



Human Organ Trafficking, Agrave Violation of Human Rights Law

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Abstract

The human body is like a temple and no one is allowed to violate, exploit or commercialize it through illegal practice such as human organ trafficking, Society must recognize that the buying and selling of human organs as a commodity is not only a violation of human dignity and bodily sanctity but also a serious violation of fundamental human rights. Human organ trafficking is a major violation of people's rights to personal freedom and dignity, which leads to a negative correlation between institutional flaws, poverty, complicit medicine, and well-organized criminality. A cross-border criminal network that turns the weakest people into biological commodities to be gathered, bought, and trafficked has grown easier due to the exchange value of human body parts and the ongoing disparities between the supply and demand of transplantable organs worldwide. This essay's goal is to provide a thorough legal analysis of human organ trafficking from both a Pakistani and international legal standpoint. The following paper will focus on the necessity of having such legislation, the problems associated with its implementation, ethical issues connected with the sphere of medicine and the necessity of reforms. The legal framework for safeguarding against abuse of organs and organ trafficking consists of the Palermo Protocol, the Council of Europe Convention against Trafficking in Human Organs, and the WHO guidelines. However, there are problems in its implementation. There are still issues with implementation and enforcement. The Transplantation of Human Organs and Tissues Act (THOTA) 2010 and the Prevention of Trafficking in Persons Act (PTPA) 2018 of Pakistan are thoroughly studied in this article, which exposes fundamental weaknesses in institutional enforcement, oversight procedures, and sanctions. Its effectiveness is limited by the continued existence of illegal organ markets, ineffective enforcement, and insufficient sanctions.

Keywords: Human Organ Trafficking, Human Rights Violations, Transplantation of Transplantation of Human Organs and Tissues Act (THOTA) 2010, Prevention of Trafficking in Persons Act (PTPA) 2018. Illicit Organ Trade

Introduction

The human body has historically been regarded as sacred and protected by moral, legal, and religious doctrines that prohibit its exploitation or commercialization. However, an important illegal organ trade has emerged in the modern era due to a growing imbalance between the demand for transplantable organs and their restricted legal supply. A small percentage of

global demand for organs is met through legitimate organ transplants, according to statistics reported by the World Health Organization, while the rest of the demand is met through a black market that is linked together through coercion and exploitation, comprising brokers, unethical healthcare professionals, donors, and recipients. Organ trafficking comes second after drugs and arms as the most lucrative forms of transnational organized crimes, bringing in annual revenues of between \$840 million to \$1.7 billion annually, according to Global Financial Integrity. In contrast to regular commodities, the "product" in this trade is removed directly from living people, frequently in extremely harsh and illegal circumstances. This raises serious questions regarding whether receivers deliberately or inadvertently take part in illicit transplants. (WHO annual report 2021). Because organ trafficking frequently involves several nations and authorities, it is a very complicated offense in terms of criminal law. The weaknesses of the legal system, institutional corruption, and participant vulnerability often get exploited. Other than major dilemmas in medical ethics and bio-ethics, there are several human rights law-related concerns involved in this phenomenon. In particular, there is the issue of violating people's right to life, human dignity, and the right not to be exploited. The constant association of countries like Pakistan, as well as other developing nations, in this context proves the extent and spread of this unethical practice, (Raza-2026).

Conceptual Framework of Organ Trafficking in International Law

How Organ trafficking is possible?

Organ trafficking of humans involves acts of threats, coercion, kidnapping, deception, and exploiting vulnerabilities. The definition of organ trafficking of humans is derived from the Palermo Protocol of Human Trafficking of 2000 and the Council of Europe's Convention Against Human Organ Trafficking of 2015. The subject matter (organs for sale), mode of operation (actions that involved force, coercion, and deception), and actions are the core components of this criminal offense like, (Council of Europe Convention-2015).

- (i) Action such as recruitment, transportation, transfer or harboring;
- (ii) Mean such as coercion, deceit, threats or vulnerabilities exploitation; and
- (iii) The removal of organ for monetary gain.

It is important to distinguish organ trafficking from other events that might be related but have their own distinct definitions within the law. Traveling abroad to undergo an organ transplant is described as "transplant tourism". This act is not illegal per se, since it may make use of legally acquired organs; however, the situation becomes complicated from a legal perspective when the donor's organ was trafficked or sold. Organ selling refers to the selling of organs for profit, and this transaction is against the law in almost all nations around the globe, although there may be no human trafficking involved if the organs are donated freely. With respect to factors such as consent, family member authorization, and brain death, organ retrieval from corpses, or the acquisition of organs from deceased individuals, is an entirely different issue regulated by national health care legislation. It is important to distinguish these categories of behavior since each is governed by a different set of rules and penalties, (Raza-2026).

Patterns & Modes of Trade

There are several modes of operations when it comes to the modus operandi of organ trafficking, each with its own set of problems related to detection and investigation. Forced donation, which is perhaps the most extreme modus operandi of the three discussed here, entails the physical coercion of the victim into the act of donating the organs. While this is arguably the most straightforward of the three and involves a relatively clear set of facts, it is also the least common due to the medical dangers associated with performing surgery on someone without his pre-operative consent to anesthesia. The second modus operandi entails

deceitful recruitment, where victims are recruited into the act of donating organs due to deception as to the nature of the procedure, the potential dangers involved, the payoffs they receive, and the purpose to which their organ will be applied, (Raza-2026). The third and most common modality is known as exploitative transaction, which poses the biggest challenge both conceptually and legally since it appears to be a case of mutually agreed commerce. In an exploitative transaction, while the donor is ostensibly a willing party to the deal, his decision-making process is so influenced by extreme economic distress debt, poverty, bondage, and family issues that the apparent consent becomes legally voidable. The fourth modality, described in detail in the report of the China Tribunal (2019), mainly occurs in the People's Republic of China, where prisoners are harvested for organs without their consent, sometimes in connection with political repression. The fifth modality refers to the existence of highly organized international criminal gangs who oversee each stage of the transplantation process, including the recruitment of donors, documentation of identities, provision of surgical facilities, matching recipients, travel for recipients, and post-operative concealment (China Tribunal 2019).

Scale & Geographic Distribution

The empirical landscape of international organ trafficking, which is inevitably limited due to the illicit nature of the transaction, shows a significant issue that persists consistently throughout the period under consideration. WHO's figures of ten percent of illegally traded organs in global transplant operations can be considered a low-end baseline; a number of academics have claimed that the real estimate is significantly larger due to the lack of transparency in transplant registry databases in various countries. Kidney is the predominant commodity (seventy-five percent of trafficked organs), followed by liver tissue, corneas, and bone marrow. The scientific literature and UN organizations have provided a geographical pattern of the issue: key suppliers include South Asia (Pakistan, India), Southeast Asia (the Philippines, Malaysia), the Middle East and North Africa (Egypt, Iran), East Asia (China), and Eastern Europe (Moldova, Kosovo). Key recipients include the GCC nations, Western Europe, North America, Israel, and Japan. Pakistan's status as both a supplier and a destination for recipients is caused by such factors as poverty, availability of medical services, weak government control, and rich foreigners prepared to pay extra for speedy transplantation (WHO-2021).

International Legal Instruments Relevant to Organ Trafficking

The Palermo Protocol (2000)

It is used against human trafficking at the international level, including the UN protocol to Protect, Prevent, and Punish Trafficking in humans, mainly women and kids, which was ratified on November 15, 2000, as an amendment to the UN Convention against Transnational organized Crime (UNTOC). This protocol which has acquired 178 signatories till date (as of December 2024) became operational on 25 December 2003. This has come to be known as the most widely utilized document for international legal criminal legislation, wherein the concept of act, method and motive was delivered as the world's common definition of human trafficking. The Parties of the states under the Palermo Protocol include the following three categories of obligations:

- i. Banning of all types of human trafficking in accordance with the definition stated in Article 3 of the protocol, which includes organ trafficking for the purpose of organ removal;
- ii. Provision of protections to victims of trafficking in the form of shelter, counseling, health services, and other forms of assistance; and
- iii. Enhancing international cooperation in the form of sharing of intelligence, which could take the form of information exchange, mutual legal assistance, extradition, and joint investigations and prosecutions.

However, there are several key weaknesses in the use of the Palermo Protocol in regard to organ trafficking. First, the core concept used in the protocol is that of the trafficking of persons and their transportation and exploitation, rather than the trafficking of organs per se. Such an approach could leave holes in dealing with instances of organ trafficking that do not involve moving or harboring people. In addition, the protocol offers no specific guidelines as to how to handle the other half of organ trafficking, namely the conduct of individuals accepting trafficked organs. Here again the protocol delegates the issue completely to the individual member states. Lastly, all enforcement efforts under the protocol rely entirely on each member state's internal anti-trafficking laws, (Palermo Protocol-2000).

Council of Europe Convention against Trafficking in Human Organs (2015)

Currently, the world's largest organ-specific and comprehensive international treaty is the Council of Europe Convention against Trafficking in Human Organs, which was opened for signatures in Santiago de Compostela on March 25, 2015, and entered into force on March 1, 2018. This treaty makes considerable improvements to the existing international normative system in several respects and has been drafted to address certain deficiencies of the Palermo Protocol regarding organ-specific trafficking. The crime also becomes illegal, apart from the trafficking of individuals for the purpose of organ harvesting, as follows: any form of transplant tourism using illicitly sourced organs; the illegal harvesting of organs from living or dead persons without their freely given, informed, and specific consent; the use of trafficked organs in transplantation surgery by transplant centers and surgeons; the recruitment of organ donors and recipients using improper financial incentives or other unethical methods; and the corruption of healthcare professionals involved in the organ trafficking network or transplanting of trafficked organs, (Council of Europe Convention-2015).

It criminalizes not only the trafficking of persons for organ harvesting but also:

- All transplant tourism involving illicitly acquired organs;
- The unlawful extraction of organs from both living and dead persons without their free, informed, and explicit consent;
- Organ trafficking within transplants carried out by transplant institutions and practitioners;
- Donor or recipient recruitment using improper payments or any other improper methods;
- Corruption of health care practitioners involved in organ trafficking networks or those who carry out transplants using trafficked organs.

Since Pakistan is not a part of the Council of Europe, the standards set forth in the Convention constitute the global best practice benchmark by which the laws of Pakistan must be appropriately measured.

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation (2010)

Global guidelines concerning ethical aspects of organ retrieval and transplantation are set forth in eleven WHO Guiding Principles on Human Cell, Tissue, and Organ Transplantation, adopted by the World Health Assembly in May 2010 via Resolution WHA63.22. These principles, elaborated initially in 1991, have been amended to cover all areas of transplant ethics, ranging from consent issues and donation from the deceased to allocation policies and responsibilities of transplant professionals. In particular, Guiding Principle 5, which prohibits the trade of cells, tissues, and organs and requires living donors to receive only reasonable compensation for their expenses, and Guiding Principle 11, which condemns organ trafficking in its entirety and encourages international collaboration in its prevention, are especially relevant to the issue of organ trafficking. Despite the lack of legally binding provisions, the Guiding Principles provide the ethical foundation upon which transplantation laws like THOTA 2010, enacted by Pakistan, are based. The Guiding Principles have been widely cited in courts and professional and regulatory bodies when assessing the appropriateness of transplants, (M.M. Raza & Habib-2026).

The Istanbul Declaration on Organ Trafficking and Transplant Tourism (2008)

The Istanbul Declaration, which was formulated in the course of a joint meeting of the International Society of Nephrology and the Transplantation Society that occurred in Istanbul in April/May 2008, clearly shows the readiness of the international medical community to struggle with the organ market. The term "transplant commercialism," referring to any policy or practice involving treating a transplanted organ as an object for commerce and material gain (through sale and purchase), became known due to the Declaration, formulated in reaction to growing transplant tourism and commercialization of transplantation procedures, (Istanbul Declaration-2008). Declaration calls upon transplantation professionals in all parts of the world to reject their participation in organ trafficking and transplant tourism, to foster the development of legitimate national donor programs from deceased persons, and to promote legal systems that offer adequate protection for donors and recipients. The Istanbul Declaration, as an addition to the already existing more specific obligations set out in THOTA 2010, was cited in the process of disciplinary action for PMDC in Pakistan as a source for the ethics of transplantation professionals.

The Domestic Legislative Regime Of Pakistan Relating To Human Organ Trafficking

The Transplantation of Human Organs and Tissues Act 2010 (THOTA)

The Transplantation of Human Organs and Tissues Act 2010 (THOTA), enacted as Act No. XVI of 2010 by the Pakistani legislature represents the primary legislation dealing with organ transplantation and banning commercial organ trading. The international outcry against the 2007–2008 Lahore organ trafficking racketeering case and the understanding that the existing legal regime in Pakistan, which comprised intermittent clauses of the Pakistan Penal Code 1860 and the health administration laws, was totally inadequate in combating such an organized crime as organ trafficking, acted as a driving force for the creation of the THOTA (Rizvi 2011). The Transplantation of Human Organs and Tissues Act 2010 is the most comprehensive organ-specific legislation ever adopted in Pakistan. Key provisions of the Act include: Section 4 that makes it unlawful to remove any human organs and tissues from a living human being without his/her voluntary and informed consent, only for therapeutic purposes; Section 7 that makes it unlawful to conduct any transaction involving human organs and tissues, including making, receiving, or helping in any payment for the supply of an organ; Section 9 that restricts any transplantation of human organs from a living donor to any recipient other than his/her close relative, without the authorization of the Oversight Committee; Section 10 that appoints the Oversight Committee as the regulatory agency, which has the powers to authorize non-related living donor transplantations; and Section 19 that sets the maximum jail term for any violation of the Act at ten years imprisonment and a fine. The national Ministry of National Health Services, Regulations and Coordination monitors THOTA at the policy level, while implementation occurs in all of Pakistan and is primarily done by the provinces' health departments (Rizvi-2011). The THOTA 2010 has been criticized consistently on various fronts for its structural inefficiencies which render it ineffective as a law designed to prevent trafficking. It becomes imperative to analyze three important weaknesses that undermine its effectiveness. First of all the weakness of the penal system can be considered the basic one. Though the punishment of up to ten years' imprisonment provided for in Section 19 may seem quite severe on the surface, it is widely considered to be inadequate punishment for a crime, which is internationally regarded as a serious offense involving a gross violation of human rights. According to the National Organ Transplant Act in the US, the maximum penalty is five years, but the combination of other charges such as those relating to organized crime, fraud, and conspiracy usually leads to more lengthy sentences, (NOTA-1984). From comparative analysis, one finds that organ

trafficking is generally punished more severely in many jurisdictions. However, perhaps more importantly, the profits made through each organ trafficking deal, which may be up to tens of thousands of dollars in some cases, are totally overlooked in assessing the financial penalties associated with THOTA (Alowais-2023). The construction and operation of the Oversight Committee system developed according to Section 10 to authorize unrelated living donor transplants is the second major structural problem in the legislation. This committee was designed to avoid the evasion of the near relative ban through business activities that appeared to be donations to charity organizations. But the actual role of the Committee is that of a flaw in the regulations, because organ trafficking groups have consistently faked ID cards, fabricated documents proving familial ties, and altered medical records to make business operations appear to be lawful donations eligible for approval by the Committee. In addition, there are no proper random verification mechanisms; most of the Committee members are physicians instead of impartial legal and ethical advisors whereas instances of corruption within the Committee have been recorded, making the committee from an instrument of safety to that of legitimacy (Cantor-2014). Ineffectiveness of enforcement mechanisms is the third structural weakness. It is mainly the responsibility of the Provincial Health Departments to enforce THOTA, but, in practice, these departments do not possess specialized knowledge and expertise required for conducting forensic and medical investigations, specialized investigation cells for dealing with organ trafficking, adequate resources for proactive enforcement, and effective coordination mechanisms with FIA, Pakistan Medical and Dental Council, and relevant prosecution agencies. Consequently, the enforcement mechanism operates reactively, depending on investigations by the FIA or a complaint filed by the general public and lacks the capacity to respond to the international nature of organ trafficking networks (Pakistan Medical and dental annual Report-2020).

Prevention of Trafficking in Persons Act 2018 (PTPA)

The Prevention of Trafficking in persons Act 2018 (PTPA), which is passed into law as Act No. XIII of 2018 works along with THOTA 2010 to present the overall legal framework required for anti-trafficking operations in Pakistan. The removal of organs is seen as one of the objectives which qualify as meeting the criteria of trafficking as per Section 2 of the PTPA, whereby a definition of trafficking similar to that defined by the Palermo Protocol has been adopted. In accordance with Phase 3, different levels of punishment may be meted out depending upon the nature of the crime committed, and the maximum sentence ranges from two to ten years of imprisonment, (PTPA-2018). The case involving prosecution for offenses under both statutes in 2019 in Rawalpindi, Pakistan, by the FIA highlights the practical possibility of prosecution through both regimes due to the legislative overlap between the THOTA 2010 and PTPA 2018. The trafficking rings have exploited the practical challenges posed by the absence of statutory guidance regarding jurisdiction, prosecution priorities, and evidentiary requirements to govern the nexus between the two laws, making prosecution more challenging. Harmonizing the two legislations in terms of legislation should be prioritized in order to clarify the scope of each Act, provide prosecution procedures, and ensure that evidence obtained under one Act can be used under the other Act, (Alowais-2023).

Constitutional Foundations

The background that helps to understand the concepts of THOTA and PTPA, among others, relating to organ trafficking laws, is the constitution of the Islamic Republic of Pakistan of 1973. It is stated in Article 9 that each and every citizen of the country is guaranteed life and liberty, which has been interpreted by the Supreme Court of Pakistan to include a right to life with dignity and without exploitation. It has further been declared that any treatment that violates the dignity of an individual shall not be allowed. In conjunction, these clauses show that organ trafficking, a practice involving exploitation, abuse of bodily integrity, and

commodification of persons, is not only an illegal activity but also a clear violation of constitutional rights. The interpretation of the ambit of THOTA and expanding the application of remedies against trafficking, as well as the protection of the Supreme Court's exercise of its *Suo motu* jurisdiction over systemic failures to enforce these rights has been the result of judicial interpretations of these clauses (Manzoor-2023).

Important Case Laws from International and Pakistani Jurisdictions

In the case of *Rantsev v. Cyprus and Russia* (2010) ECHR 25965/04, the European Court of Human Rights made a unanimous decision declaring that human trafficking falls within the scope of Article 4 of the European Convention on Human Rights that prohibits slavery and servitude. From the article, the court created positive obligations applicable to the entire member states of the Council of Europe which include: operational obligation to protect any person whose case reaches the authority and whose situation may lead to trafficking; procedural obligation to investigate any potential trafficking situation; and the legislative and administrative obligation to prevent human trafficking. Even though the case of *Rantsev* was based on sexual exploitation rather than organ trafficking, its methodology especially in terms of identifying the positive obligations that states must fulfill in relation to human rights treaties in cases of trafficking has been used by other courts and scholars in discussing organ trafficking, thus identifying that there is an obligation on the part of states to prosecute such acts. (*Rantsev v. Cyprus and Russia* (2010) ECHR 25965/04). In *Paposhvili v. Belgium* (2016), the decision of the Grand Chamber considered, inter alia, the issue of the positive obligations of States in relation to the medical care of severely ill individuals within the context of Article 3 of the European Convention (inhuman/degrading treatment). The following scholarly and judicial discussion on the Court's application of the concept of bodily integrity as an inalienable element of Article 3 and the proposition that states have positive obligations to protect against treatment reducing persons to mere objects used to satisfy the interests of others has been made applicable to the area of organ trafficking. This decision reaffirms the constitutional and human rights basis of tight government control over organ transplantation to prevent conduct that ultimately undermines the dignity of those having their organs taken through the commodification of human beings, (*Paposhvili v. Belgium* [2016] ECtHR 41738/10). The unbiased Tribunal on Forcibly Eliminated Organs from Prisoners of Conscience in China, headed via Sir Geoffrey, who is a former prosecutor of Slobodan Milosevic at the international crook Tribunal for the previous Yugoslavia, concluded its hearings on June 17, 2019 in London. The human beings' Republic of China was responsible of harvesting Falun Gong followers' organs for prolong period in line with the criteria of beyond affordable Doubt used in the tribunal. Furthermore, Uyghur Muslims are constantly in danger of organ elimination too, which are taken into consideration crimes towards humanity. The findings of the Tribunal have received considerable attention in legislative discussions and resolutions passed by a variety of governmental bodies, ranging from the United Kingdom to the European Parliament, from Canada to Israel, and they have played an important role in shaping laws that address forced organ harvesting outside their jurisdiction in some countries, despite the fact that the Tribunal did not constitute an actual court of law and its findings do not hold any binding legal significance whatsoever, (*China Tribunal News-2019*). The best-known case of organ trafficking in Pakistani history was uncovered through the investigations by the Federal Investigation Agency in 2007-2008. Organ trafficking in this network occurred in the Sargodha District of the Punjab Province, where professional traffickers would use both economic pressures on the impoverished people with heavy debt burdens and deceit about the procedure itself to attract victims. As per the hierarchical organization of the members of the network comprising brokers, surgeons, administrators of hospitals, and intermediary coordinators they shared the revenue generated through the removal of kidneys from recruited donors through nephrectomy surgery in private clinics and hospitals located in Lahore. Most of the recipients came from affluent

backgrounds and belonged to the United States, the United Kingdom, and the GCC states. In these individuals, the cost of transplantation was much lower than what it would be if it had been conducted in their own countries. THOTA 2010 was finally approved following the scandal, (The Lahore Organ Trafficking Scandal: FIA Investigations (2007–2008)).

In *State v. Dr. Fawad Mumtaz and Others*, the Lahore High Court decided the culpability of a doctor who conducted kidney transplants on the basis of fake statements regarding the relationship between donors and recipients without checking their veracity. The Court held that transplant surgeons have a higher obligation of inquiry because of the gravity of the surgery. The transplant surgeon cannot meet her duty legally and professionally merely by depending on documents provided by either brokers or transplant patients; she is required to verify herself whether the surgery satisfies THOTA 2010. The defense of the surgeon's acceptance of false documentation was denied by the Court since it was not within the standards required of transplant medicine. It is worth noting that the obligations of criminal liability and professional ethics go hand-in-hand and are mutually supportive of each other, not by observing a single system of imposing sanctions through THOTA 2010, (*State v. Dr. Fawad Mumtaz and Others*, Lahore High Court 2012). The organ trafficking organization, which had operated in Rawalpindi for the last three years, has finally been dismantled by the Federal Investigation Agency. Among the fifteen people detained in the case are the administrators of a hospital, some traffickers, and even two doctors. Organ donors, who belong to poor backgrounds in Khyber Pakhtun khwa, were systematically sourced by the syndicate and then moved to fancy medical institutions in Rawalpindi for the extraction procedure and then connected to patients, which included expatriate nationals from Gulf countries. Prosecutions have already taken place even before the formation of the Special Court under the PTPA. These have been registered by the FIA using the Pakistan Penal Code, the PTPA 2018, and THOTA 2010. One of the most significant legal action took place in the new legal framework brought about by THOTA led to convictions. However, bearing in mind the extent, structure, and length of operation of the network, human rights organizations found the sentence inadequate, (*FIA v. Organ Trafficking Network*, Rawalpindi 2019). A significant case where the Lahore High Court charged a surgeon with 17 illegal transplants in violation of the Human Organ and Tissue Transplant Act. Documents revealed local police involvement and the use of falsified donor identities, (*State v. Dr. Ali Raza* (Lahore High Court, 2022)). The mentioned *Suo Motu* served as the primary catalyst for criminalizing illegal organ trafficking in the country. The apex court's intervention compelled the government to enact the Transplantation of Human Organs and Tissues Ordinance, 2007, which was later permanently enshrined into law as the Transplantation of Transplantation of Human Organs and Tissues Act (THOTA) in 2010, (Supreme Court of Pakistan's *Suo Motu* Case No. 13 of 2007).

Major Obstacles to Law Enforcement Related to Human Organ Trafficking

Organ trafficking, which requires medical and professional training, is one of the most difficult forms of crime to detect and investigate. In each of the stages of trafficking from recruiting and pre-operational assessment of potential organ donors to removal surgery, matching a donor and recipient, organ transplant procedure itself, post-surgical treatment and cover up trained medical professionals have to play their role. It becomes nearly impossible for non-specialists to identify illegal activity as medical environment provides a false sense of official endorsement for such operations, as their paperwork is the same as that generated during legitimate transplants (Columb-2020). A problem related to investigating human trafficking is that its victims do not always realize they are being trafficked. Organ trafficking victims often have been inadequately compensated for their participation, or have had their payments fraudulently increased, and reporting their experiences to the police may result in criminal charges based on the restrictions imposed by THOTA 2010 on the sale of organs for

monetary compensation. The tendency to refrain from reporting the case is heightened by the victim's shame, poor understanding of legal issues, social distance from the police and other law enforcement agencies, and poor financial standing that prompted the victim's "voluntary" participation in the surgery in the first place. A further complicating factor is posed by the transnational nature of the networks; those who recruit staff in Pakistan perform their medical procedures in one country, and treat patients from yet another country often exploit the limits of national law enforcement (Manzoor-2023). The operation of corruption across different levels of the pertinent institutional hierarchy has continually undermined the efficiency of efforts to enforce anti-trafficking policies in Pakistan. The Lahore case and the subsequent investigations by the FIA uncovered not only individual cases of misconduct involving renegade professionals such as transplant surgeons who were duly registered with the PMDC, administrators of hospitals that were duly licensed, but also a structure of institutional corruption, including members of the Oversight Committee who received payments for their approval. As a result of such penetration of these institutions, there have been cases where the regulatory system of THOTA 2010 was applied to provide a cover instead of being used to deter trafficking in persons. The forging of documentation establishing the relations between donors and recipients, the bribing of Committee members to authorize unrelated transplants, the fabrication of consent forms, the faking of medical records, and the use of clinics not accredited for performing transplants by colluding with local authorities are just some examples of the specific acts of corruption, (Idrees-2023). Organ trafficking in Pakistan mainly results from a generation of individuals for whom selling their kidney will be a single opportunity of making cash worth years of earning through agriculture owing to structural poverty, chronic indebtedness, and social marginalization. While two or Three Hundred thousand rupee offered for a kidney can hardly satisfy any criterion of compensation from an objective perspective, it might appear as the sole solution to their survival issue for landless agricultural laborers who owe hundreds of thousands of rupees to a feudal landlord or private lender, (M.M. Raza-2026). The legal demarcation between coerced agreement because of economic need and genuine consent that characterizes the prohibition on commerce in organs becomes blurred in this case. The legal constraints surrounding commercial organ trafficking carry within them the serious potential of punishing victims through the criminalization of their state of economic necessity that led to their "consent," while doing nothing to decrease the extent of the traffic except push it underground. This is particularly true when there is no other measure implemented alongside it, (Manzoor-2023). There is also a lack of clarity in regard to the difference between a compelled agreement due to economic circumstances and true consent that distinguishes the ban on organ trafficking. While the threat of punishment to those involved in the commercial trafficking of organs contains an inherent danger of victimizing the victims by criminalizing the economically needy condition that made their "consent" possible, it does not reduce the amount of trafficking in any way, except perhaps by driving it further underground, (Columb-2020). Even in those situations where they can demonstrate the procurement of an organ for transplantation via commercial channels, Pakistani authorities are faced with insurmountable practical difficulties in obtaining evidence from abroad, compelling foreign patients to testify or appear as defendants in court, and establishing criminal jurisdiction beyond its own territory against trafficking networks that are run by organizers based outside Pakistan. Trafficking networks have been able to exploit a weakness in the international framework for combating trafficking due to the absence of mutual legal assistance treaties addressing organ trafficking, as well as the inadequacies of existing bilateral cooperation mechanisms, (Idrees-2023).

Deficiencies of Regulating Medical Professionals

The participation of medical practitioners in the organ trafficking industry is extremely important and, most importantly, very responsible. Skilled medical practitioners have to become part of every deal within the scope of the organ trade starting with the medical

assessment of the donor, ending with the organ extraction process and further implantation operation and after-surgery care. Organ trading could not exist without surgeons capable of carrying out the operations of extraction, anesthetists providing anesthesia, pathologists making the process of matching tissues, and doctors conducting after-surgery treatment. Therefore, participation of medical practitioners in such a process is both an institutional failure and professional misconduct, (Alowias-2023). There are various duties that have been outlined for healthcare professionals undertaking transplantations as per THOTA 2010. These duties include independently ensuring that the relationship between the donor and the recipient is genuine, obtaining informed consent for donors, informing the oversight committee of any transplant demand that appears to be an outcome of business transactions, and not performing any procedure that does not conform to the provisions of THOTA 2010. The Medical and Dental Council Ordinance 1962 gave birth to the Pakistan Medical and Dental Council (PMDC), (Alowais-2023) PMDC is the major professional regulatory agency responsible for keeping the medical register and issuing/repealing licenses to health professionals. A number of individuals have expressed their dissatisfaction regarding the performance of the PMDC when it comes to punishing offenders who indulge in organ trading. After thorough investigations, there have been punitive measures taken against the medical practitioners and staff members at hospitals who engage in such activities. Ineffective coordination between PMDC procedures on professional misconduct and prosecution, which has resulted in the absence of criminal responsibility in some cases where the practitioner could escape criminal liability by undergoing professional sanctions only, undue delay in concluding the process following the discovery of professional misconduct, and no mechanism established for reporting other jurisdictions when the practitioner in question may seek registration there are among the shortcomings of the process highlighted. Both the WHO Guiding Principles and the Istanbul Declaration (2008) establish the ethical framework in which the professional misconduct proceedings ought to be held (WHO guiding 2008).

Reforms to prevent human organ trafficking

It is crucial that the laws regarding organ trafficking in Pakistan be amended. The following legislation is recommended.

- The sanctions prescribed under THOTA 2010 should be substantially strengthened. Where there are offenses relating to foreign recipients, medical practitioners, and criminal organizations, mandatory jail terms should be imposed. The maximum period should be raised to meet the punishment under Pakistani law for comparable serious organized crimes. To make sure that organ trafficking never makes economic sense even after considering the risk of apprehension and conviction, financial sanctions should be adjusted to take account of a multiplier equal to at least three times the value of the transaction.
- There must be a radical overhaul of the Oversight Committee framework under Section 10 of THOTA. Rather than being composed mostly of medical professionals, the composition of the Committee must be adjusted to have independent participation from medical ethics, legal, and civic society sectors. Biometric authentication, independent interviews of families, and registry cross-verifications must all be included in the process of a compulsory random verification process for the validity of the claims of relatedness between the donor and recipient.
- The behavior of the Pakistani medical organizations and specialists who knowingly perform transplantation operations on foreign patients when the organ has been acquired through financial incentives should be criminalized by legislation specifically targeting transplant tourism. There is also a need to create a mechanism for extraterritorial criminal responsibility for the nationals of Pakistan or licensed physicians who are participating in international transplant trafficking rings.

- The PTPA 2018 and THOTA 2010 require harmonization through legislative amendments which will create provisions for prosecuting priority for overlapping cases, allow the use of information collected during the proceeding of one case in another proceeding, and create uniform penalties for the most severe overlapping offenses.
- Pakistan must publicly support the Council of Europe Convention against Trafficking in Human Organs (2015) as an exemplary legislative benchmark. The demand side of the criminalization process, which includes knowingly receiving trafficking organs, must be included in local laws.
- There must be a creation of a National Organ Trafficking Unit within the Federal Investigation Agency that is fully staffed with investigators who have been trained not only in conducting criminal investigations but also in the science behind organ trafficking. The unit must be capable of conducting both proactive and reactive investigation actions.
- In order for THOTA and PTPA cases to be heard, there must be an establishment of organ trafficking tribunals similar to those established in Pakistan that have proven to be quite effective in dealing with terrorism cases. The courts must have the jurisdiction to impose all forms of penalties available for THOTA and PTPA, have judges well-trained in handling such cases, and run under expedited processes to prevent the delay of justice.
- All registered transplant centers must be mandated to submit reports of all transplantation procedures performed by them on a timely basis, along with complete identification details of the donor and recipient, matching process of tissues, informed consent forms, and certificate of compliance with the THOTA, through an obligatory National Organ Transplant Registry system. This registry must be run by a government authority with oversight powers over all entries made into it.
- In order to make the process of investigating and prosecuting transnational organ trafficking organizations more convenient, Pakistan needs to negotiate for signing extradition treaties and mutual legal assistance agreements related to organ trafficking with the key transplant tourism countries, including India, Saudi Arabia, the UAE, Kuwait, UK, and Germany.

But even if the institutional reforms and enforcement of the law become successful, without addressing the structural reasons for poverty, debt, and exclusion that generate the demand for those economically motivated organ sellers, nothing can be done to prevent organ trafficking. It is necessary to make sure the law is enforced, but it is not enough; something needs to be done to alleviate people's suffering from despair. Important structural steps should be: the establishment of more resilient social security systems, including national health insurance, disability benefits, and farm credit systems, which will mitigate the financial vulnerability that is exploited by organ trafficking syndicates; the expansion of legitimate deceased organ donation services through awareness, donor identification at hospitals, and clear legislation on family consent to post-mortem donation; and debt relief and microcredit programs aimed at areas where there has been a high incidence of organ trafficking. Pakistan has to take active and consistent involvement in the key international processes that are associated with transplant governance and organ trafficking. Taking part in the UNODC Working Group on Trafficking in Persons and UN Inter-Agency Coordination Group against Trafficking in Persons; taking part in official activities of the Who is Global Initiative on Transplantation Governance, along with fulfilling their national reporting obligations for the Global Observatory on Donation and Transplantation; taking part in joint efforts by bilateral law enforcement agencies with Interpol and Europol concerning intelligence, investigation, and asset recovery in the context of organ trafficking networks.

Conclusion

The history of organ trafficking in Pakistan serves as a painful example of the consequences of allowing an illegal trade driven by the grotesque disparity between the medical demand of the affluent and the financial desperation of the poor to flourish in a milieu of corruption, lack of regulation, and weakness within the system. The enactment of THOTA 2010 was a necessary piece of legislation that proved that the laws and political system of Pakistan were capable of recognizing organ trafficking as a significant human rights problem. But the facts collected in the fifteen-year period after THOTA's enactment through court proceedings, But the reality demonstrated by the results collected through the fifteen years of existence of THOTA in terms of FIA investigation, legal case study, PMDC disciplinary actions and civil society surveillance proves that the effectiveness of legislation is not enough to eliminate trafficking rings that continue to exist in Pakistan due to lack of implementation of laws, lack of structural vulnerability reduction measures and international cooperation. The proposal for reforms discussed in this paper is comprehensive and coherent. The plan is not aimed at prioritizing one of the following aspects of the anti-human trafficking legislation itself, its effective implementation, regulating the profession of law enforcers, international cooperation or vulnerability reduction among the population but rather takes into consideration their interrelation. New legislation will be easily undermined through networks with the capacity to corrupt regulatory oversight systems; legislation that fails to recognize structural weaknesses will push transactions deeper into the black market at the expense of the vulnerable individuals who should benefit from such legislation; transnational networks will consistently undermine enforcement systems which do not incorporate international mechanisms; and regulation of professionals who do not cooperate with criminal prosecutions will facilitate those professionals in avoiding accountability for their actions, Humans and human bodies are not commodities, and any level of financial hardship for the donor and medical urgency on behalf of the recipient is no excuse for allowing the trade in human body parts, extracted from the poor, to assist the objective of such legislation would be to bring this notion into practice in a manner that makes certain that it is more than mere rhetoric and that it is practiced with enough discipline and determination to prevent criminal organizations from enjoying the conditions of impunity that have permitted them to flourish to such an extent in recent years. The capabilities exist within Pakistan, both judicially and legally to create such enforcement process.

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