



23 April 2018, Strasbourg, France

Committee on organ transplantation at Council of Europe warns against Global Kidney Exchange programmes

The Council of Europe Committee on Organ Transplantation (CD-P-TO), with the support of the Council of Europe Committee on Bioethics (DH-BIO), has issued a recommendation to the Member States of the Council of Europe, as well as health authorities, hospitals and professionals not to engage in Global Kidney Exchange (GKE) programmes and hence not to consider the inclusion of “financially incompatible” donor-recipient pairs in any kidney exchange programme.

To assist in addressing barriers to transplantation that arise from the difficulties in finding biologically compatible donors for certain recipients, the CD-P-TO called on Member States to support the development of equitable kidney paired exchange programmes that do not exploit financial inequalities between pairs (or countries).

The recommendation, which follows a careful review of such programmes, explains that to base kidney exchange programmes on “financial incompatibilities” is inconsistent with the fundamental principle that “the human body and its parts shall not give rise to financial gain or comparable advantage” and puts vulnerable individuals at risk of exploitation.

Background – What is Global Kidney Exchange (GKE)?

The concept of Global Kidney Exchange (GKE) has recently emerged as a means to increase the number of donor-recipient pairs that can benefit from kidney exchange programmes in high income countries (HIC). In these schemes, potential donor-recipient pairs from low/middle-income countries (LMIC) that would not be able to afford the procedure under their healthcare system are identified and classified as “financially incompatible”.

The “financially incompatible” donor-recipient pair from a LMIC is then transferred to an HIC and the recipient is given access to a transplant, but only on the condition that his/her donor can provide an organ facilitating a chain of transplants in patients from the HIC country. After the surgery, pairs from LMIC travel back to their home countries and are given a lump sum of money to cover their post-surgical care and follow-up. However, this sum would only last for a limited time and there is no certainty that it would be increased in case of any complications or recurrent problems in the pairing.

A pilot GKE programme has started in the United States, using donor-recipient pairs coming from Mexico and the Philippines.

More information on the work of the EDQM on transplantation, as well as the full text of the Statement on the Global Kidney Exchange (GKE) can be found here under the paragraph “Opposition to global kidney exchange schemes”: <https://www.edqm.eu/en/transplantation-areas-work#GKE>

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Note for the Editor: Further information is available on the internet site <https://www.edqm.eu/>
The EDQM is a leading organisation that protects public health by enabling development, supporting implementation, and monitoring the application of quality standards for safe medicines and their safe use. Our standards are recognised as a scientific benchmark worldwide. The European Pharmacopoeia is legally binding in Member States¹. Similarly, the EDQM develops guidance and standards in the areas of blood transfusion, organ transplantation and consumer health issues.



¹There are thirty-nine members of the [European Pharmacopoeia](#) Commission: *Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Republic of Moldova, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, "the former Yugoslav Republic of Macedonia", Turkey, Ukraine, United Kingdom and the European Union.*

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