONATION AND TRANSPLANTATION ACTIVITY

LATINAMERICAN COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	ARGENTINA 41,4		BRAZIL 200,4		CHILI 17,6		COLOMBIA 48,3		COSTA RICA 4,9		CUBA 11,3		DOMINICANA 10,4		ECUADOR 15,7	
DONATION																
	Number	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**
Actual deceased organ donors -both DBD and DCD included-	568	13,7	2541	12,7	103	5,9	329	6,8	22	4,5	94	8,3	17	1,6	63	4,0
Actual donors after circulatory death –DCD-	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Multiorgan donors	325	7,9	1681	8,4	76	4,3	264	5,5	22	4,5	27	2,4	7	0,7		0,0
TRANSPLANTATION																
KIDNEY																
Total TX. -all combinations included-	1274	30,8	5409	27,0	244	13,9	692	14,3	116	23,7	128	11,3	50	4,8	108	6,9
% (TX. from living d. / Total TX.)	31,4		21,9		28,3		15,2				15,6		54,0		20,4	
Paediatric <15 years	56	1,4			21	1,2	24	0,5			5	0,4	0	0,0	20	1,3
TX. from deceased donors	874	21,1	4226	21,1	175	9,9	587	12,2			108	9,6	23	2,2	93	5,9
-TX. from DCD	0	0,0					0	0,0			0	0,0	0	0,0	0	0,0
-Single TX.	868	21,0	4205	21,0			586	12,1			107	9,5	23	2,2	93	5,9
-Double TX.	6	0,1	21	0,1			1	0,0			1	0,1	0	0,0	0	0,0
TX. from living donors	400	9,7	1183	5,9	69	3,9	105	2,2			20	1,8	27	2,6	22	1,4
-TX. from Related living donors	391	9,4			69	3,9	105	2,2			20	1,8	15	1,4	22	1,4
-TX. from Unrelated living donors	9	0,2			0	0,0	0	0,0			0	0,0	12	1,2	0	0,0
LIVER																
Total TX. -all combinations included-	352	8,5	1726	8,6	76	4,3	191	4,0	9	1,8	22	1,9	4	0,4	25	1,6
Paediatric <15 years	65	1,6			14	0,8	30	0,6			8	0,7	0	0,0	5	0,3
Split TX.	35	0,8			0	0,0	2	0,0			0	0,0	0	0,0		
Domino TX.	0	0,0			0	0,0	0	0,0			0	0,0	0	0,0		
TX. from living donors	29	0,7	131	0,7	7	0,4	13	0,3			3	0,3	0	0,0	2	0,1
TX. from DCD	0	0,0	0	0,0			0	0,0			0	0,0	0	0,0		
HEART																
Total TX. -all combinations included-	100	2,4	268	1,3	31	1,8	82	1,7	1	0,2	2	0,2	1	0,1	0	0,0
Paediatric <15 years	6	0,1			1	0,1	6	0,1			0	0,0	0	0,0	0	0,0
HEART-LUNG																
Total TX.	1	0,0	0	0,0	0	0,0	0	0,0	1	0,2	0	0,0	0	0,0	0	0,0
Paediatric <15 years	0	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-	36	0,9	134	0,7	31	1,8	8	0,2	0	0,0	0	0,0	0	0,0	0	0,0
Paediatric <15 years	2	0,0			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
-Single TX.	16	0,4	89	0,4			0	0,0			0	0,0	0	0,0	0	0,0
-Double TX. (heart-lung TX. included)	20	0,5	41	0,2			8	0,2			0	0,0	0	0,0	0	0,0
TX. from living donors	0	0,0	4	0,0	0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
TX. from DCD (double + single)	0	0,0	0	0,0			0	0,0			0	0,0	0	0,0	0	0,0
PANCREAS																
Total TX. -all combinations included-	76	1,8	163	0,8	0	0,0	4	0,1			0	0,0	0	0,0	1	0,1
Paediatric <15 years	0	0,0			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
Pancreas TX. Alone	2	0,0	42	0,2	0	0,0	1	0,0			0	0,0	0	0,0	1	0,1
Kidney – Pancreas TX.	74	1,8	121	0,6	0	0,0	3	0,1			0	0,0	0	0,0	0	0,0
TX. from DCD	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-	6	0,1	1	0,0	0	0,0	2	0,0			0	0,0	0	0,0	0	0,0
Paediatric <15 years	5	0,1	1	0,0	0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
Small bowel TX. Alone	4	0,1	0	0,0	0	0,0	2	0,0			0	0,0	0	0,0	0	0,0
RECIPIENTS																
Total number of patients transplanted	1769	42,7	7579	37,8	376	21,4	961	19,9	126	25,7	152	13,5	55	5,3	134	8,5
Paediatric <15 years	134	3,2			36	2,0	60	1,2			13	1,2	0	0,0	25	1,6
Patients transplanted from living donors	429	10,4	1318	6,6	76	4,3	118	2,4			23	2,0	27	2,6	24	1,5

DONATION AND TRANSPLANTATION ACTIVITY

LATINAMERICAN COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	GUATEMALA 15,5		MEXICO 122,3		PANAMA 3,9		PARAGUAY 6,8		PERU 30,4		URUGUAY 3,4		VENEZUELA 30,4	
DONATION														
	Number	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**	**Number**	**PMP**
Actual deceased organ donors -both DBD and DCD included-	6	0,4	438	3,6	22	5,6	13	1,9	97	3,2	58	17,1	112	3,7
Actual donors after circulatory death –DCD-	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Multiorgan donors	0	0,0			9	2,3	5	0,7	46	1,5	0	0,0	1	0,0
TRANSPLANTATION														
KIDNEY														
Total TX. -all combinations included-	90	5,8	2707	22,1	52	13,3	26	3,8	186	6,1	115	33,8	281	9,2
% (TX. from living d. / Total TX.)	86,7		72,4		26,9		15,4				9,6		30,2	
Paediatric <15 years	0	0,0	172	1,4	0	0,0	5	0,7	16	0,5	2	0,6	17	0,6
TX. from deceased donors	12	0,8	747	6,1	38	9,7	22	3,2	173	5,7	104	30,6	196	6,4
-TX. from DCD			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
-Single TX.			734	6,0	38	9,7			171	5,6	104	30,6	196	6,4
-Double TX.			13	0,1	0	0,0			2	0,1	0	0,0	0	0,0
TX. from living donors	78	5,0	1960	16,0	14	3,6	4	0,6	13	0,4	11	3,2	85	2,8
-TX. from Related living donors			1960	16,0	14	3,6	4	0,6	13	0,4	11	3,2	85	2,8
-TX. from Unrelated living donors			0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
LIVER														
Total TX. -all combinations included-			149	1,2	9	2,3			26	0,9	25	7,4	7	0,2
Paediatric <15 years			23	0,2	0	0,0					2	0,6	3	0,1
Split TX.			0	0,0	0	0,0					0	0,0	0	0,0
Domino TX.			0	0,0	0	0,0					0	0,0	0	0,0
TX. from living donors			8	0,1	0	0,0			0	0,0	2	0,6	6	0,2
TX. from DCD			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
HEART														
Total TX. -all combinations included-			44	0,4	0	0,0	7	1,0	9	0,3	5	1,5	0	0,0
Paediatric <15 years			4	0,0	0	0,0	4	0,6	0	0,0	0	0,0	0	0,0
HEART-LUNG														
Total TX.			0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Paediatric <15 years			0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
LUNG														
Total TX. -all combinations included-			1	0,0	0	0,0			3	0,1	0	0,0	0	0,0
Paediatric <15 years			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
-Single TX.			1	0,0	0	0,0			3	0,1	0	0,0	0	0,0
-Double TX. (heart-lung TX. included)			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
TX. from living donors			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
TX. from DCD (double + single)			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
PANCREAS														
Total TX. -all combinations included-			0	0,0	0	0,0			1	0,0	4	1,2	0	0,0
Paediatric <15 years			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
Pancreas TX. Alone			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
Kidney – Pancreas TX.			0	0,0	0	0,0			1	0,0	4	1,2	0	0,0
TX. from DCD			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
SMALL BOWEL														
Total TX. -all combinations included-			0	0,0	0	0,0			0	0,0	0	0,0	0	0,0
Paediatric <15 years			0	0,0	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	0,0
RECIPIENTS														
Total number of patients transplanted	90	5,8	2901	23,1	61	15,6	33	4,9	225	7,4	145	42,6	288	9,5
Paediatric <15 years	0	0,0	199	1,6	0	0,0	9	1,3	16	0,5	4	1,2	20	0,7
Patients transplanted from living donors	78	5,0	1968	16,1	14	3,6	4	0,6	13	0,4	13	3,8	91	3,0

WAITING LIST

EUROPEAN UNION COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	AUSTRIA 8,5	BELGIUM 11,1	BULGARIA 7,2	CROATIA 4,3	CYPRUS 1,1	CZECH. R. 10,7	DENMARK 5,6	ESTONIA 1,3	FINLAND 5,4	FRANCE 64,3
KIDNEY										
Nº TX CENTRES	5	7	3	4	1	7	3	1	1	43
Patients included on the WL for the first time in the course of 2013	475		121	222	18	463	280	38	248	4467
Total number of patients ever active on the WL during 2013	1220		949	405	84	1210	598	87	539	14336
Patients awaiting for a transplant (only active candidates) on 31/12/2013	724	770		136	67	708	347	37	309	10736
Patients who died while on the WL during 2013	35	27	7	12	1	42	22	0	9	252
Patients on dialyses on 31/12/2013	4290		905	3000	532			300		
LIVER										
Nº TX CENTRES	3	6	3	2	0	2	1	1	1	21
Patients included on the WL for the first time in the course of 2013	173		12	144	0	137	49	13	64	1820
Total number of patients ever active on the WL during 2013	276		42	219	0	220	69	14	65	2924
Patients awaiting for a transplant (only active candidates) on 31/12/2013	64	184		63	0	79	21	4	14	1265
Patients who died while on the WL during 2013	24	30	1	16	0	12		0		206
HEART										
Nº TX CENTRES	3	7	2	2	0	2	2	0	1	25
Patients included on the WL for the first time in the course of 2013	78		19	55	0	100	23	0	38	545
Total number of patients ever active on the WL during 2013	154		40	74	0	214	44	0	55	870
Patients awaiting for a transplant (only active candidates) on 31/12/2013	84	95		23	0	134	21	0	21	338
Patients who died while on the WL during 2013	4	22	5	6	0	9		0		75
LUNG										
Nº TX CENTRES	2	5		0	0	1	1	1	1	12
Patients included on the WL for the first time in the course of 2013	128		1	0	0	46	32	4	23	375
Total number of patients ever active on the WL during 2013	214		7	0	0	103	64	4	28	500
Patients awaiting for a transplant (only active candidates) on 31/12/2013	83	85	6	0	0	69	29	2	8	163
Patients who died while on the WL during 2013	3		1	0	0	16		0		17
PANCREAS										
Nº TX CENTRES	3	6		1	1	1	0	0	1	10
Patients included on the WL for the first time in the course of 2013	29			7	1	32	0	0	11	128
Total number of patients ever active on the WL during 2013	55			15	4	85	0	0	14	294
Patients awaiting for a transplant (only active candidates) on 31/12/2013	33	60		6	4	41	0	0	5	180
Patients who died while on the WL during 2013	1			0	0	6	0	0		6
SMALL BOWEL										
Nº TX CENTRES	0	6		1	0	1	0	0	1	4
Patients included on the WL for the first time in the course of 2013	0			0	0	0	0	0		4
Total number of patients ever active on the WL during 2013	0			0	0	0	0	0		14
Patients awaiting for a transplant (only active candidates) on 31/12/2013	1	3		0	0	0	0	0		8
Patients who died while on the WL during 2013	0			0	0	0	0	0		1

WAITING LIST

EUROPEAN UNION COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	GERMANY 82,0	GREECE 11,1	HUNGARY 10,0	IRELAND 4,6	ITALY 61,0	LATVIA 2,1	LITHUANIA 3,0	LUXEMBOURG 0,5	MALTA 0,4
KIDNEY									
Nº TX CENTRES	43	5	4	1	41	1	2		1
Patients included on the WL for the first time in the course of 2013	2580	234	393	211	1982	72	76		30
Total number of patients ever active on the WL during 2013	11548	1263	1234	759	8804	126	280		85
Patients awaiting for a transplant (only active candidates) on 31/12/2013	7908	1077	711	551	6807	33	105		50
Patients who died while on the WL during 2013	415	37	18	16	138	2	8		20
Patients on dialyses on 31/12/2013		11209	6384	4047		500	1400		252
LIVER									
Nº TX CENTRES	25	1	1	1	22		2		0
Patients included on the WL for the first time in the course of 2013	1305	79	101	49	1299		37		3
Total number of patients ever active on the WL during 2013	3347	171	247	69	2251		91		5
Patients awaiting for a transplant (only active candidates) on 31/12/2013	1534	79	161		1003		27		2
Patients who died while on the WL during 2013	377	42	34	1	151		7		
HEART									
Nº TX CENTRES	24	1	2	1	16	1	2		1
Patients included on the WL for the first time in the course of 2013	573	17	70	14	334	5	22		2
Total number of patients ever active on the WL during 2013	1619	36	86	28	1011	12	43		4
Patients awaiting for a transplant (only active candidates) on 31/12/2013	929	13	34	15	698	6	19		2
Patients who died while on the WL during 2013	164	10	6	1	62	2	4		0
LUNG									
Nº TX CENTRES	15	0	0	1	11		1		0
Patients included on the WL for the first time in the course of 2013	438	0	11	39	216		5		1
Total number of patients ever active on the WL during 2013	972	0	19	84	577		9		3
Patients awaiting for a transplant (only active candidates) on 31/12/2013	443	0	8	42	361		5		2
Patients who died while on the WL during 2013	67	0	1	9	63		3		0
PANCREAS									
Nº TX CENTRES	29	1	2	1	17		1		0
Patients included on the WL for the first time in the course of 2013	142	1	13	4	83		3		0
Total number of patients ever active on the WL during 2013	429	5	38	28	278		26		0
Patients awaiting for a transplant (only active candidates) on 31/12/2013	229	5	7	17	201		4		0
Patients who died while on the WL during 2013	23	0	2	0	7		2		0
SMALL BOWEL									
Nº TX CENTRES		0	0	0	3		0		0
Patients included on the WL for the first time in the course of 2013		0	0	0	4		0		0
Total number of patients ever active on the WL during 2013		0	0	0	30		0		0
Patients awaiting for a transplant (only active candidates) on 31/12/2013	16	0	0	0	26		0		0
Patients who died while on the WL during 2013		0	0	0	3		0		0

WAITING LIST

EUROPEAN UNION COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	NETHERLANDS 16,8	POLAND 38,2	PORTUGAL 10,6	ROMANIA 21,7	SLOVAKIA 5,5	SLOVENIA 2,1	SPAIN 46,9	SWEDEN 9,6	U. K. 63,1
KIDNEY									
Nº TX CENTRES	10	20	8	3	4	1	40	4	27
Patients included on the WL for the first time in the course of 2013	1011	1241	320	728	160	59		482	2421
Total number of patients ever active on the WL during 2013	1515	2565	2297	3501	536	133		773	9471
Patients awaiting for a transplant (only active candidates) on 31/12/2013	735	906	1910	3501	395	48	4328	429	5938
Patients who died while on the WL during 2013	79	51	51	304	47	1		21	272
Patients on dialyses on 31/12/2013		20000	11709	2800	4200		24365		3512
LIVER									
Nº TX CENTRES	3	6	3	2	2	1	25	2	7
Patients included on the WL for the first time in the course of 2013	150	396	150	206	31	25	1457	173	362
Total number of patients ever active on the WL during 2013	347	553	337	452	64	38	2095	208	1631
Patients awaiting for a transplant (only active candidates) on 31/12/2013	134	133	166	452	39	8	667	28	525
Patients who died while on the WL during 2013	23	38	23	61	8	5	117		77
HEART									
Nº TX CENTRES	3	6	4	2	1	1	16	2	7
Patients included on the WL for the first time in the course of 2013	71	234	45	31	36	48	332	55	170
Total number of patients ever active on the WL during 2013	154	601	67	140	56	79	444	86	538
Patients awaiting for a transplant (only active candidates) on 31/12/2013	84	320	20	140	32	30	118	22	249
Patients who died while on the WL during 2013	15	57	6	13	8	5	14		43
LUNG									
Nº TX CENTRES	3	5	1	0	0		8	2	6
Patients included on the WL for the first time in the course of 2013	107	47	22	0	0		371	65	165
Total number of patients ever active on the WL during 2013	305	93	44	0	0		575	83	549
Patients awaiting for a transplant (only active candidates) on 31/12/2013	189	45	23	0	0		237	23	272
Patients who died while on the WL during 2013	15	29	3	0	0		22		65
PANCREAS									
Nº TX CENTRES	3	5	2	2	0	1	13	3	11
Patients included on the WL for the first time in the course of 2013	35	46	32	6	0	3	87	31	169
Total number of patients ever active on the WL during 2013	70	80	41	44	0	5	213	55	540
Patients awaiting for a transplant (only active candidates) on 31/12/2013	32	40	34	44	0		101	20	226
Patients who died while on the WL during 2013	1	6	2	27	0		4		12
SMALL BOWEL									
Nº TX CENTRES		1	0	0	0		3	1	3
Patients included on the WL for the first time in the course of 2013		0	0	0	0				0
Total number of patients ever active on the WL during 2013		0	0	0	0				48
Patients awaiting for a transplant (only active candidates) on 31/12/2013	1	0	0	0	0				11
Patients who died while on the WL during 2013		0	0	0	0				0

WAITING LIST

OTHER COUNTRIES

COUNTRIES	ALGERIA	ARMENIA	AUSTRALIA	AZERBAIJAN	BELARUS	BOSNIA AND HERZEGOVINA	CANADA	GEORGIA	ICELAND	ISRAEL	LEBANON	LIBYA	MACEDONIA
Population (million inhabitants): UNFPA	**39,2**	**3,0**	**23,3**	**9,4**	**9,4**	**3,8**	**35,2**	**4,3**	**0,3**	**7,7**	**4,8**	**6,2**	**2,1**
KIDNEY													
N° TX CENTRES	12	1	20	4	5	2	25	3	1	5	8	1	2
Patients included on the WL for the first time in the course of 2013			718		348					319	75	50	
Total number of patients ever active on the WL during 2013			1966		690	220					70	40	156
Patients awaiting for a transplant (only active candidates) on 31/12/2013			1079		365					762	70	17	
Patients who died while on the WL during 2013					15					30	2		
Patients on dialyses on 31/12/2013	5000		11790		1812					5896	2500	600	
LIVER													
N° TX CENTRES	2	0	8	2	2	1	9	0	0	3	1	1	
Patients included on the WL for the first time in the course of 2013		0	358		75	0		0	0	140	16		
Total number of patients ever active on the WL during 2013		0	546		117	0		0	0		9		
Patients awaiting for a transplant (only active candidates) on 31/12/2013	26	0	164		44	0		0	0	124	9		
Patients who died while on the WL during 2013	12	0	26		7	0		0	0	27	7		
HEART													
N° TX CENTRES	0	0	5		1	0	11	0	0	3	4	0	
Patients included on the WL for the first time in the course of 2013	0	0	87		28	0		0	0	39	14	0	
Total number of patients ever active on the WL during 2013	0	0	151		107	0		0	0		11	0	
Patients awaiting for a transplant (only active candidates) on 31/12/2013	0	0	48		61	0		0	0	89	11	0	
Patients who died while on the WL during 2013	0	0	11		2	0		0	0	12	3	0	
LUNG													
N° TX CENTRES	0	0	5		1	0	6	0	0	2	0	0	
Patients included on the WL for the first time in the course of 2013	0	0	206		12	0		0	0	71	0	0	
Total number of patients ever active on the WL during 2013	0	0	300		14	0		0	0		0	0	
Patients awaiting for a transplant (only active candidates) on 31/12/2013	0	0	95		13	0		0	0	87	0	0	
Patients who died while on the WL during 2013	0	0	13		1	0		0	0	20	0	0	
PANCREAS													
N° TX CENTRES	0	0	2		1	0	8	0	0	3	0	0	
Patients included on the WL for the first time in the course of 2013	0	0	85		8	0		0	0	5	0	0	
Total number of patients ever active on the WL during 2013	0	0	124		38	0		0	0		0	0	
Patients awaiting for a transplant (only active candidates) on 31/12/2013	0	0	72		34	0		0	0	11	0	0	
Patients who died while on the WL during 2013	0	0	2		1	0		0	0	0	0	0	
SMALL BOWEL													
N° TX CENTRES	0	0	1		1	0	3	0	0	1	0	0	
Patients included on the WL for the first time in the course of 2013	0	0	4		2	0		0	0	3	0	0	
Total number of patients ever active on the WL during 2013	0	0	4		3	0		0	0		0	0	
Patients awaiting for a transplant (only active candidates) on 31/12/2013	0	0	5		2	0		0	0	3	0	0	
Patients who died while on the WL during 2013	0	0	0		1	0		0	0	0	0	0	

WAITING LIST

OTHER COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	MOLDOVA 3,5	MONTENEGRO 0,6	NEW ZEALAND 4,5	NORWAY 5,0	PALESTINE 4,3	RUSSIAN F. 142,8	SERBIA 9,5	SWITZERLAND 8,1	SYRIA 21,9	TUNISIA 11,0	TURKEY 74,9	UKRAINE 45,2	USA 320,1
KIDNEY													
Nº TX CENTRES	2	1	4	1	1	35	5	6	8	6	61	7	237
Patients included on the WL for the first time in the course of 2013	26	8		334		1536		425		121	3605		32253
Total number of patients ever active on the WL during 2013	33	27		531		4172		1330		1257		400	91950
Patients awaiting for a transplant (only active candidates) on 31/12/2013	27	35		248		3113	712	996		1169	20155		61058
Patients who died while on the WL during 2013	0	0		22		124		25		22	1276		4456
Patients on dialyses on 31/12/2013	497	63			500	25725		734	5000	9000	55985	5000	641607
LIVER													
Nº TX CENTRES	2	0	1	1	0	15	3	3	0	2	35	2	140
Patients included on the WL for the first time in the course of 2013	13	0		116	0	325		183	0		626		10923
Total number of patients ever active on the WL during 2013	13	0		133	0	765		305	0			14	24224
Patients awaiting for a transplant (only active candidates) on 31/12/2013	9	0		16	0	326	35	140	0		1852	14	12917
Patients who died while on the WL during 2013	1	0			0	67		33	0		468		1495
HEART													
Nº TX CENTRES	1	0	1	1	0	10	2	3	0	3	9	1	133
Patients included on the WL for the first time in the course of 2013	0	0		40	0	208		59	0		169	1	3852
Total number of patients ever active on the WL during 2013	0	0		53	0	402		116	0			3	6511
Patients awaiting for a transplant (only active candidates) on 31/12/2013	0	0		18	0	171	70	59	0		377	3	2770
Patients who died while on the WL during 2013	0	0			0	50		16	0		109		329
LUNG													
Nº TX CENTRES	0	0	1	1	0	1	0	2	0	1	6	0	68
Patients included on the WL for the first time in the course of 2013	0	0		46	0	29		50	0		21	0	2413
Total number of patients ever active on the WL during 2013	0	0		90	0	71	0	111	0			0	3800
Patients awaiting for a transplant (only active candidates) on 31/12/2013	0	0		53	0	46	0	60	0		25	0	1304
Patients who died while on the WL during 2013	0	0			0	10		2	0		15	0	176
PANCREAS													
Nº TX CENTRES	0	0	0	1	0	3	0	2	0	0	4	0	137
Patients included on the WL for the first time in the course of 2013	0	0	0	51	0	25		42	0	0	20	0	1456
Total number of patients ever active on the WL during 2013	0	0	0	67	0	103	0	93	0	0		0	2903
Patients awaiting for a transplant (only active candidates) on 31/12/2013	0	0	0	33	0	66	0	59	0	0	243	0	1260
Patients who died while on the WL during 2013	0	0	0		0	2		0	0	0	8	0	169
SMALL BOWEL													
Nº TX CENTRES	0	0	0	0	0	1	0	2	0	0	4	0	41
Patients included on the WL for the first time in the course of 2013	0	0	0	0	0	1	0	2	0	0	0	0	162
Total number of patients ever active on the WL during 2013	0	0	0	0	0	0	0	4	0	0		0	346
Patients awaiting for a transplant (only active candidates) on 31/12/2013	0	0	0	0	0	0	0	2	0	0	0	0	166
Patients who died while on the WL during 2013	0	0	0	0	0	0	0	0	0	0	2	0	19

WAITING LIST

LATINAMERICAN COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	ARGENTINA 41,4	BRAZIL 200,4	CHILI 17,6	COLOMBIA 48,3	COSTA RICA 4,9	CUBA 11,3	DOMINICANA 10,4	ECUADOR 15,7
KIDNEY								
Nº TX CENTRES	58	139	21	25	7	9	8	10
Patients included on the WL for the first time in the course of 2013	1983	11312	422				39	
Total number of patients ever active on the WL during 2013	8062	31238	1633			530	113	230
Patients awaiting for a transplant (only active candidates) on 31/12/2013	6079	17075	1248	1620		452	86	122
Patients who died while on the WL during 2013	422	118		49			4	0
Patients on dialyses on 31/12/2013	28150	90000	18676	22926		2914	1873	201
LIVER								
Nº TX CENTRES	26	61	8	8	2	3	2	2
Patients included on the WL for the first time in the course of 2013	743	3414	143			25	6	21
Total number of patients ever active on the WL during 2013	1732	4670	281			35	8	28
Patients awaiting for a transplant (only active candidates) on 31/12/2013	989	1380	128	103		15	3	12
Patients who died while on the WL during 2013	139	634	47	28			1	5
HEART								
Nº TX CENTRES	26	45	7	8	1	1	2	1
Patients included on the WL for the first time in the course of 2013	148	473	73			6	4	3
Total number of patients ever active on the WL during 2013	252	678	83			10	14	7
Patients awaiting for a transplant (only active candidates) on 31/12/2013	104	252	21	31		3	5	4
Patients who died while on the WL during 2013	47	63		6		7	8	2
LUNG								
Nº TX CENTRES	9	7	5	3	1	1	0	0
Patients included on the WL for the first time in the course of 2013	99	158	89			0	0	0
Total number of patients ever active on the WL during 2013	273	320	136			0	0	0
Patients awaiting for a transplant (only active candidates) on 31/12/2013	174	186	67	1		0	0	0
Patients who died while on the WL during 2013	31	41		0		0	0	0
PANCREAS								
Nº TX CENTRES	14	19	4	6	0	1	0	1
Patients included on the WL for the first time in the course of 2013	105	206	2		0	0	0	1
Total number of patients ever active on the WL during 2013	242	690	5		0	0	0	2
Patients awaiting for a transplant (only active candidates) on 31/12/2013	137	435	3	16	0	0	0	2
Patients who died while on the WL during 2013	16	36		0	0	0	0	0
SMALL BOWEL								
Nº TX CENTRES	2	2	0	3	0	0	0	0
Patients included on the WL for the first time in the course of 2013	12	3	0		0	0	0	0
Total number of patients ever active on the WL during 2013	21	3	0		0	0	0	0
Patients awaiting for a transplant (only active candidates) on 31/12/2013	9	3	0	0	0	0	0	0
Patients who died while on the WL during 2013	2		0	0	0	0	0	0

WAITING LIST

LATINAMERICAN COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	GUATEMALA 15,5	MEXICO 122,3	PANAMA 3,9	PARAGUAY 6,8	PERU 30,4	URUGUAY 3,4	VENEZUELA 30,4
KIDNEY							
Nº TX CENTRES		229	1	4	13	4	15
Patients included on the WL for the first time in the course of 2013		4795	54	96	25	125	430
Total number of patients ever active on the WL during 2013		13881	260		286	526	1526
Patients awaiting for a transplant (only active candidates) on 31/12/2013		10043	193	77	253	409	1227
Patients who died while on the WL during 2013		59	14		0	17	63
Patients on dialyses on 31/12/2013			1800			3036	15238
LIVER							
Nº TX CENTRES		66	1	0	5	1	2
Patients included on the WL for the first time in the course of 2013		255	5	0	16	23	9
Total number of patients ever active on the WL during 2013		650		0	28	54	23
Patients awaiting for a transplant (only active candidates) on 31/12/2013		373	9	0	17	26	16
Patients who died while on the WL during 2013		24	4	0	2	3	
HEART							
Nº TX CENTRES		45	0	3	5	3	1
Patients included on the WL for the first time in the course of 2013		76	0	17	5	15	1
Total number of patients ever active on the WL during 2013		115	0		6	56	1
Patients awaiting for a transplant (only active candidates) on 31/12/2013		48	0	6	3	41	0
Patients who died while on the WL during 2013		1	0	4	1	5	0
LUNG							
Nº TX CENTRES		7	0	0	3	0	0
Patients included on the WL for the first time in the course of 2013		3	0	0	5	7	0
Total number of patients ever active on the WL during 2013		9	0	0	5	10	0
Patients awaiting for a transplant (only active candidates) on 31/12/2013		6	0	0	5	7	0
Patients who died while on the WL during 2013		0	0	0	0	3	0
PANCREAS							
Nº TX CENTRES		18	0	0	2	1	0
Patients included on the WL for the first time in the course of 2013		22	0	0	1	12	0
Total number of patients ever active on the WL during 2013		28	0	0	1	31	0
Patients awaiting for a transplant (only active candidates) on 31/12/2013		4	0	0	1	25	0
Patients who died while on the WL during 2013		0	0	0	0	2	0
SMALL BOWEL							
Nº TX CENTRES		3	0	0	0	0	0
Patients included on the WL for the first time in the course of 2013		0	0	0	0	0	0
Total number of patients ever active on the WL during 2013		0	0	0	0	0	0
Patients awaiting for a transplant (only active candidates) on 31/12/2013		0	0	0	0	0	0
Patients who died while on the WL during 2013		0	0	0	0	0	0

FAMILY REFUSALS

EUROPEAN UNION COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	AUSTRIA 8,5	BELGIUM 11,1	BULGARIA 7,2	CROATIA 4,3	CYPRUS 1,1	CZECH. R. 10,7	DENMARK 5,6	ESTONIA 1,3	FINLAND 5,4	FRANCE 64,3
Number of interviews, asking for consent to donation	221	641	21	191	9			53		
Number of family refusals (%)	24 (10,9)	76 (11,9)	5 (23,8)	39 (20,4)	3 (33,3)			11 (20,8)		700

COUNTRIES Population (million inhabitants): UNFPA	GERMANY 82,0	GREECE 11,1	HUNGARY 10,0	IRELAND 4,6	ITALY 61,0	LATVIA 2,1	LITHUANIA 3,0	LUXEMBOURG 0,5	MALTA 0,4
Number of interviews, asking for consent to donation		122	212		2270	23			15
Number of family refusals (%)		32 (26,2)	12 (5,7)	21	668 (29,4)	6 (26,1)			1 (6,7)

COUNTRIES Population (million inhabitants): UNFPA	NETHERLANDS 16,8	POLAND 38,2	PORTUGAL 10,6	ROMANIA 21,7	SLOVAKIA 5,5	SLOVENIA 2,1	SPAIN 46,9	SWEDEN 9,6	U. K. 63,1
Number of interviews, asking for consent to donation		609			90		1968		3225
Number of family refusals (%)		87 (14,3)			11 (12,2)		313 (15,9)		1334 (41,4)

OTHER COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	ALGERIA 39,2	ARMENIA 3,0	AUSTRALIA 23,3	AZERBAIJAN 9,4	BELARUS 9,4	BOSNIA AND HERZEGOVINA 3,8	CANADA 35,2	GEORGIA 4,3	ICELAND 0,3	ISRAEL 7,7	LEBANON 4,8	LIBYA 6,2	MACEDONIA 2,1
Number of interviews, asking for consent to donation			508							143	24	24	1
Number of family refusals (%)			193 (38,0)							63 (44,1)	17 (70,8)	12 (50,0)	1 (100,0)

COUNTRIES Population (million inhabitants): UNFPA	MOLDOVA 3,5	MONTENEGRO 0,6	NEW ZEALAND 4,5	NORWAY 5,0	PALESTINE 4,3	RUSSIAN F. 142,8	SERBIA 9,5	SWITZERLAND 8,1	SYRIA 21,9	TUNISIA 11,0	TURKEY 74,9	UKRAINE 45,2	USA 320,1
Number of interviews, asking for consent to donation	85							316		34	1705		9157
Number of family refusals (%)	35 (41,2)						NA (65,0)	172 (54,4)		25 (73,5)	1324 (77,7)		2062 (22,5)

LATINAMERICAN COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	ARGENTINA 41,4	BRAZIL 200,4	CHILI 17,6	COLOMBIA 48,3	COSTA RICA 4,9	CUBA 11,3	DOMINICANA 10,4	ECUADOR 15,7
Number of interviews, asking for consent to donation	844	7874	221	621		114	94	108
Number of family refusals (%)	398 (47,2)	3492 (44,3)	108 (48,9)	229 (36,9)		20 (17,5)	24 (25,5)	28 (25,9)

COUNTRIES Population (million inhabitants): UNFPA	GUATEMALA 15,5	MEXICO 122,3	PANAMA 3,9	PARAGUAY 6,8	PERU 30,4	URUGUAY 3,4	VENEZUELA 30,4
Number of interviews, asking for consent to donation			30	82	269	19	222
Number of family refusals (%)			8 (26,7)	26 (31,7)	171 (63,6)	9 (47,4)	51 (23,0)

International Data On Tissue And Hematopoeitic Stem Cell Donation And Transplantation Activity. Year 2013

European Directorate for the Quality of Medicines & HealthCare

COUNCIL OF EUROPE
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DATA PROVIDED BY NATIONAL COMPETENT AUTHORITIES:

AUSTRIA
BELGIUM
Muylle Ludo

BULGARIA
Yordan Peev

CYPRUS
Carolina Stylianou

CZECH REPUBLIC
Pavel B ezovský
Eva K emenová

GERMANY

DENMARK

ESTONIA
Siim Suutre

SPAIN
Bibiana Ramos
Marina Álvarez
Rosario Marazuela

FINLAND
Peltoniemi Pasi

FRANCE
Arnaud De Guerra

GREECE

CROATIA
Milena Ivanković

HUNGARY
Lilla Tokár

IRELAND

ITALY
Fiorenza Bariani
Letizia Lombardini

LITHUANIA
Dainora Medeisiene
Eglé Savulienė

LUXEMBOURG
Gérard Scharll

LATVIA

THE REPUBLIC OF MOLDOVA
Igor Codreanu
Tatiana Timbalari

MACEDONIA

MALTA

NETHERLANDS

NORWAY
Zaheer Rana

POLAND
Małgorzata Dudkiewicz
Artur Kaminski

PORTUGAL
Ana Rita Laranjeira
Catarina Bolotinha
Rita Piteira

ROMANIA
Andrei Nica

SWEDEN
Mona Hansson

SLOVENIA

SLOVAKIA
Daniel Kuba

TURKEY
Yavuz Elbaş

UNITED KINGDOM
Amy Gelsthorpe-Hill

ARGENTINA
Carlos Soratti
Martín Alejandro Torres
Ricardo Rubén Ibar

BOLIVIA

BRAZIL
Heder Murari Borba
Fernando Rodrigues Cunha
Patrícia Freire

CHILI
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COLOMBIA
Fernando de la Hoz Restrepo
Yazmín Rocío Arias Murillo
Maria Angélica Salinas Nova

COSTA RICA
César A. Gamboa Peñaranda

CUBA
Antonio Enamorado

DOMINICANA
Fernando Raúl Morales Billini
Alexander Altman

ECUADOR
Diana Almeida Ubidia

GUATEMALA

MEXICO
Enrique Martínez Gutiérrez
Luis Antonio Meixueiro Daza

NICARAGUA

PANAMA
Cesar J. Cuero Zambrano
Camilo Chong

PARAGUAY
Hugo A. Espinoza C.

PERU
Cesar A. Flower Peroné

URUGUAY
Inés Alvarez
Raul José Mizraji

VENEZUELA
Nelson Hernandez
Carmen Luisa Milanés
Zoraida Pacheco
Evelyn Alonzo

Data recorded & prepared by: EUROCET - European Network of Competent Authorities for Tissues and Cells -Team (www.eurocet.org)

PRELIMINARY DATA ON TISSUES - YEAR 2013

EUROPEAN UNION COUNTRIES

Country		AUSTRIA	BELGIUM	BULGARIA	CROATIA	CZECH REPUBLIC	DENMARK	ESTONIA	FINLAND	FRANCE	GERMANY	GREECE	HUNGARY	IRELAND	ITALY	LATVIA
Population (Font: eurostat)		8.451.860	11.161.642	7.284.552	4.262.140	10.516.125	5.602.628	1.320.174	5.426.674	65.578.819	80.523.746	11.290.067	9.908.798	4.591.087	59.685.227	2.023.825
TYPE OF TISSUE	TYPE OF DATA	NO DATA	NO DATA	NO DATA			NO DATA				NO DATA	NO DATA		NO DATA		NO DATA
CORNEA	N. of tissue donations				118	962		24	145	5.005			493		7.080	
	Tissue donation PMP				27,4	91,6		18,5	26,8	76,3			49,3		118,6	
	N° of tissue retrieved				229	1.121		8	302	9.964			493		14.485	
	N° tissue processed (units)				243	1.121		48	0	9.964			493		9.121	
	N° tissue distributed (units)				192	812		46	0	4.429			383		6.594	
	N° tissue imported (units)				55	0		0	0	0			0		17	
	N° tissue exported (units)				0	226		0	13	195			98		604	
	N° of tissues transplanted				117	677		46	0	4.429			342		0	
	N° of patients transplanted				62	661		53	0	4.460			394		0	
	N° of transplants				117	677		58	323	0			395		5.213	
SKIN	N. of tissue donations				7	4		NE	22	204			0		378	
	Tissue donation PMP				1,6	0,4		0,0	4,1	3,1			0,0		6,3	
	N° of tissue retrieved (cm²)				93	0		NE	112.980	367.760			0		1.069.970	
	N° tissue processed (units)				15.656	15.030		NE	1.034	367.760			23.022		1.051.078	
	N° tissue distributed (units)				24.396	8.565		NE	0	296.152			22.012		895.125	
	N° tissue imported (units)				0	0		NE	0	18.580			0		0	
	N° tissue exported (units)				0	80		NE	0	0			0		0	
	N° of tissues transplanted				321	0		NE	1.280	296.152			76		0	
	N° of patients transplanted				6	0		NE	22	89			76		0	
	N° of transplants				11	0		NE	0	0			76		2.064	
CARDIAC TISSUE	N. of tissue donations				13	111		NE	52	190			31		252	
	Tissue donation PMP				3,0	10,6		0,0	9,6	2,9			3,1		4,2	
	N° of tissue retrieved				21	111		NE	232	631			31		373	
	N° tissue processed (units)				21	111		NE	0	447			19		373	
	N° tissue distributed (units)				4	70		NE	0	207			0		173	
	N° tissue imported (units)				0	0		NE	3	57			0		3	
	N° tissue exported (units)				0	0		NE	1	136			11		0	
	N° of tissues transplanted				4	66		NE	0	207			17		0	
	N° of patients transplanted				3	69		NE	0	151			17		0	
	N° of transplants				4	70		NE	0	0			17		184	
BLOOD VESSEL	N. of tissue donations				2	10		22	14	261			77		860	
	Tissue donation PMP				0,5	1,0		16,9	2,6	4,0			7,7		14,4	
	N° of tissue retrieved				2	10		35	14	5.351			77		1.202	
	N° tissue processed (units)				2	11		55	0	5.351			61		1.202	
	N° tissue distributed (units)				1	4		47	0	1.649			3		401	
	N° tissue imported (units)				0	0		0	0	58			0		0	
	N° tissue exported (units)				0	0		0	0	26			0		0	
	N° of tissues transplanted				1	1		16	0	1.649			53		0	
	N° of patients transplanted				1	1		45	0	1.158			48		0	
	N° of transplants				1	1		47	0	0			16		276	
MUSCULOSKELETAL	N. of tissue donations				326	827		166	839	63			255		3.325	
	Tissue donation PMP				75,8	78,8		127,7	155,4	1,0			25,5		55,7	
	N° of tissue retrieved				224	1.797		190	1.167	22.977			255		6.153	
	N° tissue processed (units)				326	2.172		317	0	22.977			832		6.153	
	N° tissue distributed (units)				217	2.304		231	0	33.743			688		15.055	
	N° tissue imported (units)				0	0		0	0	3.359			0		0	
	N° tissue exported (units)				0	184		0	0	2.917			0		37	
	N° of tissues transplanted				105	810		186	0	33.743			1.030		0	
	N° of patients transplanted				94	717		213	0	26.339			252		0	
	N° of transplants				101	784		227	0	0			252		6.755	
PLACENTA/AMNIOTIC MEMBRANE	N. of tissue donations				3	8		39	5	0			195		218	
	Tissue donation PMP				0,7	0,8		30,0	0,9	0,0			19,5		3,7	
	N° of tissue retrieved				2	8		39	178	83			195		224	
	N° tissue processed (units)				1.356	679		117	0	19.677			207		0	
	N° tissue distributed (units)				1.291	1.192		89	0	18.165			230		26.688	
	N° tissue imported (units)				25	0		0	0	0			0		0	
	N° tissue exported (units)				0	3		0	33	5			0		0	
	N° of tissues transplanted				34	29		3	0	2.595			48		0	
	N° of patients transplanted				9	29		68	0	2.253			57		0	
	N° of transplants				34	29		89	243	0			60		1.162	
OTHERS	N. of tissue donations				6	33		0	0	0			34		194	
	Tissue donation PMP				1,4	3,1		0,0	0,0	0,0			3,4		3,2	
	N° of tissue retrieved				6	33		0	0	1.308			34		194	
	N° tissue processed (units)				6	0		NE	0	0			34		171	
	N° tissue distributed (units)				0	0		NE	0	0			1		97	
	N° tissue imported (units)				0	0		NE	0	0			0		0	
	N° tissue exported (units)				0	0		NE	0	0			0		0	
	N° of tissues transplanted				0	32		NE	0	0			76		97	
	N° of patients transplanted				0	32		NE	0	0			76		74	
	N° of transplants				0	32		NE	0	0			76		0	

PRELIMINARY DATA ON TISSUES - YEAR 2013

		EUROPEAN UNION COUNTRIES											OTHER COUNTRIES			
Country		**LITHUANIA**	**LUXEMBOURG**	**MALTA**	**NETHERLANDS**	**POLAND**	**PORTUGAL**	**ROMANIA**	**SLOVAKIA**	**SLOVENIA**	**SPAIN**	**SWEDEN**	**UNITED KINGDOM**	**MACEDONIA**	**MOLDOVA**	**NORWAY**	**TURKEY**
Population (Font: eurostat)		2.971.905	537.039	421.364	16.779.575	38.533.299	10.487.289	20.020.074	5.410.836	2.058.821	46.727.890	9.555.893	63.896.071	2.062.294	3.500.000	5.051.275	75.627.384
TYPE OF TISSUE	TYPE OF DATA			NO DATA	NO DATA					NO DATA	NO DATA	NO DATA		NO DATA			
CORNEA	N. of tissue donations	28	19			579	515	82	128		2.852	551	0		32	65	0
	Tissue donation PMP	9,3	38,0			15,0	49,0	4,1	23,7		61,0	58,0	0,0		9,1	13,0	0,0
	N° of tissue retrieved	56	38			1.140	988	82	239		5.144	1.098	6.602		63	124	0
	N° tissue processed (units)	56	0			987	NA	82	197		5.122	1.103	6.562		63	124	0
	N° tissue distributed (units)	51	0			908	NA	78	150		3.264	795	3.701		40	75	0
	N° tissue imported (units)	0	0			0	139	87	0		16	0	820		0	150	569
	N° tissue exported (units)	0	0			0	0	39	0		0	0	3.701		0	39	0
	N° of tissues transplanted	51	0				846	165	168		3.322		0		40	17	0
	N° of patients transplanted	47	0				843	165	164		3.463	785	0		40	212	0
	N° of transplants	51	0				846	165	168				0		40	217	0
SKIN	N. of tissue donations	0	0			12	2	17	14		117	43	0		3	114	0
	Tissue donation PMP	0,0	0,0			0,3	0,2	0,8	2,6		2,5	4,5	0,0		0,8	22,8	0,0
	N° of tissue retrieved (cm²)	0	0			12	1.532	29.400	69.685		270.808	NA	0		2.550	0	0
	N° tissue processed (units)	0	0			68.830	1.534	26.700	69.750		270.808		227		2.577	0	0
	N° tissue distributed (units)	0	0			58.093	793	11.900	41.885		185.186		3.912		964	0	0
	N° tissue imported (units)	0	0			0	72	0	0		0	36	2.456		0	0	0
	N° tissue exported (units)	0	0			0	0	0	0		10	0	3.920		0	0	0
	N° of tissues transplanted	0	0				73	11.900	39		181.046		0		14	107	0
	N° of patients transplanted	0	0				12	3	9		32	54	0		2	0	0
	N° of transplants	0	0				17	3	16				0		2	107	0
CARDIAC TISSUE	N. of tissue donations	0	0			153	16	0	4		133	138	0		0	0	0
	Tissue donation PMP	0,0	0,0			4,0	1,5	0,0	0,7		2,8	14,5	0,0		0,0	0,0	0,0
	N° of tissue retrieved	0	0			330	32	0	5		247	283	1.007		0	0	0
	N° tissue processed (units)	0	0			204	NA	0	5			107	1.089		0	0	0
	N° tissue distributed (units)	0	0			158	NA	0	9			54	587		0	0	0
	N° tissue imported (units)	0	0			0	0	0	0		0	0	337		0	0	0
	N° tissue exported (units)	0	0			0	0	0	0		13	0	634		0	0	0
	N° of tissues transplanted	0	0				6	0	9		108		0		0	0	0
	N° of patients transplanted	0	0				6	0	9		108	155	0		0	0	0
	N° of transplants	0	0				6	0	9				0		0	0	0
BLOOD VESSEL	N. of tissue donations	0	0			10	4	0	0		144	NA	0		0	0	0
	Tissue donation PMP	0,0	0,0			0,2	0,4	0,0	0,0		3,1	NA	0,0		0,0	0,0	0,0
	N° of tissue retrieved	0	0			10	4	0	0		302	60	141		0	0	0
	N° tissue processed (units)	0	0			54	NA	0	0		247	285	69		0	0	0
	N° tissue distributed (units)	0	0			61	NA	0	0		190	155	135		0	0	0
	N° tissue imported (units)	0	0			0	0	0	0		0	0	419		0	0	0
	N° tissue exported (units)	0	0			0	0	0	0		45	0	135		0	0	0
	N° of tissues transplanted	0	0				0	0	0		129		0		0	0	0
	N° of patients transplanted	0	0				0	0	0		118	1	0		0	0	0
	N° of transplants	0	0				0	0	0				0		0	0	0
MUSCULOSKELETAL	N. of tissue donations	42	207			306	50	292	359		2.594	1.452	0		18	386	0
	Tissue donation PMP	14,0	414,0			8,0	4,8	14,6	66,5		55,5	152,8	0,0		5,1	77,2	0,0
	N° of tissue retrieved	49	207			2.273	167	316	2.095		18.629	1.440	7.449		69	506	0
	N° tissue processed (units)	49	0			0	232	204	2.370		18.629	1.486	2.185		244	306	0
	N° tissue distributed (units)	20	0			0	264	93	2.015		16.577	1.107	18.977		204	294	0
	N° tissue imported (units)	0	0			0	163	65	0		936	64	26.985		0	56	0
	N° tissue exported (units)	0	0			0	0	0	1.394		157	0	20.778		0	0	0
	N° of tissues transplanted	20	0				254	228	602		12.641		0		175	291	0
	N° of patients transplanted	20	0				190	192	284		9.470	686	0		132	291	0
	N° of transplants	20	0				NA	192	602				0		134	378	0
PLACENTA/AMNIOTIC MEMBRANE	N. of tissue donations	13	0			88	24	0	26		70	7	0		0	17	0
	Tissue donation PMP	4,3	0,0			2,3	2,3	0,0	4,8		1,5	0,7	0,0		0,0	3,4	0,0
	N° of tissue retrieved	13	0			88	24	0	24		2.217	7	0		0	0	0
	N° tissue processed (units)	45	0			0	16.347	0	8.094		2.217	403	64		0	1.324	0
	N° tissue distributed (units)	83	0			0	17.642	0	7.974		1.520	343	735		0	1.050	0
	N° tissue imported (units)	0	0			0	0	0	15		0	0	257		0	21	0
	N° tissue exported (units)	0	0			0	0	0	0		0	0	735		0	0	0
	N° of tissues transplanted	83	0				167	0	218		2.217		0		0	63	0
	N° of patients transplanted	77	0				124	0	197		1.322	NA	0		0	63	0
	N° of transplants	83	0				126	0	218				0		0	63	0
OTHERS	N. of tissue donations	1	0			22	0	0	107		0	0	0		5	12	0
	Tissue donation PMP	0,3	0,0			0,6	0,0	0,0	19,8		0,0	0,0	0,0		1,4	2,4	0,0
	N° of tissue retrieved	1	0			22	0	0	535		0	0	24.280		21	12	0
	N° tissue processed (units)	1	0			0	0	0	543		0		4.087		22	62	0
	N° tissue distributed (units)	1	0			0	0	0	414		0		26.334		14	0	0
	N° tissue imported (units)	0	0			0	0	0	0		0	0	11.882		0	0	0
	N° tissue exported (units)	0	0			0	0	0	384		0	0	26.392		0	0	0
	N° of tissues transplanted	1	0				0	0	36		0		0		14	10	0
	N° of patients transplanted	1	0				0	0	11		0	NA	0		2	6	0
	N° of transplants	1	0				0	0	13		0		0		14	0	0

* Only extra EU

PRELIMINARY DATA ON TISSUES - YEAR 2013

LATINAMERICAN COUNTRIES

Country		ARGENTINA	BRAZIL	CHILI	COLOMBIA	COSTA RICA	CUBA	DOMINICANA	ECUADOR
Population (Font: UNFPA, state of world population, Nov 2013 - Million)		41,4	200,4	17,6	48,3	4,9	11,3	10,4	15,7
TYPE OF TISSUE	TYPE OF DATA								
CORNEA	N. of tissue donations	1.568	27.202	86	971	0	400	0	66
	Tissue donation PMP	37,9	135,7	4,9	20,1	0,0	35,4	0,0	4,2
	N° of tissue retrieved	1.556	24.273	86	1.913	0	750	0	61
	N° of tissues transplanted	0	13.765	NA	2.097	189	0	0	0
	N° of patients transplanted	928	NA	NA	NA	0	482	0	0
	N° of transplants	928	NA	NA	NA	0	482	0	94
SKIN	N. of tissue donations	52	228	3	72	0	0	0	0
	Tissue donation PMP	1,3	1,1	0,2	1,5	0,0	0,0	0,0	0,0
	N° of tissue retrieved (cm2)	522	60.672	3	72	0	0	0	0
	N° of tissues transplanted	0	46.472	NA	NA	0	0	0	0
	N° of patients transplanted	16	NA	NA	32	0	67	0	0
	N° of transplants	16	NA	NA	32	0	67	0	0
CARDIAC TISSUE	N. of tissue donations	198	200	3	44	0	0	0	0
	Tissue donation PMP	4,9	1,0	0,2	0,9	0,0	0,00	0,00	0,00
	N° of tissue retrieved	272	359	3	73	0	0	0	0
	N° of tissues transplanted	0	261	NA	68	0	0	0	0
	N° of patients transplanted	324	NA	NA	UK	0	0	0	0
	N° of transplants	324	NA	NA	UK	0	0	0	0
BLOOD VESSEL	N. of tissue donations	0	0	0	0	0	0	0	0
	Tissue donation PMP	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
	N° of tissue retrieved	0	0	0	0	0	0	0	0
	N° of tissues transplanted	0	0	0	0	0	0	0	0
	N° of patients transplanted	6	0	0	0	0	0	0	0
	N° of transplants	6	0	0	0	0	0	0	0
MUSCULOSKELETAL	N. of tissue donations	1.411	1.198	1	317	0	77	0	212
	Tissue donation PMP	34,1	6,0	0,1	6,6	0,0	6,8	0,0	13,5
	N° of tissue retrieved	1.953	25.290	1	1.088	0	222	0	212
	N° of tissues transplanted	0	23.142	NA	14.568	22	0	0	0
	N° of patients transplanted	4.711	NA	NA	UK	0	222	0	0
	N° of transplants	4.711	NA	NA	UK	0	222	0	117
PLACENTA/AMNIOTIC MEMBRANE	N. of tissue donations	0	0	0	6	0	0	0	3
	Tissue donation PMP	0,0	0,0	0,0	0,1	0,0	0,0	0,0	0,2
	N° of tissue retrieved	0	0	0	6	0	0	0	3
	N° of tissues transplanted	0	0	0	0	0	0	0	0
	N° of patients transplanted	374	0	0	0	0	0	0	0
	N° of transplants	374	0	0	0	0	0	0	86
OTHERS	N. of tissue donations	178	0	0	0	0	0	0	0
	Tissue donation PMP	4,3	0,0	0,0	0,0	0,0	0,0	0,0	0,0
	N° of tissue retrieved	178	0	0	8	0	0	0	0
	N° of tissues transplanted	0	0	0	8	0	0	0	0
	N° of patients transplanted	NA	0	0	8	0	0	0	0
	N° of transplants	NA	0	0	8	0	0	0	0

PRELIMINARY DATA ON TISSUES - YEAR 2013

LATINAMERICAN COUNTRIES

Country		GUATEMALA	MEXICO	PANAMA	PARAGUAY	PERU	URUGUAY	VENEZUELA
Population (Font: UNFPA, state of world population, Nov 2013 - Million)		15,5	122,3	3,9	6,8	30,4	3,4	30,4
TYPE OF TISSUE	TYPE OF DATA	NO DATA						
CORNEA	N. of tissue donations		2.580	0	47	0	217	85
	Tissue donation PMP		21,1	0,0	6,9	0,0	63,8	2,8
	N° of tissue retrieved		2.580	0	0	0	217	168
	N° of tissues transplanted		3.025	0	0	0	185	154
	N° of patients transplanted		3.025	0	90	0	175	154
	N° of transplants		3.025	0	90	0	185	154
SKIN	N. of tissue donations		20	0	0	0	15	0
	Tissue donation PMP		0,2	0,0	0,0	0,0	4,4	0,0
	N° of tissue retrieved (cm2)		0	0	0	0	23.800	0
	N° of tissues transplanted		0	0	0	0	416	0
	N° of patients transplanted		0	0	0	0	16	0
	N° of transplants		0	0	0	0	21	0
CARDIAC TISSUE	N. of tissue donations		6	0	0	0	3	15
	Tissue donation PMP		0,0	0,0	0,0	0,00	0,9	0,5
	N° of tissue retrieved		6	0	0	0	3	60
	N° of tissues transplanted		2	0	0	0	2	8
	N° of patients transplanted		2	0	0	0	2	8
	N° of transplants		2	0		0	2	8
BLOOD VESSEL	N. of tissue donations		0	0	0	0	24	0
	Tissue donation PMP		0,0	0,0	0,0	0,0	7,0	0,0
	N° of tissue retrieved		0	0	0	0	24	0
	N° of tissues transplanted		0	0	0	0	29	0
	N° of patients transplanted		0	0	0	0	21	0
	N° of transplants		0	0	0	0	21	0
MUSCULOSKELETAL	N. of tissue donations		243	0	0	0	43	0
	Tissue donation PMP		2,0	0,0	0,0	0,0	12,6	0,0
	N° of tissue retrieved		243	0	0	0	43	0
	N° of tissues transplanted		0	0	0	0	696	0
	N° of patients transplanted		0	0	0	0	137	0
	N° of transplants		0	0	0	0	159	0
PLACENTA/AMNIOTIC MEMBRANE	N. of tissue donations		0	0	0	0	114	0
	Tissue donation PMP		0,0	0,0	0,0	0,0	33,5	0,0
	N° of tissue retrieved		0	0	0	0	114	0
	N° of tissues transplanted		0	0	0	0	699	0
	N° of patients transplanted		0	0	0	0	58	0
	N° of transplants		0	0	0	0	103	0
OTHERS	N. of tissue donations		0	0	0	0	0	0
	Tissue donation PMP		0,0	0,0	0,0	0,0	0,0	0,0
	N° of tissue retrieved		0	0	0	0	0	0
	N° of tissues transplanted		0	0	0	0	0	0
	N° of patients transplanted		0	0	0	0	0	0
	N° of transplants		0	0	0	0	0	0

PRELIMINARY DATA ON HPC CELLS - YEAR 2013

EUROPEAN UNION COUNTRIES

Country		AUSTRIA	BELGIUM	BULGARIA	CROATIA	CYPRUS	CZECH REPUBLIC	DENMARK	ESTONIA	FINLAND	FRANCE	GERMANY	GREECE	HUNGARY	IRELAND	ITALY	LATVIA
Population (Font: eurostat)		8.451.860	11.161.642	7.284.552	4.262.140	865.878	10.516.125	5.602.628	1.320.174	5.426.674	65.578.819	80.523.746	11.290.067	9.908.798	4.591.087	59.685.227	2.023.825
CATEGORY OF DATA	TYPE OF 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				36.812	132.283	24.140		NA	23.249	221.460			107		342.508	
	N° of cord blood unit at 31.12				2.447	2.604	4.991		NE	3.423	31.230			266		31.230	
	N° of searches requested				417	8.027	20.795		NE	0	22.548			0		3.204	
	N° of unrelated donation				1.999	24	14		9	263	479			0		23.301	
DONATION	N° of donation - Autologous				736	20	1.647		45	303	3.128			0		3.044	
	N° of donation - Allogenic				2.070	24	14		6	291	1.249			0		24.566	
	N° of donation - Allogenic, related				71	0	0		6	28	770			0		1.265	
	N° of donation - Allogenic, unrelated				1.999	24	14		0	263	479			0		23.301	
BANKING of CORD BLOOD	N° of unrelated cord blood units collected				1.989	1.769	0		0	235	7.988			5.648		22.636	
	N° of unrelated cord blood units distributed				0	0	1		0	0	0			0		8	
	N° of unrelated cord blood units at 31.12				2.728	2.604	0		0	3.423	31.230			26.378		37.253	
	N° of related cord blood units collected				21	1.964	235		0	0	0			0		315	
	N° of related cord blood units distributed				1	1	0		0	6	256			0		12	
	N° of related cord blood units at 31.12				175	19.148	4.314		0	0	0			0		3.087	
TRANSPLANT	N° of transplants - Autologous				156	22	447		13	0	3.032			285		3.037	
	N° of patients transplanted - Autologous				127	20	347		NA	252	2.899			282		2.482	
	N° of transplants - Allogenic				66	0	228		14	0	1.872			97		1.708	
	N° of patients transplanted - Allogenic				66	0	207		NA	139	0			95		1.615	
	N° of transplants - Allogenic, related				33	0	57		6	0	782			46		948	
	N° of patients transplanted - Allogenic, related				33	0	55		NA	26	0			44		886	
	N° of transplants - Allogenic, unrelated				33	0	171		8	0	1.090			51		760	
	N° of patients transplanted - Allogenic, unrelated				33	0	152		NA	113	0			51		729	

PRELIMINARY ON HPC CELLS - YEAR 2013

		EUROPEAN UNION COUNTRIES												OTHER COUNTRIES			
Country		**LITHUANIA**	**LUXEMBOURG**	**MALTA**	**NETHERLANDS**	**POLAND**	**PORTUGAL**	**ROMANIA**	**SLOVAKIA**	**SLOVENIA**	**SPAIN**	**SWEDEN**	**UNITED KINGDOM**	**MACEDONIA**	**MOLDOVA**	**NORWAY**	**TURKEY**
Population (Font: eurostat)		2.971.905	537.039	421.364	16.779.575	38.533.299	10.487.289	20.020.074	5.410.836	2.058.821	46.727.890	9.555.893	63.896.071	2.062.294	3.500.000	5.051.275	75.627.384
CATEGORY OF	TYPE OF		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	9.086				598.147	338.614	2.909	4.973		132.335	NA	0		0	29.012	41.352
	N° of cord blood unit at 31.12	1.039				6.611	8.463	6.440	1.720		58.848	NA	0		0	0	3.022
	N° of searches requested	184				5.486	3.047	75	19.419		3.661	NA	0		0	14.970	1.140
	N° of unrelated donation	47				319	70	3	33		746	159	0		0	48	0
DONATION	N° of donation - Autologous	283				7.250	351	2.170	7.591		1.761	642	0		0	265	1.535
	N° of donation - Allogenic	65				8.357	142	1.507	73		1.088	870	0		0	99	1.119
	N° of donation - Allogenic, related	18				5.713	72	1.504	40		708	102	0		0	48	0
	N° of donation - Allogenic, unrelated	47				2.640	70	3	33		380	768	0		0	51	0
BANKING of CORD BLOOD	N° of unrelated cord blood units collected	0				12.060	203	0	38		3.797	704	21.406		0	0	0
	N° of unrelated cord blood units distributed	0				3	000	0	0		347	9	0		0	0	0
	N° of unrelated cord blood units at 31.12	0				27.371	8.463	NA	20		58.848	607	232.315		0	0	0
	N° of related cord blood units collected	176				6.564	9.513	13.106	13		7	1	0		0	67	0
	N° of related cord blood units distributed	0				1	0	0	3		7	0	4.001		0	0	0
	N° of related cord blood units at 31.12	1.008				42.184	101.863	91.428	13		0	1	0		0	680	0
TRANSPLANT	N° of transplants - Autologous	112				847	342	197	122		1.761	0	0		0	60	1.737
	N° of patients transplanted - Autologous	85				0	323	89	140		0	442	0		0	51	0
	N° of transplants - Allogenic	70				493	147	34	84		1.184	0	0		0	65	1.119
	N° of patients transplanted - Allogenic	61				454	147	11	78		0	259	0		0	15	0
	N° of transplants - Allogenic, related	17				174	69	22	32		708	0	0		0	14	931
	N° of patients transplanted - Allogenic, related	12				160	69	6	28		0	84	0		0	14	0
	N° of transplants - Allogenic, unrelated	53				319	78	12	52		476	0	0		0	51	188
	N° of patients transplanted - Allogenic, unrelated	49				294	78	5	50		0	175	0		0	1	0

PRELIMINARY DATA ON HPC CELLS - YEAR 2013

LATINAMERICAN COUNTRIES

Country		ARGENTINA	BRAZIL	CHILI	COLOMBIA	COSTA RICA	CUBA	DOMINICANA	ECUADOR
Population (Font: UNFPA, state of world population, Nov 2013 - Million)		41,4	200,4	17,6	48,3	4,9	11,3	10,4	15,7
CATEGORY OF DATA	TYPE OF DATA			NO DATA					
POTENTIAL DONATION AND SEARCHING IN THE NATIONAL REGISTRIES	N° of potential donors at 31.12	1.336	3.247.204		0	0	0	0	21
	N° of cord blood unit at 31.12	171	23.602		0	0	0	0	6
	N° of searches requested	534	905		0	0	0	0	11
	N° of unrelated donation				0	0	0	0	6
DONATION	N° of donation - Autologous	0	0		0	0	0	0	0
	N° of donation - Allogenic	0	0		0	0	0	0	0
	N° of donation - Allogenic, related	0	0		0	0	0	0	0
	N° of donation - Allogenic, unrelated	0	0		0	0	0	0	0
BANKING of CORD BLOOD	N° of unrelated cord blood units collected	0	0		0	0	0	0	0
	N° of unrelated cord blood units distributed	0	0		0	0	0	0	0
	N° of unrelated cord blood units at 31.12	0	12		0	0	0	0	6
	N° of related cord blood units collected	0	0		0	0	0	0	0
	N° of related cord blood units distributed	0	0		0	0	0	0	0
	N° of related cord blood units at 31.12	0	20		0	0	0	0	0
TRANSPLANT	N° of transplants - Autologous	518	1.327		274	22	26	0	20
	N° of patients transplanted - Autologous	0	1.327		274	0	26	0	7
	N° of transplants - Allogenic	240	786		205	0	0	0	7
	N° of patients transplanted - Allogenic	0	786		0	0	0	0	0
	N° of transplants - Allogenic, related	158	533		159	0	0	0	7
	N° of patients transplanted - Allogenic, related	0	533		159	0	0	0	0
	N° of transplants - Allogenic, unrelated	82	253		46	0	0	0	0
	N° of patients transplanted - Allogenic, unrelated	0	253		46	0	0	0	0

PRELIMINARY DATA ON HPC CELLS - YEAR 2013

LATINAMERICAN COUNTRIES

Country		GUATEMALA	MEXICO	PANAMA	PARAGUAY	PERU	URUGUAY	VENEZUELA
Population (Font: UNFPA, state of world population, Nov 2013 - Million)		15,5	122,3	3,9	6,8	30,4	3,4	30,4
CATEGORY OF DATA	TYPE OF DATA	NO DATA						
POTENTIAL DONATION AND SEARCHING IN THE NATIONAL REGISTRIES	N° of potential donors at 31.12		0	0	0	0	535	0
	N° of cord blood unit at 31.12		0	0	0	0	2	0
	N° of searches requested		0	0	0	0	7	0
	N° of unrelated donation		0	0	0	0	0	0
DONATION	N° of donation - Autologous		0	0	0	0	0	0
	N° of donation - Allogenic		0	0	0	0	0	0
	N° of donation - Allogenic, related		0	0	0	0	0	0
	N° of donation - Allogenic, unrelated		0	0	0	0	0	0
BANKING of CORD BLOOD	N° of unrelated cord blood units collected		0	0	0	0	0	0
	N° of unrelated cord blood units distributed		0	0	0	0	0	0
	N° of unrelated cord blood units at 31.12		0	0	0	0	0	0
	N° of related cord blood units collected		0	0	0	0	0	0
	N° of related cord blood units distributed		0	0	0	0	0	0
	N° of related cord blood units at 31.12		0	0	0	0	0	0
TRANSPLANT	N° of transplants - Autologous		5	0	12	47	95	0
	N° of patients transplanted - Autologous		0	32	12	47	89	0
	N° of transplants - Allogenic		5	0	1	34	36	0
	N° of patients transplanted - Allogenic		0	0	0	34	31	0
	N° of transplants - Allogenic, related		4	0	1	34	31	0
	N° of patients transplanted - Allogenic, related		0	0	0	34	26	0
	N° of transplants - Allogenic, unrelated		1	0	0	0	5	0
	N° of patients transplanted - Allogenic, unrelated		0	0	0	0	5	0

Council Of Europe Convention, Resolutions, Recommendations And Reports

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European Directorate for the Quality of Medicines & HealthCare

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Council of Europe Convention against Trafficking in Human Organs

(Adopted by the Committee of Ministers on 9 July 2014 at the 1205th meeting of the Ministers' Deputies)

PREAMBLE

The member States of the Council of Europe and the other signatories to this Convention;

Bearing in mind the Universal Declaration of Human Rights, proclaimed by the United Nations General Assembly on 10 December 1948, and the Convention for the Protection of Human Rights and Fundamental Freedoms (1950, ETS No. 5);

Bearing in mind the 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 (1997, ETS No. 164) and the Additional Protocol to the Convention on Human Rights and Biomedicine concerning Transplantation of Organs and Tissues of Human Origin (2002, ETS No. 186);

Bearing in mind the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention Against Transnational Organized Crime (2000) and the Council of Europe Convention on Action against Trafficking in Human Beings (2005, CETS No. 197);

Considering that the aim of the Council of Europe is to achieve a greater unity between its members;

Considering that the trafficking in human organs violates human dignity and the right to life and constitutes a serious threat to public health;

Determined to contribute in a significant manner to the eradication of the trafficking in human organs through the introduction of new offences supplementing the existing international legal instruments in the field of trafficking in human beings for the purpose of the removal of organs;

Considering that the purpose of this Convention is to prevent and combat trafficking in human organs, and that the implementation of the provisions of the Convention concerning substantive criminal law should be carried out taking into account its purpose and the principle of proportionality;

Recognising that, to efficiently combat the global threat posed by the trafficking in human organs, close international co-operation between Council of Europe member States and non-member States alike should be encouraged,

Have agreed as follows:

CHAPTER I

PURPOSES, SCOPE AND USE OF TERMS

ARTICLE 1 – PURPOSES

1. The purposes of this Convention are:

   a. to prevent and combat the trafficking in human organs by providing for the criminalisation of certain acts;

   b. to protect the rights of victims of the offences established in accordance with this Convention;

   c. to facilitate co-operation at national and international levels on action against the trafficking in human organs.

2. In order to ensure effective implementation of its provisions by the Parties, this Convention sets up a specific follow-up mechanism.

ARTICLE 2 – SCOPE AND USE OF TERMS

1. This Convention applies to the trafficking in human organs for purposes of transplantation or other purposes, and to other forms of illicit removal and of illicit implantation.

2. For the purposes of this Convention, the term:

   - "trafficking in human organs" shall mean any illicit activity in respect of human organs as prescribed in Article 4, paragraph 1 and Articles 5, 7, 8 and 9 of this Convention;

   - "human organ" shall mean a differentiated part of the human body, formed by different tissues, that maintains its structure, vascularisation and capacity to develop physiological functions with a significant level of autonomy. A part of an organ is also considered to be an organ if its function is to be used for the same purpose as the entire organ in the human body, maintaining the requirements of structure and vascularisation.

ARTICLE 3 – PRINCIPLE OF NON-DISCRIMINATION

The implementation of the provisions of this Convention by the Parties, in particular the enjoyment of measures to protect the rights of victims, shall be secured without discrimination on any ground such as sex, race, colour, language, age, religion, political or any other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, state of health, disability or other status.

CHAPTER II

SUBSTANTIVE CRIMINAL LAW

ARTICLE 4 – ILLICIT REMOVAL OF HUMAN ORGANS

1. Each Party shall take the necessary legislative and other measures to establish as a criminal offence under its domestic law, when committed intentionally, the removal of human organs from living or deceased donors:

   a. where the removal is performed without the free, informed and specific consent of the living or deceased donor, or, in the case of the deceased donor, without the removal being authorised under its domestic law;

   b. where, in exchange for the removal of organs, the living donor, or a third party, has been offered or has received a financial gain or comparable advantage;

   c. where in exchange for the removal of organs from a deceased donor, a third party has been offered or has received a financial gain or comparable advantage.

2. Any State or the European Union may, at the time of signature or when depositing its instrument of ratification, acceptance or approval, by a declaration addressed to the Secretary General of the Council of Europe, declare that it reserves the right not to apply paragraph 1.a of this article to the removal of human organs from living donors, in exceptional cases and in accordance with appropriate safeguards or consent provisions under its domestic law. Any reservation made under this paragraph shall contain a brief statement of the relevant domestic law.

3. The expression "financial gain or comparable advantage" shall, for the purpose of paragraph 1, b and c, not include compensation for loss of earnings and any other justifiable expenses caused by the removal or by the related medical examinations, or compensation in case of damage which is not inherent to the removal of organs.

4. Each Party shall consider taking the necessary legislative or other measures to establish as a criminal offence under its domestic law the removal of human organs from living or deceased donors where the removal is performed outside of the framework of its domestic transplantation system, or where the removal is performed in breach of essential principles of national transplantation laws or rules. If a Party establishes criminal offences in accordance with this provision, it shall endeavour to apply also Articles 9 to 22 to such offences.

ARTICLE 5 – USE OF ILLICITLY REMOVED ORGANS FOR PURPOSES OF IMPLANTATION OR OTHER PURPOSES THAN IMPLANTATION

Each Party shall take the necessary legislative and other measures to establish as a criminal offence under its domestic law, when committed intentionally, the use of illicitly removed organs, as described in Article 4, paragraph 1, for purposes of implantation or other purposes than implantation.

ARTICLE 6 – IMPLANTATION OF ORGANS OUTSIDE OF THE DOMESTIC TRANSPLANTATION SYSTEM OR IN BREACH OF ESSENTIAL PRINCIPLES OF NATIONAL TRANSPLANTATION LAW

Each Party shall consider taking the necessary legislative or other measures to establish as a criminal offence under its domestic law, when committed intentionally, the implantation of human organs from living or deceased donors where the implantation is performed outside of the framework of its domestic transplantation system, or where the implantation is performed in breach of essential principles of national transplantation laws or rules. If a Party establishes criminal offences in accordance with this provision, it shall endeavour to apply also Articles 9 to 22 to such offences.

ARTICLE 7 – ILLICIT SOLICITATION, RECRUITMENT, OFFERING AND REQUESTING OF UNDUE ADVANTAGES

1. Each Party shall take the necessary legislative and other measures to establish as a criminal offence under its domestic law, when committed intentionally, the solicitation and recruitment of an organ donor or a recipient, where carried out for financial gain or comparable advantage for the person soliciting or recruiting, or for a third party.

2. Each Party shall take the necessary legislative and other measures to establish as a criminal offence, when committed intentionally, the promising, offering or giving by any person, directly or indirectly, of any undue advantage to healthcare professionals, its public officials or persons who direct or work for private sector entities, in any capacity, with a view to having a removal or implantation of a human organ performed or facilitated, where such removal or implantation takes place under the circumstances described in Article 4, paragraph 1, or Article 5 and where appropriate Article 4, paragraph 4 or Article 6.

3. Each Party shall take the necessary legislative and other measures to establish as a criminal offence, when committed intentionally, the request or receipt by healthcare professionals, its public officials or persons who direct or work for private sector entities, in any capacity, of any undue advantage with a view to performing or facilitating the performance of a removal or implantation of a human organ, where such removal or implantation takes place under the circumstances described in Article 4, paragraph 1 or Article 5 and where appropriate Article 4, paragraph 4 or Article 6.

ARTICLE 8 – PREPARATION, PRESERVATION, STORAGE, TRANSPORTATION, TRANSFER, RECEIPT, IMPORT AND EXPORT OF ILLICITLY REMOVED HUMAN ORGANS

Each Party shall take the necessary legislative and other measures to establish as a criminal offence under its domestic law, when committed intentionally:

a. the preparation, preservation, and storage of illicitly removed human organs as described in Article 4, paragraph 1, and where appropriate Article 4, paragraph 4;

b. the transportation, transfer, receipt, import and export of illicitly removed human organs as described in Article 4, paragraph 1, and where appropriate Article 4, paragraph 4.

ARTICLE 9 – AIDING OR ABETTING AND ATTEMPT

1. Each Party shall take the necessary legislative and other measures to establish as criminal offences, when committed intentionally, aiding or abetting the commission of any of the criminal offences established in accordance with this Convention.
2. Each Party shall take the necessary legislative and other measures to establish as a criminal offence the intentional attempt to commit any of the criminal offences established in accordance with this Convention.
3. Any State or the European Union may, at the time of signature or when depositing its instrument of ratification, acceptance or approval, by a declaration addressed to the Secretary General of the Council of Europe, declare that it reserves the right not to apply, or to apply only in specific cases or conditions, paragraph 2 to offences established in accordance with Article 7 and Article 8.

ARTICLE 10 – JURISDICTION

1. Each Party shall take such legislative or other measures as may be necessary to establish jurisdiction over any offence established in accordance with this Convention, when the offence is committed:
   a. in its territory; or
   b. on board a ship flying the flag of that Party; or
   c. on board an aircraft registered under the laws of that Party; or
   d. by one of its nationals; or
   e. by a person who has his or her habitual residence in its territory.
2. Each Party shall endeavour to take the necessary legislative or other measures to establish jurisdiction over any offence established in accordance with this Convention where the offence is committed against one of its nationals or a person who has his or her habitual residence in its territory.
3. Any State or the European Union may, at the time of signature or when depositing its instrument of ratification, acceptance or approval, by a declaration addressed to the Secretary General of the Council of Europe, declare that it reserves the right not to apply or to apply only in specific cases or conditions the jurisdiction rules laid down in paragraph 1. d and e of this article.
4. For the prosecution of the offences established in accordance with this Convention, each Party shall take the necessary legislative or other measures to ensure that its jurisdiction as regards paragraphs 1. d and e of this article is not subordinated to the condition that the prosecution can only be initiated following a report from the victim or the laying of information by the State of the place where the offence was committed.
5. Any State or the European Union may, at the time of signature or when depositing its instrument of ratification, acceptance or approval, by a declaration addressed to the Secretary General of the Council of Europe, declare that it reserves the right not to apply or to apply only in specific cases paragraph 4 of this article.
6. Each Party shall take the necessary legislative or other measures to establish jurisdiction over the offences established in accordance with this Convention, in cases where an alleged offender is present on its territory and it does not extradite him or her to another State, solely on the basis of his or her nationality.
7. When more than one Party claims jurisdiction over an alleged offence established in accordance with this Convention, the Parties involved shall, where appropriate, consult with a view to determining the most appropriate jurisdiction for prosecution.
8. Without prejudice to the general rules of international law, this Convention does not exclude any criminal jurisdiction exercised by a Party in accordance with its internal law.

Article 11 – Corporate liability

1. Each Party shall take the necessary legislative and other measures to ensure that legal persons can be held liable for offences established in accordance with this Convention, when committed for their benefit by any natural person, acting either individually or as part of an organ of the legal person, who has a leading position within it based on:
   a. a power of representation of the legal person;
   b. an authority to take decisions on behalf of the legal person;
   c. an authority to exercise control within the legal person.
2. Apart from the cases provided for in paragraph 1 of this article, each Party shall take the necessary legislative and other measures to ensure that a legal person can be held liable where the lack of supervision or control by a natural person referred to in paragraph 1 has made possible the commission of an offence established in accordance with this Convention for the benefit of that legal person by a natural person acting under its authority.
3. Subject to the legal principles of the Party, the liability of a legal person may be criminal, civil or administrative.
4. Such liability shall be without prejudice to the criminal liability of the natural persons who have committed the offence.

ARTICLE 12 – SANCTIONS AND MEASURES

1. Each Party shall take the necessary legislative and other measures to ensure that the offences established in accordance with this Convention are punishable by effective, proportionate and dissuasive sanctions. These sanctions shall include, for offences established in accordance with Article 4, paragraph 1 and, where appropriate, Article 5 and Articles 7 to 9, when committed by natural persons, penalties involving deprivation of liberty that may give rise to extradition.

2. Each Party shall take the necessary legislative and other measures to ensure that legal persons held liable in accordance with Article 11 are subject to effective, proportionate and dissuasive sanctions, including criminal or non-criminal monetary sanctions, and may include other measures, such as:

   a. temporary or permanent disqualification from exercising commercial activity;

   b. placing under judicial supervision;

   c. a judicial winding-up order.

3. Each Party shall take the necessary legislative and other measures to:

   a. permit seizure and confiscation of proceeds of the criminal offences established in accordance with this Convention, or property whose value corresponds to such proceeds;

   b. enable the temporary or permanent closure of any establishment used to carry out any of the criminal offences established in accordance with this Convention, without prejudice to the rights of bona fide third parties, or deny the perpetrator, temporarily or permanently, in conformity with the relevant provisions of domestic law, the exercise of a professional activity relevant to the commission of any of the offences established in accordance with this Convention.

ARTICLE 13 – AGGRAVATING CIRCUMSTANCES

Each Party shall take the necessary legislative and other measures to ensure that the following circumstances, in so far as they do not already form part of the constituent elements of the offence, may, in conformity with the relevant provisions of domestic law, be taken into consideration as aggravating circumstances in determining the sanctions in relation to the offences established in accordance with this Convention:

a. the offence caused the death of, or serious damage to the physical or mental health of, the victim;

b. the offence was committed by a person abusing his or her position;

c. the offence was committed in the framework of a criminal organisation;

d. the perpetrator has previously been convicted of offences established in accordance with this Convention;

e. the offence was committed against a child or any other particularly vulnerable person.

ARTICLE 14 – PREVIOUS CONVICTIONS

Each Party shall take the necessary legislative and other measures to provide for the possibility to take into account final sentences passed by another Party in relation to the offences established in accordance with this Convention when determining the sanctions.

CHAPTER III

CRIMINAL PROCEDURAL LAW

ARTICLE 15 – INITIATION AND CONTINUATION OF PROCEEDINGS

Each Party shall take the necessary legislative and other measures to ensure that investigations or prosecution of offences established in accordance with this Convention should not be subordinate to a complaint and that the proceedings may continue even if the complaint is withdrawn.

ARTICLE 16 – CRIMINAL INVESTIGATIONS

Each Party shall take the necessary legislative and other measures, in conformity with the principles of its domestic law, to ensure effective criminal investigation and prosecution of offences established in accordance with this Convention.

ARTICLE 17 – INTERNATIONAL CO-OPERATION

1. The Parties shall co-operate with each other, in accordance with the provisions of this Convention and in pursuance of relevant applicable international and regional instruments and arrangements agreed on the basis of uniform or reciprocal legislation and their domestic law, to the widest extent possible, for the purpose of investigations or proceedings concerning the offences established in accordance with this Convention, including seizure and confiscation.

2. The Parties shall co-operate to the widest extent possible in pursuance of the relevant applicable international, regional and bilateral treaties on extradition and mutual legal assistance in criminal matters concerning the offences established in accordance with this Convention.

3. If a Party that makes extradition or mutual legal assistance in criminal matters conditional on the existence of a treaty receives a request for extradition or legal assistance in criminal matters from a Party with which it has no such a treaty, it may, acting in full compliance with its obligations under international law and subject to the conditions provided for by the domestic law of the requested Party, consider this Convention as the legal basis for extradition or mutual legal assistance in criminal matters in respect of the offences established in accordance with this Convention.

CHAPTER IV

PROTECTION MEASURES

ARTICLE 18 – PROTECTION OF VICTIMS

Each Party shall take the necessary legislative and other measures to protect the rights and interests of victims of offences established in accordance with this Convention, in particular by:

a. ensuring that victims have access to information relevant to their case and which is necessary for the protection of their health and other rights involved;

b. assisting victims in their physical, psychological and social recovery;

c. providing, in its domestic law, for the right of victims to compensation from the perpetrators.

ARTICLE 19 – STANDING OF VICTIMS IN CRIMINAL PROCEEDINGS

1. Each Party shall take the necessary legislative and other measures to protect the rights and interests of victims at all stages of criminal investigations and proceedings, in particular by:

   a. informing them of their rights and the services at their disposal and, upon request, the follow-up given to their complaint, the charges retained, the state of the criminal proceedings, unless in exceptional cases the proper handling of the case may be adversely affected by such notification, and their role therein as well as the outcome of their cases;

   b. enabling them, in a manner consistent with the procedural rules of domestic law, to be heard, to supply evidence and have their views, needs and concerns presented, directly or through an intermediary, and considered;

   c. providing them with appropriate support services so that their rights and interests are duly presented and taken into account;

   d. providing effective measures for their safety, as well as that of their families, from intimidation and retaliation.

2. Each Party shall ensure that victims have access, as from their first contact with the competent authorities, to information on relevant judicial and administrative proceedings.

3. Each Party shall ensure that victims have access to legal aid, in accordance with domestic law and provided free of charge where warranted, when it is possible for them to have the status of parties to criminal proceedings.

4. Each Party shall take the necessary legislative and other measures to ensure that victims of an offence established in accordance with this Convention committed in the territory of a Party other than the one where they reside can make a complaint before the competent authorities of their State of residence.

5. Each Party shall provide, by means of legislative or other measures, in accordance with the conditions provided for by its domestic law, the possibility for groups, foundations, associations or governmental or non-governmental organisations, to assist and/or support the victims with their consent during criminal proceedings concerning the offences established in accordance with this Convention.

ARTICLE 20 – PROTECTION OF WITNESSES

1. Each Party shall, within its means and in accordance with the conditions provided for by its domestic law, provide effective protection from potential retaliation or intimidation for witnesses in criminal proceedings, who give testimony concerning offences covered by this Convention and, as appropriate, for their relatives and other persons close to them.

2. Paragraph 1 of this article shall also apply to victims insofar as they are witnesses.

CHAPTER V

PREVENTION MEASURES

ARTICLE 21 – MEASURES AT DOMESTIC LEVEL

1. Each Party shall take the necessary legislative and other measures to ensure:

   a. the existence of a transparent domestic system for the transplantation of human organs;

   b. equitable access to transplantation services for patients;

   c. adequate collection, analysis and exchange of information related to the offences covered by this Convention in co-operation between all relevant authorities.

2. With the aim of preventing and combatting trafficking in human organs, each Party shall take measures, as appropriate:

   a. to provide information or strengthen training for healthcare professionals and relevant officials in the prevention of and combat against trafficking in human organs;

   b. to promote awareness-raising campaigns addressed to the general public about the unlawfulness and dangers of trafficking in human organs.

3. Each Party shall take the necessary legislative and other measures to prohibit the advertising of the need for, or availability of human organs, with a view to offering or seeking financial gain or comparable advantage.

ARTICLE 22 – MEASURES AT INTERNATIONAL LEVEL

The Parties shall, to the widest extent possible, co-operate with each other in order to prevent trafficking in human organs. In particular, the Parties shall:

report to the Committee of the Parties at its request on the number of cases of trafficking in human organs within their respective jurisdictions;

designate a national contact point for the exchange of information pertaining to trafficking in human organs.

CHAPTER VI

FOLLOW-UP MECHANISM

ARTICLE 23 – COMMITTEE OF THE PARTIES

1. The Committee of the Parties shall be composed of representatives of the Parties to the Convention.

2. The Committee of the Parties shall be convened by the Secretary General of the Council of Europe. Its first meeting shall be held within a period of one year following the entry into force of this Convention for the tenth signatory having ratified it. It shall subsequently meet whenever at least one third of the Parties or the Secretary General so requests.

3. The Committee of the Parties shall adopt its own rules of procedure.

4. The Committee of the Parties shall be assisted by the Secretariat of the Council of Europe in carrying out its functions.

5. A contracting Party which is not a member of the Council of Europe shall contribute to the financing of the Committee of the Parties in a manner to be decided by the Committee of Ministers upon consultation of that Party.

ARTICLE 24 – OTHER REPRESENTATIVES

1. The Parliamentary Assembly of the Council of Europe, the European Committee on Crime Problems (CDPC), as well as other relevant Council of Europe intergovernmental or scientific committees, shall each appoint a representative to the Committee of the Parties in order to contribute to a multisectoral and multidisciplinary approach.

2. The Committee of Ministers may invite other Council of Europe bodies to appoint a representative to the Committee of the Parties after consulting the latter.

3. Representatives of relevant international bodies may be admitted as observers to the Committee of the Parties following the procedure established by the relevant rules of the Council of Europe.

4. Representatives of relevant official bodies of the Parties may be admitted as observers to the Committee of the Parties following the procedure established by the relevant rules of the Council of Europe.

5. Representatives of civil society, and in particular non-governmental organisations, may be admitted as observers to the Committee of the Parties following the procedure established by the relevant rules of the Council of Europe.

6. In the appointment of representatives under paragraphs 2 to 5 of this article, a balanced representation of the different sectors and disciplines shall be ensured.

7. Representatives appointed under paragraphs 1 to 5 above shall participate in meetings of the Committee of the Parties without the right to vote.

ARTICLE 25 – FUNCTIONS OF THE COMMITTEE OF THE PARTIES

1. The Committee of the Parties shall monitor the implementation of this Convention. The rules of procedure of the Committee of the Parties shall determine the procedure for evaluating the implementation of this Convention, using a multisectoral and multidisciplinary approach.

2. The Committee of the Parties shall also facilitate the collection, analysis and exchange of information, experience and good practice between States to improve their capacity to prevent and combat trafficking in human organs. The Committee may avail itself of the expertise of other relevant Council of Europe committees and bodies.

3. Furthermore, the Committee of the Parties shall, where appropriate:

   a. facilitate the effective use and implementation of this Convention, including the identification of any problems that may arise and the effects of any declaration or reservation made under this Convention;

   b. express an opinion on any question concerning the application of this Convention and facilitate the exchange of information on significant legal, policy or technological developments;

   c. make specific recommendations to Parties concerning the implementation of this Convention.

4. The European Committee on Crime Problems (CDPC) shall be kept periodically informed regarding the activities mentioned in paragraphs 1, 2 and 3 of this article.

CHAPTER VII

RELATIONSHIP WITH OTHER INTERNATIONAL INSTRUMENTS

ARTICLE 26 – RELATIONSHIP WITH OTHER INTERNATIONAL INSTRUMENTS

1. This Convention shall not affect the rights and obligations arising from the provisions of other international instruments to which Parties to the present Convention are Parties or shall become Parties and which contain provisions on matters governed by this Convention.

2. The Parties to the Convention may conclude bilateral or multilateral agreements with one another on the matters dealt with in this Convention, for purposes of supplementing or strengthening its provisions or facilitating the application of the principles embodied in it.

CHAPTER VIII

AMENDMENTS TO THE CONVENTION

ARTICLE 27 – AMENDMENTS

1. Any proposal for an amendment to this Convention presented by a Party shall be communicated to the Secretary General of the Council of Europe and forwarded by him or her to the member States of the Council of Europe, the non-member States enjoying observer status with the Council of Europe, the European Union, and any State having been invited to sign this Convention.

2. Any amendment proposed by a Party shall be communicated to the European Committee on Crime Problems (CDPC) and other relevant Council of Europe intergovernmental or scientific committees, which shall submit to the Committee of the Parties their opinions on that proposed amendment.

3. The Committee of Ministers of the Council of Europe shall consider the proposed amendment and the opinion submitted by the Committee of Parties and, after having consulted the Parties to this Convention that are not members of the Council of Europe, may adopt the amendment by the majority provided for in Article 20.d of the Statute of the Council of Europe.

4. The text of any amendment adopted by the Committee of Ministers in accordance with paragraph 3 of this article shall be forwarded to the Parties for acceptance.

5. Any amendment adopted in accordance with paragraph 3 of this article shall enter into force on the first day of the month following the expiration of a period of one month after the date on which all Parties have informed the Secretary General that they have accepted it.

CHAPTER IX

FINAL CLAUSES

ARTICLE 28 – SIGNATURE AND ENTRY INTO FORCE

1. This Convention shall be open for signature by the member States of the Council of Europe, the European Union and the non-member States which enjoy observer status with the Council of Europe. It shall also be open for signature by any other non-member State of the Council of Europe upon invitation by the Committee of Ministers. The decision to invite a non-member State to sign the Convention shall be taken by the majority provided for in Article 20.d of the Statute of the Council of Europe, and by unanimous vote of the representatives of the Contracting States entitled to sit on the Committee of Ministers. This decision shall be taken after having obtained the unanimous agreement of the other States/European Union having expressed their consent to be bound by this Convention.

2. This Convention is subject to ratification, acceptance or approval. Instruments of ratification, acceptance or approval shall be deposited with the Secretary General of the Council of Europe.

3. This Convention shall enter into force on the first day of the month following the expiration of a period of three months after the date on which five signatories, including at least three member States of the Council of Europe, have expressed their consent to be bound by the Convention in accordance with the provisions of the preceding paragraph.

4. In respect of any State or the European Union, which subsequently expresses its consent to be bound by the Convention, it shall enter into force on the first day of the month following the expiration of a period of three months after the date of the deposit of its instrument of ratification, acceptance or approval.

ARTICLE 29 – TERRITORIAL APPLICATION

1. Any State or the European Union may, at the time of signature or when depositing its instrument of ratification, acceptance or approval, specify the territory or territories to which this Convention shall apply.

2. Any Party may, at any later date, by a declaration addressed to the Secretary General of the Council of Europe, extend the application of this Convention to any other territory specified in the declaration and for whose international relations it is responsible or on whose behalf it is authorised to give undertakings. In respect of such territory, the Convention shall enter into force on the first day of the month following the expiration of a period of three months after the date of receipt of such declaration by the Secretary General.

3. Any declaration made under the two preceding paragraphs may, in respect of any territory specified in such declaration, be withdrawn by a notification addressed to the Secretary General of the Council of Europe. The withdrawal shall become effective on the first day of the month following the expiration of a period of three months after the date of receipt of such notification by the Secretary General.

ARTICLE 30 – RESERVATIONS

1. Any State or the European Union may, at the time of signature or when depositing its instrument of ratification, acceptance or approval, declare that it avails itself of one or more of the reservations provided for in Articles 4, paragraph 2; 9, paragraph 3; 10, paragraphs 3 and 5.

2. Any State or the European Union may also, at the time of signature or when deposing its instrument of ratification, acceptance or approval, declare that it reserves the right to apply the Article 5 and Article 7, paragraphs 2 and 3, only when the offences are committed for purposes of implantation, or for purposes of implantation and other purposes as specified by the Party.

3. No other reservation may be made.

4. Each Party which has made a reservation may, at any time, withdraw it entirely or partially by a notification addressed to the Secretary General of the Council of Europe. The withdrawal shall take effect from the date of the receipt of such notification by the Secretary General."

ARTICLE 31 – DISPUTE SETTLEMENT

The Committee of the Parties will follow in close co-operation with the European Committee on Crime Problems (CDPC) and other relevant Council of Europe intergovernmental or scientific committees the application of this Convention and facilitate, when necessary, the friendly settlement of all difficulties related to its application.

ARTICLE 32 – DENUNCIATION

1. Any Party may, at any time, denounce this Convention by means of a notification addressed to the Secretary General of the Council of Europe.

2. Such denunciation shall become effective on the first day of the month following the expiration of a period of three months after the date of receipt of the notification by the Secretary General.

ARTICLE 33 – NOTIFICATION

The Secretary General of the Council of Europe shall notify the member States of the Council of Europe, the non-member States enjoying observer status with the Council of Europe, the European Union, and any State having been invited to sign this Convention in accordance with the provisions of Article 28, of:

a. any signature;

b. the deposit of any instrument of ratification, acceptance or approval;

c. any date of entry into force of this Convention in accordance with Article 28;

d. any amendment adopted in accordance with Article 27 and the date on which such an amendment enters into force;

e. any reservation and withdrawal of reservation made in pursuance of Article 30;

f. any denunciation made in pursuance of the provisions of Article 32;

g. any other act, notification or communication relating to this Convention.

In witness whereof the undersigned, being duly authorised thereto, have signed this Convention.

Done in [.....], this [..] day of [.....], in English and in French, both texts being equally authentic, in a single copy which shall be deposited in the archives of the Council of Europe. The Secretary General of the Council of Europe shall transmit certified copies to each member State of the Council of Europe, to the non-member States which enjoy observer status with the Council of Europe, to the European Union and to any State invited to sign this Convention.

Council of Europe Convention against Trafficking in Human Organs Explanatory Report

(Adopted by the Committee of Ministers on 9 July 2014 at the 1205th meeting of the Ministers' Deputies)

The Committee of Ministers of the Council of Europe took note of this Explanatory Report at a meeting held at its Deputies' level, on 9 July 2014.

1. The text of this Explanatory Report does not constitute an instrument providing an authoritative interpretation of the Convention, although it might be of such a nature as to facilitate the application of the provisions contained therein.

Introduction

2. The existence of a world-wide illicit trade in human organs for the purposes of transplantation is a well-established fact, and various means have been adopted, both at national and international levels, to counter this criminal activity, which presents a clear danger to both individual and public health and is in breach of human rights and fundamental freedoms and an affront to the very notion of human dignity and personal liberty.

3. Hence, both the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention Against Transnational Organized Crime (2000) and the Council of Europe Convention on Action against Trafficking in Human Beings (CETS No. 197) of 16 May 2005 contain provisions criminalising the trafficking in human beings for the purpose of the removal of organs.

4. Furthermore, the 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 (ETS No.164) of 4 April 1997 prohibits, in its Article 21, that the human body and its parts, as such, give rise to financial gain. This prohibition is developed in the Additional Protocol to the Convention on Human Rights and Biomedicine concerning the Transplantation of Organs and Tissues of Human Origin (ETS No. 186) of 24 January 2002 which explicitly prohibits organ trafficking in its Article 22. In accordance with Article 26 of the aforesaid Additional Protocol, Parties should provide for appropriate sanctions to be applied in the event of infringement of the prohibition.

5. In 2008, the Council of Europe and the United Nations agreed to prepare a "Joint Study on trafficking in organs, tissues and cells (OTC) and trafficking in human beings for the purpose of the removal of organs". This Joint Study, which was published in 2009, identified a number of issues related to the trafficking in human organs, tissues and cells which deserved further consideration, in particular the need to distinguish clearly between trafficking in human beings for the purpose of the removal of organs and the trafficking in human organs per se; the need to uphold the principle of prohibition of making financial gains with the human body or its parts; the need to promote organ donation; the need to collect reliable data on trafficking in organs, tissues and cells, as well as the need for an internationally agreed definition of trafficking in organs, tissues and cells.

6. Most importantly, the Joint Study contained a recommendation to elaborate an international legal instrument setting out a definition of trafficking in organs, tissues and cells (OTC) and the measures to prevent such trafficking and protect the victims, as well as the criminal law measures to punish the crime.

7. Against this background, the Committee of Ministers on 16 November 2010 decided to invite the European Committee on Crime Problems (CDPC), the Steering Committee on Bioethics (CDBI) and the European Committee on Transplantation of Organs (CD-P-TO) to identify the main elements that could form part of an international binding legal instrument and report back to the Committee of Ministers by April 2011.

8. In their report of 20 April 2011, the three aforesaid Steering Committees underlined that "trafficking in human organs, tissues and cells is a problem of global proportions that violates basic human rights and fundamental freedoms and constitutes a direct threat to individual and public health". The above mentioned three Committees further pointed out that "despite the existence of two international legal binding instruments [namely the aforesaid UN Trafficking Protocol and the Council of Europe Trafficking Convention], important loopholes, that are not sufficiently addressed by these instruments, continue to exist in the international legal framework".

9. In particular, the three Steering Committees came to the conclusion that existing international legal instruments

"only address the scenario where recourse is had to various coercive or fraudulent measures to exploit a person in the context of the removal of organs, but do not sufficiently cover scenarios, in which the donor has – adequately – consented to the removal of organs or – for other reasons – is not considered to be a victim of trafficking in terms of the [….] conventions".

10. The three Steering Committees therefore proposed for the Council of Europe to elaborate a binding international criminal law convention against trafficking in human organs, possibly also covering tissues and cells, to fill the gaps in existing international law.

11. By decisions of 6 July 2011 and 22–23 February 2012, respectively, the Committee of Ministers established the ad-hoc Committee of Experts on Trafficking in Human Organs, Tissues and Cells (PC-TO) and tasked it with the elaboration of a draft criminal law convention against trafficking in human organs, and, if appropriate, a draft additional protocol to the aforesaid draft criminal law convention against trafficking in human tissues and cells.

12. The PC-TO held a total of four meetings in Strasbourg, on 13-16 December 2011, on 6-9 March, on 26–29 June, and on 15-19 October 2012, and elaborated a preliminary draft Convention against Trafficking in Human Organs. It did not elaborate an additional protocol on tissues and cells and recommended to revisit this possibility in the future.

13. The draft text of the Convention was finalised by the European Committee on Crime Problems (CDPC), which approved it at its plenary meeting on 4-7 December 2012.

Preamble

Commentary to the preamble:

14. The preamble describes the purpose of the Convention, namely to contribute in a significant manner to the eradication of trafficking in human organs by preventing and combating this crime, in particular through the introduction of new offences supplementing the existing international legal instruments in the field of trafficking of human beings for the purpose of the removal of organs.

15. The preamble underlines that in the application of the provisions of the Convention covering substantive criminal law, due consideration should be given to the purpose of the Convention and to the principle of proportionality.

16. Specific reference is made in the preamble to the following legal acts of the United Nations and the Council of Europe:

- The Universal Declaration of Human Rights (1948);
- The Convention for the Protection of Human Rights and Fundamental Freedoms (1950, ETS No. 5);
- The 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;
- The Additional Protocol to the Convention on Human Rights and Biomedicine concerning Transplantation of Organs and Tissues of Human Origin;
- The Protocol to Prevent, Suppress and Punish Trafficking in Person, especially Women and Children, supplementing the United Nations Convention Against Transnational Organized Crime (2000);
- The Council of Europe Convention on Action against Trafficking in Human Beings.

CHAPTER I

PURPOSES, SCOPE AND USE OF TERMS

ARTICLE 1 – PURPOSES

17. Paragraph 1 sets out the purposes of the Convention, which are to prevent and combat the trafficking in human organs, to protect the rights of victims and to facilitate co-operation at both national and international levels on action against trafficking in human organs.

18. Paragraph 2 provides for the establishment of a specific follow-up mechanism (Articles 23–25) in order to ensure an effective implementation of the Convention.

ARTICLE 2 – SCOPE AND USE OF TERMS

19. Article 2, paragraph 1, defines the scope of the Convention as applying to trafficking in human organs for purposes of transplantation or other purposes and to other forms of illicit removal and of illicit implantation. The negotiators decided that the notion of trafficking in organs covers all the conducts of illicit removal provided in Article 4, paragraph 1, of implantation/use of illicitly removed organs provided in Article 5, and the other conducts provided in Articles 7, 8 and 9. For further explanation on the concept of trafficking in human organs, see paragraph 23. The expression "other forms of illicit removal and of illicit implantation" refers only to actions covered by Article 4, paragraph 4 and Article 6. The legal trade with medicinal products, manufactured from human organs or parts of human organs (such as advanced therapy medicinal products), is not covered by the Convention and shall not be restricted by it.

20. The term "other purposes" is intended to refer to any purpose other than transplantation, for which organs illicitly removed from a donor could now, or in the future, be used. Concerning what constitutes the term "other purposes", the negotiators identified, in particular, scientific research and the use of organs to collect tissue and cells, such as the use of heart valves from a heart illicitly removed, or the use of cells from a organ illicitly removed organ for cell therapy. But taking into account, inter alia, the progress of scientific research and the future developments in the use of organs for purposes other than implantation, the negotiators decided to leave this open. Consequently, this list of examples is not exhaustive. However, while this Convention applies to the removal of human organs for purposes other than transplantation, the trafficking of tissues and cells falls outside the scope of the Convention.

21. Article 2, paragraph 2, provides two definitions which are applicable throughout the Convention.

22. Definition of "trafficking in human organs". Given the complexity of the criminal actions comprising "trafficking in human organs", involving different actors and different criminal acts, the negotiators of the Convention considered it less useful to attempt to formulate an all-encompassing definition of the crime to serve as a basis for specifying the description of the offences in Chapter II of the Convention. Instead, the mandatory provisions contained in Chapter II of the Convention on "Substantive Criminal Law" (Article 4 paragraph 1 and Articles 5, 7, 8 and 9) enumerate the criminal acts which, whether committed on their own or in conjunction with one another, all constitute trafficking in human organs. Nevertheless, the negotiators considered it necessary to refer to "trafficking in human organs" as a comprehensive phenomenon in other parts of the Convention. Accordingly, Article 2, paragraph 2, contains such a definition of "trafficking in human organs", which consists of a reference to the substantive criminal law provisions setting out the different criminal acts constituting "trafficking in human organs".

23. Definition of "human organ". As regards the definition of "human organ", the negotiators decided to take over the internationally recognised definition used by the European Union in Article 3, letter (h), of its "Directive 2010/53/EU of the European Parliament and of the Council of 7 July 2010 on standards of quality and safety of human organs intended for transplantation".

ARTICLE 3 – PRINCIPLE OF NON-DISCRIMINATION

24. This article prohibits discrimination in Parties' implementation of the Convention and in particular in enjoyment of measures to protect and promote victims' rights. The meaning of discrimination in Article 3 is identical to that given to it under Article 14 of the Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR).

25. The concept of discrimination has been interpreted consistently by the European Court of Human Rights in its case law concerning Article 14 ECHR. In particular, this case law has made clear that not every distinction or difference of treatment amounts to discrimination. As the Court has stated, for example in the Abdulaziz, Cabales and Balkandali v. the United Kingdom of 28 May 1985 judgment, "a difference of treatment is discriminatory if it 'has no objective and reasonable justification', that is, if it does not pursue a 'legitimate aim' or if there is not a 'reasonable relationship of proportionality between the means employed and the aim sought to be realised".

26. The list of non-discrimination grounds in Article 3 is based on that in Article 14 ECHR and the list contained in Article 1 of Protocol No. 12 to the ECHR. However, the negotiators wished to include also the non-discrimination grounds of age, sexual orientation, state of health and disability. "State of health" includes in particular HIV status. The list of non-discrimination grounds is not exhaustive, but indicative, and should not give rise to unwarranted a contrario interpretations as regards discrimination based on grounds not so included. It is worth pointing out that the European Court of Human Rights has applied Article 14 to discrimination grounds not explicitly mentioned in that provision (see, for example, as concerns the ground of sexual orientation, the judgment of 21 December 1999 in Salgueiro da Silva Mouta v. Portugal). The reference to "or other status" could refer, for example, to members of refugee or immigrant populations.

CHAPTER II

SUBSTANTIVE CRIMINAL LAW

27. Chapter II contains the substantive criminal law provisions of the Convention. It is clear from the wording of the provisions, that Parties are only obliged to criminalise the acts set out in the mandatory provisions, if they are committed intentionally. The interpretation of the word "intentionally" is left to domestic law, but the requirement for intentional conduct relates to all the elements of the offence. As always in criminal law conventions of the Council of Europe, this does not mean that Parties would not be allowed to go beyond this minimum requirement by also criminalising non-intentional acts.

28. The negotiators decided to leave it open for Parties to decide whether to apply Article 4, paragraph 1, Articles 5, 7 and 9 to the donor or the recipient. There is thus no legal obligation for the States to apply these provisions to the donor and the recipient, whereas e.g. the surgeon carrying out the removal or implantation will always be covered by the criminalisation obligation. The negotiators took note that a number of States would – under any circumstances – refrain from prosecuting organ donors for committing these offences. Other States have indicated that organ donors could under their domestic law, under certain conditions, also be considered as having participated in, or even instigated, the trafficking in human organs.

29. As a general principle, the negotiators wished to stress that the obligations contained in this Convention do not require Parties to take measures that run counter to constitutional rules or fundamental principles relating to the freedom of the press and the freedom of expression in other media.

ARTICLE 4 – ILLICIT REMOVAL OF HUMAN ORGANS

30. Article 4, paragraph 1, letters a – c, obliges Parties to the Convention to establish as a criminal offence the removal of human organs from living or deceased donors in the following cases: lack of a free, informed and specific consent by the donor or of authorisation by the domestic law of the Party in question (letter a); a financial gain or comparable advantage has been offered or received in exchange for the removal of organs from a living donor (letter b), or a deceased donor (letter c). Though the illicit removal of human organs may in practice involve elements of all the acts described in letters a – c, it is enough that one of the three conditions are fulfilled to

establish that the crime described in Article 4, paragraph 1, has been committed. The negotiators have chosen not to include the purpose of implantation or other purposes as an element of the offence, to avoid the proof of the purpose of the removal.

31. The negotiators considered that, as a general principle, the concept of consent included in the present Convention should be identical as the one expressed in the Convention on Human Rights and Biomedicine, and its Additional Protocol concerning Transplantation of Organs and Tissues of Human Origin.

32. As regards living donors, Article 13 of the Additional Protocol concerning Transplantation of Organs and Tissues of Human Origin draws on the substance of Article 5 of the Convention on Human Rights and Biomedicine regarding consent to an intervention in the health field, complemented by its Article 19, paragraph 2 regarding consent to organ removal from living donors. Article 13 of the Additional Protocol provides in its first paragraph that "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." Its second paragraph specifies that "The person concerned may freely withdraw consent at any time." The fact that consent has to be "specific and given either in written form or before an official body" strengthens the requirements compared to the general rules regarding consent to an intervention in the health field. The Explanatory Report to the Additional Protocol concerning Transplantation of Organs and Tissues of Human Origin specifies the ways of obtaining and withdrawing consent: "the donor's consent must also be specific and given in written form or before an official body, a court, a judge or an official notary for example. The responsibility of this body is to ensure that consent is adequate and informed. The second paragraph provides the freedom to withdraw consent to the removal at any time. There is no requirement for withdrawal of consent to be in writing or to follow any particular form. The donor need simply say no to the removal at any time […]. However, professional standards and obligations […] may require that the team continue with the procedure if not to do so would seriously endanger the health of the donor." It appears clear that Article 4 of the Convention applies also to any person deprived of his/her liberty, living or deceased, which was at the time of the negotiation of the Convention a major concern expressed by the Parliamentary Assembly of the Council of Europe and shared by many delegations.

33. As regards deceased donors, Article 17 of the Additional Protocol concerning Transplantation of Organs and Tissues of Human Origin provides 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." According to the Explanatory Report to this Protocol, "Without anticipating the system to be introduced, the Article accordingly provides that if the deceased person's wishes are at all in doubt, it must be possible to rely on national law for guidance as to the appropriate procedure. In some States the law permits that if there is no explicit or implicit objection to donation, removal can be carried out. In that case, the law provides means of expressing intention, such as drawing up a register of objections. In other countries, the law does not prejudge the wishes of those concerned and prescribes enquiries among relatives and friends to establish whether or not the deceased person was in favour of organ donation."

34. For the purposes of this Convention, in the case of a living donor, the term "specific" means that the consent must be clearly given and with regard to the removal of a "specific" organ that is precisely identified. In the case of a deceased donor, the latter may have given his/her consent during his/her lifetime to the removal of an organ to be carried out after his/her death; such consent may be given with regard to a specific organ or in more general terms. Any removal of organ carried out after the death of the person concerned shall respect the terms of this consent. If the donor has not expressed any wish during his/her lifetime, the removal may only be carried out if the requirements, as defined by domestic law, regarding authorisation for the removal of organs are met.

35. The wording "removal being authorised under its domestic law" set out in Article 4, paragraph 1, letter a. covers different concepts as provided for under domestic law which are based on implicit consent of the deceased person or according to which the relatives of the deceased person are entitled to take the decision.

36. Article 20 of the Convention for the Protection of Human Rights and Biomedicine and Article 14 of its Additional Protocol concerning Transplantation of Organs and Tissues of Human Origin prohibit organ removal from persons not able to consent. The provision of paragraph 1 letter a of Article 4 of the Convention against Trafficking in Human Organs corresponds to this principle. As stated in the Explanatory Report to the Convention on Human Rights and Biomedicine regarding Article 6 on the protection of persons not able to consent, the incapacity to consent must be understood in the context of a given intervention and are defined by domestic law. It is for domestic law to determine whether or not a person has the capacity to consent.

37. However, given the specific purpose of the Convention against Trafficking in Human Organs, which is a criminal law convention, Article 4, paragraph 2, provides for the possibility of a reservation to the general rule of establishing as a criminal offence conducts referred to in paragraph 1 letter a. The reservation is restrictive, limited to living donors and only to exceptional cases. Certain delegations requested to introduce such a reservation to cover exceptional cases in which the person from whom the organ is removed is not capable of providing consent, as

established in paragraph 1 letter a, and where there are thus no other possible solutions than obtaining consent from a competent institution or an authorised person as provided for in domestic law. This is the case for example for children, people with mental disabilities, or any other person under a tutorship. These states wanted to foresee that in such exceptional cases, consent may be given by other authorised persons or even, by other competent institutions (e.g. courts of law), for the person concerned, in accordance with the safeguards and provisions of internal law. The last sentence obliges any State making use of this reservation option to provide a brief statement of the relevant domestic law, as appears, for example, in the European Convention on Human Rights (Article 57, paragraph 2) and the Convention on Human Rights and Biomedicine (Article 36, paragraph 2).

38. Article 4, paragraph 3, specifies that the expression of "financial gain or comparable advantage" as used in paragraphs 1, b and c does not include compensation for loss of earnings and any other justifiable expenses caused by the removal of an organ or the related medical examinations, or compensation in case of damage which is not inherent to the removal or organs. The negotiators considered it necessary to include this wording, which is taken from the Additional Protocol concerning Transplantation of Organs and Tissues of Human Origin, in order to clearly distinguish the lawful compensation to organ donors in certain cases from the prohibited practice of making financial gains with the human body or its parts.

39. The financial gain or comparable advantage should be understood in a broad context. The gain can be offered to the donor or third person, directly or through intermediaries. The expression "financial gain or comparable advantage" does not apply to an arrangement that is authorised under domestic law such as arrangements for paired or pooled donation.

40. Paragraph 4, obliges Parties to the Convention to consider establishing as a criminal offence the removal of human organs from living or deceased donors, where the removal is performed outside the framework of its domestic transplantation system, or in breach of essential principles of domestic transplantation laws or rules.

41. The last sentence of paragraph 4 clarifies that while it is left to each Party to decide whether or not - and if so in which respect - it will establish criminal offences covering the conduct described in this paragraph, and while a Party which decides to establish any such criminal offences is not legally obliged to apply also Articles 9 to 22 to such criminal offences, the Party is called upon to endeavour to do so.

42. The negotiators were not in agreement over the question whether or not it would be appropriate to require Parties to sanction organ removal or implantation, if it is performed "outside of the framework of the domestic transplantation systems", i.e. outside of the system for procurement and transplantation of organs authorised by the competent authorities of the Party in question, and/or in breach of its domestic transplantation rules or laws. Some States considered that normally any organ removal or transplantation that may be considered to be performed outside of the system (or in breach of transplantation law) would also constitute one of the criminal offences under paragraph 1 of Article 4. Other states did not share this position. Negotiators agreed that it would be appropriate to specifically address these situations in paragraph 4 of Article 4 of the Convention, while recognising that States currently have very different domestic transplantation systems in place, and that the aim of the present Convention is not to harmonise domestic transplantation systems.

43. Similarly, the negotiators recognised that in some States, removal of organs performed outside of the framework of the domestic transplantation system would per se not necessarily be considered as more than a regulatory or minor offence, i.e. if the same act does not also fall under paragraph 1 of Article 4.

44. Because of the aforesaid differences in the various domestic transplantation systems and domestic legal systems of States, the negotiators decided to leave a certain margin of appreciation to Parties with regard to whether or not to establish as a criminal offence the removal of organs from living or deceased donors under the conditions described in Article 4, paragraph 4.

ARTICLE 5 – USE OF ILLICITLY REMOVED ORGANS FOR PURPOSES OF IMPLANTATION OR OTHER PURPOSES THAN IMPLANTATION

45. Article 5 obliges the Parties to the Convention to establish as a criminal offence under its domestic law the use of illicitly removed organs – either for implantation or for any other purpose. The reference to Article 4, paragraph 1 indicates that Article 5 shall apply to any case where an organ has been removed under any of the circumstances described in Article 4, paragraph 1.

46. As in the case of implantation, the obligation for Parties to criminalise the subsequent use of the illicitly removed organ is limited to those situations where the perpetrator acts intentionally.

47. In accordance with Article 30, paragraph 2, of the Convention, a Party may decide to limit the application of Article 5 to use for implantation only, or for other uses as specified by that Party.

ARTICLE 6 – IMPLANTATION OF ORGANS OUTSIDE OF THE DOMESTIC TRANSPLANTATION SYSTEM OR IN BREACH OF ESSENTIAL PRINCIPLES OF NATIONAL TRANSPLANTATION LAW

48. Article 6 obliges Parties to consider establishing as a criminal offence the implantation of organs performed outside of the framework of their domestic transplantation systems, or where the implantation is performed in breach of essential principles of domestic transplantation laws or rules.

49. As in the case of Article 4, paragraph 4, and for the same reasons, the negotiators preferred to leave a certain margin of appreciation to Parties with regard to whether or not to establish as a criminal offence the implantation of organs from living or deceased donors under the conditions described in Article 6.

50. The last sentence of Article 6 clarifies that while it is left to each Party to decide whether or not - and if so in which respect - it will establish criminal offences covering the conduct described in this article, and while a Party which decides to establish any such criminal offences is not legally obliged to apply also Articles 9 to 22 to such criminal offences, the Party is called upon to endeavour to do so.

ARTICLE 7 – ILLICIT SOLICITATION, RECRUITMENT, OFFERING AND REQUESTING OF UNDUE ADVANTAGES

51. Article 7, paragraph 1, obliges Parties to criminalise the illicit solicitation and recruitment of organ donors and recipients for financial gain or comparable advantage, either for the person soliciting or recruiting or for a third party. The aim of the provision is thus to criminalise the activities of persons operating as an interface between and bringing together donors, recipients and medical staff. These activities constitute an essential element of the trafficking in human organs. The negotiators considered that advertising is a form of solicitation and therefore decided not to include a specific provision on advertising in Article 7. Instead they decided to introduce in Article 21, paragraph 3 an explicit obligation for States Parties to prohibit the advertising of the need for, or availability of human organs, with a view to offering or seeking financial gain or comparable advantage. However, this measure does not prevent activities to recruit donors which are authorised under domestic law.

52. It is left to the discretion of Parties, in accordance with their domestic law, to decide whether or not organ donors should be subject to prosecution under this Article (cf. paragraph 29). As the purchase of an organ does not give rise to financial gain or comparable advantage on the part of the buyer, this provision is not applicable to acts performed by a potential organ receiver. The same holds true for somebody acting on behalf of the potential organ receiver, e.g. a family member, in so far as this does not give rise to any financial gain or comparable advantage on his or her part.

53. Article 7, paragraphs 2 and 3, obliges Parties to criminalise active and passive corruption, respectively, of healthcare professionals, public officials or persons working for private sector entities with a view to having a removal or implantation of a human organ performed under the circumstances described in Article 4, paragraph 1, or Article 5 and where appropriate Article 4, paragraph 4 or Article 6. In this context, it should be noted that Articles 4, paragraph 4 and Article 6 leave Parties a margin to decide on whether to establish the offences described therein as criminal offences. Hence, the use of the wording "where appropriate" means that when considering establishing the offences contained in Article 4, paragraph 4 and Article 6 as criminal offences, a Party should also consider including them in Article 7, paragraphs 2 and 3.

54. The wording of Article 7, paragraphs 2 and 3 is inspired by Articles 2 and 7 of the Criminal Law Convention on Corruption (ETS No. 173). The negotiators considered it useful to include these provisions in the present Convention, as not all Parties to the Convention will necessarily be Parties to the Criminal Law Convention on Corruption.

ARTICLE 8 – PREPARATION, PRESERVATION, STORAGE, TRANSPORTATION, TRANSFER, RECEIPT, IMPORT AND EXPORT OF ILLICITLY REMOVED HUMAN ORGANS

55. Article 8 obliges Parties to establish the preparation, preservation, storage, transportation, transfer, receipt, import and export of organs removed under the conditions described in Article 4, paragraph 1 and, where appropriate, in Article 4, paragraph 4, when committed intentionally, as a criminal offence. In this context, it should be noted that Article 4, paragraph 4 leaves Parties a margin to decide on whether to establish the offence described therein as criminal offences. Hence, the use of the wording "where appropriate" means that when considering establishing the offence contained in Article 4, paragraph 4 as criminal offences, a Party should also consider including it in Article 8.

56. Due to differences in the legal systems of member States, some Parties may, when transposing the Convention into their domestic law, choose to establish offences under the Convention, in particular those enumerated in Article 8, as a separate criminal offence, or consider them as aiding or abetting or attempt under Article 9.

57. In so far as a Party makes use of the reservation possibility in Article 30, paragraph 2, with regard to Article 5, it will affect the extent to which that Party is obliged to criminalise the conduct described in Article 8.

ARTICLE 9 – AIDING OR ABETTING AND ATTEMPT

58. Paragraph 1 requires Parties to establish as offences aiding or abetting the commission of the offences established in accordance with this Convention. Liability arises for aiding or abetting where the person who commits a crime is aided by another person who also intends the crime to be committed.

59. Paragraph 2 provides for the criminalisation of an attempt to commit the offences established in accordance with this Convention.

60. The interpretation of the word "attempt" is left to domestic law. The principle of proportionality, as referred to in the Preamble of the Convention, should be taken into account by Parties when distinguishing between the concept of attempt and mere preparatory acts which do not warrant criminalisation.

61. Paragraph 3 allows for the Parties to make reservations with regard to the application of paragraph 2 (attempt) to offences established in accordance with Articles 7 and 8, due to differences in the criminal law systems of member States of the Council of Europe.

62. As with all the offences established under the Convention, it requires the criminalisation of aiding or abetting and attempt only if committed intentionally.

ARTICLE 10 – JURISDICTION

63. This article lays down various requirements whereby Parties must establish jurisdiction over the offences with which the Convention is concerned.

64. Paragraph, 1 letter a. is based on the territoriality principle. Each Party is required to punish the offences established under the Convention when they are committed on its territory.

65. Paragraph 1, letters b. and c. are based on a variant of the territoriality principle. These sub-paragraphs require each Party to establish jurisdiction over offences committed on ships flying its flag or aircraft registered under its laws. This obligation is already in force in the law of many countries, ships and aircraft being frequently under the jurisdiction of the State in which they are registered. This type of jurisdiction is extremely useful when the ship or aircraft is not located in the country's territory at the time of commission of the crime, as a result of which paragraph 1, letter a. would not be available as a basis for asserting jurisdiction. In the case of a crime committed on a ship or aircraft outside the territory of the flag or registry Party, it might be that without this rule there would not be any country able to exercise jurisdiction. In addition, if a crime is committed on board a ship or aircraft which is merely passing through the waters or airspace of another State, there may be significant practical impediments to the latter State's exercising its jurisdiction and it is therefore useful for the registry State to also have jurisdiction.

66. Paragraph 1, letter d. is based on the nationality principle. The nationality theory is most frequently applied by countries with a civil-law tradition. Under it, nationals of a country are obliged to comply with its law even when they are outside its territory. Under sub-paragraph d, if one of its nationals commits an offence abroad, a Party is obliged to be able to prosecute him/her. The negotiators considered that this was a particularly important provision in the context of combating trafficking in human organs. Indeed, certain States in which trafficking in human organs takes place either do not have the will or the necessary resources to successfully carry out investigations or lack the appropriate legal framework.

67. Paragraph 1, letter e. applies to persons having their habitual residence in the territory of the Party. It provides that Parties shall establish jurisdiction to investigate acts committed abroad by persons having their habitual residence in their territory, and thus contribute to the punishment trafficking in human organs.

68. Paragraph 2 is linked to the nationality or residence status of the victim. It is based on the premise that the particular interests of national victims overlap with the general interest of the state to prosecute crimes committed against its nationals or residents. Hence, if a national or person having habitual residence is a victim of an offence abroad, the Party shall endeavour to establish jurisdiction in order to start proceedings. However, there is no obligation imposed on Parties, as demonstrated by the use of the expression "endeavour". In the present Convention there are no provisions providing for the elimination of the usual rule of dual criminality.

69. Paragraph 3 provides for Parties to enter reservations on the application of the jurisdiction rules laid down in paragraph 1, d and e.

70. Paragraph 4 prohibits the subordination of the initiation of proceedings, which is based on the jurisdiction provided for in paragraphs 1 d. and 1 e. to the conditions of a complaint of the victim or the laying of information from the authorities of the State in which the offence took place. Indeed, certain States in which trafficking in human organs take place do not always have the necessary will or resources to carry out investigations. In these conditions, the requirement of the laying of information by the State or of a complaint of the victim often constitutes an impediment to the prosecution. This paragraph applies to all the offences defined in Chapter II (Substantive Criminal Law).

71. In paragraph 5, the negotiators wished to introduce the possibility for Parties to limit the application of paragraph 4 by entering a reservation. Parties making use of this possibility may thus subordinate the initiation of prosecution of alleged trafficking in human organs to cases where a report has been filed by a victim, or the State Party has received a denunciation from the State of the place where the offence was committed.

72. Paragraph 6 concerns the principle of aut dedere aut judicare (extradite or prosecute). Jurisdiction established on the basis of paragraph 6 is necessary to ensure that Parties that refuse to extradite a national have the legal ability to undertake investigations and proceedings domestically instead, if asked to do so by the Party that requested extradition under the terms of the relevant international instruments.

73. In certain cases of trafficking in human organs, it may happen that more than one Party has jurisdiction over some or all of the participants in an offence. For example, an organ donor may be recruited in one country and have the organ in question removed in another. In order to avoid duplication of procedures and unnecessary inconvenience for witnesses or to otherwise facilitate the efficiency or fairness of proceedings, the affected Parties are required to consult in order to determine the proper venue for prosecution. In some cases it will be most effective for them to choose a single venue for prosecution; in others it may be best for one country to prosecute

some alleged perpetrators, while one or more other countries prosecute others. Either method is permitted under paragraph 7. Finally, the obligation to consult is not absolute; consultation is to take place "where appropriate". Thus, for example, if one of the Parties knows that consultation is not necessary (e.g. it has received confirmation that the other Party is not planning to take action), or if a Party is of the view that consultation may impair its investigation or proceeding, it may delay or decline consultation.

74. The bases of jurisdiction set out in paragraph 1 are not exclusive. Paragraph 8 of this article permits Parties to establish other types of criminal jurisdiction according to their domestic law.

ARTICLE 11 – CORPORATE LIABILITY

75. Article 11 is consistent with the current legal trend towards recognising corporate liability. The negotiators were of the opinion that due to the gravity of offences related to trafficking in human organs, it is appropriate to include corporate liability in the Convention. The intention is to make commercial companies, associations and similar legal entities ("legal persons") liable for criminal actions performed on their behalf by anyone in a leading position in them. Article 11 also contemplates liability where someone in a leading position fails to supervise or check on an employee or agent of the entity, thus enabling them to commit any of the offences established in the Convention for the benefit of the entity.

76. Under paragraph 1, four conditions need to be met for liability to attach. First, one of the offences described in the Convention must have been committed. Second, the offence must have been committed for the entity's benefit. Third, a person in a leading position must have committed the offence (including aiding and abetting). The term "person who has a leading position" refers to someone who is organisationally senior, such as a director. Fourth, the person in a leading position must have acted on the basis of one of his or her powers (whether to represent the entity or take decisions or perform supervision), demonstrating that that person acted under his or her authority to incur liability of the entity. In short, paragraph 1 requires Parties to be able to impose liability on legal entities solely for offences committed by such persons in leading positions.

77. In addition, paragraph 2 requires Parties to be able to impose liability on a legal entity ("legal person") where the crime is committed not by the leading person described in paragraph 1 but by another person acting on the entity's authority, i.e. one of its employees or agents acting within their powers. The conditions that must be fulfilled before liability can attach are: 1) the offence was committed by an employee or agent of the legal entity; 2) the offence was committed for the entity's benefit; and 3) commission of the offence was made possible by the leading person's failure to supervise the employee or agent. In this context failure to supervise should be interpreted to include not taking appropriate and reasonable steps to prevent employees or agents from engaging in criminal activities on the entity's behalf. Such appropriate and reasonable steps could be determined by various factors, such as the type of business, its size, and the rules and good practices in force.

78. Liability under this article may be criminal, civil or administrative. It is open to each Party to provide, according to its legal principles, for any or all of these forms of liability as long as the requirements of Article 12, paragraph 2 are met, namely that the sanction or measure be "effective, proportionate and dissuasive" and include monetary sanctions.

79. Paragraph 4 makes it clear that corporate liability does not exclude individual liability. In a particular case there may be liability at several levels simultaneously – for example, liability of one of the legal entity's organs, liability of the legal entity as a whole and individual liability in connection with one or other.

ARTICLE 12 – SANCTIONS AND MEASURES

80. This article is closely linked to Articles 4 to 9, which define the various offences that should be made punishable under domestic law. In accordance with the obligations imposed by those articles, Article 12 requires Parties to match their action to the seriousness of the offences and lay down sanctions which are "effective, proportionate and dissuasive". In the case of an individual committing an offence established under Article 4, paragraph 1, and, where appropriate, Article 5, Articles 7, 8 and 9. Parties must provide for prison sentences that can give rise to extradition. It should be noted that, under Article 2 of the European Convention on Extradition (ETS No. 24), extradition is to be granted in respect of offences punishable under the laws of the requesting and requested Parties by deprivation of liberty or under a detention order for a maximum period of at least one year or by a more severe penalty.

81. Legal entities whose liability is to be established under Article 11 are also to be liable to sanctions that are "effective, proportionate and dissuasive", which may be criminal, administrative or civil in character. Paragraph 2 requires Parties to provide for the possibility of imposing monetary sanctions on legal persons.

82. In addition, paragraph 2 provides for other measures which may be taken in respect of legal persons, with particular examples given: temporary or permanent disqualification from the practice of commercial activities; placing under judicial supervision; or a judicial winding-up order. The list of measures is not mandatory or exhaustive and Parties are free to apply none of these measures or envisage other measures.

83. Paragraph 3 requires Parties to ensure that measures concerning seizure and confiscation of the proceeds derived from criminal offences can be taken. This paragraph has to be read in the light of the Convention on Laundering,

Search, Seizure and Confiscation of the Proceeds from Crime (ETS No. 141) as well as the Council of Europe Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime and on the Financing of Terrorism (CETS No. 198), which are based on the idea that confiscating the proceeds of crime is an effective anti-crime weapon. As most of the criminal offences related to the trafficking in human organs are undertaken for financial profit, measures depriving offenders of assets linked to or resulting from the offence are clearly needed in this field as well.

84. Paragraph 3 letter a, provides for the seizure and confiscation of proceeds of the offences, or property whose value corresponds to such proceeds may be seized or confiscated.

85. The Convention does not contain definitions of the terms "confiscation", "proceeds" and "property". However, Article 1 of the Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime provides definitions for these terms which may be used for the purposes of this Convention. By "confiscation" is meant a penalty or measure, ordered by a court following proceedings in relation to a criminal offence or criminal offences, resulting in final deprivation of property. "Proceeds" means any economic advantage or financial saving from a criminal offence. It may consist of any "property" (see the interpretation of that term below). The wording of letter a of paragraph 3 takes into account that there may be differences of domestic law as regards the type of property which can be confiscated after an offence. It can be possible to confiscate items which are (direct) proceeds of the offence or other property of the offender which, though not directly acquired through the offence, is equivalent in value to its direct proceeds ("substitute assets"). "Property" must therefore be interpreted, in this context, as any property, corporeal or incorporeal, movable or immovable, and legal documents or instruments evidencing title to or interest in such property.

86. Paragraph 3 letter b of Article 12 provides for the closure of any establishment used to carry out any of the criminal offences established under the Convention. This measure is almost identical to Article 23, paragraph 4 of the Council of Europe Convention on Action against Trafficking in Human Beings (CETS No. 197) and Article 27, paragraph 3, letter b of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS No. 201). Alternatively, the Parties may foresee provisions allowing the perpetrator to be banned, temporarily or permanently, in conformity with the relevant provisions of domestic law, from carrying on the professional activity in connection with which the criminal offence was committed. The negotiators considered it necessary to make a reference to the domestic law of Parties, since differences exist with regard to the exact measures to be applied and procedures to be followed when banning a person from exercising a professional activity. Moreover differences exist as to whether or not certain professions require the issuing of a license or other type of authorisation by public authorities.

ARTICLE 13 – AGGRAVATING CIRCUMSTANCES

87. Article 13 requires Parties to ensure that certain circumstances (mentioned in letters a. to e.) may be taken into consideration as aggravating circumstances in the determination of the sanction for offences established in this Convention. This obligation does not apply to cases where the aggravating circumstances already form part of the constituent elements of the offence in the national law of the State Party.

88. By the use of the phrase "may be taken into consideration", the negotiators highlighted that the Convention places an obligation on Parties to ensure that these aggravating circumstances are available for judges to consider when sentencing offenders, although there is no obligation on judges to apply them. The reference to "in conformity with the relevant provisions of domestic law" is intended to reflect the fact that the various legal systems in Europe have different approaches to address those aggravating circumstances and permits Parties to retain their fundamental legal concepts.

89. The first aggravating circumstance (a), is where the offence caused the death of, or serious damage to the physical or mental health of, the victim. Given the fact that any transplantation carries a significant element of danger for the physical health of both the donor and the recipient, it should be up to the national courts of the Parties to assess the causal link between the conducts criminalised under the Convention and any death or injury sustained as a result thereof.

90. The second aggravating circumstance (b) is where the offence was committed by persons abusing the confidence placed in them in their professional capacity. This category of persons is in the first line obviously health professionals, but also public officials (when acting in their official capacity) would be covered. However, the application of the aggravating circumstance is not restricted to health professionals and public officials.

91. The third aggravating circumstance (c) is where the offence was committed in the framework of a criminal organisation. The Convention does not define "criminal organisation". In applying this provision, however, Parties may take their line from other international instruments which define the concept. For example, Article 2(a) of the United Nations Convention against Transnational Organised Crime defines "organised criminal group" as "a structured group of three or more persons, existing for a period of time and acting in concert with the aim of committing one or more serious crimes or offences established in accordance with this Convention, in order to obtain, directly or indirectly, a financial or other material benefit". Recommendation Rec(2001)11 of the Committee of Ministers to member States concerning guiding principles on the fight against organised crime and the EU Council Framework Decision 2008/841/JHA of 24 October 2008 on the fight against organised crime

give very similar definitions of "organised crime group" and "criminal organisation".

92. The fourth aggravating circumstance (d) is where the perpetrator has previously been convicted of offences established under the Convention. By including this, the negotiators wanted to signal the need to make a concerted effort to combat recidivism in the low risk – high financial gain area of trafficking in human organs.

93. The fifth aggravating circumstance (e) is where the offence was committed against a child or any other particularly vulnerable person. The negotiators were of the opinion that most persons who would qualify as victims of trafficking in human organs are by definition vulnerable, e. g. because they are financially severely disadvantaged, which is the case for many persons who agree to have an organ removed against financial gain or comparable advantage, or because they are suffering from severe or even terminal diseases with little chances of survival, which is the case for many recipients of organs. Likewise, children are always particularly vulnerable to crime. Hence the negotiators would reserve the aggravating circumstance set out in letter e. to situations where the victim is a child or otherwise "particularly vulnerable" because of his/her age, mental development or familial or social dependence on the perpetrator(s). The term "child" is not explicitly defined in the Convention, but should be understood as the same as in the Council of Europe Convention on Action against Trafficking in Human Beings (CETS No. 197), namely "any person under 18 years of age". This definition is ultimately derived from the UN Convention on the Rights of the Child (1989), where it is found in Article 1.

ARTICLE 14 – PREVIOUS CONVICTIONS

94. Trafficking in human organs is more often than not perpetrated transnationally by criminal organisations or by individual persons, some of whom may have been tried and convicted in more than one country. At domestic level, many legal systems provide for a different, often harsher, penalty where someone has previous convictions. In general, only conviction by a national court counts as a previous conviction. Traditionally, previous convictions by foreign courts were not taken into account on the grounds that criminal law is a national matter and that there can be differences of domestic law, and because of a degree of suspicion of decisions by foreign courts.

95. Such arguments have less force today in that internationalisation of criminal law standards – as a pendent to internationalisation of crime – is tending to harmonise different countries' law. In addition, in the space of a few decades, countries have adopted instruments such as the ECHR whose implementation has helped build a solid foundation of common guarantees that inspire greater confidence in the justice systems of all the participating States.

96. The principle of international recidivism is established in a number of international legal instruments. Under Article 36, paragraph 2 (iii) of the New York Convention of 30 March 1961 on Narcotic Drugs, for example, foreign convictions shall be taken into account for the purpose of establishing recidivism, subject to each Party's constitutional limitations, legal system and domestic law. Another example: under Article 1 of the Council Framework Decision of 6 December 2001 amending Framework Decision 2000/383/JHA on increasing protection by criminal penalties and other sanctions against counterfeiting in connection with the introduction of the euro, European Union member States must recognise as establishing habitual criminality final decisions handed down in another member State for counterfeiting of currency.

97. The fact remains that at international level there is no standard concept of recidivism and the law of some countries does not have the concept at all. The fact that foreign convictions are not always brought to the courts' notice for sentencing purposes is an additional practical difficulty. However, in the framework of the European Union, Article 3 of the Council Framework Decision 2008/675/JHA of 24 July 2008 on taking account of convictions in the member States of the European Union in the course of new criminal proceedings has established in a general way – without limitation to specific offences – the obligation of taking into account a previous conviction handed down in another (EU member) State.

98. Therefore, Article 14 provides for the possibility to take into account final sentences passed by another Party in assessing a sentence. To comply with the provision Parties may provide in their domestic law that previous convictions by foreign courts may, to the same extent as previous convictions by domestic courts would do so, result in a harsher penalty. They may also provide that, under their general powers to assess the individual's circumstances in setting the sentence, courts should take those convictions into account. This possibility should also include the principle that the offender should not be treated less favourably than he would have been treated if the previous conviction had been a national conviction.

99. Under Article 13 of the European Convention on Mutual Assistance in Criminal Matters (ETS No. 30), a Party's judicial authorities may request from another Party extracts from and information relating to judicial records, if needed in a criminal matter. In the framework of the European Union, the issues related to the exchange of information contained in criminal records between member States are regulated in two legal acts, namely Council Decision 2005/876/JHA of 21 November 2005 on the exchange of information extracted from the criminal record and Council Framework Decision 2009/315/JHA of 26 February 2009 on the organisation and content of the exchange of information extracted from the criminal record between member States. However, Article 14 does not place any positive obligation on courts or prosecution services to take steps to find out whether persons being prosecuted have received final sentences from another Party's courts.

CHAPTER III

CRIMINAL PROCEDURAL LAW

ARTICLE 15 – INITIATION AND CONTINUATION OF PROCEEDINGS

100. Article 15 is designed to enable the public authorities to prosecute offences established in accordance with the Convention ex officio, without a victim having to file a complaint. The purpose of this provision is to facilitate prosecution, in particular by ensuring that criminal proceedings may continue regardless of pressure or threats by the perpetrators of offences towards victims.

ARTICLE 16 – CRIMINAL INVESTIGATIONS

101. Article 16 provides for Parties to ensure the effective investigation and prosecution of offences established under the Convention in accordance with the fundamental principles of their domestic law. The notion of "principles of domestic law" should be understood as also encompassing basic human rights, including those provided under Article 6 of the ECHR. The negotiators noted that conducting effective criminal investigations may imply the use of special investigation techniques in accordance with the domestic law of the Party in question, such as financial investigations, covert operations, and controlled delivery, taking into account the principle of proportionality.

ARTICLE 17 – INTERNATIONAL CO-OPERATION

102. The article sets out the general principles that should govern international co-operation in criminal matters.

103. Paragraph 1 obliges Parties to co-operate, on the basis of relevant international and national law, to the widest extent possible for the purpose of investigations or proceedings of crimes established under the Convention, including for the purpose of carrying out seizure and confiscation measures. In this context, particular reference should be made to the European Convention on Extradition (ETS No. 24), the European Convention on Mutual Assistance in Criminal Matters (ETS No. 30), the Convention on the Transfer of Sentenced Persons (ETS No. 112), the Convention on Laundering, Search, Seizure and Confiscation of the Proceeds from Crime (ETS No. 141) and the Council of Europe Convention Laundering, Search, Seizure and Confiscation of the proceeds from Crime and on the Financing of Terrorism (CETS No.198).

104. In the same way as for paragraph 1, paragraph 2 obliges Parties to co-operate, to the widest extent possible and on the basis of relevant international, regional and bilateral legal instruments, on extradition and mutual legal assistance in criminal matters concerning the offences established by the Convention.

105. Paragraph 3 invites a Party that makes mutual assistance in criminal matters or extradition conditional on the existence of a treaty to consider the Convention as the legal basis for judicial co-operation with a Party with which it has not concluded such a treaty. This provision is of interest because of the possibility provided to third States to sign the Convention (cf. Article 28). The requested Party will act on such a request in accordance with the relevant provisions of its domestic law which may provide for conditions or grounds for refusal. Any action taken shall be in full compliance with its obligations under international law, including obligations under international human rights instruments.

CHAPTER IV

PROTECTION MEASURES

106. The protection of, and assistance to, victims of crime has long been a priority in the work of the Council of Europe.

107. The horizontal legal instrument in this field is the European Convention on the Compensation of Victims of Violent Crime (ETS No. 116) from 1983, which has since been supplemented by a series of recommendations, notably Recommendation No. R (85) 11 on the position of the victim in the framework of criminal law and procedure, Recommendation No. R (87) 21 on the assistance to victims and the prevention of victimisation and Recommendation Rec(2006)8 on assistance to crime victims.

108. Furthermore, the situation of victims has also been addressed in a number of specialised conventions, including the Council of Europe Convention on the Prevention of Terrorism (CETS No. 196), the Council of Europe Convention on Action against Trafficking in Human Beings (CETS No. 197), both from 2005, and the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS No. 201) from 2007.

109. Taking into account the potential grave consequences for victims of trafficking in human organs, the negotiators found that it was justified to provide specifically for the protection of such victims, and also to ensure that victims of the crimes established under this Convention have access to information relevant to their case and the protection of their health and other rights from the competent national authorities and that – subject to the domestic law of the Parties – they are being given the possibility to be heard and to supply evidence.

110. It is recalled that, the term "victim" is not defined in the Convention, as the negotiators felt that the determination of who could qualify as victims of trafficking in human organs was better left to the Parties to decide in accordance with their domestic law.

ARTICLE 18 – PROTECTION OF VICTIMS

111. Article 18 provides for the protection of the rights and interests of victims, in particular by requiring Parties to ensure that victims are given access to information relevant for their case and necessary to protect their health and other rights involved; that victims are assisted in their physical, psychological and social recovery, and that victims are provided with the right to compensation from the perpetrators under the domestic law of the Parties. As regards the right to compensation, the

negotiators also noted that in a number of member States of the Council of Europe, national victim funds are already in existence. However, this provision does not oblige Parties to establish such funds.

112. Article 18, letter c, establishes a right of victims to compensation. The compensation is pecuniary and covers both material injury (such as the cost of medical treatment) and non-material damage (the suffering experienced). For the purposes of this article, victims' right to compensation consists in a claim against the perpetrators of the trafficking – it is the traffickers who bear the burden of compensating the victims. If, in the criminal proceedings, the criminal courts are not empowered to determine civil liability towards the victims, it must be possible for the victims to submit their claims to civil courts with jurisdiction in the matter and powers to award damages with interest.

ARTICLE 19 – STANDING OF VICTIMS IN CRIMINAL PROCEEDINGS

113. This article contains a non-exhaustive list of procedures designed to victims of crimes established under this Convention during investigations and proceedings. These general measures of protection apply at all stages of the criminal proceedings, both during the investigations (whether they are carried out by a police service or a judicial authority) and during criminal trial proceedings.

114. First of all, Article 19 sets out the right of victims to be informed of their rights and of the services at their disposal and, upon request, the follow-up given to their complaint, the charges, the state of the criminal proceedings (unless in exceptional cases the proper handing of the case may be adversely affected), their role therein as well as the outcome of their cases.

115. Article 19 goes on to list a number of procedural rules designed to implement the general principles set out in the provision: the possibility, for victims, (in a manner consistent with the procedural rules of the domestic law of a Party), of being heard, of supplying evidence, of having their views, needs and concerns presented and considered, directly or through an intermediary, and anyway the right of being protected against any risk of intimidation and retaliation.

116. Paragraph 2 also covers administrative proceedings, since procedures for compensating victims are of this type in some States. More generally, there are also situations in which protective measures, even in the context of criminal proceedings, may be delegated to the administrative authorities.

117. Paragraph 3 provides for access, in accordance with domestic law and free of charge, where warranted, to legal aid for victims of trafficking in human organs. Judicial and administrative procedures are often highly complex and victims therefore need the assistance of legal counsel to be able to assert their rights satisfactorily. This provision does not afford victims an automatic right to legal aid. The conditions under which such aid is granted must be determined by each Party to the Convention when the victim is entitled to be a party to the criminal proceedings.

118. In addition to Article 19, dealing with the status of victims as parties to criminal proceedings, the States Parties must take account of Article 6 of the ECHR. Even though Article 6, paragraph 3.c. of the ECHR provides for the free assistance of an officially assigned defence counsel only in the case of persons charged with criminal offences, the case law of the European Court of Human Rights (Airey v. Ireland judgement, 9 October 1979) also, in certain circumstances, recognises the right to free assistance from an officially assigned defence counsel in civil proceedings, under Article 6, paragraph 1 ECHR, which is interpreted as enshrining the right of access to a court for the purposes of obtaining a decision concerning civil rights and obligations (Golder v. United Kingdom judgment, 21 February 1975). The Court took the view that effective access to a court might necessitate the free assistance of a lawyer. For instance, the Court considered that it was necessary to ascertain whether it would be effective for the person in question to appear in court without the assistance of counsel, i.e. whether he could argue his case adequately and satisfactorily. To this end, the Court took account of the complexity of the proceedings and the passions involved – which might be incompatible with the degree of objectivity needed in order to plead in court – so as to determine whether the person in question was in a position to argue his own case effectively and held that, if not, he should be able to obtain free assistance from an officially assigned defence counsel. Thus, even in the absence of legislation affording access to an officially assigned defence counsel in civil cases, it is up to the court to assess whether, in the interests of justice, a destitute party unable to afford a lawyer's fees must be provided with legal assistance.

119. Paragraph 4 is based on Article 17, paragraph 2, of the Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime. It is designed to make it easier for victims to file a complaint by enabling them to lodge it with the competent authorities of the State of residence. A similar provision is also found in Article 38, paragraph 2 of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS No. 201) of 25 October 2007 and in Article 20, paragraph 4, of the Council of Europe Convention on the Counterfeiting of Medical Products and Similar Crimes involving Threats to Public Health (CETS No. 211) of 28 October 2011.

120. Paragraph 5 provides for the possibility for various organisations to support victims. The reference to conditions provided for by internal law highlights the fact that it is up to the Parties to make provision for assistance or support, but that they are free to do so in accordance with the rules laid down in their domestic systems, for example by requiring certification or approval

of the organisations, foundations, associations and other bodies concerned.

ARTICLE 20 – PROTECTION OF WITNESSES

121. Article 20 is inspired by Article 24, paragraph 1, of the United Nations Convention against Transnational Organized Crime (Palermo Convention) from 2000. Paragraph 1 obliges Parties to provide effective protection from potential retaliation or intimidation for witnesses giving testimony in criminal proceedings concerning trafficking in human organs. As appropriate the protection should be extended to relatives and other persons close to the witnesses. Paragraph 2 of Article 20 provides for the protection of victims in so far as they are witnesses, in the same manner as set out in paragraph 1.

122. It should be noted that the extent of this obligation for Parties to protect witnesses is limited by the wording "within its means and in accordance with the conditions provided for by its domestic law".

CHAPTER V

PREVENTION MEASURES

123. It is standard for recent criminal law conventions of the Council of Europe to contain provisions aiming at the prevention of criminal activity. The present Convention is no exception, and the negotiators found that such preventive measures should be implemented at both domestic and international levels in order to have effect.

ARTICLE 21 – MEASURES AT DOMESTIC LEVEL

124. The purpose of Article 21 is to prevent trafficking in human organs by obliging Parties to address some of its root causes. Hence Parties shall in accordance with paragraph 1 ensure the existence of a transparent domestic system for the transplantation organs; equitable access to transplantation services for patients, and finally, adequate collection, analysis and exchange of relevant information pertaining to trafficking in human organs between all relevant domestic authorities. Parties may wish to consider the provisions of Articles 3 – 8 of the Additional protocol to the Convention on Human Rights and Biomedicine concerning Transplantation of Organs and Tissues of Human Origin, when reviewing their current transplantation systems in the light of this Article.

125. The issue of "transparency" is important, because it reduces the risk of illicitly removed organs being introduced into the legitimate domestic transplantation system. "Equitable access to transplantation services" means that Parties should ensure a "level playing field" in terms of the allocation of organs for all patients awaiting implantation. Ensuring a strong co-operation between the many different competent authorities involved in combatting trafficking in human organs is a prerequisite for achieving any measure of success. In this respect, the negotiators decided to put special emphasis on the collection, analysis and exchange of information between these authorities, thus enabling them to take timely action to prevent the crimes set out in the Convention.

126. Paragraph 2, letter a, obliges Parties to take measures, as appropriate, with regard to providing information and strengthening training, e. g. on how to detect indications of trafficking in human organs, for healthcare professionals and relevant officials. According to letter b, Parties are furthermore obliged to promote, as appropriate, awareness-raising campaigns addressed to the general public on the unlawfulness and dangers of trafficking in human organs.

127. Finally, paragraph 3 obliges Parties to prohibit the advertising of the need for, or availability of, human organs "with a view to offering or seeking financial gain or comparable advantage". The negotiators considered this provision necessary, taking into account the existence of e.g. websites on the internet where human organs are put up for sale. The implementation of this provision is left to Parties, but they must obviously ensure that it is carried out while respecting their human rights obligations, especially as set forth in the ECHR, the International Covenant on Civil and Political Rights, and any other obligations under international law. The Parties concerned are in particular expected to take into account the case-law of the European Court of Human Rights which, based on Article 10 of the ECHR, guarantees the right to freedom of expression, the exercise of which may be subject to certain formalities, conditions, restrictions or penalties as prescribed by law and necessary in a democratic society, in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, or for the protection of health or morals. Cf. also paragraph 30. The prohibition to advertise the need for, or availability of human organs, with a view to offering or seeking financial gain or comparable advantage, is intended to target mainly the persons operating as a broker between donors and recipients.

ARTICLE 22 – MEASURES AT INTERNATIONAL LEVEL

128. Article 22 obliges Parties to co-operate, to the widest extent possible, with the aim of preventing trafficking in human organs by: (i.) reporting to the Committee of the Parties, on its request, on the number of cases of trafficking in human organs d within their respective jurisdictions; (ii.) designate a national contact point for the exchange of information of a general nature between Parties pertaining to trafficking in human organs.

129. These measures were deemed necessary by the negotiators in order to be able to assess the impact of the Convention and to ensure effective international co-operation.

CHAPTER VI

FOLLOW-UP MECHANISM

130. Chapter VI of the Convention contains provisions which aim at ensuring the effective implementation of the Convention by the Parties. The follow-up system foreseen by the Convention is based essentially on a body, the

Committee of the Parties, composed of representatives of the Parties to the Convention.

ARTICLE 23 – COMMITTEE OF THE PARTIES

131. Article 23 provides for the setting-up of a committee under the Convention, the Committee of the Parties, which is a body with the composition described above, responsible for a number of Convention-based follow-up tasks.

132. The Committee of the Parties will be convened the first time by the Secretary General of the Council of Europe, within a year of the entry into force of the Convention by virtue of the 10th ratification. It will then meet at the request of a third of the Parties or of the Secretary General of the Council of Europe.

133. It should be stressed that the negotiators intended to allow the Convention to come into force quickly while deferring the introduction of the follow-up mechanism until such time as the Convention was ratified by a sufficient number of States for it to operate under satisfactory conditions, with a sufficient number of representative Parties to ensure its credibility.

134. The setting-up of this body will ensure equal participation of all the Parties in the decision-making process and in the Convention follow-up procedure and will also strengthen co-operation between the Parties to ensure proper and effective implementation of the Convention.

135. The Committee of the Parties must adopt rules of procedure establishing the way in which the follow-up system of the Convention operates, on the understanding that its rules of procedure must be drafted in such a way that the implementation of the Convention by the Parties, including the European Union, is effectively monitored.

136. The Committee of Ministers shall decide on the way in which those Parties which are not member States of the Council of Europe are to contribute to the financing of these activities. The Committee of Ministers shall seek the opinion of those Parties which are not member States of the Council of Europe before deciding on the budgetary appropriations to be allocated to the Committee of the Parties.

ARTICLE 24 – OTHER REPRESENTATIVES

137. Article 24 contains an important message concerning the participation of bodies other than the Parties themselves in the Convention follow-up mechanism in order to ensure a genuinely multisectoral and multidisciplinary approach. It refers, firstly, to the Parliamentary Assembly and the European Committee on Crime Problems (CDPC), and, secondly, more unspecified, to other relevant intergovernmental or scientific committees of the Council of Europe which, by virtue of their responsibilities would definitely make a worthwhile contribution by taking part in the follow-up of the work on the Convention. These committees are the Committee on Bioethics (DH-BIO) and the European Committee on Transplantation of Organs (CD-P-TO).

138. The importance afforded to involving representatives of relevant international bodies and of relevant official bodies of the Parties, as well as representatives of civil society, in the work of the Committee of the Parties is undoubtedly one of the main strengths of the follow-up system provided for by the negotiators. The wording "relevant international bodies" in paragraph 3, is to be understood as inter-governmental bodies active in the field covered by the Convention. The wording "relevant official bodies" in paragraph 4, refers to officially recognised national or international bodies of experts working in an advisory capacity for Parties to the Convention in the field covered by the Convention, in particular as regards bioethics and transplantation of human organs.

139. The possibility of admitting representatives of inter-governmental, governmental and non-governmental organisations and other bodies actively involved in preventing and combating trafficking in human organs as observers was considered to be an important issue, if the follow-up of the application of the Convention was to be truly effective.

140. Paragraph 6 prescribes that when appointing representatives as observers under paragraphs 2 to 5 (Council of Europe bodies, international bodies, official bodies of the Parties and representatives of non-governmental organisations), a balanced representation of the different sectors and disciplines involved (the law enforcement authorities, the judiciary, the health authorities, as well as civil society interest groups) shall be ensured.

ARTICLE 25 – FUNCTIONS OF THE COMMITTEE OF THE PARTIES

141. When drafting this provision, the negotiators wanted to base itself on the similar provision of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (CETS. No. 201), creating as simple and flexible a mechanism as possible, centred on a Committee of the Parties with a broader role in the Council of Europe's legal work on combating the trafficking in human organs. The Committee of the Parties is thus destined to serve as a centre for the collection, analysis and sharing of information, experiences and good practice between Parties to improve their policies in this field using a multisectoral and multidisciplinary approach.

142. With respect to the Convention, the Committee of the Parties has the traditional follow-up competencies and:

– plays a role in the effective implementation of the Convention, by making proposals to facilitate or improve the effective use and implementation of the Convention, including the identification of any problems and the effects of any declarations or reservations made under the Convention;

– plays a general advisory role in respect of the Convention by expressing an opinion on any question con-

cerning the application of the Convention, including by making specific recommendations to Parties in this respect. This activity does not entail mutual evaluation or similar intrusive follow-up;

– serves as a clearing house and facilitates the exchange of information on significant legal, policy or technological developments in relation to the application of the provisions of the Convention. In this context, the Committee of the Parties may avail itself of the expertise of relevant committees and other bodies of the Council of Europe.

143. Paragraph 4 states that the European Committee on Crime Problems (CDPC) should be kept periodically informed of the activities mentioned in paragraphs 1, 2 and 3 of Article 25.

CHAPTER VII

RELATIONSHIP WITH OTHER INTERNATIONAL INSTRUMENTS

ARTICLE 26 – RELATIONSHIP WITH OTHER INTERNATIONAL INSTRUMENTS

144. Article 26 deals with the relationship between the Convention and other international instruments.

145. In accordance with the 1969 Vienna Convention on the Law of Treaties, Article 26 seeks to ensure that the Convention harmoniously coexists with other treaties – whether multilateral or bilateral – or instruments dealing with matters which the Convention also covers. Article 26, paragraph 1 aims at ensuring that this Convention does not prejudice the rights and obligations derived from other international instruments to which the Parties to this Convention are also Parties or will become Parties, and which contain provisions on matters governed by this Convention.

146. Article 26, paragraph 2 states positively that Parties may conclude bilateral or multilateral agreements – or any other legal instrument – relating to the matters which the Convention governs. However, the wording makes clear that Parties are not allowed to conclude any agreement which derogates from this Convention.

147. Following the signature of a Memorandum of Understanding between the Council of Europe and the European Union on 23 May 2007, the CDPC took note that "legal co-operation should be further developed between the Council of Europe and the European Union with a view to ensuring coherence between Community and European Union law and the standards of Council of Europe conventions. This does not prevent Community and European Union law from adopting more far-reaching rules."

CHAPTER VIII

AMENDMENTS TO THE CONVENTION

ARTICLE 27 – AMENDMENTS

148. Amendments to the provisions of the Convention may be proposed by the Parties. They must be communicated to all Council of Europe member States, to the non-member States enjoying observer status with the Council of Europe, to the European Union and to any State invited to sign the Convention.

149. The CDPC and other relevant Council of Europe intergovernmental or scientific committees will prepare opinions on the proposed amendment, which will be submitted to the Committee of the Parties. After considering the proposed amendment and the opinion submitted by the Committee of the Parties, the Committee of Ministers may adopt the amendment by the majority provided for in Article 20.d of the Statute of the Council of Europe. Before deciding on the amendment, the Committee of Ministers shall consult and obtain the unanimous consent of all Parties. Such a requirement recognises that all Parties to the Convention should be able to participate in the decision-making process concerning amendments and are on an equal footing.

CHAPTER IX

FINAL CLAUSES

150. With some exceptions, Articles 28 to 33 are essentially based on the Model Final Clauses for Conventions and Agreements concluded within the Council of Europe, which the Committee of Ministers approved at the Deputies' 315th meeting, in February 1980.

ARTICLE 28 – SIGNATURE AND ENTRY INTO FORCE

151. The Convention is open for signature by Council of Europe member States, the European Union, and States enjoying observer status with the Council of Europe. In addition, with a view to encouraging the participation of the largest possible non-member States to the Convention, this article provides them with the possibility, subject to an invitation by the Committee of Ministers, to sign and ratify the Convention even before its entry into force. By doing so, this Convention departs from previous Council of Europe treaty practice according to which non-member States which have not participated in the elaboration of a Council of Europe Convention usually accede to it after its entry into force. However, a precedent to such a provision may be found in the Council of Europe Convention on the counterfeiting of medical products and similar crimes involving threats to public health (CETS No. 211).

152. Article 28, paragraph 3 sets the number of ratifications, acceptances or approvals required for the Convention's entry into force at five. This number is not very high in order not to delay unnecessarily the entry into force of the Convention, but reflects nevertheless the belief that a minimum group of Parties is needed to successfully set about addressing the major challenge of combating trafficking in human organs. Of the five Parties which will make the Convention enter into force, at least three must be Council of Europe members.

ARTICLE 29 – TERRITORIAL APPLICATION

153. This provision is only concerned with territories having a special status, such as overseas territories, the Faroe

Islands or Greenland in the case of Denmark, or Gibraltar, the Isle of Man, Jersey or Guernsey in the case of the United Kingdom.

154. It is well understood, however, that it would be contrary to the object and purpose of this Convention for any contracting Party to exclude parts of its main territory from the Convention's scope and that it was unnecessary to make this point explicit in the Convention.

ARTICLE 30 – RESERVATIONS

155. The reservations listed in paragraph 1 of this article have been introduced in the Convention with regard to Articles for which unanimous agreement was not reached among the negotiators, despite the efforts achieved in favour of compromise. These reservations aim at enabling the largest possible ratification of the Convention, whilst permitting Parties to preserve some of their fundamental legal concepts.

156. In addition, Article 30, paragraph 2 allows States and European Union to enter a reservation limiting the scope of application Articles 5 and 7 paragraphs 2 and 3, only when the offences are committed for the purpose of implementation and other purposes as specified by them in their reservation.

157. Paragraph 3 specifies that no reservation may be made in relation to any provision of this Convention, with the exceptions provided for in paragraphs 1 and 2 of this article.

158. Paragraph 4, by making it possible to withdraw reservations at any time, aims at reducing in the future divergences between legislations which have incorporated the provisions of this Convention.

ARTICLE 31 – DISPUTE SETTLEMENT

159. Article 31 provides that the Committee of the Parties, in close co-operation with the European Committee on Crime Problems (CDPC) and other relevant Council of Europe intergovernmental or scientific committees, shall follow the application of the Convention and facilitate the solution of all disputes related thereto between the Parties. Coordination with the CDPC will normally be ensured through the participation of a representative of the CDPC in the Committee of the Parties.

ARTICLE 32 – DENUNCIATION

160. Article 32 allows any Party to denounce the Convention.

ARTICLE 33 – NOTIFICATION

161. Article 33 lists the notifications that, as the depositary of the Convention, the Secretary General of the Council of Europe is required to make, and designates the recipients of these notifications (States and the European Union).

Resolution CM/Res(2013)56 on the development and optimisation of live kidney donation programmes

(Adopted by the Committee of Ministers on 11 December 2013 at the 1187th meeting of the Ministers' Deputies)

The Committee of Ministers, in its composition restricted to the representatives of States Parties to the Convention on the Elaboration of the European Pharmacopoeia[1],

Considering that the aim of the Council of Europe is to achieve greater unity between its member States and that this aim may be pursued, inter alia, by the adoption of common action in the health field;

Having regard to the Convention on Human Rights and Biomedicine (ETS No. 164) and in particular to Articles 19 and 20 thereof;

Taking into account Resolution Res(78)29 on the harmonisation of legislation of member States related to removal, grafting and transplantation of human substances, in particular Chapter II – Removals, graftings and transplantation of substances from living donors, and the final declaration of the 3rd Conference of European Health Ministers (Paris, 16-17 November 1987);

Having regard to the Additional Protocol to the Convention on Human Rights and Biomedicine concerning the Transplantation of Organs and Tissues of Human Origin (ETS No. 186), January 2002;

Recalling the Explanatory Report thereof in particular Chapter III Organ and tissue removal from living persons, Article 9 – General rule, and its addendum, which states that "the availability of organs is taken into account in several countries not on a purely individual level but in relation to the system as a whole.[...] Therefore, transplantation of organs removed from deceased persons and transplantation of organs removed from living donors, provided the conditions for ensuring protection of living donors are met, are not to be opposed and rather fulfil a therapeutic need."

Having regard to the Convention on Action against Trafficking in Human Beings (CETS No. 197);

Recalling its Recommendation Rec(2001)5 on management of organ transplant waiting lists and waiting times;

Recalling its Recommendation Rec(2004)7 on organ trafficking;

Recalling its Resolution CM/Res(2008)6 on transplantation of kidneys from living donors who are not genetically related to the recipient and in particular the principles and measures laid down in its Appendix;

Recalling Directive 2010/53/EU of the European Parliament and of the Council on standards of quality and safety of human organs intended for transplantation;

Considering the large deficit of kidneys for transplantation compared to demand at present and in the foreseeable future, even after developing deceased donation to its maximum therapeutic potential;

Considering that kidney transplantation from live organ donors provides excellent post-transplant outcomes with better graft and patient survival than that described for recipients of kidneys from deceased organ donors;

Considering that live kidney donation is a safe procedure, if performed according to recognised international standards, in terms of donor evaluation, selection and donor care;

Considering that the authorisation for transplantation of a kidney donated by a live donor, whether or not genetically related to the recipient, is a matter to be regulated by the national laws of individual States;

Recommends to the governments of States Parties to the Convention:

i. to develop and optimise programmes for kidney donation from live donors based on recognised ethical and professional standards as a better way to pursue self-sufficiency in transplantation;

ii. to ensure that patients with end-stage renal disease (and their relatives) are provided with comprehensive information on all available renal replacement therapies, including kidney transplantation from live donors. Such information should be provided pre-emptively, i.e. before the patient is being treated with dialysis;

[1] States concerned: Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, "the former Yugoslav Republic of Macedonia", Turkey, Ukraine and United Kingdom.

iii. to promote educational activities and professional training on live donor evaluation and selection, donor surgery and care and follow-up of live kidney donors;

iv. once the option of live kidney transplantation has been implemented, to consider more extensive use of live kidney donors through the removal of technical barriers, e.g. ABO incompatibility or positive cross-matching between prospective donors and recipients, in an attempt to cover the true need for renal transplantation and, as such, to improve 'quality of life' and life expectancy of patients;

v. to take the necessary steps to ensure that live donors have been given appropriate information as to the purpose and nature of the organ removal, as well as its consequences and risks. Donors should also be informed of the rights and safeguards prescribed by law for their protection; in particular, the right to have access to independent advice on such risks by a health professional with appropriate experience and who is not involved in the specific donor's organ removal or subsequent follow-up;

vi. to ensure that live donors have given free, informed and specific consent either in written form or before an official body. Donors may freely withdraw consent at any time;

vii. to take measures to ensure that no pressure is exerted on live donors, in particular on vulnerable groups such as persons deprived of their liberty, to make a decision;

viii. to ensure that live donors are properly screened to identify any physical or psycho-social contraindication. Organ removal should not be carried out if there is a foreseeable substantial risk to the life or health of the donor;

ix. to avoid putting living renal donors at unnecessary risk peri-operatively and post-donation by taking the necessary measures to ensure their appropriate long-term follow-up after the donation procedure;

x. to ensure that the use of donated organs does not, as such, give rise to financial gain or comparable advantages. This does not preclude donors from being reimbursed for loss of income and for the expenses incurred because of donation, through a transparent and official procedure;

xi. to develop and maintain a national registry where information on both genetically and non-genetically related live kidney donors and the outcomes after donation, including major donation-related complications in the short-, mid- and long-term, are appropriately recorded;

xii. to ensure that, when establishing programmes for donation of organs from non-genetically related living donors, there shall be appropriate legal and administrative frameworks to prevent any act giving rise to trafficking in human beings and organs.

This resolution is supplemented by an Explanatory Memorandum.

Explanatory memorandum of the Resolution CM/Res(2013)56 on the development and optimisation of live kidney donation programmes

The rationale for this Resolution on the development and optimisation of live kidney donation programmes is to improve 'quality of life' and life-expectancy for patients with end-stage kidney disease by increased access to kidney transplantation.

Even though many countries with established transplant programmes have improved their deceased donation rates during recent years, none can cover the true need for kidneys from this source. One way of increasing the supply of kidneys for transplantation is to optimise the utilisation of live donors.

Shortage of kidneys for transplantation and its consequences

End-stage renal failure has been estimated to have increased at a rate of 3-9% each year for the last 5-10 years and it will probably continue to rise. This is mainly caused by the increasingly aged profile of the population and an increase in lifestyle-related diseases (such as obesity, diabetes, hypertension and cardiovascular disease). This represents a very serious challenge for patients, healthcare providers and national authorities (1, 2). Kidney transplantation is the best therapeutic alternative for patients with end-stage renal disease, both in terms of effectiveness and cost. Compared to dialysis, kidney transplantation provides longer survival and a better 'quality of life' (3, 4, 5). After the first year, kidney transplantation costs are up to 75% lower than those related to dialysis (6, 7).

For the year 2011, *Newsletter Transplant* registered 23,485 renal transplants in 36 Council of Europe member States (31.3 transplants per million population, *pmp*)[1] (8). At the end of the same year, there were 68,073 patients on the waiting list for a deceased donor kidney in those countries, indicating that only 34.5% were actually transplanted. Twenty-nine countries had registered 2,201 deaths on the kidney waiting lists that same year. There are substantial differences in kidney transplantation programmes between European countries. However, no country with an established transplant programme manages to cover the true need

for kidneys. Most transplant centres within Europe have a waiting list that, by far, outnumbers available organs, typically by a factor of 2-3. Many patients deteriorate and die while waiting for an organ. In many countries, patients with limited survival expectancies (old age, concomitant diseases) will not even be considered for transplantation because of extensive organ shortages, thereby also masking the true need for organs (9).

Such discrepancies between the need for organs and lack of supply also results in desperate patients seeking alternative solutions outside their national healthcare systems. Such attempts include unrecognised listing on multiple organ waiting lists and engaging in transplant tourism and trafficking (10). The Joint Study of the Council of Europe and the United Nations on 'Trafficking in organs, tissues and cells and trafficking in human beings for the purpose of the removal of organs' addresses these problems (11).

Increasing organ availability from deceased donors

Deceased donation rates and derived transplantation activities differ between European countries. Countries continue to work on optimising deceased donation. This includes increased use of organs from expanded criteria donors; a concept which recognises that not all organs from deceased donors provide a similar outcome for the transplant recipient. However, the transplantation of these kidneys has been reported as beneficial, particularly when used in recipients with a limited life-expectancy (12, 13). The use of organs from donors whose death has been determined by circulatory and respiratory criteria is also being promoted in some European countries. Despite these aforementioned strategies, the availability of kidneys for transplantation remains limited, and even more so for young patients.

Kidney transplantation from live donors: present situation and regulations

According to the *Global Observatory on Organ Donation and Transplantation*, more than 40 per cent of the 73,179 kidney transplantations performed worldwide in 2010 were from live donors. The annual rate of live donor kidney transplantation in the member States of the Council of Europe in 2011 varied from 0 to 36.7 pmp (22 countries <5 pmp; 7 countries between 5-15 pmp; and 7 countries

[1] Countries included in the calculations: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Republic of Moldova, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, "the former Yugoslav Republic of Macedonia", Turkey and United Kingdom.

>15 pmp, including 3 countries >20 pmp)[2]. This suggests that by engaging in and promoting the use of live kidney donation, rates can be substantially increased in many European countries. Many member States known for well-developed deceased donor programmes are realising that live donation must contribute to a greater extent if demands are to be met (14).

In many Council of Europe member States, well-established programmes that are approved by competent authorities regarding various live donor categories and strategies exist:

- the donor is genetically related to the recipient;
- the donor is emotionally, but not genetically related (spouse, in-law, long-term close friends);
- paired exchange of donors if multiple, blood group-incompatible donor-recipient combinations are present (15);
- use of blood group-incompatible live donors by absorption of blood group antibodies from the recipient;
- altruistic non-directed donations to patients on the waiting list without any economic or equivalent incentive.

The use of live donors as a source of kidneys for transplantation has been debated and is still controversial in some countries; although, in a few States, only live donors are used.

The Additional Protocol to the Convention on Human Rights and Biomedicine on Transplantation of Organs and Tissues of Human Origin (ETS No. 186), January 2002 states under Chapter III, Article 9 General rule that: "Removal of organs or tissue from a living person may be carried out solely for the therapeutic benefit of the recipient and where there is no suitable organ or tissue available from a deceased person and no other alternative therapeutic method of comparable effectiveness."

An explanatory report to this Convention has been produced by the Council of Europe. Under Chapter III "Organ and tissue removal from living persons," Article 9 - General rule, the following are stated:

> "59. This implies that organs and tissues from living persons should not be used where an appropriate organ or tissue from a deceased person is available."
>
> "60. The transplant must therefore be necessary in the sense that there is no other treatment that would produce similar results. In this respect dialysis treatment is not considered to provide results in terms of the patient's quality of life comparable with those obtained by a kidney transplant."
>
> "61. However, if the results of a living donor transplantation is expected to be significantly better than those expected utilising a graft removed from a deceased person, live donation may be the preferred therapeutic option for a particular recipient."

Under Article 11 - Evaluation of risks for the donor, it is stated:

> "In judging the risks involved, the donor's interest must take precedence, although in some circumstances the balance of risk to the donor compared to potential benefit to the recipient may be taken into consideration."

The European Commission s Action plan on organ donation and transplantation (2009-2015): strengthened cooperation between member States (2009/2104 (INI)) recognises live donation as a real alternative to improve the availability of organs for transplantation. It calls on member States to promote the exchange of best practices on live donation programmes, considering these as complementary to deceased donation. The development of live organ donation under such a framework has to be linked to the provisions of Directive 2010/53/EU of the European Parliament and of the Council on quality and safety aspects of human organs intended for transplantation, which sets out measures dedicated to the protection of live organ donors.

These aforementioned international standards demonstrate an evolution in the perception of live kidney transplantation; from an activity that should be restricted to specific cases, to an option regarded as appropriate for patients with end-stage renal disease, as long as the protection of live organ donors is ensured.

Advantages of using live donor kidneys for renal transplantation

Live kidney transplantation provides better graft and patient survival compared to kidney transplantation from a deceased person. There are several reasons for this improved outcome:

- a suitable live donor can be sought well ahead of actual surgery, and the operation can be performed as an elective procedure during normal working hours, offering the best capacity and most competent hospital staff;
- the transplantation can be well planned and, ideally, be performed before the patient has to start dialysis (pre-emptive transplantation), at which stage the operative procedure will be better tolerated. This is particularly important in paediatric or diabetic recipients. It is noteworthy that time on dialysis is an important indicator of reduced patient and graft survival. Pre-emptive transplantation also decreases the total costs;
- planned surgery also allows pre-operative treatment with removal of antibodies, allowing transplantations that otherwise would not be possible (ABO blood group-incompatible transplantation or patients with donor-incompatible HLA antibodies);
- live donor kidneys come from healthy people; usually both younger and with less co-morbidity than deceased

[2] Countries included in the calculations: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Republic of Moldova, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, "the former Yugoslav Republic of Macedonia", Turkey and United Kingdom.

donors, and with completely normal kidney function. The superior physiological state of the organ compared with a deceased donor kidney is due to the fact that hours/days of intensive care before organ procurement are not present. Morbidity linked to brain death is absent; the kidney is transplanted immediately, with a time out of circulation (cold ischemia time) usually less than 3 hours, which does not have any significant effect on the kidney;

- most live donors are genetically related to the recipient and, in most cases, share tissue (HLA) antigens with them. This reduces the likelihood for rejection episodes, thereby prolonging graft survival.

Risk-benefit evaluation using live kidney donors

Unilateral nephrectomy is usually safe for a healthy individual but, as for all surgical procedures, it does entail a certain risk. Studies have indicated 3.1 surgical mortalities per 10,000 living donor operations during the last 15 years, despite varying criteria and operative methods (16). Minor and major complications related to the donation procedure have been reported at a rate of 18% and 3%, respectively. By applying modern laparoscopic techniques, both major and minor complication rates may be further reduced, which can also facilitate a more rapid medical, social and work-related rehabilitation. Long-term follow-up of live donors has shown life-expectancy to be superior or comparable to that of the general population (17, 18).

In contrast, the risk that a patient with renal failure will die while undergoing dialysis treatment is estimated at 5-20% per year. If a patient is successfully transplanted, the risk of dying will be less than half of that per year (3, 4). In other words, the benefit to the recipient is huge, while the danger to the live donor is minimal.

Safety measures for live donors

Kidney transplantation from live donors should only be promoted when a rigorous legal, ethical and medical framework of donor care exists. This general principle is consistently reflected in all available international standards.

Specific requirements for the selection, use and follow-up of live donors are set out in the Additional Protocol to the Convention on Human Rights and Biomedicine concerning Transplantation of Organs and Tissues of Human Origin (ETS No. 186) from 2002.

"The Consensus Statement of the Amsterdam Forum on the care of the Live Kidney Donor", from 2004 defines criteria both for donor selection and post-donation, long-term follow-up to minimise the risk for donors.

This consensus statement has the support of the European Committee on Organ Transplantation (Partial Agreement) (CD-P-TO) of the Council or Europe.

Directive 2010/53/EU of the European Parliament and of the Council on quality and safety standards of human organs intended for transplantation also sets out requirements for the evaluation, selection and care of live organ donors. Moreover, the aforementioned Directive establishes the obligation for EU member States to develop registries where information on live organ donors and on their outcomes after donation is recorded.

The CD-P-TO considers this requirement essential for countries where live organ transplantation is to be carried out.

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Resolution CM/Res(2013)55 on establishing procedures for the collection and dissemination of data on transplantation activities outside a domestic transplantation system[1]

(Adopted by the Committee of Ministers on 11 December 2013 at the 1187th meeting of the Ministers' Deputies)

The Committee of Ministers, in its composition restricted to the representatives of the States Parties to the Convention on the Elaboration of a European Pharmacopoeia (ETS No. 50),[2]

Considering that the aim of the Council of Europe is to achieve greater unity between its member States and that this aim may be pursued, *inter alia*, by the adoption of common action in the health field;

Taking into account Resolution Res(78)29 on harmonisation of legislation of member States relating to removal, grafting and transplantation of human substances and the final declaration of the 3rd Conference of European Health Ministers (Paris, 16-17 November 1987);

Having regard to the 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 (ETS No. 164) and, in particular, to Articles 19 and 20 thereof;

Having regard to the Additional Protocol to the Convention on Human Rights and Biomedicine concerning the Transplantation of Organs and Tissues of Human Origin (ETS No. 186);

Recalling the Committee of Ministers' Recommendation Rec(2001)5 on the management of organ transplant waiting lists and waiting times;

Recalling the Committee of Ministers' Recommendation Rec(2004)7 on organ trafficking;

Recalling the Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data (ETS No. 108);

Taking into account the following international studies and documents:

- the Declaration of Istanbul on Organ Trafficking and Transplant Tourism, adopted in 2008;[3]
- Joint United Nations/Council of Europe Study on trafficking in organs, tissues and cells, and trafficking in human beings for the purpose of the removal of organs;[4]
- the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation adopted by the World Health Assembly in May 2010;[5]

Recognising that, in facilitating the transplantation of organs in the interest of patients in Europe, there is a need to protect individual rights and freedoms and to prevent the commercialisation of parts of the human body when retrieving, exchanging and allocating organs;

Considering that:

- there is a worldwide gap between the number of patients waiting for an organ and the number of organs available, and that this gap is increasing;
- there is large inequality in access to transplantation and healthcare among Council of Europe member States;

[1] When this resolution was adopted: - in accordance with Article 10.2.c of the Rules of Procedure of the Ministers' Deputies, the Representatives of Germany and Romania reserved the right of their governments to comply with it or not.

[2] Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, "the former Yugoslav Republic of Macedonia", Turkey, Ukraine and United Kingdom.

[3] Adopted at the International Summit on Transplant Tourism and Organ Trafficking organised by the Transplantation Society and the International Society of Nephrology, Istanbul, Turkey, 30 April-2 May 2008. Available at http://www.edqm.eu/medias/fichiers/The_Declaration_of_Istanbul.pdf (last accessed 10/04/2013).

[4] Available at www.coe.int/t/dghl/monitoring/trafficking/Docs/News/OrganTrafficking_study.pdf (last accessed10/04/2013).

[5] Available at http://www.who.int/transplantation/TxGP08-en.pdf (last accessed 10/04/2013).

- national legal frameworks vary considerably with regard to transplantation activities, as do competent authorities in terms of organisation, human resources and other resources;

- organs may cross regional or national borders as part of exchange programmes or through multinational organ-sharing organisations;

Considering the fact that procurement and transplantation activities (including patient follow-up) are organised in different ways in each member State, making it difficult for some member States to collect data on illicit transplantation activities performed outside the framework of a domestic transplantation system;

Acknowledging that such data on illicit transplantation activities performed outside the framework of a domestic transplantation system would enable each member State to:

- reinforce health safety for patients and improve protection of donors who receive payments for organs and transplanted patients;

- improve the management of information given to patients on waiting lists;

- follow-up on the development of this phenomenon over time;

With the aim of elaborating legislation to prevent illicit activities and to establish a strong legal framework in order to support regulated cross-border co-operation in the field of organ donation and transplantation,

Recommends that the governments of States Parties to the Convention:

- adopt procedures and methods for the regular collection of data on patients going abroad to be transplanted with an organ retrieved as a result of illicit transplantation procedures performed outside the framework of a domestic transplantation system;

- designate a contact person in charge of data collection on illicit transplantation activities. This contact person should be based at the existing national transplantation body or, alternatively, at the ministry of health in those member States where a national transplantation body does not exist or is not in charge of following-up on transplantation activities;

- develop and implement an appropriate tool for data collection on illicit transplantation activities or use the model questionnaire or any other tool provided in the appendices of the Council of Europe Guide to the quality and safety of organs for transplantation in its existing version at the date of adoption of this resolution or in subsequently amended versions;

- ensure the contact person disseminates data-collection tools to transplantation centres;

- ensure the regular collection of data on illicit transplantation activities and the compilation of results;

- communicate the results to the Secretariat of the European Committee on Organ Transplantation (Partial Agreement) (CD-P-TO) of the Council of Europe with a view to analysing and discussing such results within the CD-P-TO and informing member States.

[6] Available at www.edqm.eu/en/EDQM-Publications-Blood-TransfusionOrgan-Transplantation-Guides-1131.html

NOTES

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Meeting secretariat

ESOT OFFICE
Phone: +39 049 3005796
Fax: +39 049 2106306
E-mail: events@esot.org
Web: www.esot.org

European Society
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