



2024 SURVEY

Report for Endorsing Organizations

Summary of the study

International travel for organ transplantation (ITOT) affects $\geq 2\%$ of global solid organ transplant activity, yet detailed information about ITOT participants, organ types, travel configurations, and clinical settings remains scarce. Previous research has focused on living donor (LD) kidney transplantation for adults, often in the context of organ trafficking, leaving significant gaps in understanding of contemporary ITOT activities. In 2024, a project team assembled by the ITOT Research Collaborative conducted a survey that aimed to establish a descriptive account of contemporary ITOT activities worldwide.

The results of the study have revealed a new picture of contemporaneous ITOT activities that will help to identify targets for intervention to reduce the risks of travel for transplantation, to improve access to transplantation, and to address inequities in access to transplantation at the national and supranational levels.

Contribution of endorsing organisations

The ITOT Research Collaborative is immensely grateful to the nine international and regional professional societies that officially endorsed the 2024 ITOT survey and disseminated information about the study to their members:

The Asian Society of Transplantation, the Declaration of Istanbul Custodian Group, the European Society for Organ Transplantation, the International Society of Nephrology, the International Society for Heart and Lung Transplantation, the International Pediatric Transplant Association, the International Society for Organ Donation Professionals, the Sociedad de Trasplante de America Latina y el Caribe, and the Transplantation Society.

These organisations were acknowledged in all study materials and conference presentations reporting on the study. No funding was received for the study.

Methods

A cross-sectional, international online survey was conducted between 16 September and 15 December 2024. Health professionals with experience caring for organ donors or transplant recipients were recruited via professional societies, social media, and personal networks. Participants reported on their most recent experiences of caring for incoming or outgoing transplant recipients and/or LDs involved in ITOT between 1 January 2023 and 31 August 2024. The survey was available in English, Chinese, French and Spanish.

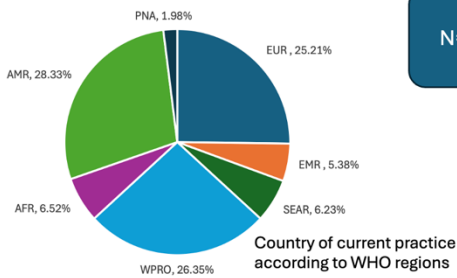


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Selected results

The general results shared here have been presented at academic conferences but must not be shared publicly or communicated to professional society members until the report of the study has been published in a journal. You are welcome to share the published abstracts listed below which report various results.

Respondent demographics



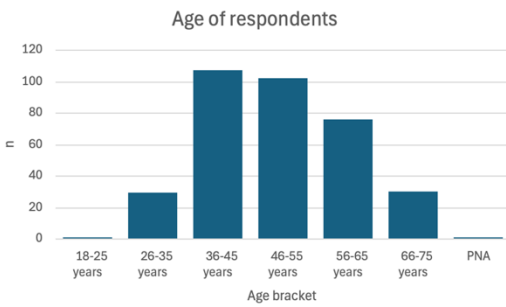
N= 353 complete responses



- 50.7% male
- 47% female
- 0.3% preferred not to answer (PNA)



- 84.7% medical practitioners
 - 13 % non-medical
 - 2.3% undisclosed/PNA
- Primary area of practice
- 45% nephrologists
 - 15% surgeons
 - 13% donor/transplant coordinator



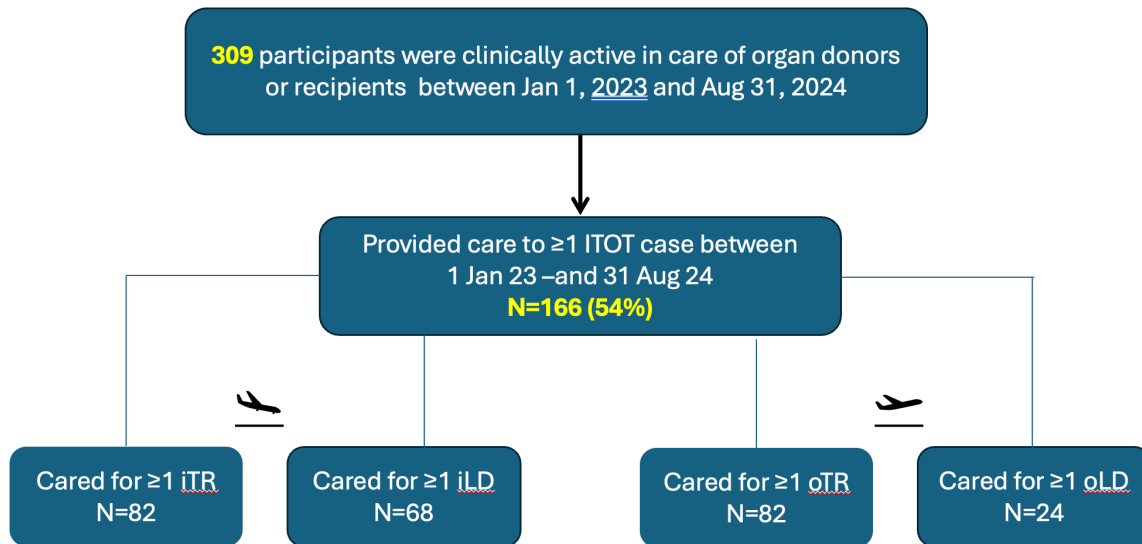
Many participants indicated they were members of the regional or international professional societies listed in **Table 1**. More than half (55%) of respondents indicated they learned about the study from a national, regional, or international society communication.

Table 1. Membership of professional society	Responses
African Society of Organ Transplantation	4 (1.1%)
Asian Society of organ Transplantation	12 (3.4%)
Declaration of Istanbul Custodian Group (DICG)	15 (4.2%)
European Society for Organ Transplantation (ESOT)	41 (11.6%)
International Pediatric Transplant Association (IPTA)	41 (11.6%)
International Heart and Lung Transplant Society (IHLTS)	32 (9.1%)
International Liver Transplant Society (ILTS)	27 (7.6%)
International Society of Nephrology (ISN)	79 (22.4%)
International Society for Organ Donation Professionals (ISODP)	16 (4.5%)
Middle Eastern Society of Organ Transplantation (MESOT)	8 (2.3%)
Sociedad de Trasplantes de America Latina y el Caribe (STALyC)	19 (5.4%)
The Transplantation Society (TTS)	109 (30.9%)



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309 recipients were clinically active within the study period of interest, and of these respondents, 166 (54%) had provided care for at least one patient travelling internationally to donate or receive an organ transplant. These 166 donation professionals provided information on 256 unique cases of ITOT in which they were involved in care.



iTR: incoming transplant recipient; iLD: incoming living donor; oTR: outgoing transplant recipient; oLD: outgoing living donor

Analysis of the most recent incidence of each ITOT case type in which respondents were involved found that

- 30% of recipients who travelled for transplantation received a transplant from a deceased donor.
- Children comprised 23% of recipients who travelled for transplantation.
- The majority (57%) of recipients traveling received a kidney transplant; 23% received liver; 14% heart or lung; 4% kidney-liver, kidney-pancreas, intestinal or pancreas; 2% unsure/PNA.
- Kidney transplants comprised the majority (72%) of ITOT cases involving living donors.
- In most cases (80%) involving travel for living donor transplantation, a genetic relationship was claimed between the donor and recipient.

Dissemination of the study results

A full report of the study is currently under submission to a journal.

Selected results of the study were presented in 2025 at the following conferences:

- European Society for Organ Transplantation Congress, June, London
- Congress of the Asian Society of Transplantation, November, Kuwait
- International Society for Organ Donation Professionals Congress, December, Kyoto

The following abstracts reporting on the study have been published:

- Lundgren A, Jiang Y, Soo G, et al. [108.2: International travel for organ transplantation by children: A survey of global activity \(1 Jan 2023-31 Aug 2024\)](#). *Transplantation*. 2025 Dec 1;109(12S):S7.
- Jiang Y, Soo G, Lundgren A, et al [308.2: Living donor involvement in international travel for organ transplantation: A survey of global activity \(1 Jan 2023-31 Aug 2024\)](#). *Transplantation*. 2025 Dec 1;109(12S):S70.



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- Soo G, Lundgren A, Jiang Y, et al. [216.5: International travel for organ transplantation from deceased donors: a survey of global activity \(1 Jan 2023-31 Aug 2024\)](#). *Transplantation*. 2025 Dec 1;109(12S):S38.

Next steps for the ITOT Research Collaborative

The ITOT Research Collaborative team plans to build on this 2024 survey by conducting a repeat survey in September 2026. This new survey will expand and refine the questionnaire used in 2024, enabling comparative analysis of trends in ITOT activities while gathering new insights into the mechanisms and rationales for travel. These data will also contribute to a broader body of ITOT-related research that is intended to support the goals of the new [ESOT-Lancet Commission on Transplantation](#).

Further opportunities for regional and international societies

The Collaborative team welcomes further engagement by and support from regional and international professional societies with an interest in ITOT. **We will soon be seeking endorsement of the 2026 survey study and assistance in disseminating information about this to society members in September.**

We would be delighted to discuss opportunities to disseminate the findings of the 2024 survey that may be of particular interest to specific societies at webinars or conferences, as well as opportunities for collaboration to enhance ITOT research targeting particular geographical regions or fields of transplantation.

For more information about the 2024 ITOT survey or to discuss opportunities to support the work of the ITOT research Collaborative, please contact the Collaborative leads, Professor Dominique Martin and Dr Georgina Irish.

We thank you again for your support of the 2024 Survey. We look forward to sharing with you the more detailed report of the study once it is available in a journal publication.

Warm regards,

Prof Dominique Martin and Dr Georgina Irish

On behalf of the 2024 ITOT Survey project team:

Prof Riadh Fadhil (Qatar)

Ms Yashan Jiang (Australia)

Prof Jayme Locke (USA)

Ms Amy Lundgren (Australia)

Dr Maggie Ma (China)

Prof Elmi Muller (South Africa)

Dr Benita Padilla (Philippines)

Dr Alicia Pérez-Blanco (Spain)

Ms Lola Perojo Vega Spain)

Ms Georgina Soo (Australia)

308.2

Living donor involvement in international travel for organ transplantation: A survey of global activity (1 Jan 2023-31 Aug 2024).Yashan Jiang¹, Georgina Soo¹, Amy Lundgren¹,P. Toby Coates², Riadh AS Fadhil³, Jayme Locke⁴, Maggie Ma⁵,Mario Martín Gonzales⁶, Elmi Muller⁷, Benita Padilla⁸,Alicia Perez Blanco⁶, Maria Dolores Perojo Vega⁶, Georgina L Irish^{2,9},Dominique Martin¹¹ School of Medicine, Deakin University, Geelong, Australia;² University of Adelaide, Adelaide, Australia; ³ Hamad MedicalCorporation, Doha, Qatar; ⁴ NYU Langone, New York, United States;⁵ University of Hong Kong, Hong Kong, Hong Kong; ⁶ OrganizaciónNacional de Trasplantes, Madrid, Spain; ⁷ Stellenbosch University,Cape Town, South Africa; ⁸ National Kidney and Transplant Institute,Manila, Philippines; ⁹ Australia and New Zealand Dialysis and

Transplant (ANZDATA) Registry, Adelaide, Australia.

Introduction: In 2023, 35 countries reported ≥ 747 individuals had travelled internationally for organ transplantation, while 51 countries reported performing >3700 transplants in “non-resident” patients. (1) These Global Observatory on Donation and Transplantation (GODT) data suggest 80% of transplants involving international travel may be from living donors (LDs). However little is known about these LDs, including which organs they donate and where, or their relationships with recipients. We report here on data about LDs collected as part of the 2024 International Travel for Organ Transplantation (ITOT) Survey study, which explored transplant professionals’ most recent experiences of providing care for recipients or LDs involved in ITOT.

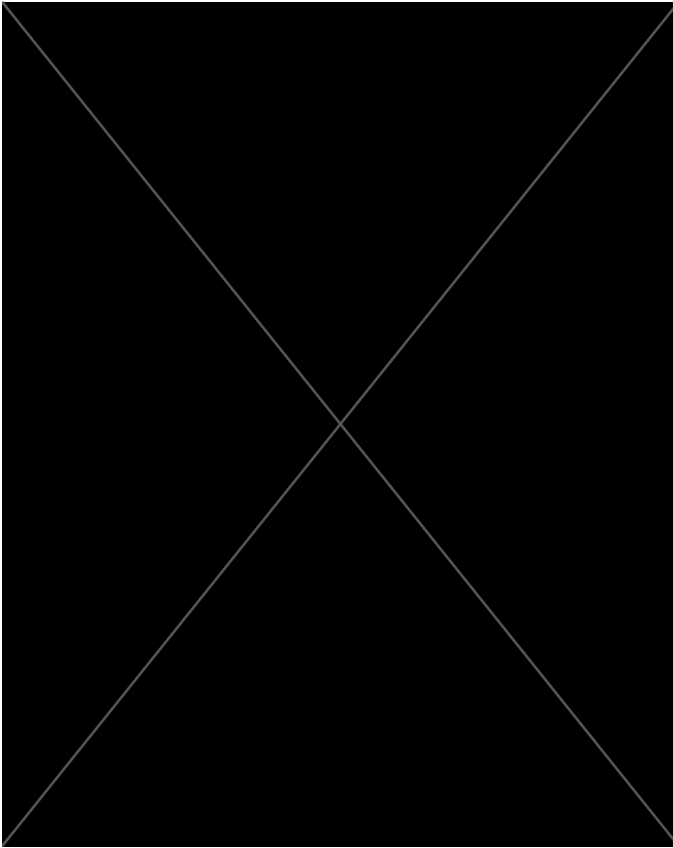
Methods: An anonymous global survey of transplant professionals was conducted online (16 Sep-15 Dec 2024). The questionnaire (available in English, French, Mandarin & Spanish) assessed respondents’ most recent experiences (1 Jan 2023 to 31 Aug 2024 inclusive) of each of 4 potential case types: provision of care to an incoming or outgoing LD or transplant recipient. Considering their most recent experience of each type, respondents were asked to provide information about country of residence of LDs and recipients, country where donation and transplantation took place, organ(s) transplanted and type of donor (deceased or living); for all LD cases, they were asked to indicate the nature of the LD-recipient relationship. Data were analysed with descriptive statistics.

Results: 353 individuals from 64 countries completed the survey. 309 were clinically active between 1 Jan 2023 and 31 Aug 2024, of whom 166 (54%) had provided care for ≥ 1 incoming or outgoing LD or transplant recipient. Of the 164 most recent incoming or outgoing transplant recipient cases reported, 59% (n=97) involved LD transplants. Considering only respondents’ most recent experiences of providing care to incoming or outgoing donors, 68 (42%) reported having cared for ≥ 1 incoming LD, whereas 24 (15%) had cared for ≥ 1 outgoing LD. These 92 LDs were from 47 countries who underwent donation in 31 different countries. LDs more commonly donated in private healthcare settings to adult recipients with whom a genetic relationship was claimed (see **Table 1**). Kidney transplants comprised the majority (72%) of ITOT cases involving LDs.

Conclusion: Most ITOT activity involves LDs yet few professionals report experience in providing care for LDs traveling abroad. While most respondents believed that LDs involved in ITOT were genetically or emotionally related to their recipient, work is needed to evaluate how such relationships are assessed. Nearly half of ITOT involving LDs takes place in the private healthcare setting, thus mechanisms of governance and collection of data pertaining to LDs must be inclusive of the private sector. It is imperative to establish more robust guidance to support long-term care and follow up of individuals who travel internationally for the purpose of donating an organ.

	Most recent ITOT cases in which survey respondent provided care to		Total
	Incoming or outgoing transplant recipient of a LD organ	Incoming or outgoing LD	
n	97	92	189
Healthcare setting of donation			
Private	50 (52%)	36(39%)	86(46%)
Public	25 (26%)	42(46%)	67(35%)
Prefer not to answer	14 (14%)	5(5%)	19(10%)
Other/unsure/undisclosed	8 (8%)	11(11%)	19(10%)
Organ(s) transplanted/donated			
Kidney	69(71%)	67(73%)	136(72%)
Liver	27(28%)	20(22%)	47(25%)
Kidney-liver	1(1%)	2(2%)	3(1.6%)
Other	0	3(3%)	3(1.6%)
Recipient			
Adult	75(77%)	76(83%)	151(80%)
Child (<18 years old)	19 (20%)	14(15%)	33(17.5%)
Unsure/Undisclosed	3(3%)	2(2%)	5(2.6%)
Relationship with donor/recipient			
Genetic	61(63%)	74(80%)	135(71%)
Spousal	11(11%)	9(10%)	20(11%)
Social/emotional	3(3%)	4(4%)	7(4%)
Unrelated	9(9%)	1(1%)	10(5%)
Other/undisclosed/prefer not answer	13(13%)	4(4%)	17(9%)

1. GODT. 2025. *Organ Donation and Transplantation Activities 2023 Report*. Available at: <https://www.transplant-observatory.org/wp-content/uploads/2025/02/2023-data-global-report-20022025.pdf>



216.5

International travel for organ transplantation from deceased donors: a survey of global activity (1 Jan 2023-31 Aug 2024).

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Cape Town, South Africa; ⁸ National Kidney and Transplant Institute,

Manila, Philippines; ⁹ Australia and New Zealand Dialysis and

Transplant (ANZDATA) Registry, Adelaide, Australia.

Introduction: Annual data from the Global Observatory on Donation and Transplantation suggest that approximately 20% of transplants for non-resident patients involve deceased donors (DDs).⁽¹⁾ However, little is known about who travels for organ transplantation from DDs or which organs they receive. We report here on data pertaining to DD transplants that were collected as part of the 2024 International Travel for Organ Transplantation (ITOT) Survey study, which explored transplant professionals' most recent experiences of providing care for recipients or living donors (LDs) involved in ITOT.

Methods: An international anonymous survey of transplant professionals was conducted online (16 Sep-15 Dec 2024). The questionnaire (available in English, French, Mandarin and Spanish) assessed respondents' most recent experiences (between 1 Jan 2023 and 31 Aug 2024 inclusive) of each of four potential case types: provision of care to an incoming or outgoing LD or transplant recipient. Considering their most recent experience of each type, respondents were asked to provide information about the country of residence of LDs and recipients, the country in which donation and transplantation took place, the organ(s) transplanted, type of donor (deceased or living), and if the recipient was a child or adult. Data were analysed with descriptive statistics.

Results: 353 individuals from 64 countries completed the survey. 309 were clinically active between 1 Jan 2023 and 31 Aug 2024, of whom 149 (48%) had provided care for ≥ 1 incoming or outgoing transplant recipient. Of the 164 most recent incoming or outgoing recipient cases reported, 30% (n=49) involved DD transplants; 33% (n=16) of these involved kidney transplants (25% lung, 18% heart, 12% liver, 4% kidney-liver, 6% kidney-pancreas, intestinal, or pancreas; 2% preferred not to answer (PNA)). Adults comprised the majority of DD transplant recipients (67%; 31% children, 2% PNA), and most (57%) received transplants in the public sector (31% private; 12% unsure). Recipients of DD transplants were from 33 countries, who received transplants in 22 different countries; regions of origin and destination are shown in **Table 1**.

Conclusion: While ITOT involving DD transplantation may represent a life-saving opportunity for some patients with organ failure, it also raises concerns about equity in access to care and national or regional self-sufficiency. This survey indicates that DD transplants may comprise nearly a third of ITOT activities, and approximately 30% take place in private healthcare settings. This highlights the importance of transparency in reporting of DD transplant activity data at the national level and in disclosure of policies governing access to and allocation of DD organs.

WHO Region	Region the recipient usually resides	Region in which recipients received DD transplant
n	49 (100%)	49 (100%)
Americas	14 (29%)	22 (45%)
Eastern Mediterranean	12 (25%)	2 (4%)
Europe	11 (23%)	23 (35%)
Western Pacific	7 (14%)	2 (4%)
Africa	4 (8%)	1 (2%)
South East Asia	0	3 (6%)
Undisclosed	1 (2%)	2 (4%)

1. GODT (Global Observatory on Donation and Transplantation). 2025. Organ Donation and Transplantation Activities 2023 Report. Available at: <https://www.transplant-observatory.org/wp-content/uploads/2025/02/2023-data-global-report-20022025.pdf>

108.2

International travel for organ transplantation by children: A survey of global activity (1 Jan 2023-31 Aug 2024).

Amy Lundgren¹, Yashan Jiang¹, Georgina Soo¹, P. Toby Coates², Riadh AS Fadhil³, Mario Martín Gonzales⁴, Jayme Locke⁵, Maggie Ma⁶, Elmi Muller⁷, Benita Padilla⁸, Alicia Perez Blanco⁴, Maria Dolores Perojo Vega⁴, Georgina L Irish^{2,9}, Dominique Martin¹

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Introduction: International travel for organ transplantation (ITOT) is widespread; the Global Observatory on Donation and Transplantation-World Health Organization (WHO) data show at least 747 patients travelled from 35 countries for transplantation abroad in 2023.(1) Except for rare institutional case series reports, little is known about paediatric involvement in ITOT. We report here on paediatric-specific results from the 2024 ITOT Survey to provide a snapshot of current activity.

Methods: An international anonymous survey of transplant professionals was conducted online (16 Sep-15 Dec 2024). The questionnaire (available in English, French, Mandarin and Spanish) assessed respondents' most recent experiences (between 1 Jan 2023 and 31 Aug 2024 inclusive) of each of four potential case types: provision of care to an incoming or outgoing living donor (LD) or transplant recipient. Considering their most recent experience of each type, respondents were asked if the recipients involved were aged <18 years at the time of transplantation. Data were analysed with descriptive statistics.

Results: 353 individuals from 64 countries completed the survey. 309 were clinically active between 1 Jan 2023 and 31 Aug 2024, of whom 166 (54%) had provided care for ≥1 incoming or outgoing LD or transplant recipient. Of the recipients most recently cared for by respondents, 23% (n=38) were children who travelled from 27 countries to 16 different countries for transplantation. All WHO regions were impacted by ITOT involving children. 50% of paediatric ITOT recipients received LD transplants, most (95%) from genetic relatives; 40% received deceased donor transplants; 10% unsure/undisclosed. 45% (n=17) received livers (32% kidneys; 13% heart; 8% combined kidney-liver; 3% undisclosed). 47% of paediatric transplants took place in the public sector (40% private; 5% other; 7% unsure/undisclosed). Considering respondents' most recent experiences of care for LDs, 15% of LDs (n=14) had travelled to donate to a recipient aged <18 years.

Conclusion: Children comprise nearly a quarter of the growing number of patients traveling internationally for transplantation. While ITOT may help to address barriers to transplant for children in many countries, it may also present clinical and ethical risks for this vulnerable population. Further research is needed to evaluate the factors influencing paediatric ITOT as well as the impact of ITOT on paediatric populations in destination countries and those from which children travel. Specific guidance may be needed to support policy-making that promotes equity of access and quality of paediatric transplant care in the cross-border setting.

1. GODT (Global Observatory on Donation and Transplantation). 2025. *Organ Donation and Transplantation Activities 2023 Report*. Available at: <https://www.transplant-observatory.org/wp-content/uploads/2025/02/2023-data-global-report-20022025.pdf>