

AFRICA: FROM “CRADLE OF MANKIND” TO “SPARE PARTS” OF MANKIND?

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When looking at the history of medical science, organ transplantation started many years ago. Organ transplantation is the transfer of human cells, tissues or organs or tissue from a donor to a recipient with the aim of restoring function in the body. Donor and recipient can be from different races, social status, color etc. Organ and tissue can be transplanted from male to female and vice versa. Organ recipient must have a compatible blood type with the donor. The science of transplantation is saving lives of patients who faced organ failure.

The first successful kidney transplantation was conducted in the United States in 1950. Currently, kidney transplants are being carried out in 91 countries in the world. However, the demand for transplantable organs in the world is much higher than what is available. It is estimated that currently organ transplantation covers only 10 percent of the global need. Because of this many patients die waiting for a donor. According to the American Transplant Foundation, due to lack of available donors, on average every day 21 people die in the US while waiting for organ to be transplanted.

As a result of this imbalance between demand and supply for human organ, starting from 1980s, organ trade in a black market is growing quickly in the world. According to the World Health Organization (WHO), the shortage of an indigenous ‘supply’ of organs has led to the development of the international organ trade, where potential recipients travel abroad to obtain organs through commercial transactions.

Moreover such shortage led to the temptation of trafficking in human body components. International media have disclosed the secret of organ trafficking by the Sawarka Bedouin tribe of Egypt in the Sinai Desert. Traffickers can harvest many organs from an individual and sell the organs at a high price. Due to this, trafficking human organs is much more beneficial than trafficking for labor and sexual exploitation. There are also cases in different countries with regards to organ theft from patients, migrants, homeless people or illiterate individuals.

Some call this trafficking in human body as ‘neo-cannibalism’, ‘commodification of human bodies’, ‘organ piracy’, ‘bioterrorism’ etc. The price of a vital organ and the cost of transplant are expensive in the highly developed countries than developing countries. Because of this, patients from developed and rich countries go to developing countries to get the service with cheap prices. This situation created the so-called “transplant tourism” from developed countries to developing countries.

Donors, who are poor, have aggravated the problem of “transplant tourism” by encouraging transplant commercialism (buying and selling organs for material gain). According to the WHO, transplant tourism is often arranged or facilitated by intermediaries and healthcare providers who arrange the travel and recruit donors. The

WHO also stated that there is an allegation that organs of deceased donors were used in the organ transplants that were commercially arranged for foreigners.

Money-driven system of organ donation benefits the rich at the expense or death of the poor. There are three possible locations of transplant. The first one is living donors from different countries going to the location of the patients. In other cases patients go to the country of donors to get organs. The third option is that both recipients and donors from different countries move to a third country where the transplant could take place.

According to Principles of the Declaration of Istanbul, organ trafficking and transplant tourism violate the principles of equity, justice and respect for human dignity and should be prohibited. However, some Asian countries are being accused by different media for conducting this tourism.

A report by Organs Watch identified many developed and rich countries as organ-importing countries, and other developing countries as organ-exporting countries. The term “organ-importing countries” is used here to refer to the countries of origin of the patients going overseas to purchase organs for transplantation, and “organ-exporting countries” are countries where organs from local donors are regularly transplanted to foreigners through sale and purchase.

Purchases of kidneys from living persons have been widespread in India, Pakistan and the Philippines. Of course governments can easily control illegal organ transplants in government hospitals. But it is difficult to control such ill activities in private hospitals. Owners of private hospitals, which profited greatly from transplant business, have aggravated illegal organ transplants and transplant tourism. Kidney transplants in India first started in the 1970s.

A bulletin of the WHO described India as one of the “organ-exporting” countries. Association of India estimates that about 2,000 Indians sell their kidney every year. Various sources also show that there are Indians who sell their kidney to pay for dowry. In 2002, an article that examined the effects of offering payment for kidneys in India was published in the Journal of the American Medical Association. The findings uncovered that 96 percent of people sold their kidneys to pay off debt. Of course most of the money goes to the doctors and brokers than the poor donor.

According to an Indian informant whom I met in South Africa for a conference, in India a patient pays USD 5000 to get a kidney for transplant out of which the donor receives USD 1500 with the remaining USD 3500 going to the broker. He also told me that the national law that forbade such illegal activities could not be implemented in the country as it is expected to be.

The above information from the Indian man shows us that after illegal activities became widespread in a country it is difficult to control it by enacting a law that forbade such ill activities. African governments should learn from the challenges some Asian governments face and their failure to control transplant tourism in their respective

countries. Otherwise, illegal brokers and unethical medical professionals can create their own clandestine networks that can spread transplant tourism in Africa.

Out of the 54 African countries eleven African countries transplant organs from donor to patients. These countries are South Africa, Morocco, Libya, Tunisia, Algeria, Nigeria, Ghana, Egypt, Kenya, Sudan and recently Ethiopia. South Africa is already being accused for developing transplant tourism in the country. According to a research posted on the website of the World Health Organization, more than one hundred illegal kidney transplants were performed at St. Augustine Hospital in South Africa in 2001 and 2002—most of the recipients were foreigners. Considering the above problems it is possible to say that this crime will be a challenge for African countries.

At Ministerial level the African Union has adopted an action plan in 2006 to combat human trafficking. This action plan did not discuss about the danger of trafficking for organ transplant purpose. In my opinion, the African Union should also give great attention to the present and future organ piracy problem in the continent. If legal frameworks are not handled properly, in the coming decades Africa can be a destination of transplant tourism. It would be good to develop a treaty or convention at the level of Heads of State and Governments of the African Union.

Currently, many people are moving from Africa to the Middle East and European countries through the Mediterranean Sea. On their journey, however, organ traffickers are taking the advantage of the dreadful situation of African migrants. According to one source, human smugglers and traffickers are not always motivated exclusively by profit. Some consciously engage in this activity to fund a terrorist group, a guerrilla movement, or an insurgency. Thus, organ trafficking is not only the issue of human rights, but it is also the issue of global peace and security.

In conclusion, narrowing the gap of the inequalities, developing legislation on organ transplant, implementations of international conventions, controlling forced migrations, awareness creations, punishing traffickers, ethical utilization of transplant technology are some of the solutions to the problem. Africa is the home of many of the poorest and most vulnerable peoples of the world. Considering the above problems it is possible to say that this crime will sooner or later be a great challenge for Africa than any other continent. African countries should learn from the challenge of some Asian countries in being destination of “transplant tourism”. The African Union should also have a declaration against organ trade and organ transplant tourism. Throughout history, Africa was a victim of slave trade and colonial suppression, but now Africa should not be a destination of transplant tourism. For Africa it is good to remain as “Cradle of Mankind” than to be “Spare Parts of Mankind”.

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