United Nations Convention On Organized Crime (UNTOC)

Topic(Beginner-Intermediate)

Organ Trafficking as Transnational Organized Crime

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Introduction to the Committee

The United Nations Office on Drugs and Crime (UNODC) was established in 1997 to fight transnational organized crime and support states in preventing human trafficking, including the trafficking of organs.[1] A key recent development was the UNODC Toolkit (a platform that supports a wide range of responses) released in October 2022, which strengthens international capacity to investigate, prosecute, and prevent organ trafficking by providing model practices, case guidance, and law enforcement training tools. [2]

The UNODC's Global Report on Trafficking in Persons shows how underreported organ-trafficking is. The 2024 report documented only 175 officially recorded victims globally between 2017 and 2023, with 91 cases occurring in Europe and Central Asia. [3]

Organ transplantation stands as one of medicine's greatest achievements, and yet, it has simultaneously created one of the world's most disturbing criminal markets.
Around the world, criminals exploit people to remove and sell their organs illegally. This, known as organ trafficking and trafficking in persons for organ removal, generates up to 1.7 billion dollars annually, making it one of the five most profitable transnational crimes. [4]

Background to the Issue

Chapter A: The historical timeline of trafficking

On December 23, 1954, Dr. Joseph Murray, an American plastic surgeon, conducted the first successful kidney transplant between identical twins, proving that transplantation could save lives once considered medically hopeless. [5] In 1959, a Kidney transplant from a non-identical donor using radiation was successful. Later, in 1962, the first chemical immunosuppression made transplants from deceased donors possible, and in 1967, the first successful human heart transplant was performed by Dr. Barnard. [6] These breakthroughs demonstrated that transplantation could be routine, but demand would always exceed supply, creating conditions for exploitation.

In 1968, two major changes made organ donation possible. First, Harvard Medical School defined "brain death", a new way to determine when someone has died. Brain death means the irreversible loss of all brain activity, brainstem function, and the ability to breathe or be conscious independently. This allowed doctors to ethically take organs from deceased donors. Second, the United States passed the Uniform Anatomical Gift Act, which created the first laws allowing people to voluntarily donate their organs after death. [7]

The collapse of the Soviet Union in 1991 produced widespread unemployment, weakened institutions, and a sudden decline in social services across Eastern Europe and parts of Central Asia. Economic insecurity created the conditions that traffickers needed, individuals willing to undergo dangerous surgeries in exchange for short-term financial relief. Moldova, Ukraine, Romania, and later Kosovo emerged as early centers of recruitment, where brokers exploited the chaos of post-communist transitions. In many cases, recruitment relied on deception, promises of well-paid employment abroad or inflated payment for organs, making “consent” legally meaningless.

In 1983, doctors started using a new drug (cyclosporine) that stopped the body from rejecting transplanted organs. Survival rates jumped to 80%. [8] This success made transplants very popular, but there weren't enough organs for everyone who needed them - a shortage that still exists today. In 1984, the United States made it illegal to buy or sell human organs. The law was called the National Organ Transplant Act (NOTA). [9] Anyone caught selling organs could face prison time and heavy fines. This ban was ethically right. However, it didn't solve the organ shortage problem. By the late 1980s, wealthy patients who couldn't get organs legally started traveling to other countries. They went to poor regions where they could buy organs from desperate people. This practice, called "transplant tourism," thrived in countries with corruption and weak laws.

Chapter B: Key definitions

TIP (trafficking in persons) for organ removal is formally defined under the UN Protocol to prevent, suppress and punish trafficking in persons, also known as the Palermo Protocol from 2000. The definition of trafficking is: "The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or of a position of vulnerability, for exploitation."[10] TIP-OR is a human rights violation that cannot be justified by medical need, profit, or family pressure. Detection is extremely difficult for several reasons. Victims rarely report because organ selling is illegal in most countries, and many are undocumented migrants who fear deportation. Hospitals sometimes deliberately misclassify donors as "living related" to hide coercion. Physical evidence disappears quickly since organ removal leaves few forensic traces after healing. Although it may look similar to organ trafficking, organ trafficking is a broader crime. It encompasses the entire illegal chain, including removal without consent, commercialization for profit, and illicit use, storage, or transport of organs. TIP-OR centers on the trafficked person, while organ trafficking centers on the organ itself. Organ trafficking can occur without person trafficking, for example, when corrupt medical staff remove organs from a deceased person without permission. This broader crime involves falsifying medical records, manipulating brain-death diagnoses, bribing transplant surgeons, and exploiting legal loopholes in national healthcare systems. [11]

Under UNTOC, a crime becomes transnational when it is committed in more than one state, planned in one state but executed in another, organized groups operate across borders, and criminal profits move internationally .[10]

Consent is legally irrelevant when the victim's vulnerability is exploited or when deception, coercion, or fraud occurs. For example, a migrant misled into believing he will receive a life-changing payment but receives far less is still considered a trafficking victim, even if he "agreed." The victim's intent does not remove criminal liability from traffickers. Organized networks often deliberately target individuals with debt, unemployment, or no legal protections. [12]

Chapter C: Globalization and contemporary challenges

In 2000, the Palermo Protocol officially recognized organ removal as a form of human trafficking, in addition to the UN Convention against Transnational Organized Crime. It declared that consent is irrelevant when obtained through deception, coercion, abuse of power, or abuse of vulnerability. [10]

Widespread poverty, debt cycles, natural disasters, and weak healthcare systems created an environment where thousands of individuals became vulnerable to coercive or exploitative agreements. In India and Pakistan, especially, networks of brokers, private clinics, and intermediaries developed highly organized systems for matching foreign recipients with local donors. After the 2004 Indian Ocean tsunami, several coastal communities in Tamil Nadu experienced an alarming rise in kidney sales, a stark example of how environmental and economic shocks amplify vulnerability. [13]

During this same period, rapid improvements in global transportation changed the scale of the industry. Affordable air travel enabled what became known as "transplant tourism," which is the movement of wealthy recipients to destination countries where organs could be purchased illegally. Donors were similarly transported across borders, sometimes unaware of the purpose until arrival. By 2006, approximately two-thirds of the kidney transplants performed in Pakistan were demonstrating how organ trafficking had become embedded in cross-border medical markets. [14]

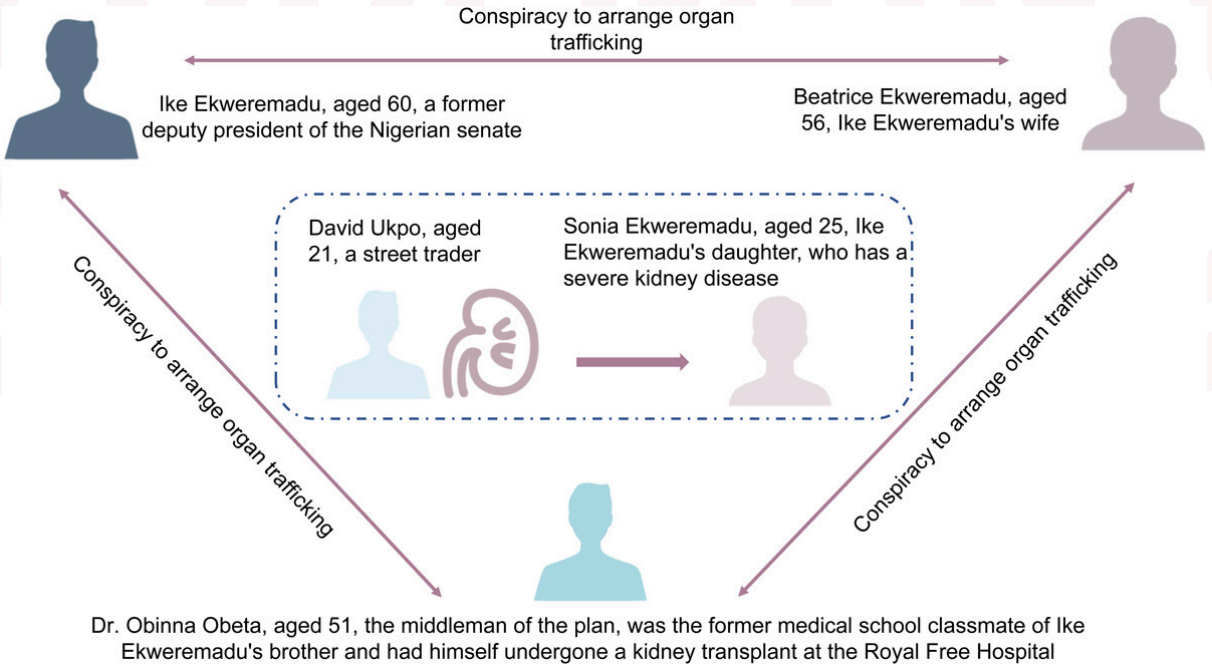
In 2007, the WHO estimated that up to 10% of all global transplants involved illicit, trafficked, or coerced organs. [15] The Declaration of Istanbul in 2008 condemned organ trafficking, transplant tourism, and commercialism, calling for national self-sufficiency and ethical systems. [16]

As the internet grew in the early 2000s, traffickers began using online platforms to find potential donors. They posted ads promising quick money and used two methods: targeting vulnerable people directly ("hunting") or waiting for people to reply to anonymous posts ("fishing"). This made recruitment much faster and allowed one trafficker to reach many vulnerable people at once.[17] Between 2018 and 2022, illegal organ advertisements on messaging apps, social media, and dark-web platforms increased by more than 50%. Transactions conducted with cryptocurrency provided anonymity, making prosecution significantly more difficult. [18]

A second major transformation occurred during the COVID-19 pandemic. The pandemic placed extraordinary pressure on healthcare systems, leading to the reduction of legal transplant programs. Global deceased organ donation declined by 17.6%, dramatically widening the gap

between supply and demand. For patients already on waiting lists, legal options became even more limited; for traffickers, this decline represented a new and profitable opportunity. [19]

Today, over 300,000 people remain on transplant waiting lists while only about 150,000 legal transplants occur annually. [20] This shortage has created a major black market where a kidney can sell for 50,000 to 262,000 dollars, though exploited donors typically receive very little. [21] Despite the scale of the industry, the global prosecution rate for organ trafficking is just 0.13%, allowing most networks to operate with total impunity. [10]



Current Situation

Chapter A: Vulnerable Populations

Organ trafficking happens mostly because of big economic inequalities. One of the groups most at risk is people trapped in debt bondage. In some areas of South Asia, debt passes from generation to generation, and whole communities end up selling organs to survive. Around 70% of victims say poverty forces them into it, yet they receive very little money (500–5,000 dollars), while brokers and surgeons earn much more. [22]

Living organ donation occurs when a person voluntarily gives a kidney or part of their liver after undergoing medical evaluation, psychological screening, and informed consent procedures. However, organ traffickers specifically target living donors for several reasons. They can recruit, coerce, or deceive donors quickly. Surgeries can be performed in informal, poorly regulated clinics. Traffickers ignore postoperative complications and rarely provide follow-up care, yet living organs are easier to match with wealthy recipients and ensure maximum profit for criminal networks. The majority of trafficking victims are therefore young, impoverished adults from marginalized communities, people who are vulnerable and easy to exploit. [23]

The most extreme case is the systematic forced organ harvesting reported in one East Asian country. Multiple sources point to this, showing transplant numbers of 60,000–90,000 a year, even though the official figure is only 10,000. [24] There are widespread reports of forced blood tests on detainees, unusually short "on demand" transplant waiting times, and data analyses showing that official donation numbers are faked. Together, these signs point to a highly organized system that operates with state support.

Children face even higher levels of danger, constituting 27% to 40% of all trafficking victims worldwide. Many are groomed through social media platforms, while conflict zones and refugee camps create environments where minors can be abducted, sold, or manipulated with little oversight. [25]

Across all these populations, the common thread is vulnerability intensified by poverty, displacement, isolation, or state repression conditions that traffickers exploit to sustain the global illicit organ market.

Chapter B: Failed Solutions

The Council of Europe's 2015 Convention became the first legally binding treaty specifically criminalizing organ trafficking, entering into force in 2018, with mandatory prison sentences and aggravating circumstances for organized crime involvement. A more legally binding step emerged in Europe with the Council of Europe Convention against Trafficking in Human Organs in 2015, which directly criminalized organ removal outside national regulatory frameworks. By 2024, only 15 countries had ratified the treaty, reflecting slow adoption. Even among signatories, enforcement varied sharply. Europol's analyses show that organ trafficking investigations in Europe number fewer than five per year, despite evidence that criminal groups in Eastern Europe, the Caucasus, and the Balkans continue to recruit impoverished donors. [26]

Despite years of trying different policies, most government and international efforts have failed to significantly stop organ trafficking. Many governments and NGOs(non-governmental organizations) focused on public awareness, such as posters, school programs, hotlines, and social media campaigns. While these efforts sometimes increased reports of suspected trafficking, the overall exploitation did not decline. Traffickers quickly adapt, using encrypted apps or private brokers, and victims rarely report abuses due to fear, illiteracy, debt, or isolation. Awareness alone cannot overcome the economic pressures and corruption that allow illegal organ markets to continue. [27]

Governments and international organizations have explored new technologies like blockchain tracking, AI matching, and biometric ID systems to combat organ trafficking, but most of these ideas remain theoretical. Blockchain, for example, has been suggested to secure donor records, verify organ sources, and track cross-border transfers. [28] However, a review of 370 studies found no national implementations. Most high-risk regions lack the infrastructure, regulations, and trained personnel needed. Even if implemented, these technologies cannot address black market organs, conflict zones, or illegal clinics operating outside formal healthcare systems. This gap between technological proposals and practical implementation allows traffickers to continue exploiting online anonymity, poor medical monitoring, and differences between legal systems. As a result, criminal networks are becoming more sophisticated while law enforcement struggles to keep up. Technology alone cannot fix the fundamental gap between organ supply and demand or overcome weak governance in regions where trafficking is most common.

Many governments assume that changing the law will stop organ trafficking. They argue that switching to an "opt-out" system will automatically increase donors. But without a strong medical infrastructure, presumed consent alone does not work. In opt-in countries like the USA, Germany, Israel, and Japan, people must actively register to donate. Opt-out countries, such as Spain, Belgium, Austria, and France, automatically consider citizens donors unless they object.

Research shows that law alone does not increase organ supply. For example, after Spain passed its opt-out law in 1979, donation rates stayed low for ten years. Spain only became a world leader in organ donation after investing heavily in hospitals: full-time donor coordinators, 24/7 logistics, mandatory ICU reporting, and strict auditing. This shows that hospital systems matter more than legislation. Countries with weak healthcare systems do not benefit from presumed consent. Poor deceased-donor systems push patients toward the black market, increasing transplant tourism. In these conditions, organs can be treated as "state property," corrupt staff exploit the system, and vulnerable populations, such as migrants who die in detention, face an especially high risk. [29]

Further Reading

Note on Further Research Directions

We've chosen not to include a "Further Reading" list or "Questions to Consider" here. Instead, we encourage our chair panel to explore the topic independently, find new sources, ask fresh questions, and share their unique insights. Later, we'll gather and publish these contributions as an extra resource, giving our delegates a wide range of perspectives and ideas for deeper research. This approach ensures that the final guide reflects diverse viewpoints and inspires independent, critical thinking among both our chairs and delegates.

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