

NEWSLETTER TRANSPLANT

International figures
on donation and
transplantation
2025



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INTERNATIONAL FIGURES ON ORGAN, TISSUE & HAEMATOPOIETIC PROGENITOR CELL DONATION & TRANSPLANTATION ACTIVITIES. PRODUCED BY THE EUROPEAN COMMITTEE ON ORGANS, TISSUES AND CELLS (CD-P-TO) OF THE COUNCIL OF EUROPE. YEAR 2025.

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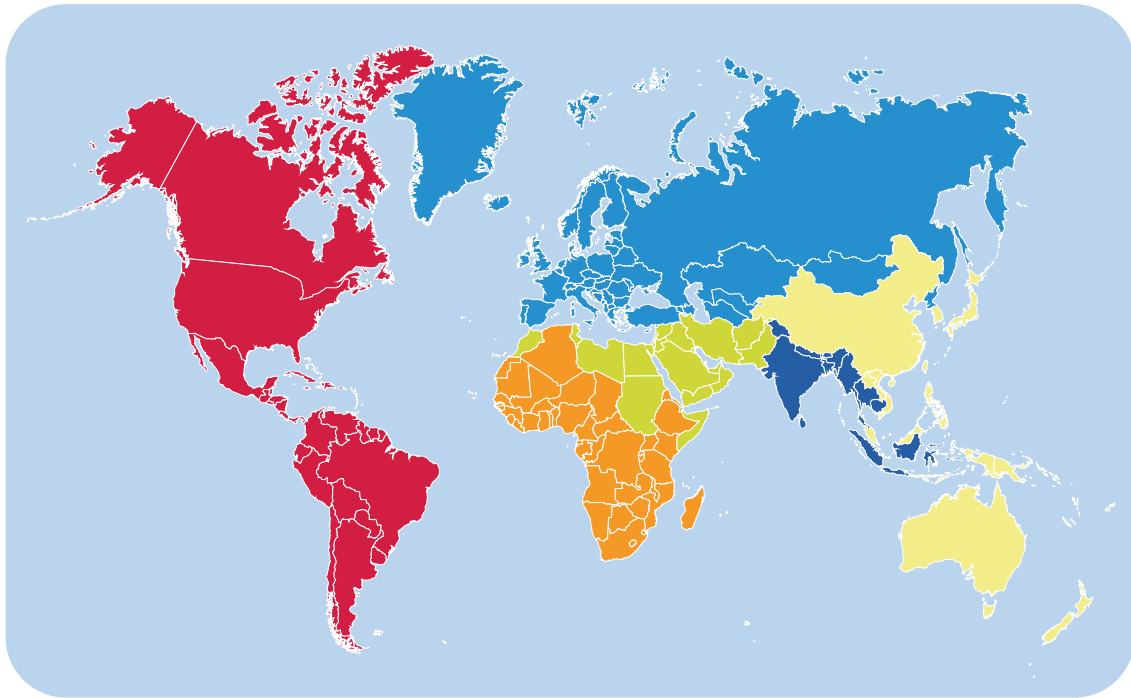
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NEWSLETTER TRANSPLANT 2026



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FOR THE PURPOSES OF THIS NEWSLETTER THE FOLLOWING DEFINITIONS WERE USED:

ACTUAL DECEASED ORGAN DONOR

A deceased person from whom at least one organ was recovered for the purpose of transplantation.

DONOR AFTER THE NEUROLOGICAL DETERMINATION OF DEATH

A donor after brain death (DNDD) is a deceased organ donor in whom death has been determined by neurologic criteria.

DONOR AFTER THE CIRCULATORY DETERMINATION OF DEATH

A donor after circulatory death (DCDD) is a deceased organ donor in whom death has been determined by circulatory and respiratory criteria.

Modified Maastricht Categories (Paris 2012) of DCDD:

II/ Witnessed cardiac arrest (uncontrolled): Sudden unexpected irreversible cardiac arrest, with unsuccessful attempt at resuscitation by a medical team.

III/ Withdrawal of life-sustaining therapy (controlled DCDD): Planned withdrawal of life-sustaining therapy with an expected cardiac arrest.

IV/ Cardiac arrest while brain dead (uncontrolled or controlled): Sudden or planned cardiac arrest after brain death diagnosis, but before organ recovery.

V/ Medical assistance in dying: Medically assisted cardiac arrest.

UTILISED DECEASED ORGAN DONOR

An actual donor from whom at least one organ was transplanted.

ORGAN TRANSPLANTS

The transfer (engraftment) of human organs from a donor to a recipient with the aim of restoring function(s) in the body.

TOTAL TRANSPLANTS (ALL COMBINATIONS INCLUDED)

Includes the transplantation of the corresponding organ with or without the simultaneous transplant of a different type of organ(s).

DOUBLE-KIDNEY TX

One double-kidney TX is counted as 1 TX.

TX FROM LIVING DONORS

A living donor is a living human being from whom organs have been recovered for the purpose of transplantation. A living donor has one of the following possible relationships with the recipient:

A – Related: The donor is genetically and/or emotionally related to the recipient.

A1/ genetically related: A genetic relation exists between donor and recipient (e.g. brother/sister, parent/offspring). Therefore a certain immunological compatibility exists too.

A2/ emotionally related: The donor is a genetically unrelated family member (e.g. spouse) of the recipient or a friend (to be considered as a family member).

B – Unrelated: The donor has no genetic or emotional relationship with the recipient. The relation between donor and recipient must be outlined further by a sub-specification. Immunological compatibility exists only by chance.

B1/ paired exchange or cross-over: By a controlled programme, unrelated donor and recipient pairs exchange grafts beyond any emotional or genetic relation, with the aim of overcoming immunological restrictions.

B2/ non-directed altruistic or anonymous: By a controlled programme, the donor can provide a graft to society which allocates this to a previously unknown recipient by defined rules.

B3/ directed altruistic: By a controlled programme, the donor provides a graft to a recipient of the donor’s choice.

DOMINO DONOR

Patient who undergoes organ transplantation from a deceased donor and whose organ is suitable for transplant to another transplant candidate.

DOMINO TRANSPLANT

A procedure in which an organ is removed from one transplant candidate and immediately transplanted into a second patient, with the first patient receiving a new organ from a deceased donor.

HEART-LUNG TX

One heart-lung TX is counted as 1 lung TX, 1 heart TX and 1 heart-lung TX.

DOUBLE-LUNG TX

One double-lung TX is counted as 1 TX.

TOTAL NUMBER OF PATIENTS TRANSPLANTED

For more than one organ transplanted into the same recipient: kidney-liver-heart TX = counted as one recipient.

PAEDIATRIC

Includes only paediatric activity (patients aged < 18 years).

WAITING LIST

Example: At 1/1/2025 there were 200 patients active on the waiting list (WL). In the course of the year, 100 patients are newly included on the WL (first row). In total, 300 patients have ever been active on the WL during the year (second row). During the year, 200 patients received an organ transplant (number recorded in a different questionnaire), 50 patients remained active at the end of the year (third row), 25 patients died (fourth row) and 25 patients were excluded (number not to be reported, but derived from previous figures).

Patients included on the WL for the first time in the course of 2025	100
Total number of patients ever active on the WL during 2025	300
Patients awaiting a transplant (only active candidates) on 31/12/2025	50
Patients who died while on the WL during 2025	25

FAMILY REFUSALS

Number of interviews to pose the option of organ donation: number of interviews to present families with the option of donating the organs of the deceased person (brain death or circulatory death).

Number of family refusals: number of negative responses to donation after holding interviews with the families.

Letter from the Editor



Letter from the Editor

Beatriz Domínguez-Gil, MD, PhD
Director Organización Nacional de Trasplantes, Spain
Editor of Newsletter Transplant

Dear Friends,

It is my pleasure to present this new issue of *Newsletter Transplant*, a longstanding collaboration between the European Committee on Organs, Tissues and Cells (CD-P-TO) of the Council of Europe and Spain's Organización Nacional de Trasplantes (ONT). For three decades, this publication has provided reliable information on donation and transplantation activities, evolving into a unique global reference whose impact extends well beyond Europe.

Trustworthy information is the foundation of sound policy-making. By documenting donation and transplantation activities across the world, *Newsletter Transplant* not only measures progress, but also helps identify inequities, emerging trends and opportunities for improvement. This edition presents organ activity data for 2025 from more than 90 countries. While the overall organ transplantation rate increased by 3.5 % compared with 2024, the figures also remind us that the need for transplants continues to outpace the availability of donated organs in many parts of the world. Of 49 169 deceased donors in 2025, 30 % were donors after the determination of death by circulatory criteria, reflecting the continued expansion of this form of donation and its contribution to helping more patients receive life-saving transplants.

The underlying datasets in *Newsletter Transplant* are available from the Global Observatory on Organ Donation and Transplantation (GODT, www.transplant-observatory.org), maintained by ONT as a World Health Organization Collaborating Centre. Apart from acting as a repository for the statistics presented in *Newsletter Transplant*, the GODT enables researchers, professionals and policy-makers to explore data, generate analyses and monitor global developments in donation and transplantation. Please do not hesitate to contact the ONT if you require any additional information beyond what is available on the GODT website.

This edition of *Newsletter Transplant* also presents comprehensive information on the donation, processing, distribution and clinical application of human tissues and cells, collected through the Eurocet platform maintained by Italy's Centro Nazionale Trapianti (CNT). As the European Union (EU) begins implementing its new Regulation on Substances of Human Origin (SoHO), these data acquire even greater value. The EU SoHO Regulation marks a significant step towards strengthening quality, safety and oversight across the sector, while recognising the Council of Europe's technical guides as the principal reference for professional practice.

In addition to presenting statistics, *Newsletter Transplant* has always served as a forum for sharing the policies and guidance of the Council of Europe that shape the future of donation and transplantation. The 2026 edition reflects the breadth of the CD-P-TO's work, addressing some pressing scientific, ethical and regulatory questions that our community faces.

Moreover, this edition presents two new recommendations adopted by the Committee of Ministers of the Council of Europe in June 2026. The first addresses sex- and gender-related inequities in organ donation and transplantation, encouraging Council of Europe member states to better understand and reduce disparities that may affect access to transplantation and clinical outcomes. The second establishes harmonised measures for the protection of third-party gamete donors, promoting ethical and consistent standards while supporting sustainable donation programmes across Europe.

In this edition, the impact of the EU Medical Devices Regulation (MDR) on the SoHO sector is also examined. Two complementary position papers analyse both the broader regulatory implications and the practical consequences of shortages of Conformité Européenne (CE)-marked devices caused by challenges in implementing the MDR and the EU

In Vitro Diagnostic Medical Devices Regulation, highlighting risks to donor screening, processing and ultimately patient safety. Also presented is a position paper on how unethical international travel for transplantation is promoted and facilitated online, illustrating that technological developments require renewed vigilance and stronger international co-operation to safeguard ethical transplantation practices.

Together, these publications demonstrate that the work of the CD-P-TO extends far beyond the collection of data. By anticipating emerging challenges, developing evidence-based guidance and fostering collaboration among Council of Europe member states, the CD-P-TO continues to strengthen practices governing the quality and safety of SoHO, as well as considering ethical concerns. Its work, co-ordinated by the European Directorate for the Quality of Medicines & HealthCare (EDQM), supports national

authorities, healthcare professionals and policy-makers in delivering better care for patients.

Finally, I wish to express my sincere gratitude to everyone who makes this publication possible: the members of the CD-P-TO, the national focal points who provide official data, the EDQM Secretariat and my colleagues at ONT. Their commitment, expertise and collaboration ensure that *Newsletter Transplant* remains an indispensable resource for the international transplant community.

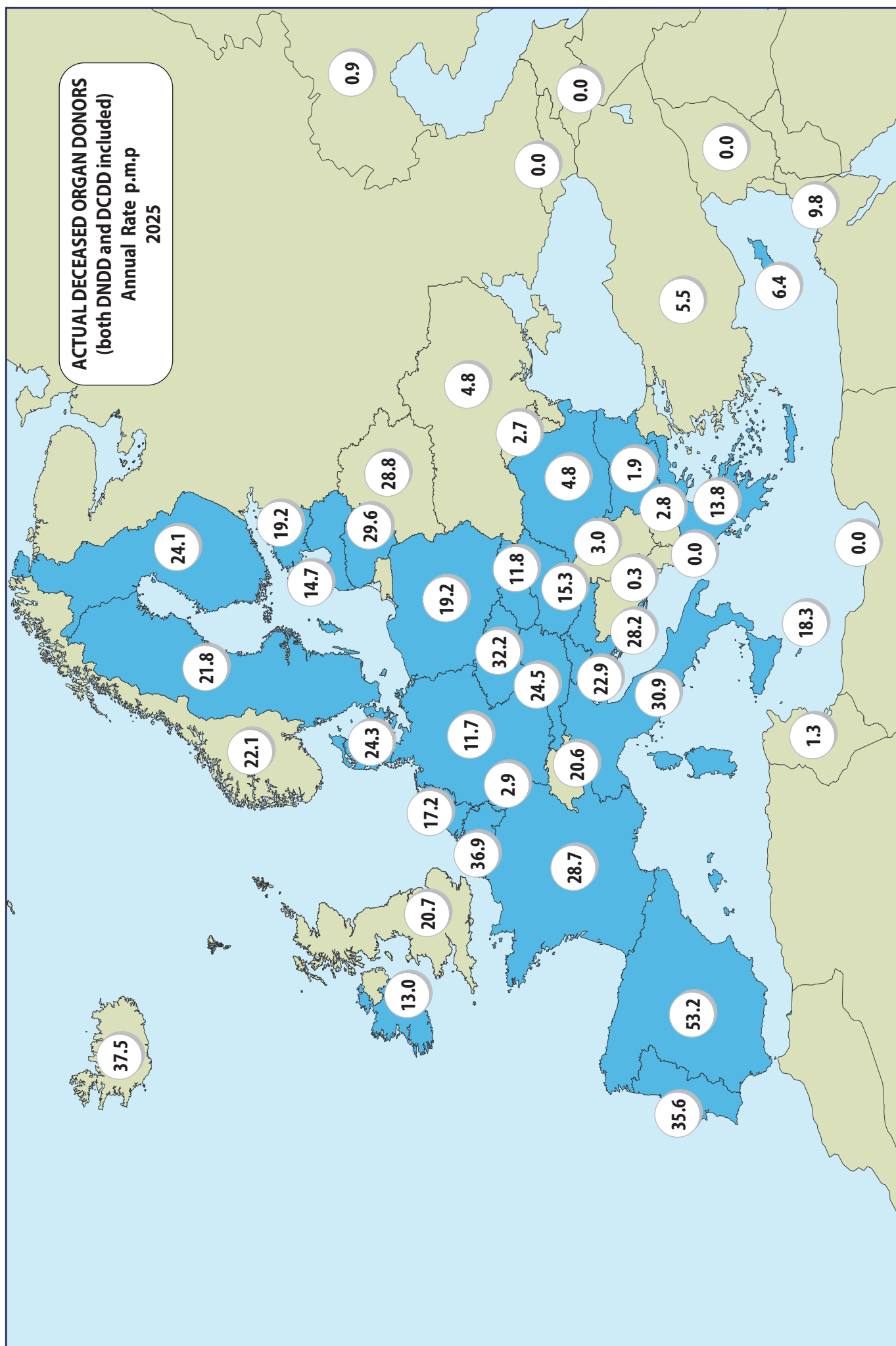
I hope that this edition will not only inform its readers but also inspire continued collaboration towards our shared objective: ensuring that safe, ethical and high-quality transplantation becomes accessible to all who may benefit from it.

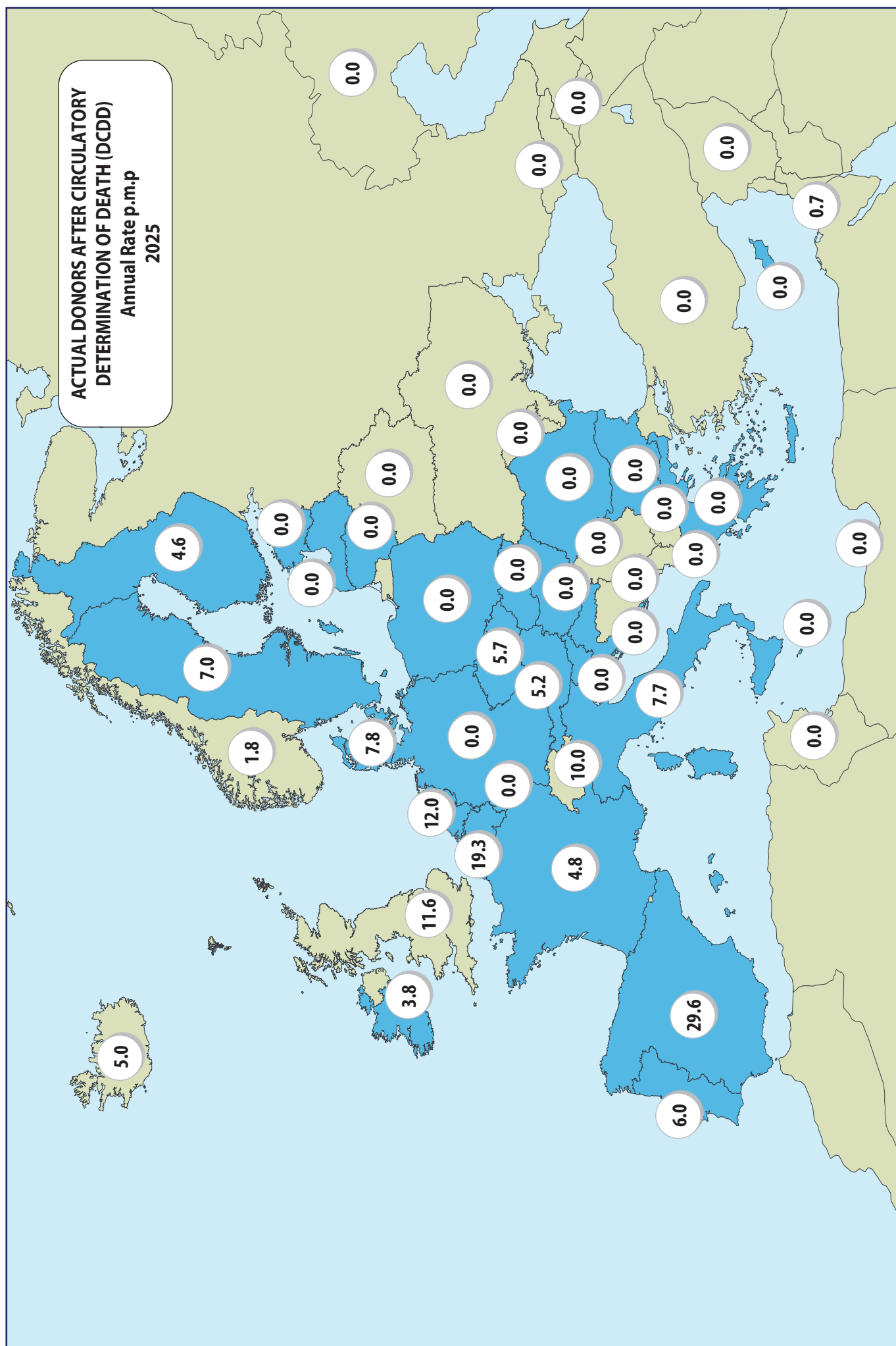
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Editor, *Newsletter Transplant*

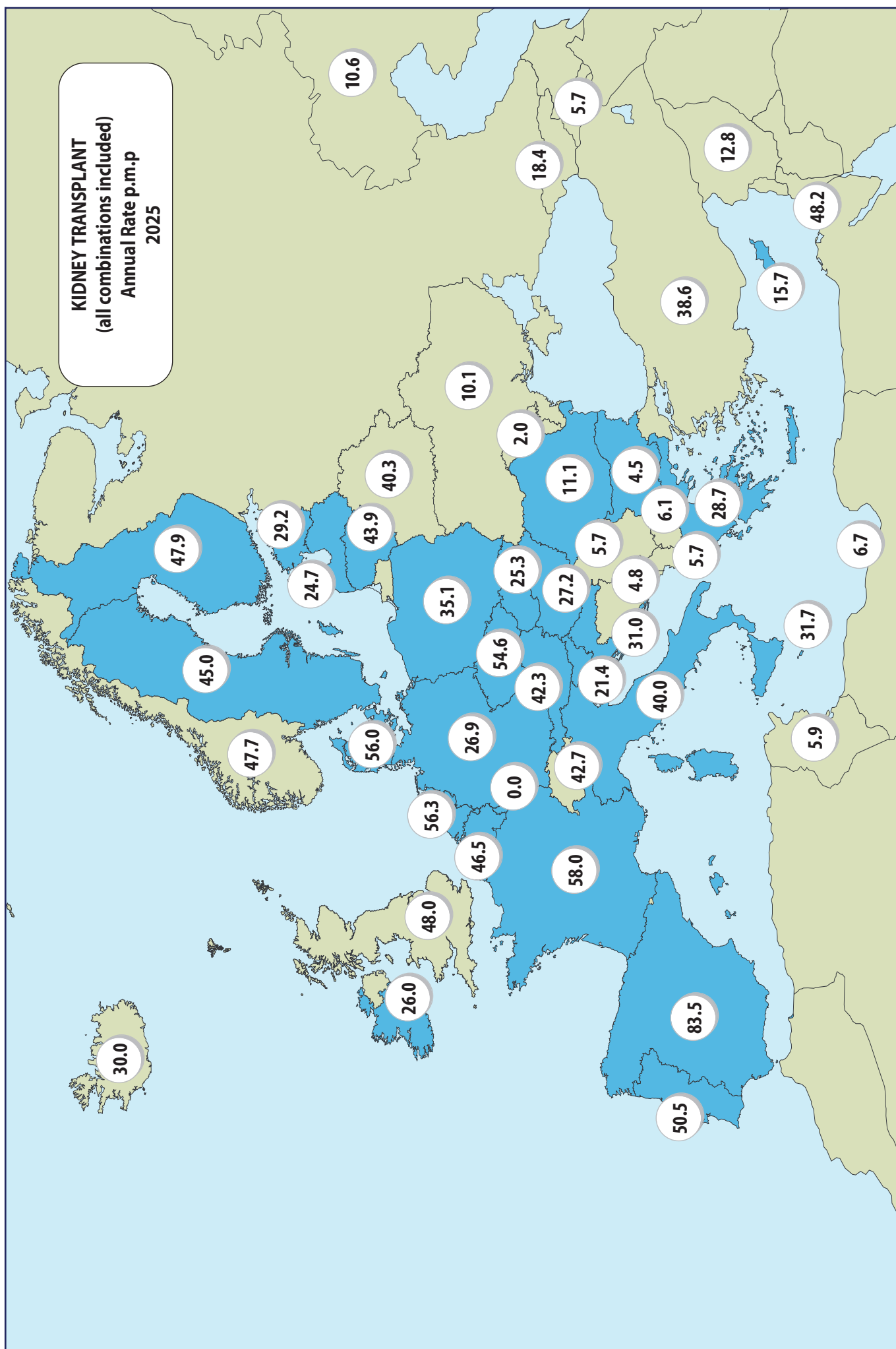
International Figures on Organ Donation and Transplantation Activity. Year 2025

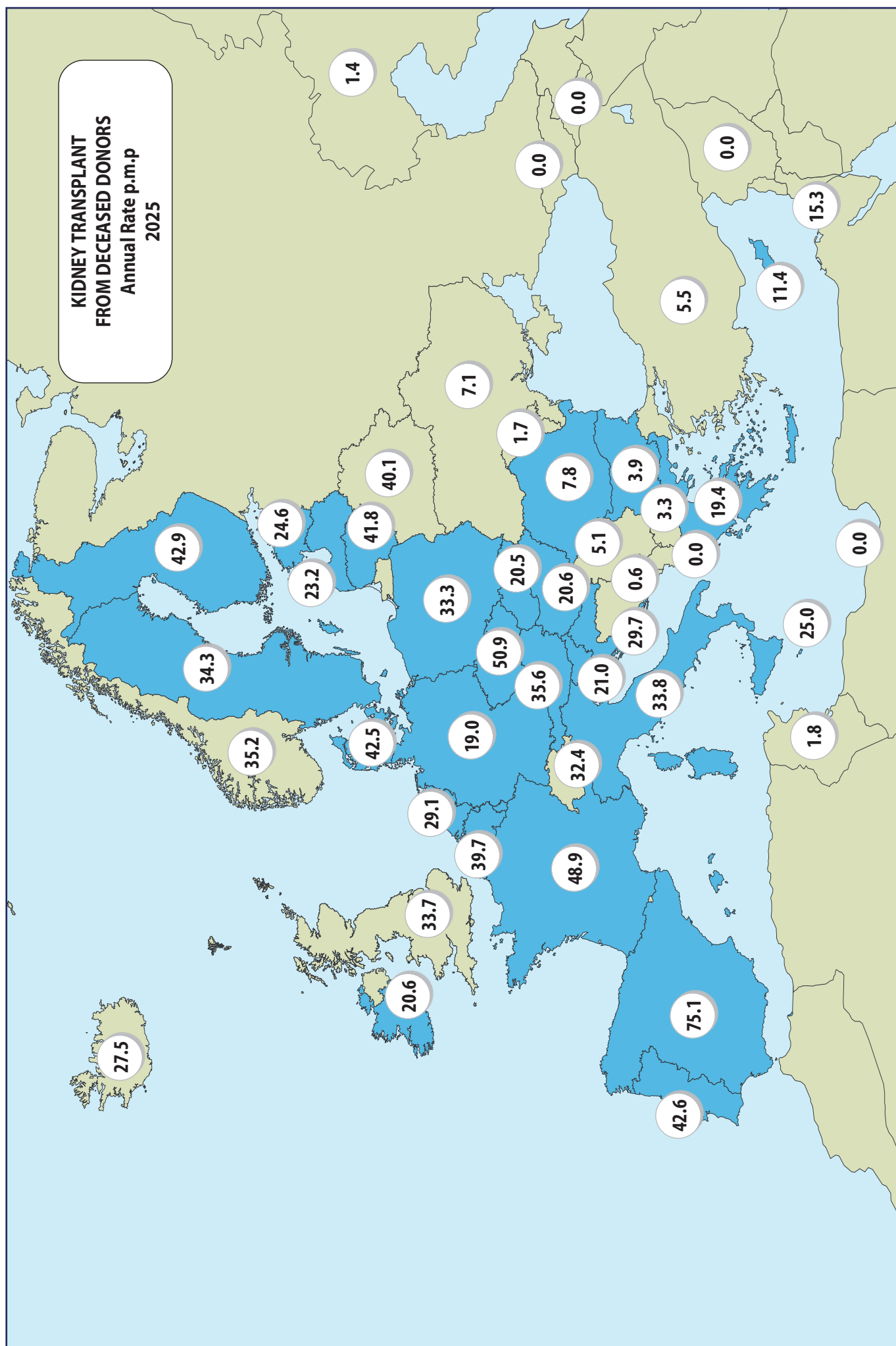


ACTUAL DECEASED ORGAN DONORS
(both DNDD and DCDD included)
Annual Rate p.m.p
2025

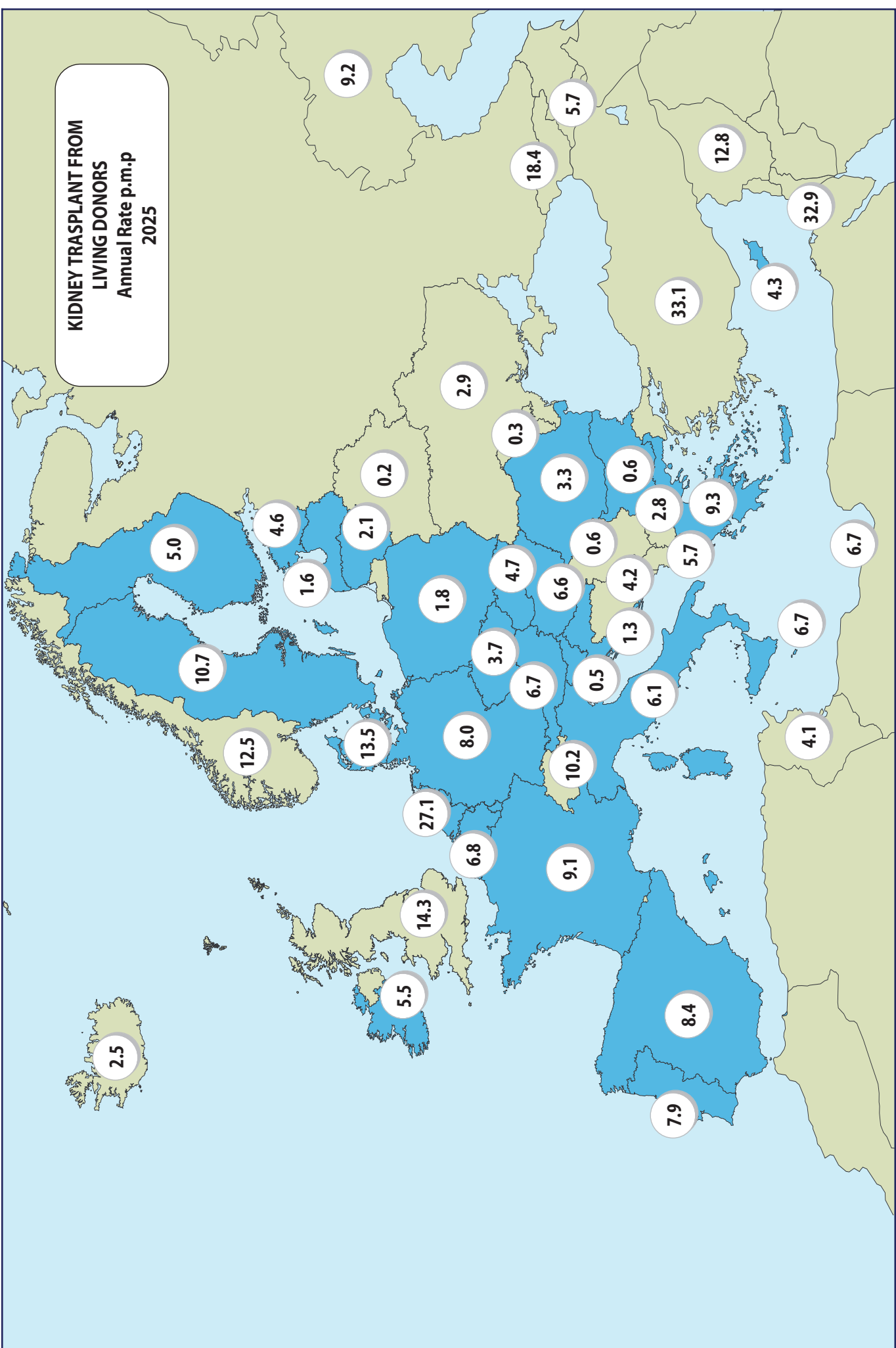


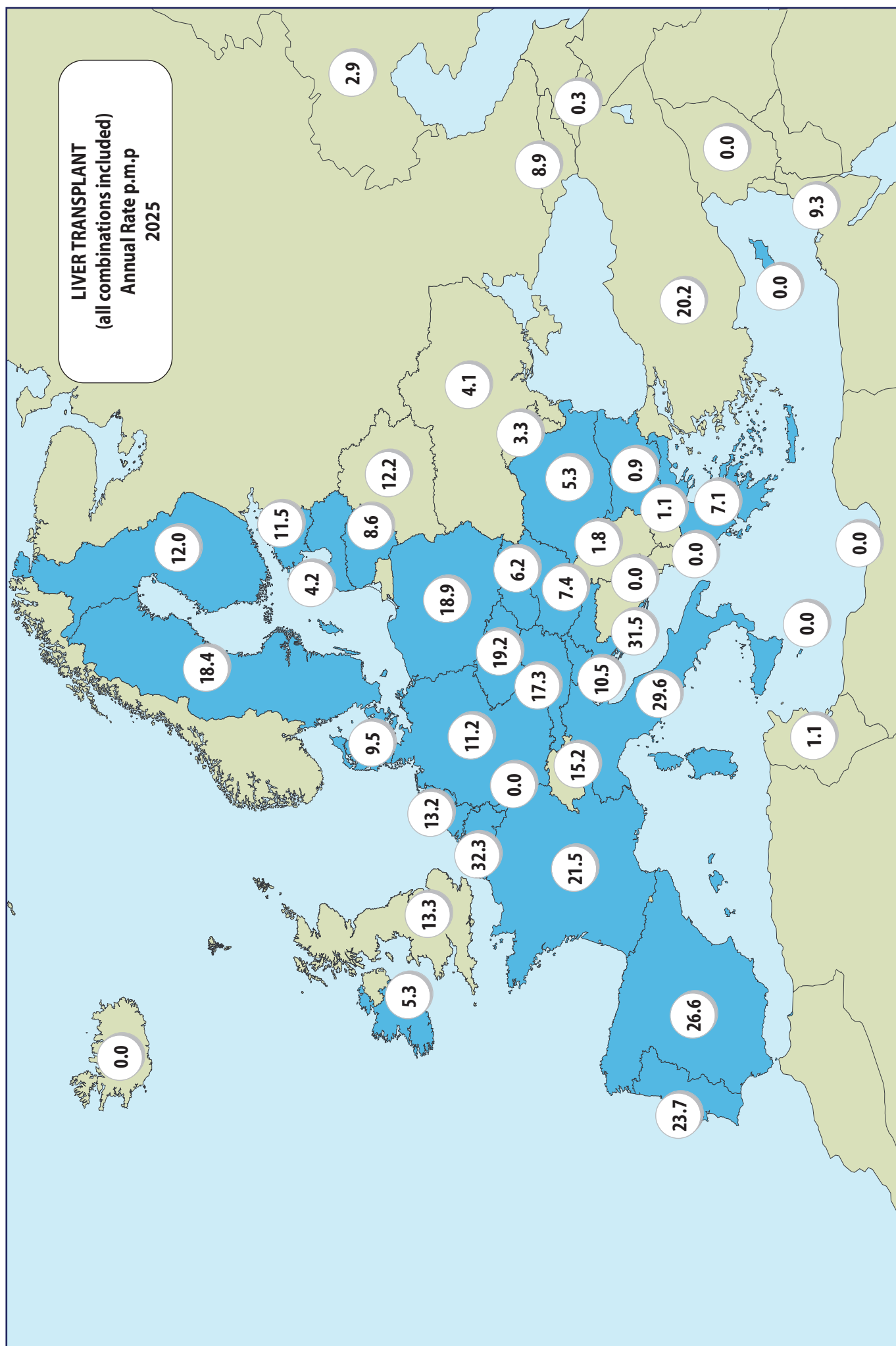




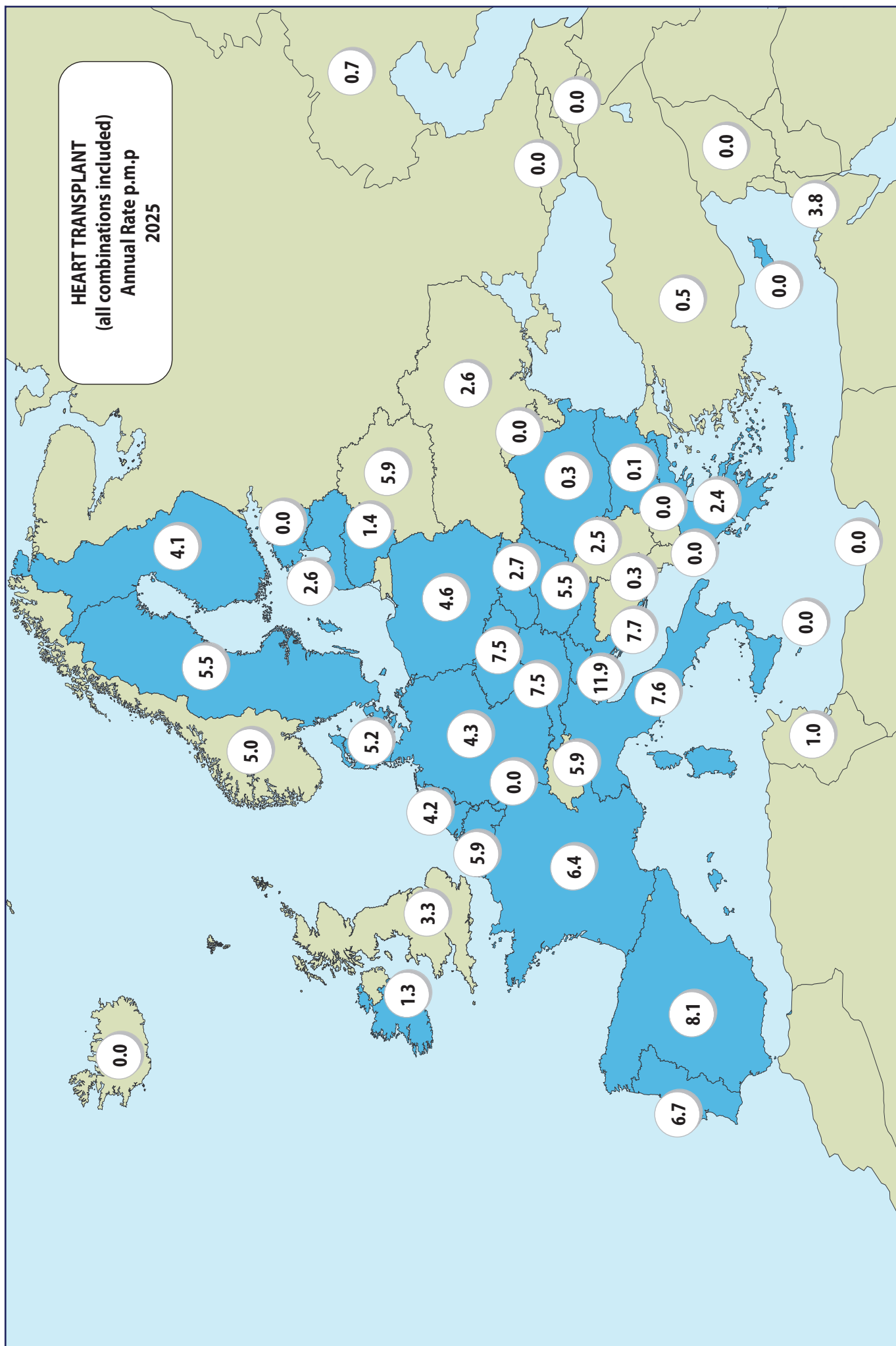


**KIDNEY TRASPLANT FROM
LIVING DONORS
Annual Rate p.m.p
2025**

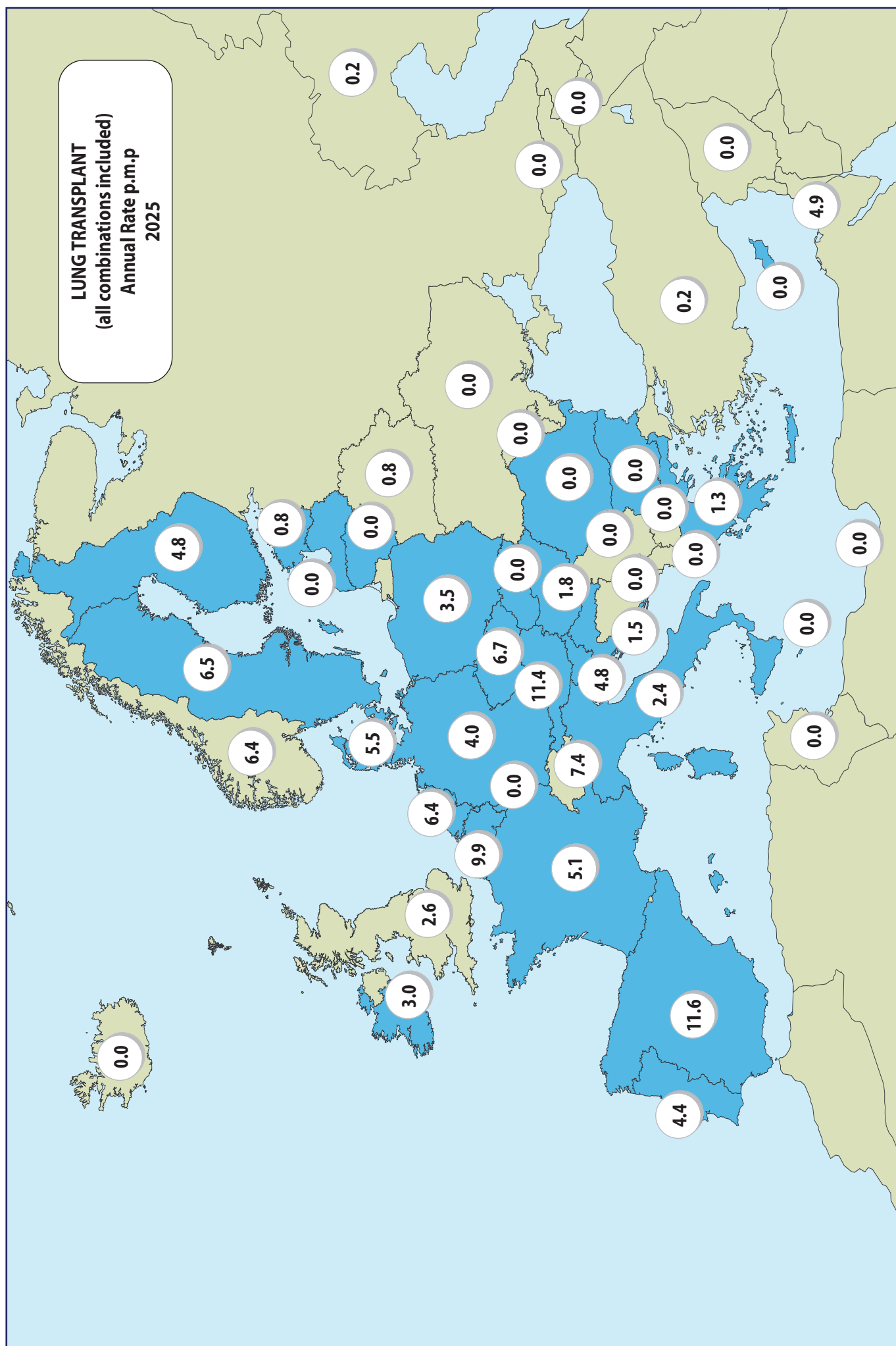




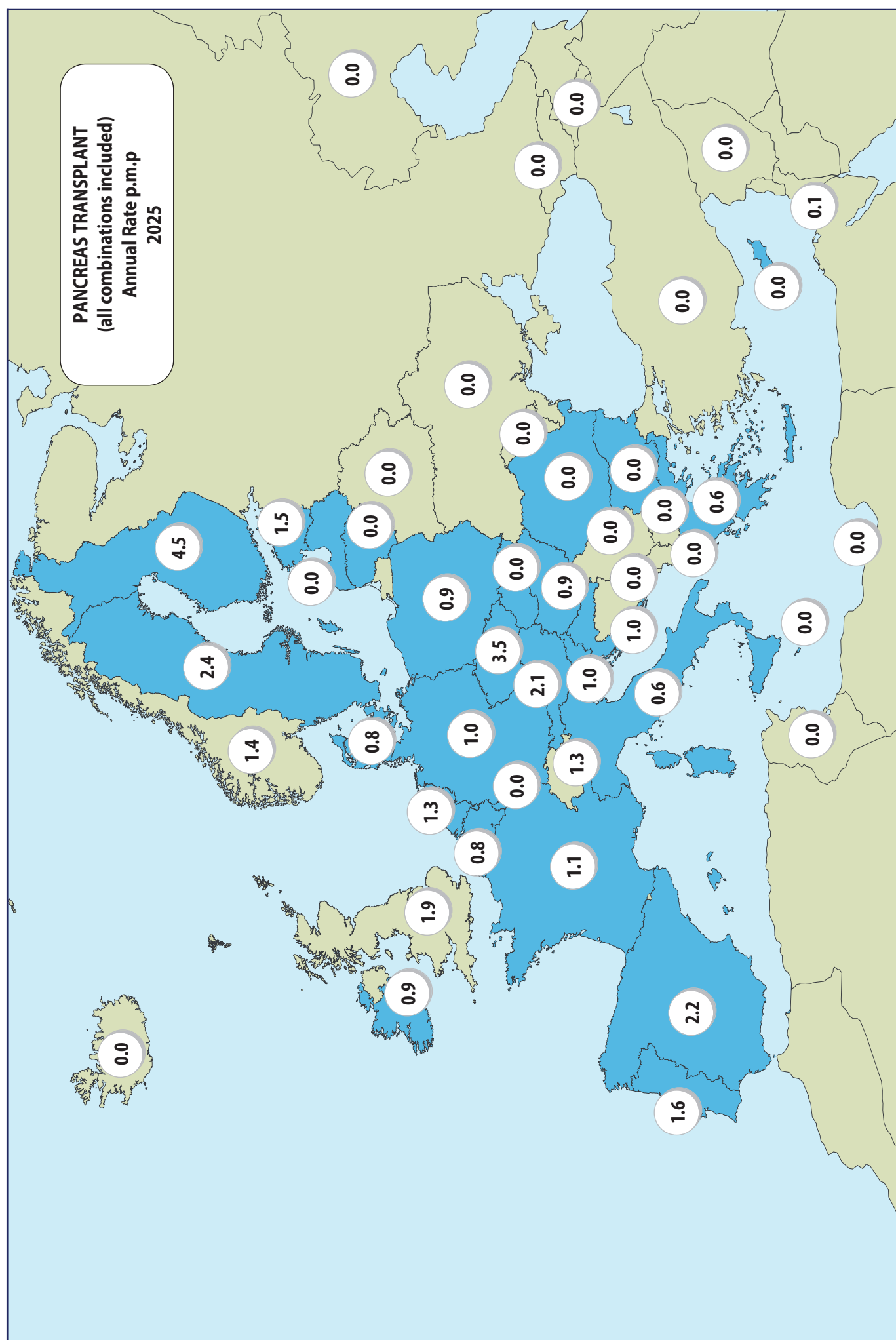
HEART TRANSPLANT
(all combinations included)
Annual Rate p.m.p
2025

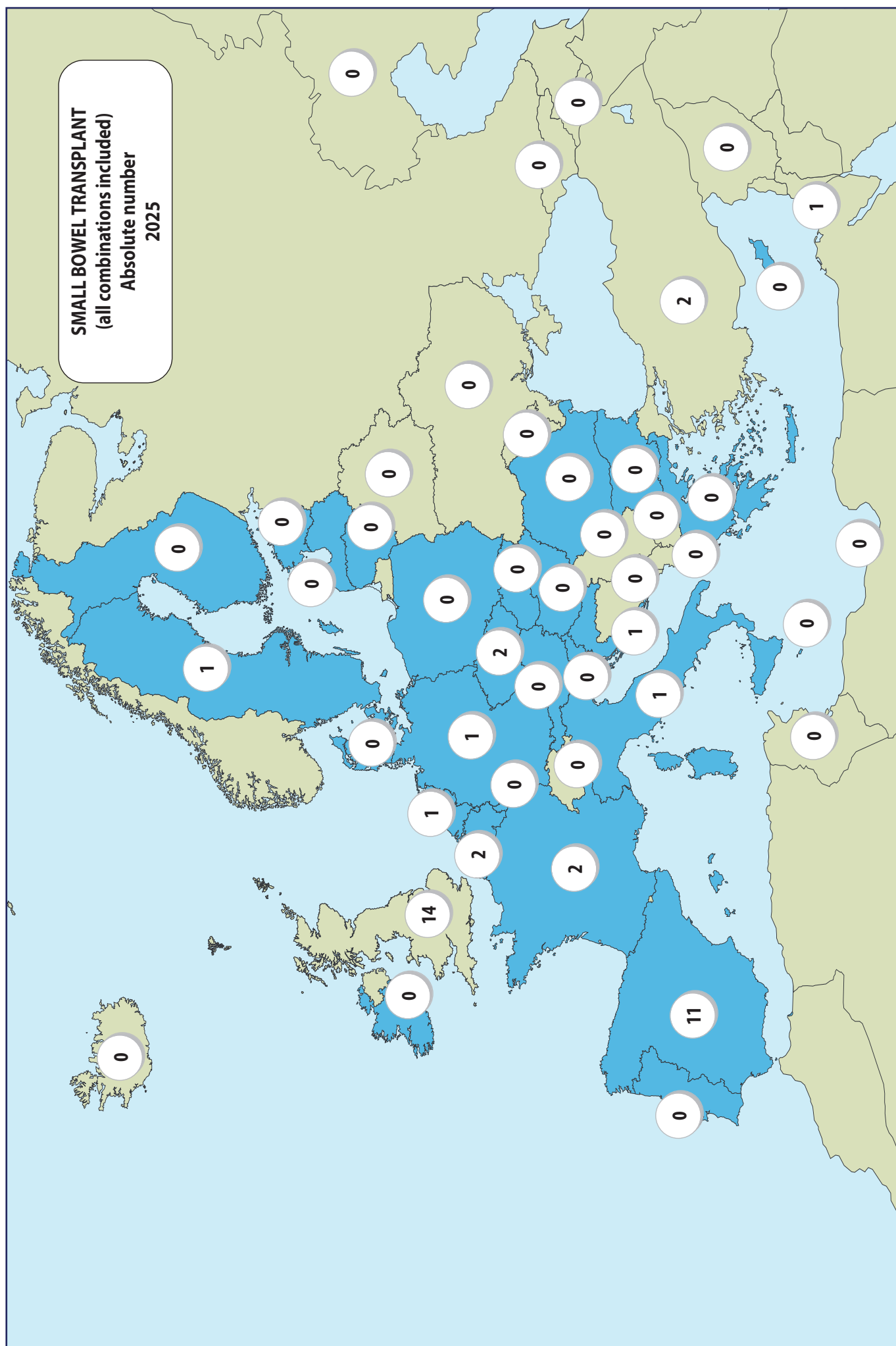


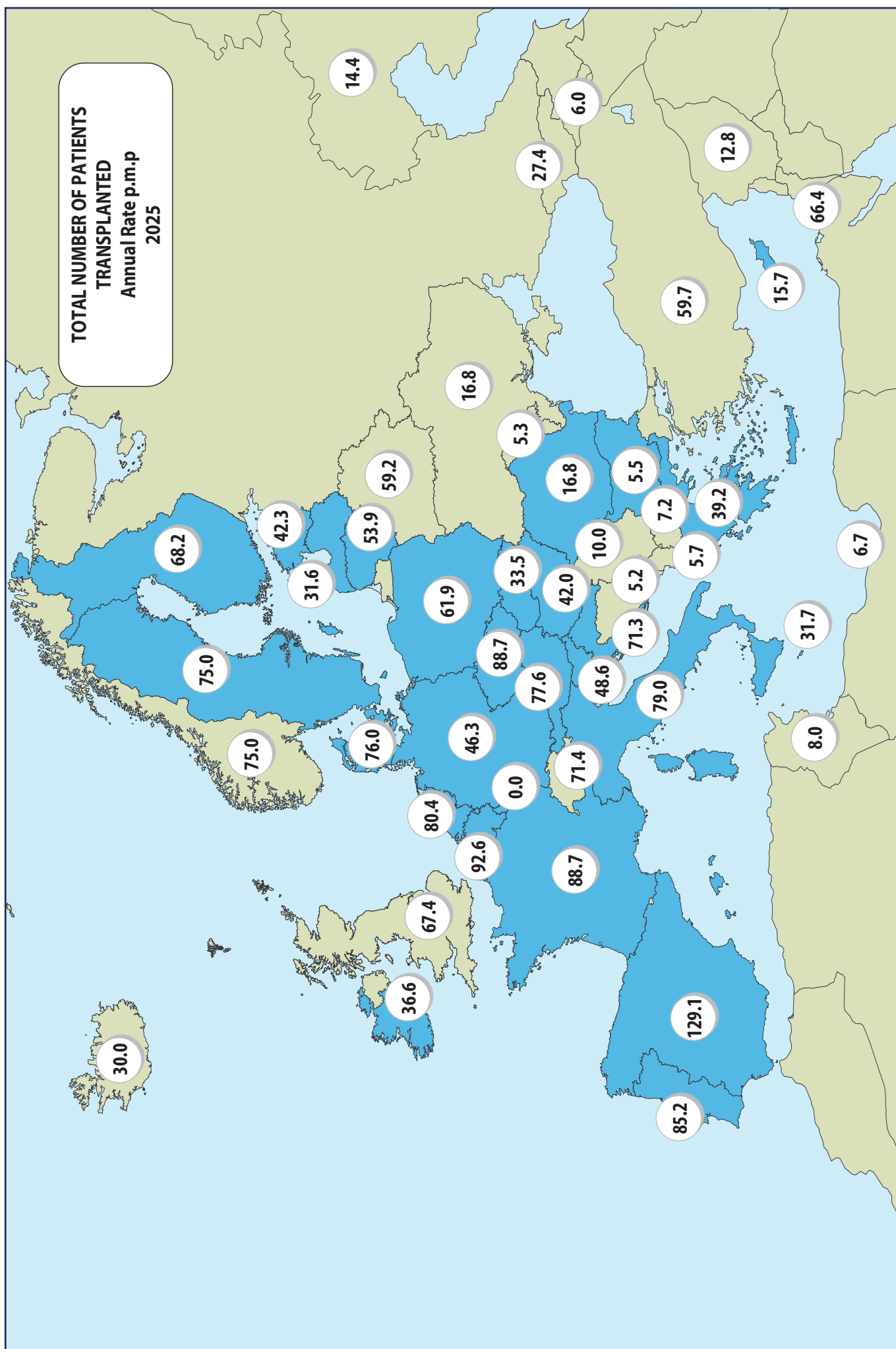
LUNG TRANSPLANT
(all combinations included)
Annual Rate p.m.p
2025



PANCREAS TRANSPLANT
(all combinations included)
Annual Rate p.m.p
2025







EUROPEAN UNION DATA

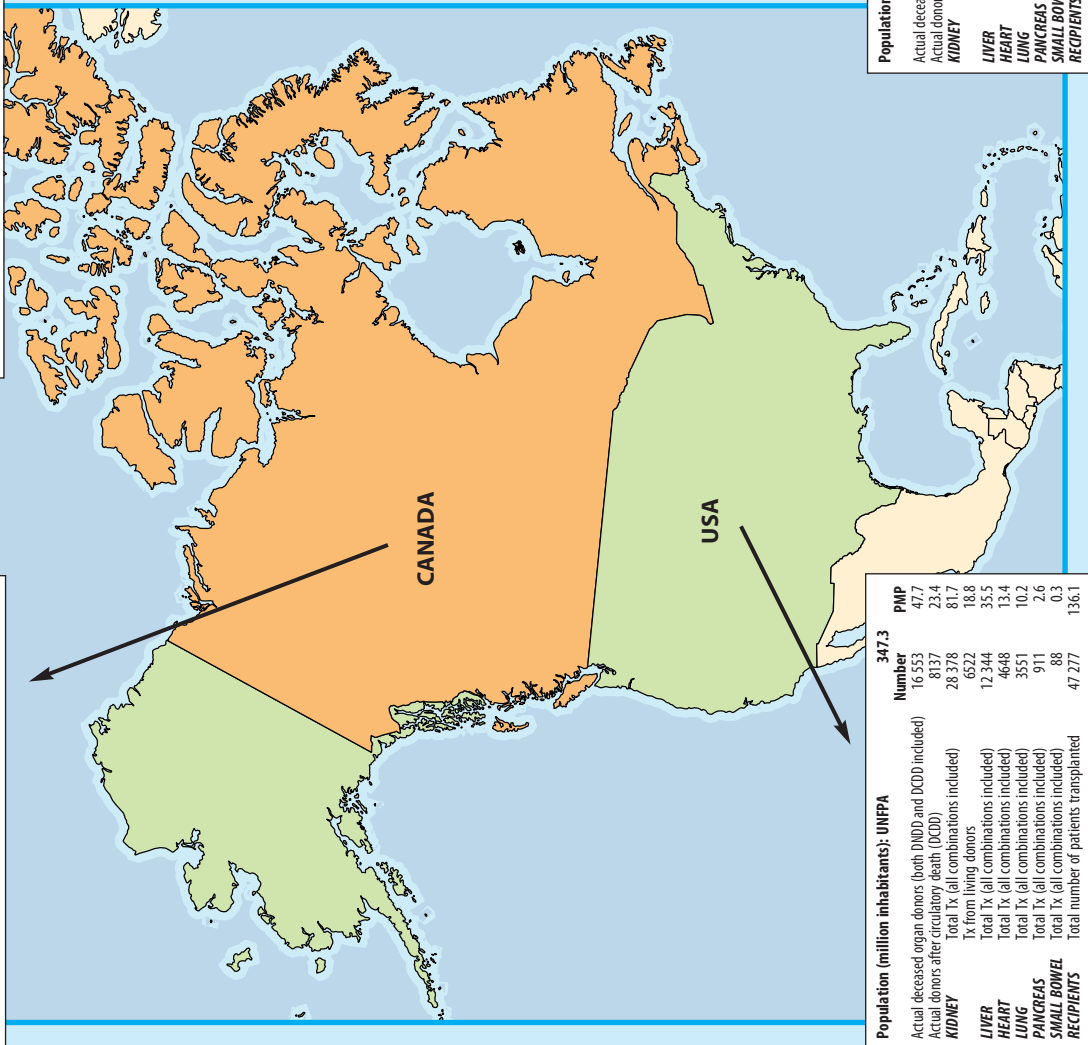


2025 data

N= 27 COUNTRIES (449.2 million inhabitants)

Population (million inhabitants): UNFPA			
	Number	71.6	PMP
Actual deceased organ donors (both DND and DCDD included)	545	7.6	0.1
Actual donors after circulatory death (DCDD)	0	0.0	0.0
KIDNEY	1162	16.2	0
Total Tx (all combinations included)	188	2.6	4.9
Tx from living donors	0	0.0	4.8
LIVER	204	2.8	0.1
Total Tx (all combinations included)	47	0.7	0.0
HEART	5	0.1	0.0
Total Tx (all combinations included)	6	0.1	0.0
LUNG	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
PANCREAS	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
SMALL BOWEL	1402	19.6	0.0
Total Tx (all combinations included)	0	0.0	5.0
RECIPIENTS	3174		
Total number of patients transplanted			

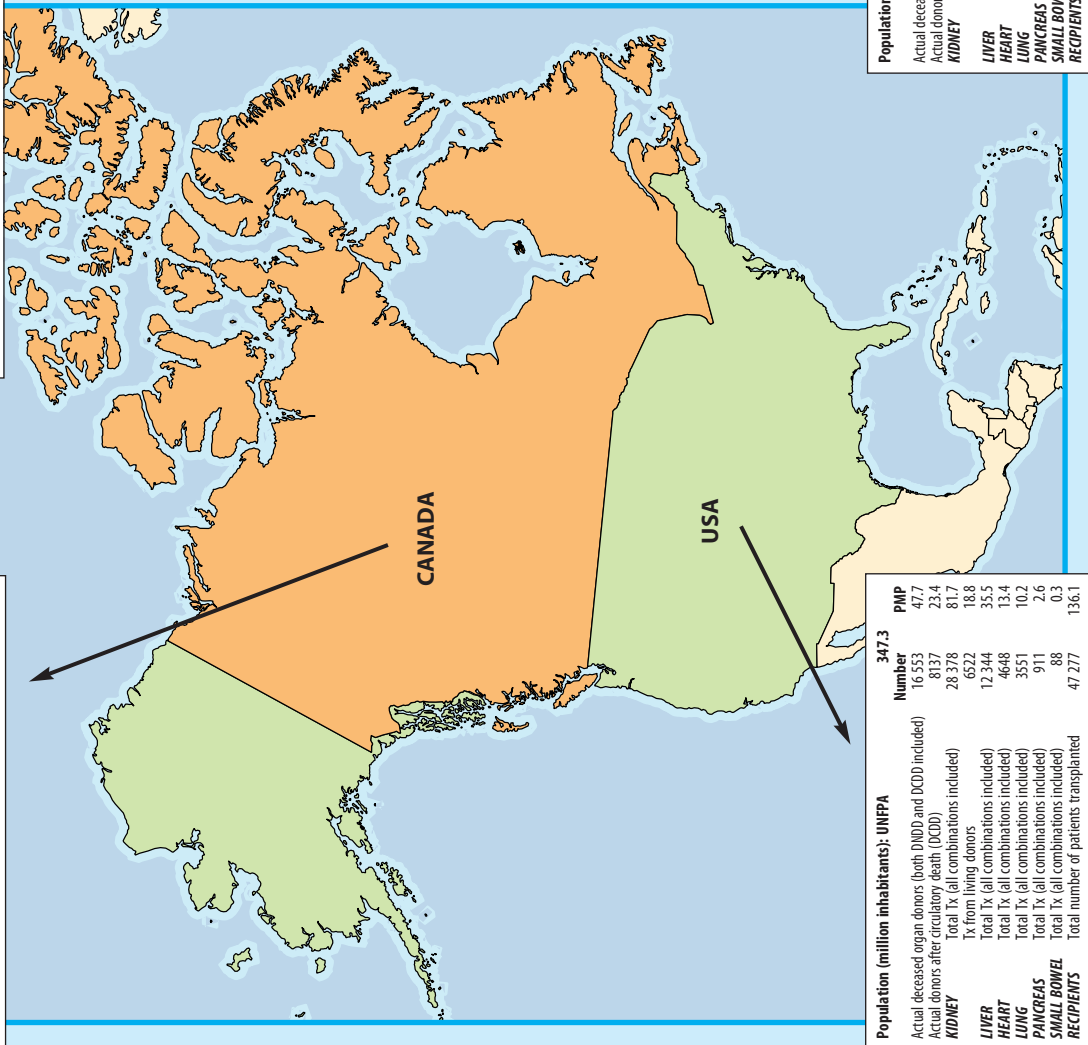
Population (million inhabitants): UNFPA			
	Number	116.8	PMP
Actual deceased organ donors (both DND and DCDD included)	8	0.1	0.1
Actual donors after circulatory death (DCDD)	0	0.0	0.0
KIDNEY	571	4.9	4.9
Total Tx (all combinations included)	555	4.8	4.8
Tx from living donors	9	0.1	0.1
LIVER	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
HEART	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
LUNG	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
PANCREAS	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
SMALL BOWEL	0	0.0	0.0
Total Tx (all combinations included)	580	5.0	5.0
RECIPIENTS			
Total number of patients transplanted			



Population (million inhabitants): UNFPA			
	Number	347.3	PMP
Actual deceased organ donors (both DND and DCDD included)	16 553	47.7	28.4
Actual donors after circulatory death (DCDD)	8137	23.4	8.7
KIDNEY	28 378	18.8	18.8
Total Tx (all combinations included)	6522	12.344	35.5
Tx from living donors	12 344	13.4	10.2
LIVER	4648	35.1	2.6
Total Tx (all combinations included)	3551	10.2	0.3
HEART	911	2.6	0.3
Total Tx (all combinations included)	88	136.1	
LUNG			
Total Tx (all combinations included)			
PANCREAS			
Total Tx (all combinations included)			
SMALL BOWEL			
Total Tx (all combinations included)			
RECIPIENTS	47 277		
Total number of patients transplanted			

Population (million inhabitants): UNFPA			
	Number	27.0	PMP
Actual deceased organ donors (both DND and DCDD included)	557	20.6	11.3
Actual donors after circulatory death (DCDD)	229	8.5	2.8
KIDNEY	1093	40.5	32.3
Total Tx (all combinations included)	228	8.4	14.2
Tx from living donors	308	11.4	9.1
LIVER	124	4.6	13
Total Tx (all combinations included)	160	5.9	4.5
HEART	46	1.7	1.1
Total Tx (all combinations included)	3	0.1	0.0
LUNG			
Total Tx (all combinations included)			
PANCREAS			
Total Tx (all combinations included)			
SMALL BOWEL			
Total Tx (all combinations included)			
RECIPIENTS	1670	61.9	46.8
Total number of patients transplanted			

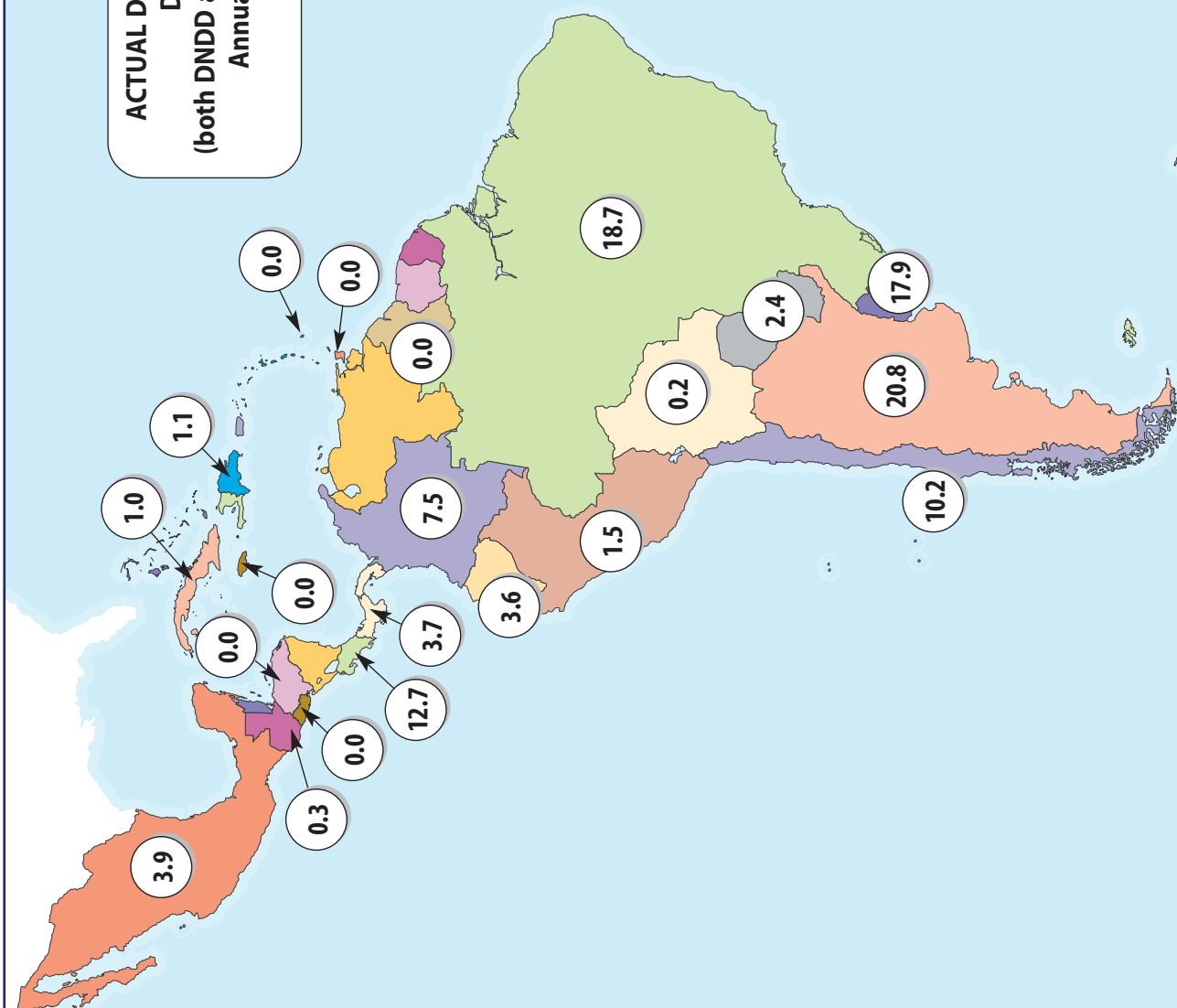
Population (million inhabitants): UNFPA			
	Number	5.3	PMP
Actual deceased organ donors (both DND and DCDD included)	60	11.3	11.3
Actual donors after circulatory death (DCDD)	15	2.8	2.8
KIDNEY	171	32.3	171
Total Tx (all combinations included)	75	14.2	14.2
Tx from living donors	48	9.1	9.1
LIVER	13	2.5	13
Total Tx (all combinations included)	24	4.5	4.5
HEART	6	1.1	1.1
Total Tx (all combinations included)	0	0.0	0.0
LUNG			
Total Tx (all combinations included)			
PANCREAS			
Total Tx (all combinations included)			
SMALL BOWEL			
Total Tx (all combinations included)			
RECIPIENTS	248		
Total number of patients transplanted			



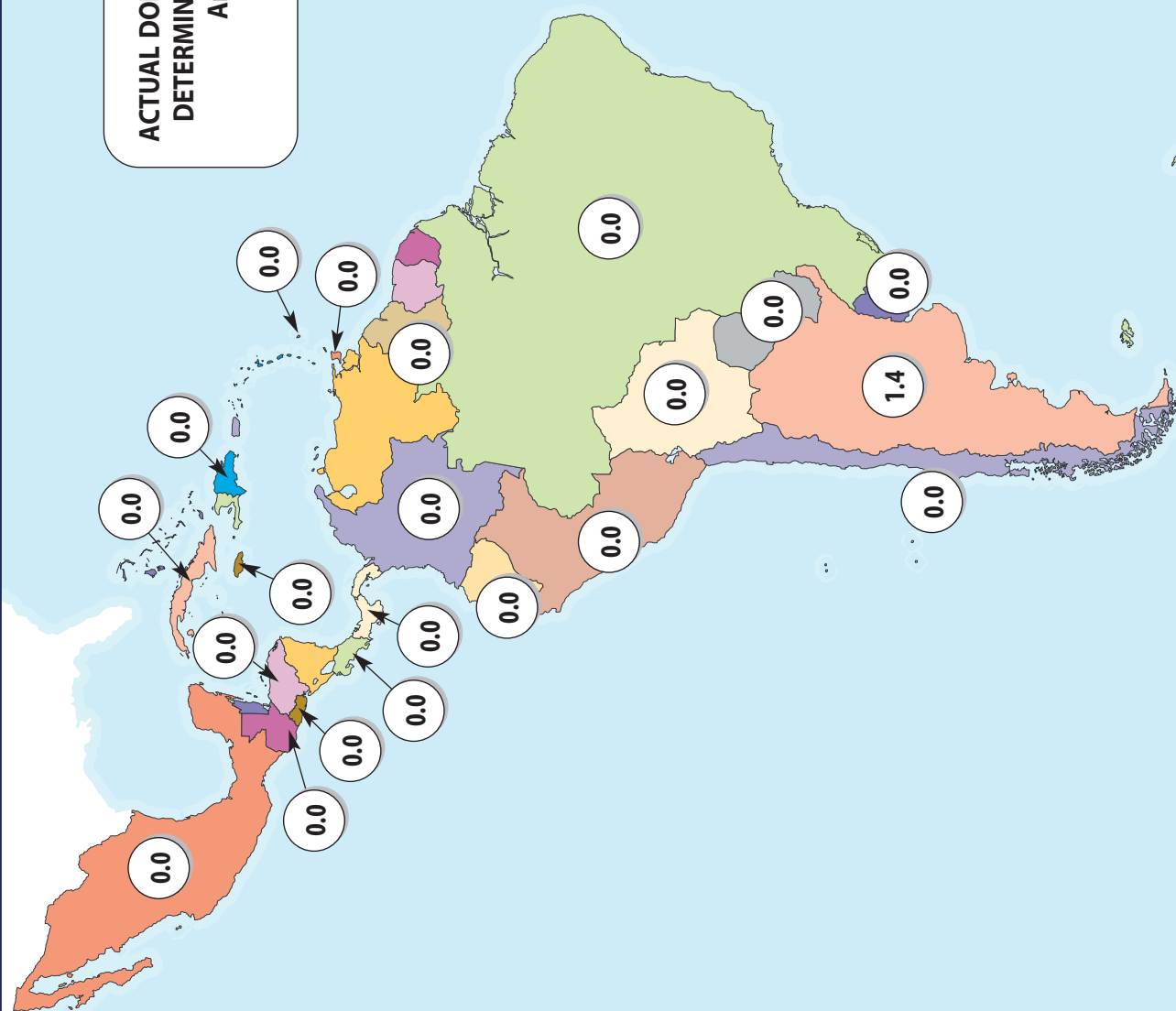
Population (million inhabitants): UNFPA			
	Number	36.0	PMP
Actual deceased organ donors (both DND and DCDD included)	48	1.3	1.3
Actual donors after circulatory death (DCDD)	0	0.0	0.0
KIDNEY	228	6.3	6.3
Total Tx (all combinations included)	14	0.4	0.4
Tx from living donors	1	0.0	0.0
LIVER	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
HEART	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
LUNG	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
PANCREAS	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
SMALL BOWEL	243	6.8	6.8
Total Tx (all combinations included)			
RECIPIENTS			
Total number of patients transplanted			

Population (million inhabitants): UNFPA			
	Number	116.8	PMP
Actual deceased organ donors (both DND and DCDD included)	8	0.1	0.1
Actual donors after circulatory death (DCDD)	0	0.0	0.0
KIDNEY	571	4.9	4.9
Total Tx (all combinations included)	555	4.8	4.8
Tx from living donors	9	0.1	0.1
LIVER	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
HEART	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
LUNG	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
PANCREAS	0	0.0	0.0
Total Tx (all combinations included)	0	0.0	0.0
SMALL BOWEL	0	0.0	0.0
Total Tx (all combinations included)	580	5.0	5.0
RECIPIENTS			
Total number of patients transplanted			

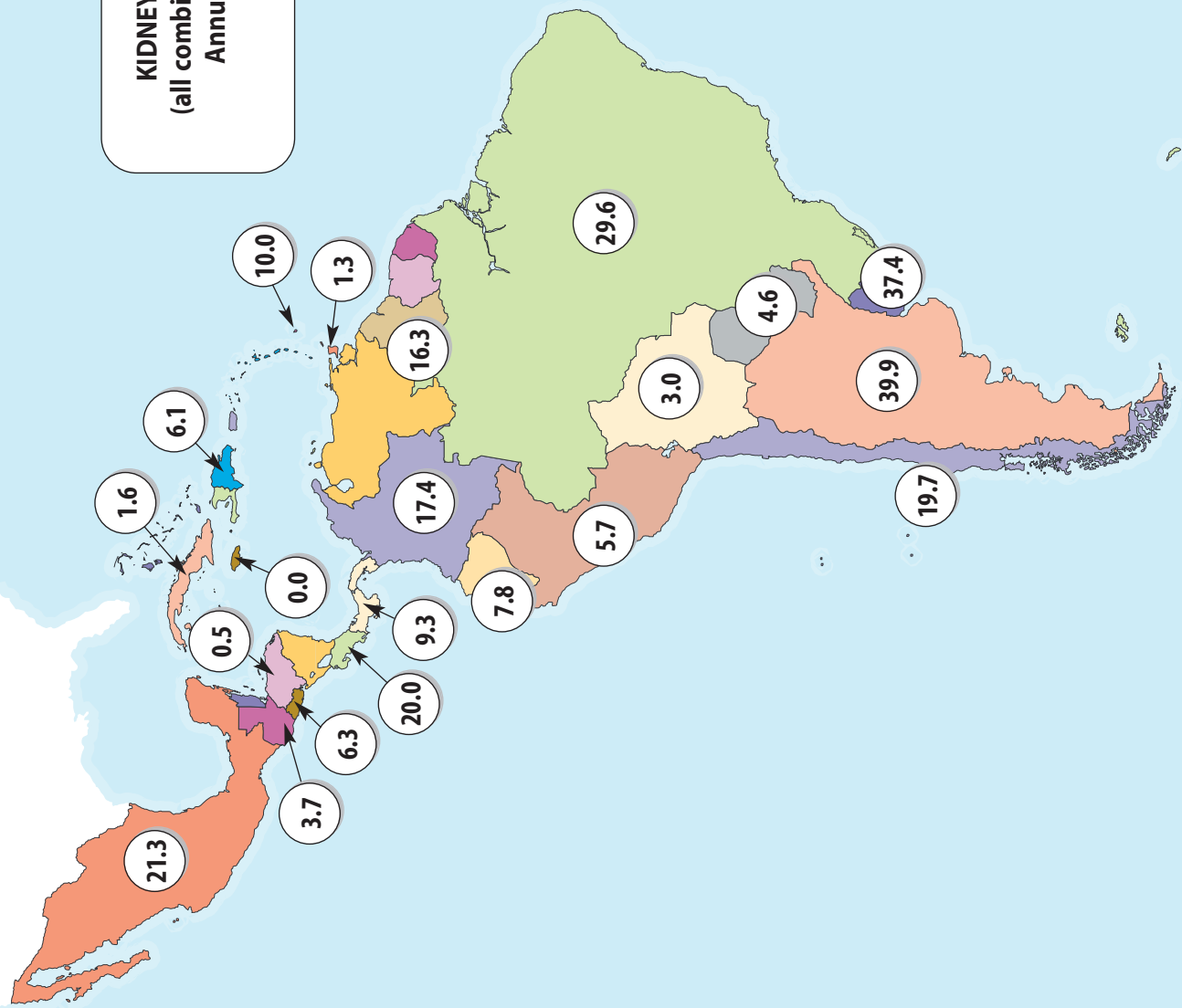
**ACTUAL DECEASED ORGAN
DONORS**
(both DNDD and DCDD included)
Annual Rate p.m.p
2025



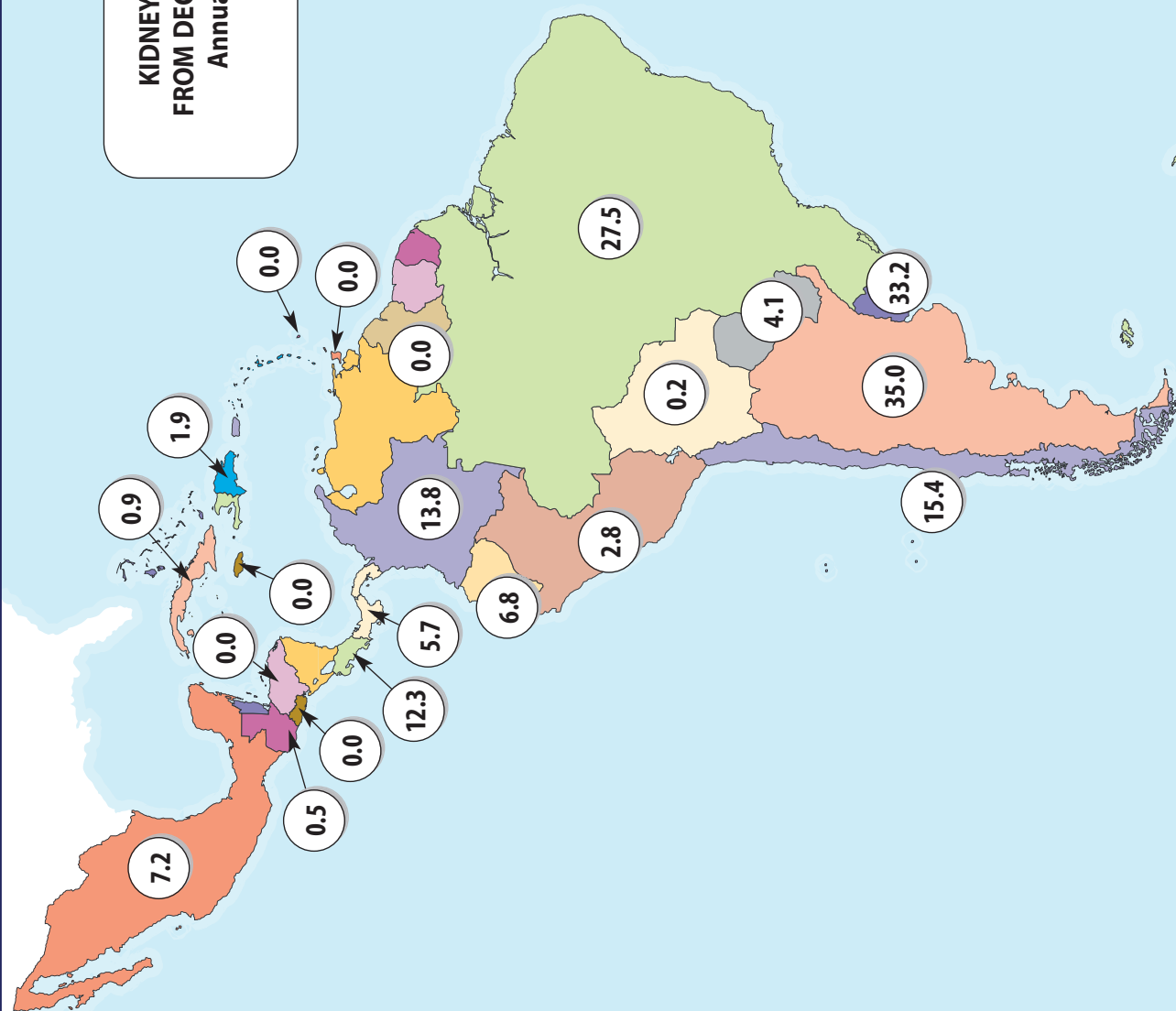
**ACTUAL DONORS AFTER CIRCULATORY
DETERMINATION OF DEATH (DCDD)
Annual Rate p.m.p
2025**



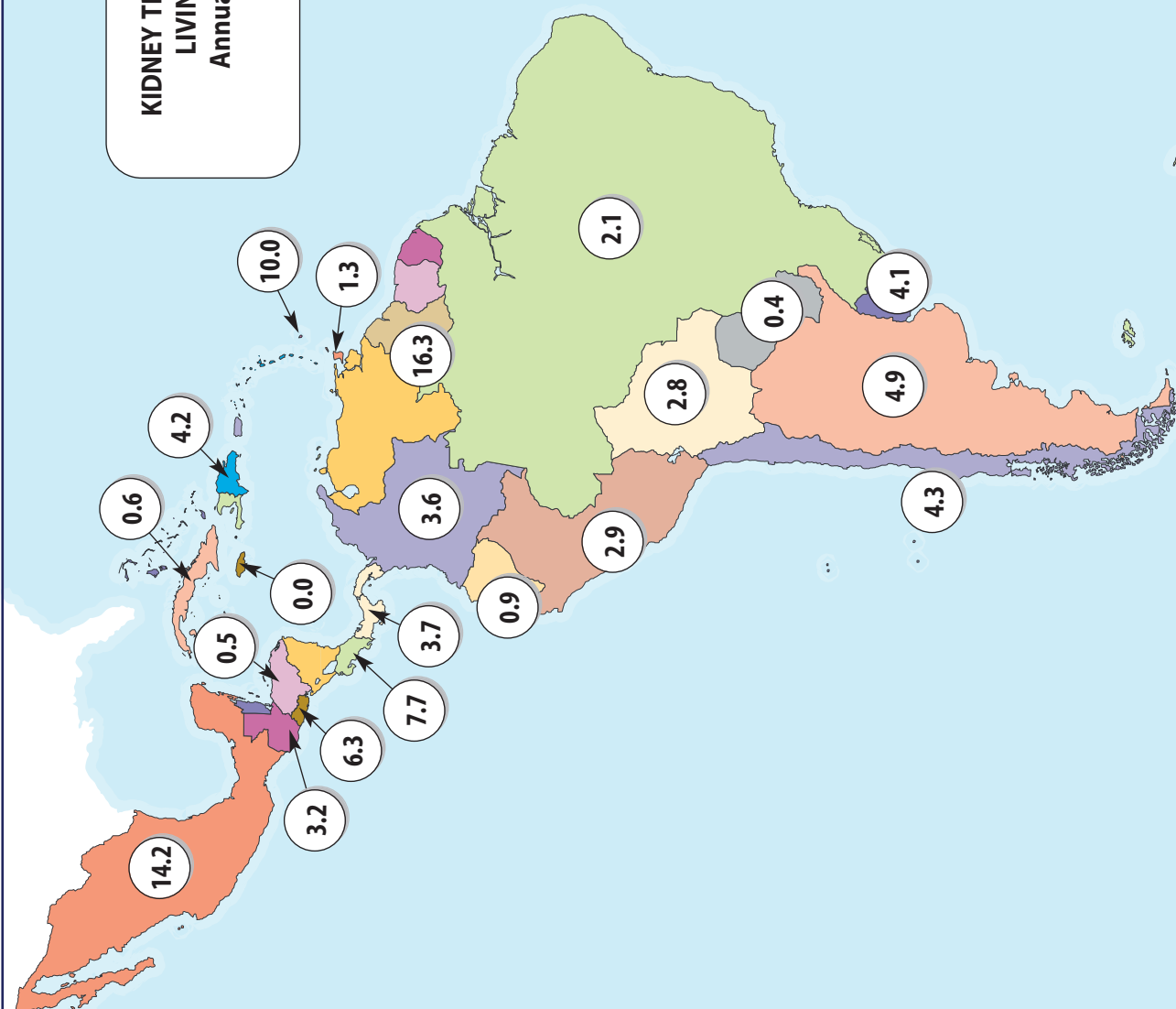
KIDNEY TRANSPLANT
(all combinations included)
Annual Rate p.m.p
2025



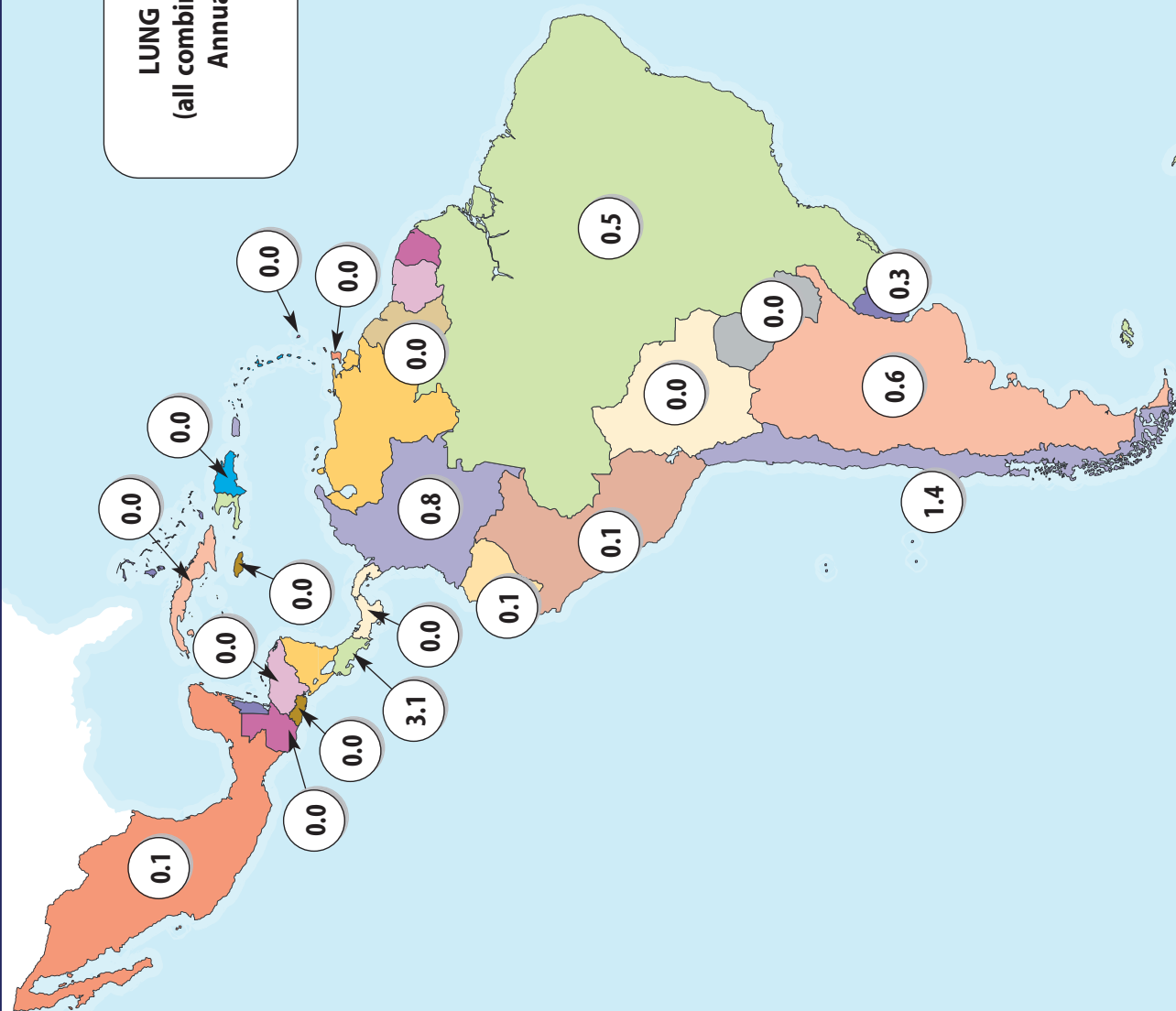
**KIDNEY TRANSPLANT
FROM DECEASED DONORS
Annual Rate p.m.p
2025**



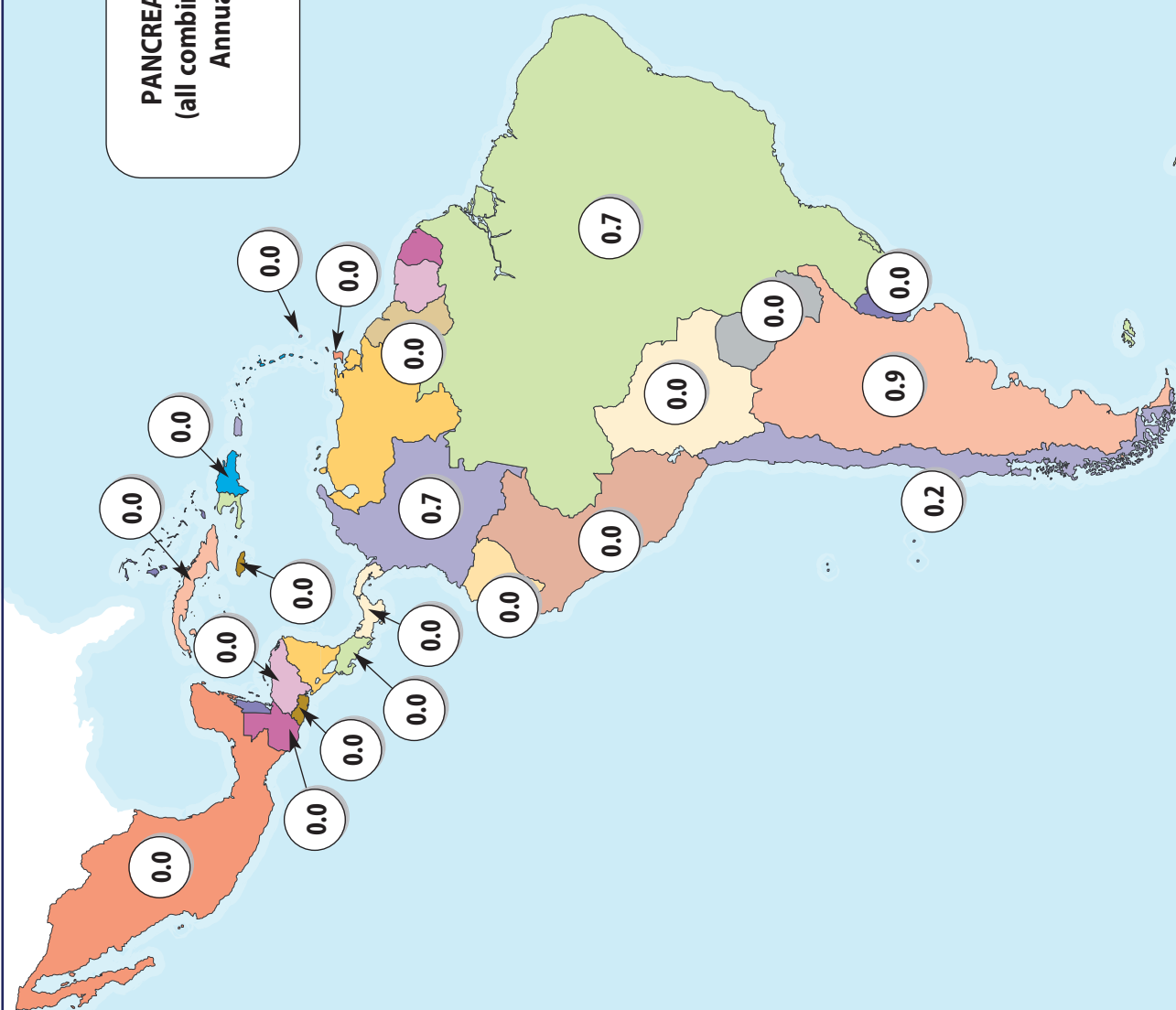
**KIDNEY TRASPLANT FROM
LIVING DONORS
Annual Rate p.m.p
2025**



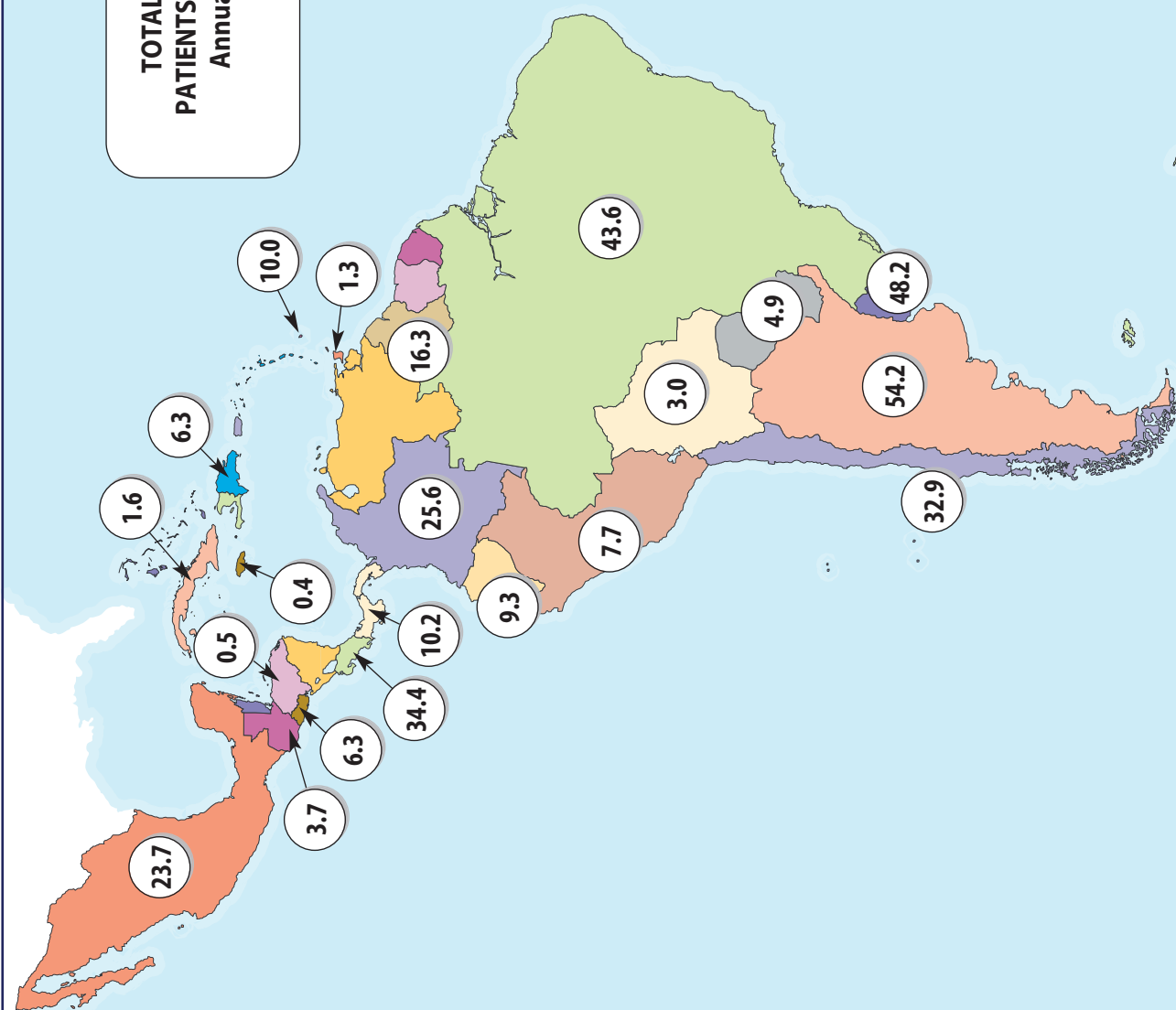
LUNG TRANSPLANT
(all combinations included)
Annual Rate p.m.p
2025



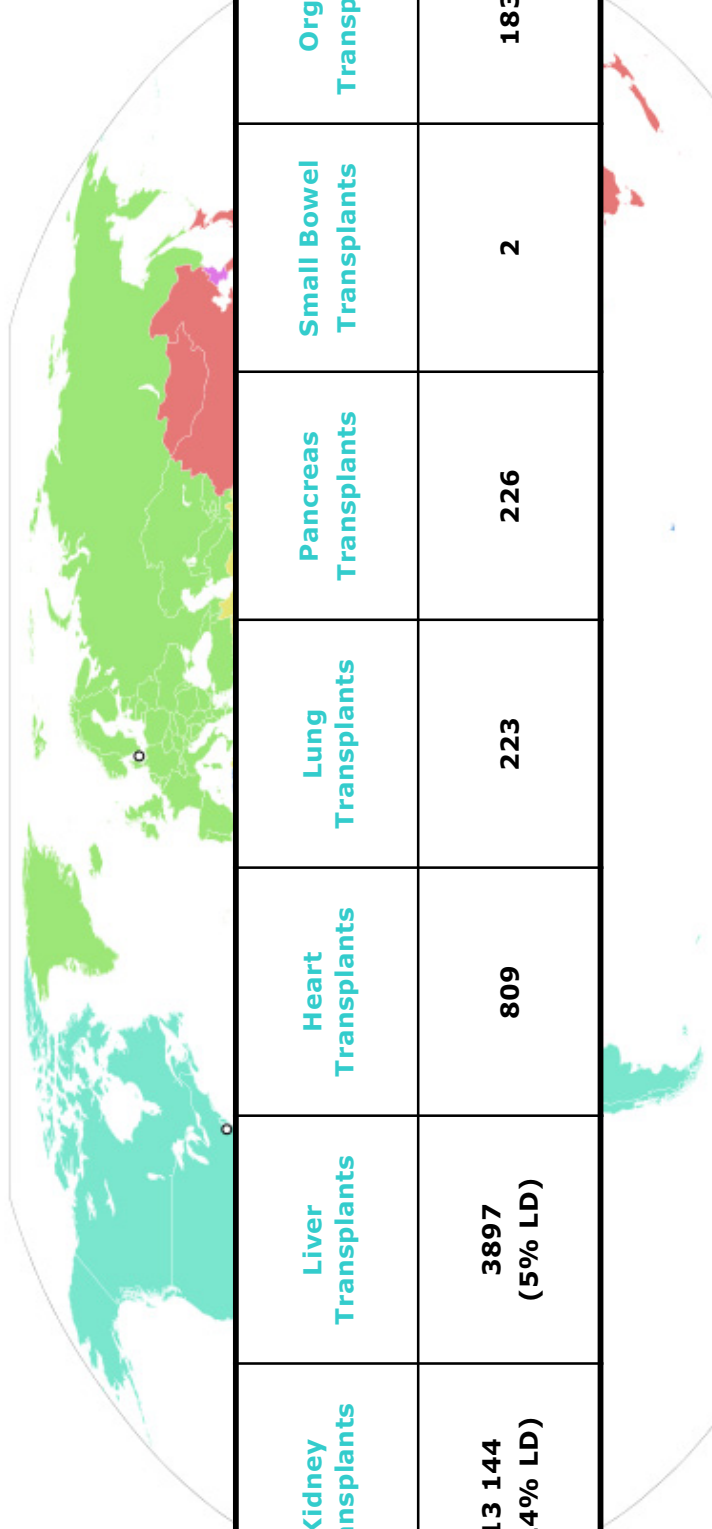
PANCREAS TRANSPLANT
 (all combinations included)
 Annual Rate p.m.p
 2025



**TOTAL NUMBER OF
PATIENTS TRANSPLANTED
Annual Rate p.m.p
2025**



LATIN AMERICAN COUNTRIES



Kidney Transplants	Liver Transplants	Heart Transplants	Lung Transplants	Pancreas Transplants	Small Bowel Transplants	Organs Transplanted
13 144 (24% LD)	3897 (5% LD)	809	223	226	2	18301

6366 ACTUAL DECEASED ORGAN DONORS
(6299 DNDD and 67 DCDD included)

2025 data
N= 17 COUNTRIES (608.2 million inhabitants)

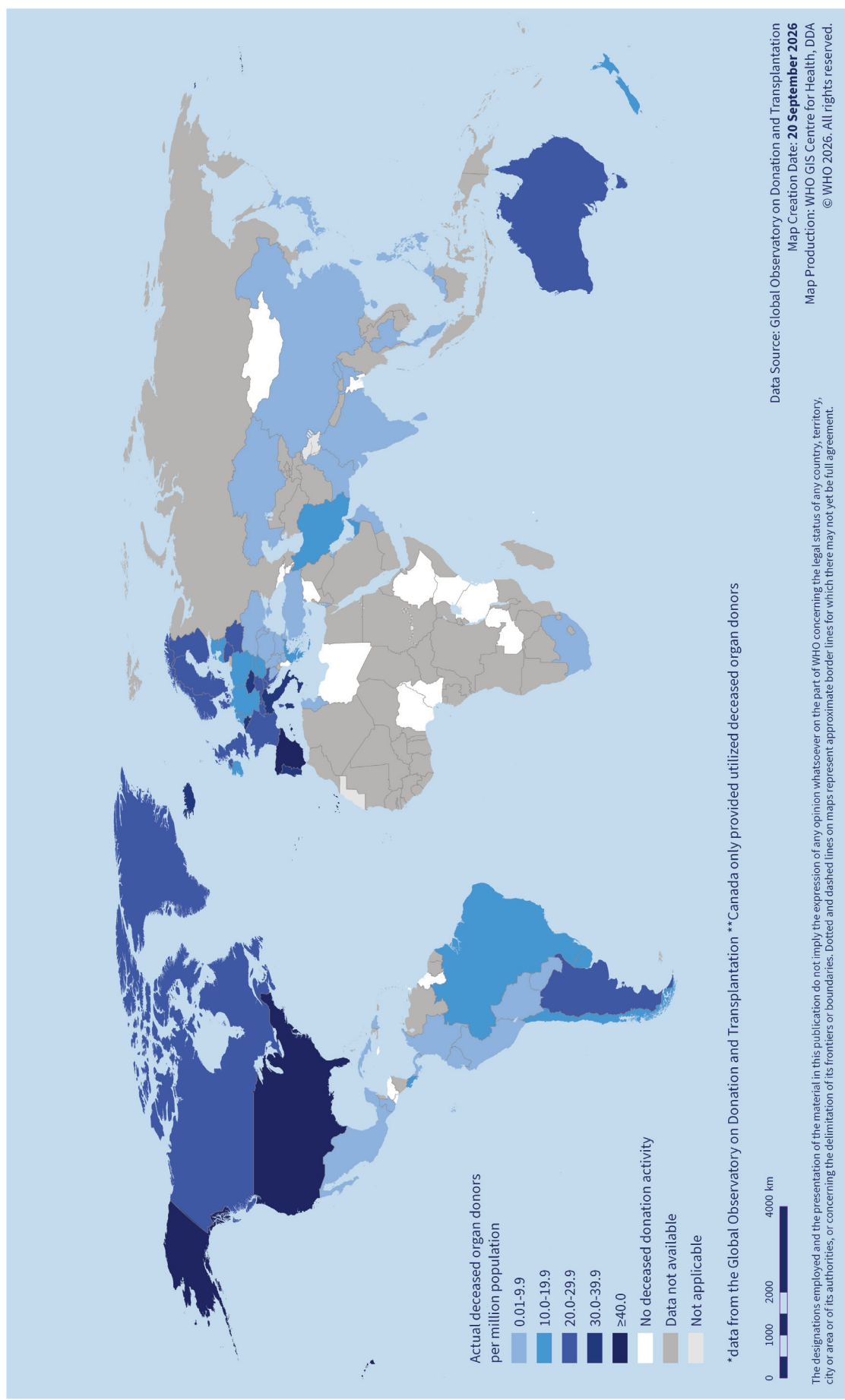
GLOBAL ACTIVITY IN ORGAN TRANSPLANTATION 2025 ESTIMATES



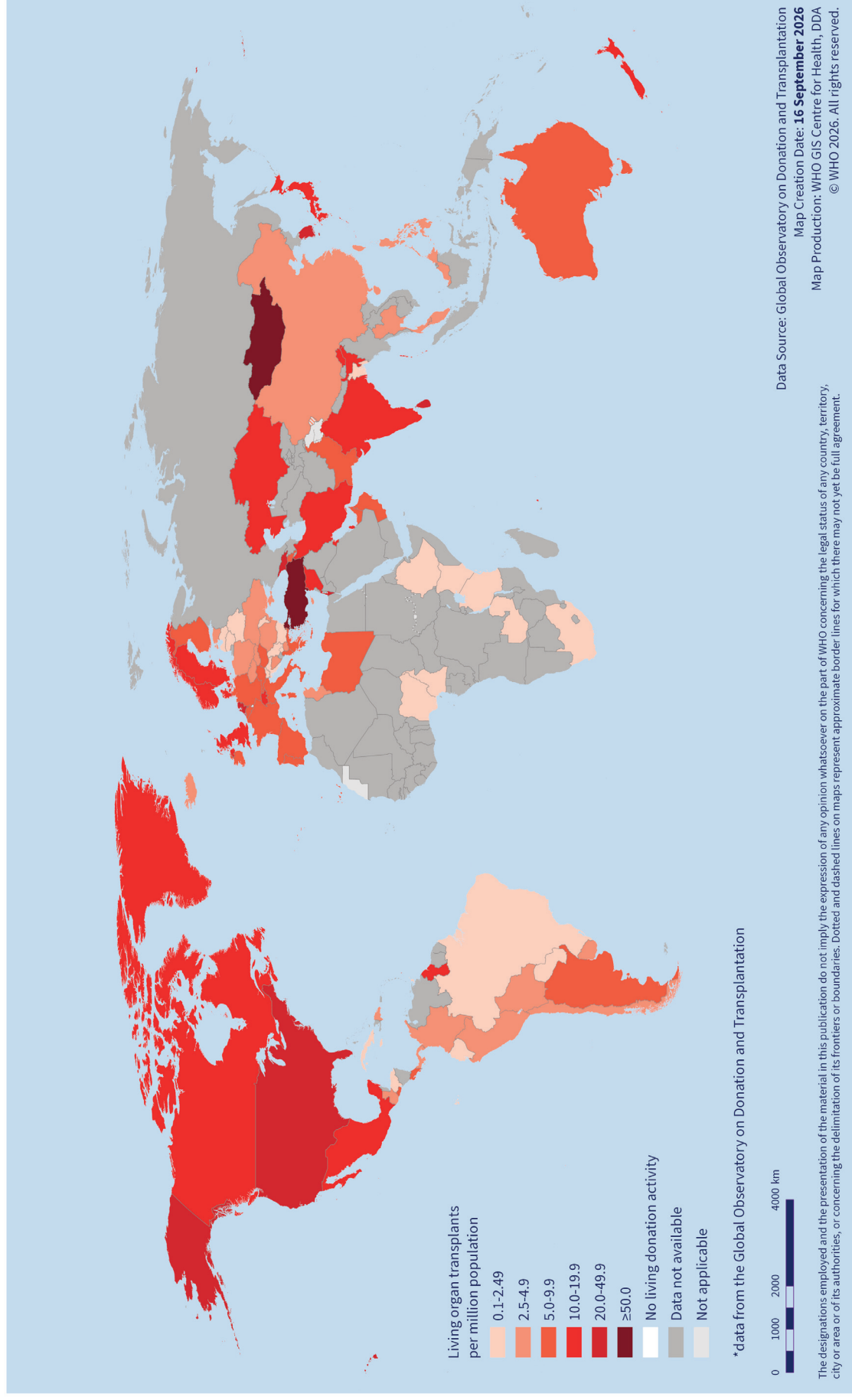
49 169 DD (34 304 DNDD and 14 865 DCDD)

Information from 96 Member States on organ transplantation activities (77% of the global population)

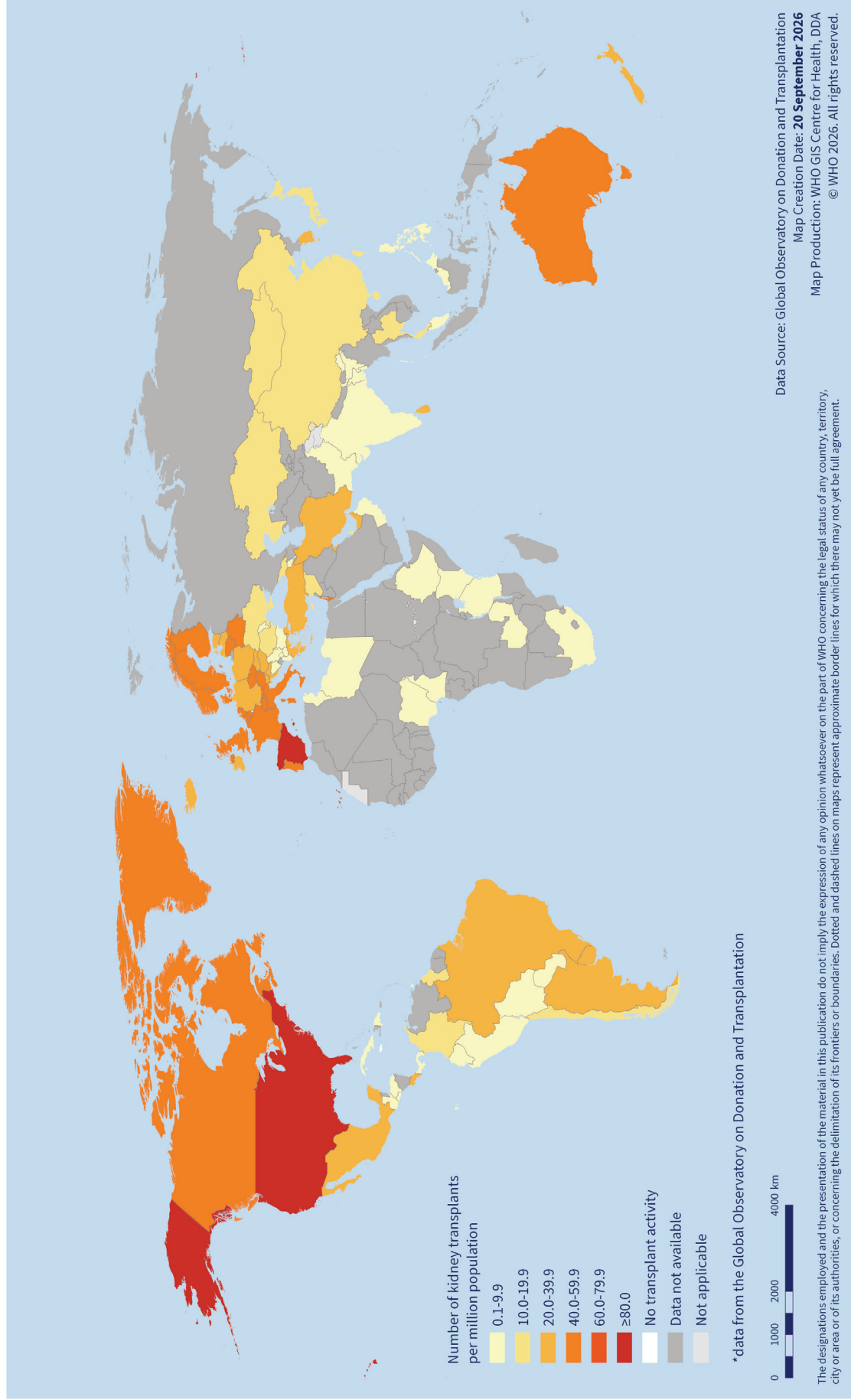
Actual donors from deceased persons, 2025*



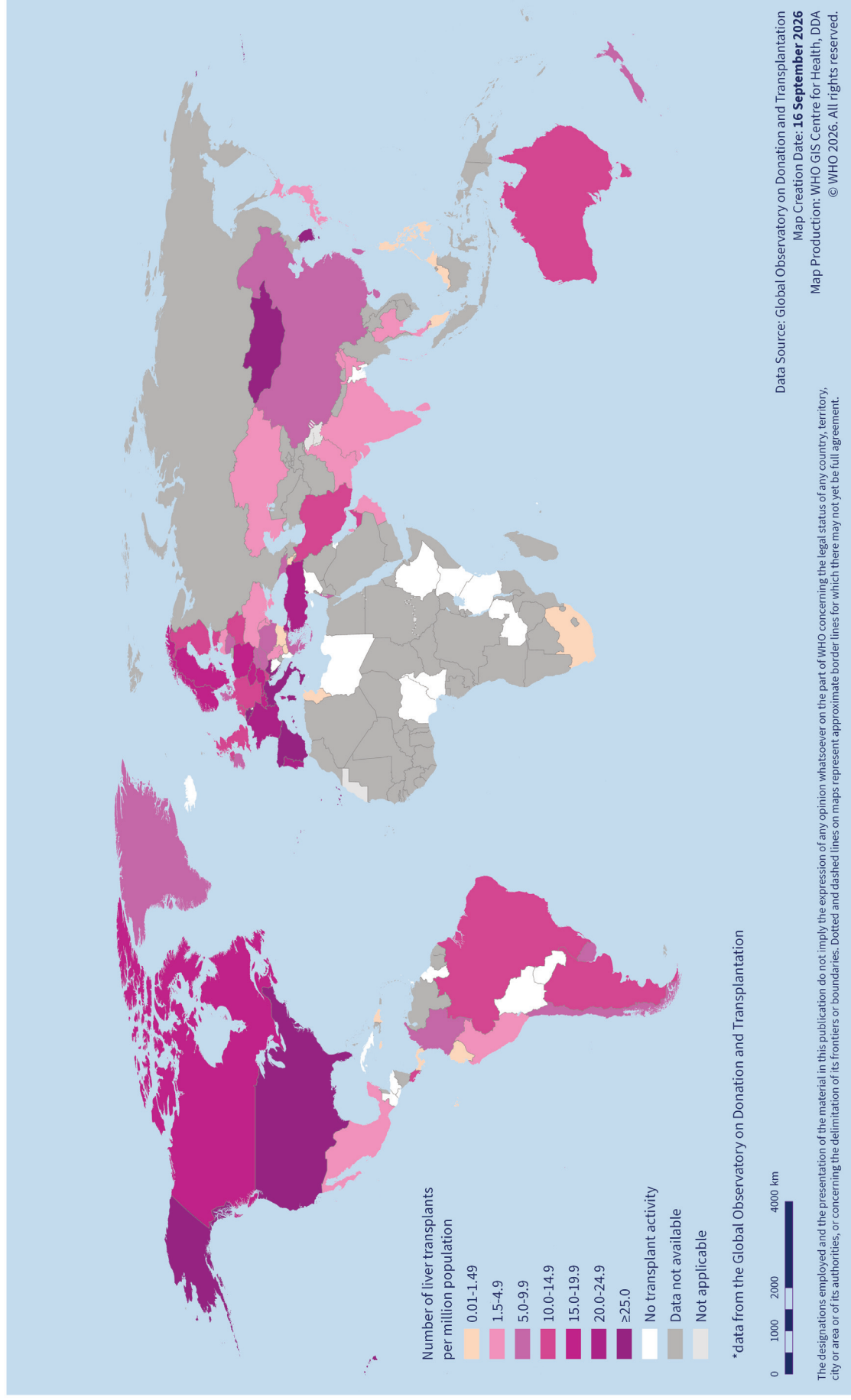
Organ transplantation from living donors, 2025*



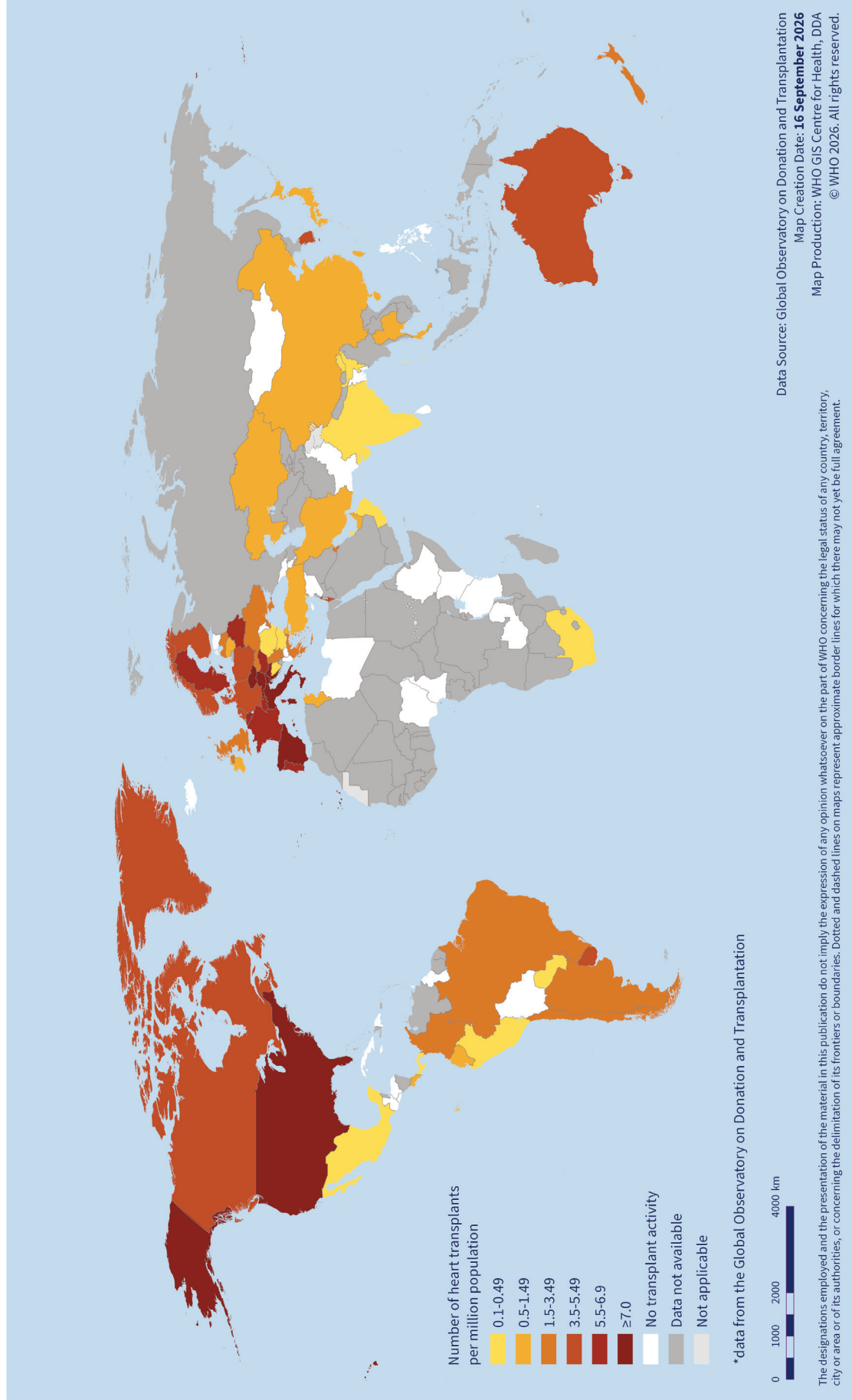
Kidney transplantation activities, 2025*



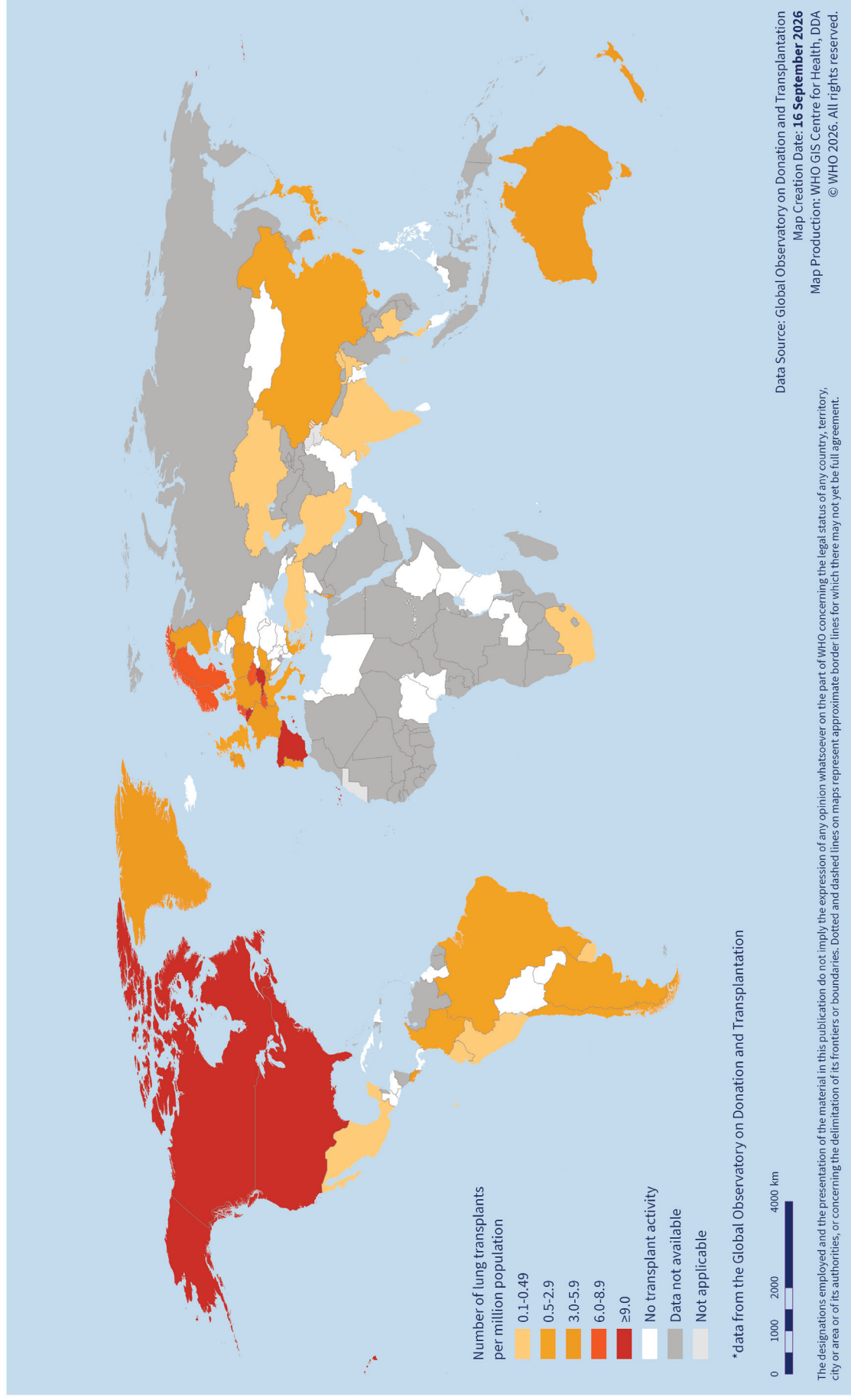
Liver transplantation activities, 2025*



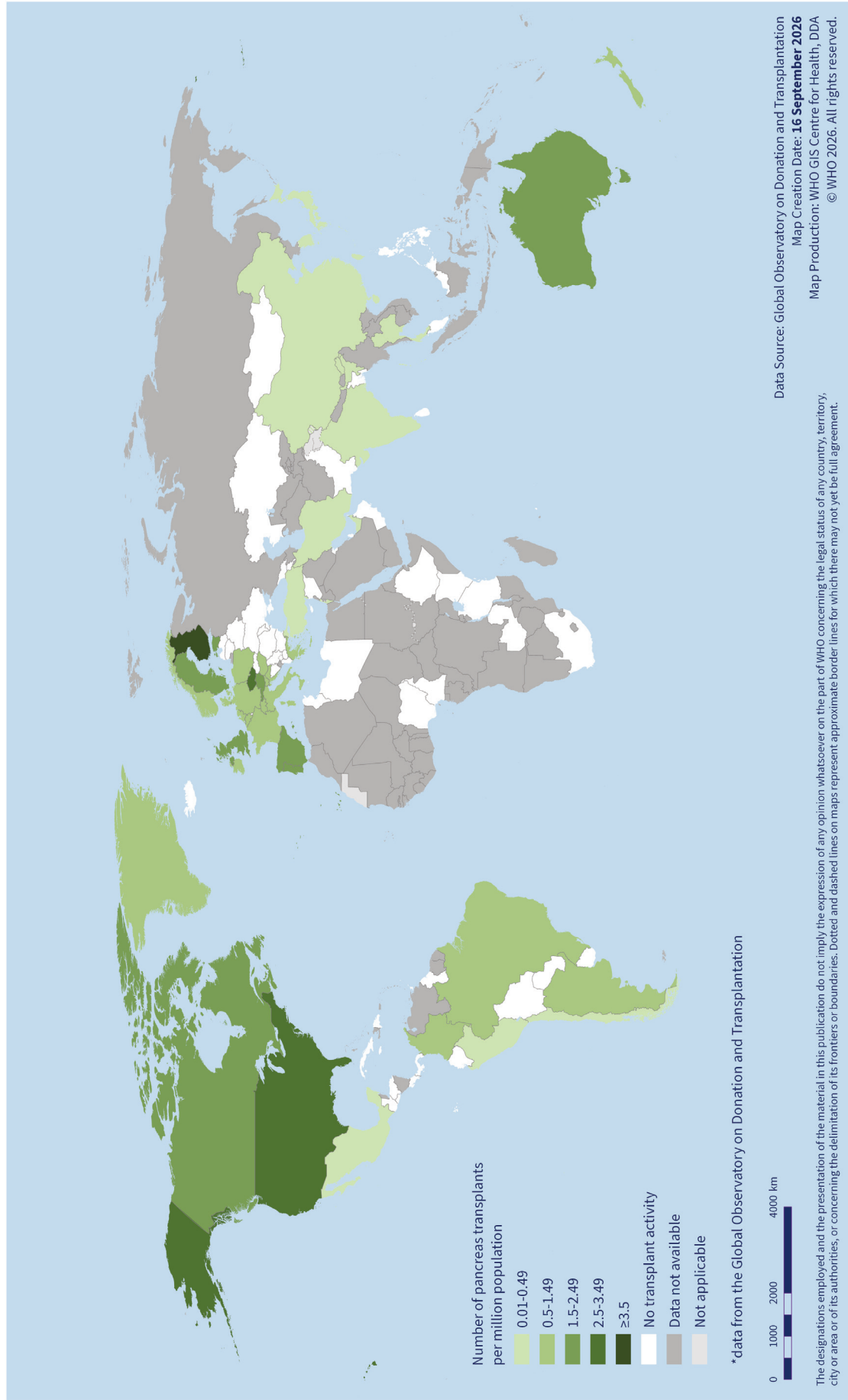
Heart transplantation activities, 2025*



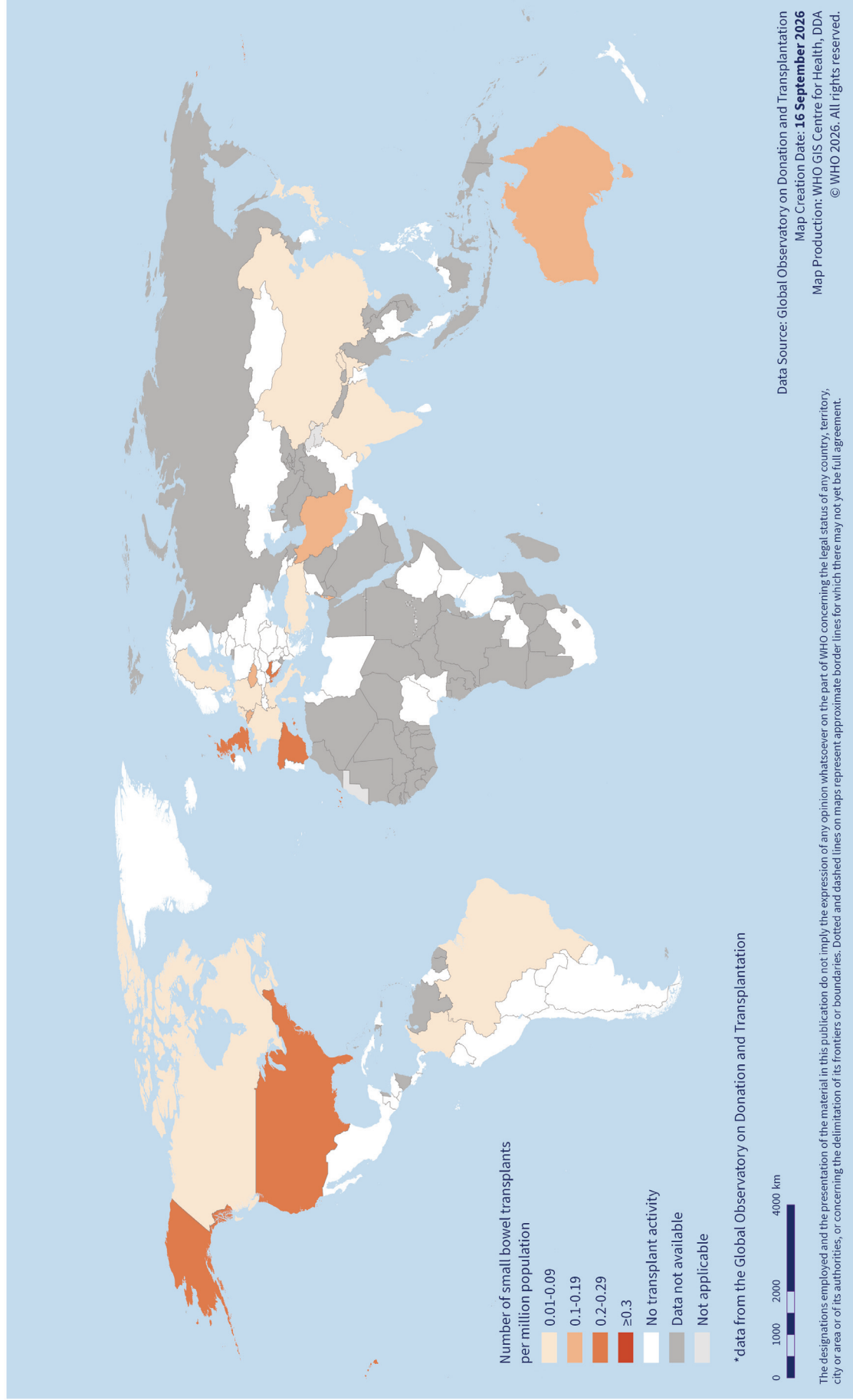
Lung transplantation activities, 2025*



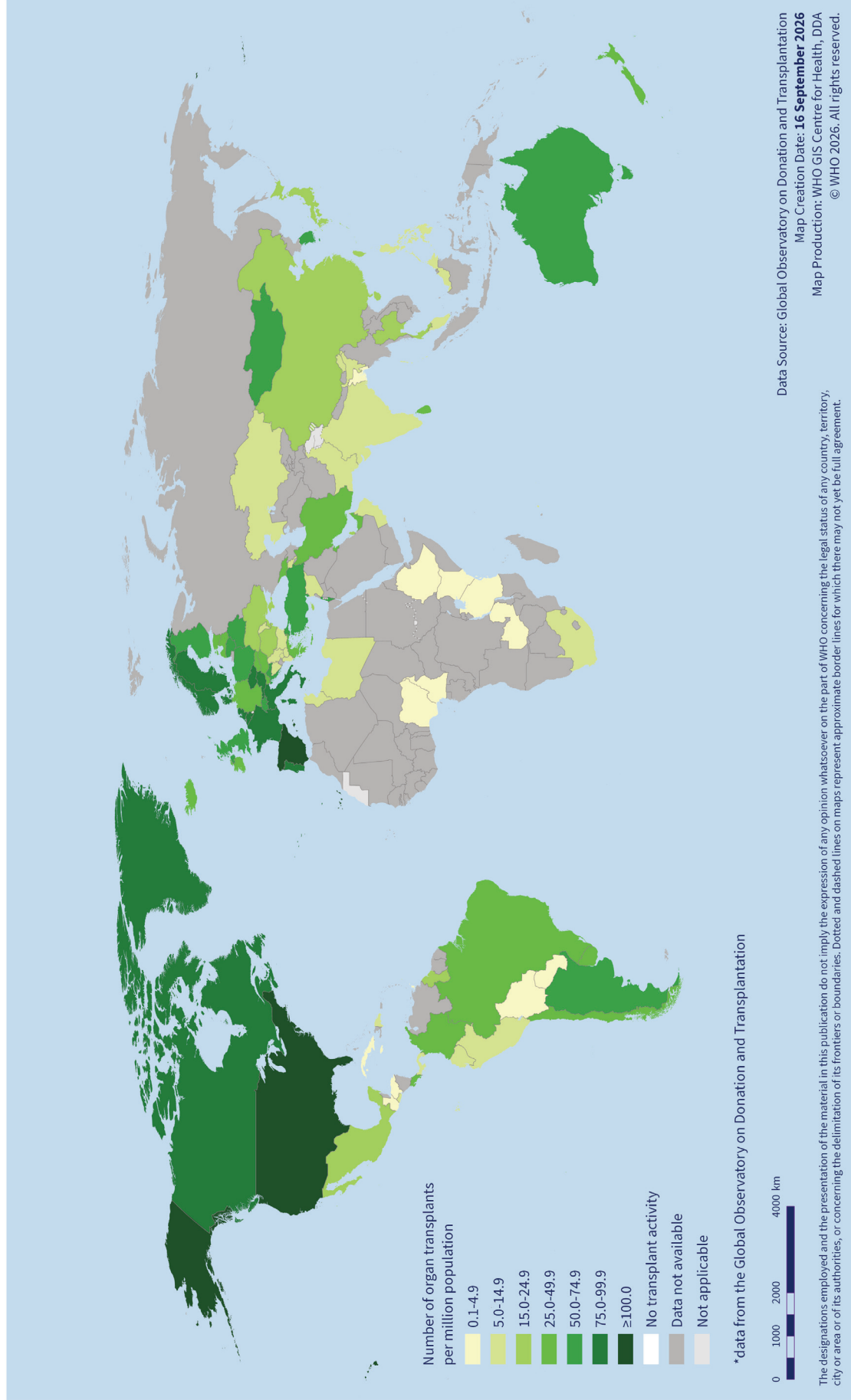
Pancreas transplantation activities, 2025*



Small bowel transplantation activities, 2025*



Global solid organ transplantation activities, 2025*



International Data on Organ Donation and Transplantation Activity and Waiting Lists. Year 2025



DONATION ACTIVITY

EUROPEAN UNION COUNTRIES

COUNTRIES	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czechia	Denmark	Estonia	Finland
Population (million inhabitants): UNFPA	9.1	11.8	6.7	3.9	1.4	10.6	6.0	1.3	5.6
DONATION									
Actual deceased organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Actual deceased organ donors (both DNDD and DCDD included)	223	24.5	435	36.9	13	1.9	146	24.3	135
Actual deceased donors (men)	132	14.5	238	20.2	6	0.9	82	13.7	67
Actual deceased donors (> 60 years)	100	11.0	231	19.6	5	0.7	91	15.2	80
Actual donors after the circulatory determination of death (DCDD)	47	5.2	228	19.3	0	0.0	47	7.8	26
II/ Witnessed cardiac arrest (uncontrolled)	0	0.0	0	0.0	0	0.0	0	0.0	0
III/ Withdrawal of life-sustaining therapy (controlled)	47	5.2	213	18.1	60	5.7	47	7.8	26
IV/ Cardiac arrest while brain dead	0	0.0	1	0.1	0	0.0	0	0.0	0
V/ Medical assistance in dying	0	0.0	14	1.2	0	0.0	0	0.0	0
Utilised deceased organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Utilised deceased organ donors (both DNDD and DCDD included)	204	22.4	422	35.8	13	1.9	142	23.7	131
Utilised deceased donors (men)	122	13.4	229	19.4	6	0.9	79	13.2	64
Utilised deceased donors (> 60 years)	84	9.2	218	18.5	5	0.7	87	14.5	77
Utilised donors after the circulatory determination of death (DCDD)	43	4.7	217	18.4	0	0.0	45	7.5	25
II/ Witnessed cardiac arrest (uncontrolled)	0	0.0	0	0.0	0	0.0	0	0.0	0
III/ Withdrawal of life-sustaining therapy (controlled)	43	4.7	202	17.1	52	4.9	45	7.5	25
IV/ Cardiac arrest while brain dead	0	0.0	1	0.1	0	0.0	0	0.0	0
V/ Medical assistance in dying	0	0.0	14	1.2	0	0.0	0	0.0	0
Living organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total living kidney donors	61	6.7	80	6.8	4	0.6	81	13.5	28
Living Kidney donors (men)	24	2.6	27	2.3	1	0.1	39	6.5	9
Total living liver donors	6	0.7	31	2.6	0	0.0	0	0.0	0
Living liver donors (men)	4	0.4	17	1.4	0	0.0	6	0.6	0
Total domino liver donors	0	0.0	0	0.0	0	0.0	0	0.0	0
Domino liver donors (men)	0	0.0	0	0.0	0	0.0	0	0.0	0
Total living lung donors	0	0.0	0	0.0	0	0.0	0	0.0	0
Living lung donors (men)	0	0.0	0	0.0	0	0.0	0	0.0	0

DONATION ACTIVITY

EUROPEAN UNION COUNTRIES

COUNTRIES	France	Germany	Greece	Hungary	Ireland	Italy	Latvia	Lithuania	Luxembourg
Population (million inhabitants): UNFPA	66.7	84.1	9.9	9.6	5.3	59.2	1.9	2.8	0.7
DONATION									
Actual deceased organ donors	Number	Number	Number	Number	Number	Number	Number	Number	Number
Actual deceased organ donors (both DNDD and DCDD included)	1915	985	137	147	69	1827	28	83	2
Actual deceased donors (men)	1089	513	91	84	43	1035	18	42	2
Actual deceased donors (> 60 years)	1015	486	61	30	13	1262	6	46	1
Actual donors after the circulatory determination of death (DCDD)	323	0	0	0	20	456	0	0	0
II/ Witnessed cardiac arrest (uncontrolled)	2	0	0	0	0	22	0	0	0
III/ Withdrawal of life-sustaining therapy (controlled)	321	48	321	48	20	434	7.3		
IV/ Cardiac arrest while brain dead	0	0	0	0	0	0	0	0	0
V/ Medical assistance in dying	0	0	0	0	0	0	0	0	0
Utilised deceased organ donors	Number	Number	Number	Number	Number	Number	Number	Number	Number
Utilised deceased organ donors (both DNDD and DCDD included)	1884	941	127	143	64	1760	26	82	2
Utilised deceased donors (men)	1071	485	82	80	40	996	16	42	2
Utilised deceased donors (> 60 years)	989	448	53	29	10	1204	4	45	1
Utilised donors after the circulatory determination of death (DCDD)	317	48	0	0	20	428	0	0	0
II/ Witnessed cardiac arrest (uncontrolled)	2	0	0	0	0	17	0	0	0
III/ Withdrawal of life-sustaining therapy (controlled)	315	47	315	47	20	411	6.9		
IV/ Cardiac arrest while brain dead	0	0	0	0	0	0	0	0	0
V/ Medical assistance in dying	0	0	0	0	0	0	0	0	0
Living organ donors	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total living kidney donors	605	9.1	672	8.0	92	9.3	6.6	29	5.5
Living Kidney donors (men)	230	3.4	264	3.1	29	2.9	2.4	13	2.5
Total living liver donors	11	0.2	67	0.8	1	0.1	0.0	0	0.0
Living liver donors (men)	6	0.1	33	0.4	1	0.1	0.1	8	0.1
Total domino liver donors	3	0.0	2	0.0	0	0.0	0.0	1	0.0
Domino liver donors (men)	2	0.0	2	0.0	0	0.0	0.0	0	0.0
Total living lung donors	0	0.0	0	0.0	0	0.0	0.0	0	0.0
Living lung donors (men)									

DONATION ACTIVITY

EUROPEAN UNION COUNTRIES																		
COUNTRIES	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden									
Population (million inhabitants): UNFPA	0.6	18.4	38.1	10.4	18.9	5.5	2.1	47.9	10.7									
DONATION																		
Actual deceased organ donors Actual deceased organ donors (both DNDD and DCDD included) Actual deceased donors (men) Actual deceased donors (> 60 years) Actual donors after the circulatory determination of death (DCDD) II/ Witnessed cardiac arrest (uncontrolled) III/ Withdrawal of life-sustaining therapy (controlled) IV/ Cardiac arrest while brain dead V/ Medical assistance in dying	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP						
	11	18.3	317	17.2	732	19.2	370	35.6	91	4.8	65	11.8	2547	53.2	233	21.8		
	6	10.0	176	9.6	474	12.4	215	20.7	37	2.0	38	6.9	1471	30.7	142	13.3		
	6	10.0	161	8.8	190	5.0	185	17.8			20	3.6	1537	32.1	127	11.9		
	0	0.0	220	12.0	0	0.0	62	6.0	0	0.0	0	0.0	1416	29.6	75	7.0		
			0	0.0	62	6.0	0	0.0			24	0.5		0	0.0	0.0		
Utilised deceased organ donors Utilised deceased organ donors (both DNDD and DCDD included) Utilised deceased donors (men) Utilised deceased donors (> 60 years) Utilised donors after the circulatory determination of death (DCDD) II/ Witnessed cardiac arrest (uncontrolled) III/ Withdrawal of life-sustaining therapy (controlled) IV/ Cardiac arrest while brain dead V/ Medical assistance in dying	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP		
	9	15.0	308	16.7	723	19.0	335	32.2	91	4.8	62	11.3	47	22.4	2274	47.5	218	20.4
	5	8.3	170	9.2	468	12.3	190	18.3	37	2.0	37	6.7	29	13.8	1303	27.2	136	12.7
	5	8.3	154	8.4	185	4.9	164	15.8			19	3.5	29	13.8	1323	27.6	115	10.7
	0	0.0	211	11.5	0	0.0	44	4.2	0	0.0	0	0.0	0	0.0	1254	26.2	71	6.6
			0	0.0	44	4.2	0	0.0			16	0.3			0	0.0	0	0.0
Living organ donors Total living kidney donors Living Kidney donors (men) Total living liver donors Living liver donors (men) Total domino liver donors Domino liver donors (men) Total living lung donors Living lung donors (men)	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
	4	6.7	499	27.1	69	1.8	82	7.9	62	3.3	26	4.7	1	0.5	404	8.4	115	10.7
	2	3.3	211	11.5	29	0.8	53	5.1	43	2.3	7	1.3	0	0.0	149	3.1	43	4.0
	0	0.0	33	1.8	37	1.0	6	0.6	14	0.7	0	0.0	0	0.0	6	0.1	0	0.0
			15	0.8	14	0.4	0	0.0	7	0.4	0	0.0			3	0.1		
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Domino liver donors (men) Total living lung donors Living lung donors (men)	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0	1	0.1
Total living lung donors Living lung donors (men)	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0

DONATION ACTIVITY													
COUNTRIES	OTHER COUNTRIES												
	Albania	Armenia	Australia	Bangladesh	Barbados	Belarus	Bosnia and Herzegovina	Cameroon	Canada	China	Ethiopia	Georgia	Guyana
Population (million inhabitants): UNFPA	2.8	3.0	27.0	175.7	0.3	9.0	3.1	29.9	40.1	1424.2	135.5	3.8	0.8
DONATION													
Actual deceased organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Actual deceased organ donor (both DNDD and DCDD included)	0	0.0	557	20.6	0	0.0	259	28.8	1	0.3	0	0.0	6931
Actual deceased donors (men)			342	12.7			178	19.8	0	0.0			5613
Actual deceased donors (> 60 years)			192	7.1			63	7.0	0	0.0			1623
Actual donors after the circulatory determination of death (DCDD)			229	8.5			0	0.0	0	0.0			2165
II/ Witnessed cardiac arrest (uncontrolled)			0	0.0									1682
III/ Withdrawal of life-sustaining therapy (controlled)			222	8.2									483
IV/ Cardiac arrest while brain dead			0	0.0									0.3
V/ Medical assistance in dying			7	0.3									
Utilised deceased organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Utilised deceased organ donors (both DNDD and DCDD included)	0	0.0	521	19.3	0	0.0	256	28.4	1	0.3	0	0.0	6860
Utilised deceased donors (men)			316	11.7			176	19.6	0	0.0			5556
Utilised deceased donors (> 60 years)			167	6.2			62	6.9	0	0.0			1602
Utilised donors after the circulatory determination of death (DCDD)			210	7.8			0	0.0	0	0.0			2132
II/ Witnessed cardiac arrest (uncontrolled)			0	0.0					334	8.3			1650
III/ Withdrawal of life-sustaining therapy (controlled)			203	7.5									482
IV/ Cardiac arrest while brain dead			0	0.0					69	1.7			0.3
V/ Medical assistance in dying			7	0.3									
Living organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total living kidney donors	16	5.7	230	8.5	3	10.0	2	0.2	13	4.2	3	0.1	3922
Living Kidney donors (men)	7	2.5	107	4.0	0	0.0	1	0.1	6	1.9	1	0.0	1307
Total living liver donors	0	0.0			0	0.0	3	0.3	0	0.0	0	0.0	956
Living liver donors (men)							2	0.2					460
Total domino liver donors	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0	4
Domino liver donors (men)													2
Total living lung donors	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0	0
Living lung donors (men)													0

DONATION ACTIVITY

OTHER COUNTRIES																								
COUNTRIES	Iceland	India	Iran	Israel	Jamaica	Japan	Jordan	Kazakhstan	Kenya	Kuwait	Malaysia	Mauritius	Mongolia											
Population (million inhabitants); UNFPA	0.4	1463.9	92.4	9.5	2.8	123.1	11.5	20.8	57.5	5.0	36.0	1.3	3.5											
DONATION																								
Actual deceased organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP										
Actual deceased organ donors (both DNDD and DCDD included)	15	37.5	1235	0.8	1167	12.6	93	9.8	0	0.0	156	1.3	18	0.9	0	0.0	42	8.4	48	1.3	0	0.0	0	0.0
Actual deceased donors (men)	9	22.5	921	0.6	818	8.9	55	5.8			101	0.8	11	0.5			32	6.4	30	0.8				
Actual deceased donors (> 60 years)	6	15.0	222	0.2	153	1.7	34	3.6			37	0.3	3	0.1			1	0.2	7	0.2				
Actual donors after the circulatory determination of death (DCDD)	2	5.0	7	0.0	0	0.0	7	0.7			12	0.1	0	0.0			0	0.0	0	0.0				
II/ Witnessed cardiac arrest (uncontrolled)	0	0.0	4	0.0			6	0.6			12*	0.1												
III/ Withdrawal of life-sustaining therapy (controlled)	2	5.0	0	0.0			1	0.1																
IV/ Cardiac arrest while brain dead	0	0.0	3	0.0			0	0.0																
V/ Medical assistance in dying	0	0.0	0	0.0			0	0.0																
Utilised deceased organ donors																								
Utilised deceased organ donors (both DNDD and DCDD included)	15	37.5	1231	0.8	1099	11.9	88	9.3	0	0.0	156	1.3	18	0.9	0	0.0	42	8.4	48	1.3	0	0.0	0	0.0
Utilised deceased donors (men)	9	22.5	919	0.6	769	8.3	52	5.5			101	0.8	11	0.5			32	6.4	30	0.8				
Utilised deceased donors (> 60 years)	6	15.0	221	0.2	163	1.8	32	3.4			37	0.3	3	0.1			1	0.2	7	0.2				
Utilised donors after the circulatory determination of death (DCDD)	2	5.0	6	0.0	0	0.0	5	0.5			12	0.1	0	0.0			0	0.0	0	0.0				
II/ Witnessed cardiac arrest (uncontrolled)	0	0.0	3	0.0			4	0.4			12*	0.1												
III/ Withdrawal of life-sustaining therapy (controlled)	2	5.0	0	0.0			1	0.1																
IV/ Cardiac arrest while brain dead	0	0.0	3	0.0			0	0.0																
V/ Medical assistance in dying	0	0.0	0	0.0			0	0.0																
Living organ donors																								
Total living kidney donors	1	2.5	12491	8.5	1623	17.6	313	32.9	0	0.0	1365	11.1	192	9.2	56	1.0	52	10.4	134	3.7	15	11.5	66	18.9
Living Kidney donors (men)	1	2.5	3656	2.5			176	18.5			507	4.1	102	4.9	38	7.6		38	7.6		4	3.1	30	8.6
Total living liver donors	0	0.0	4122	2.8	83	0.9	7	0.7	1	0.4	359	2.9	50	2.4	0	0.0	0	0.0	5	0.1	0	0.0	115	32.9
Living liver donors (men)			1642	1.1			5	0.5	0	0.0	182	1.5	26	1.3					1	0.0			55	15.7
Total domino liver donors	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Domino liver donors (men)																								
Total living lung donors	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	29	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Living lung donors (men)											12	0.1												
* Expected cardiac arrest without planned withdrawal of life-sustaining treatment																								

DONATION ACTIVITY

OTHER COUNTRIES

COUNTRIES	New Zealand	Nigeria	Norway	Oman	Pakistan	Philippines	Qatar	Republic of Korea	Republic of Moldova	Republic of North Macedonia	Serbia	South Africa												
Population (million inhabitants): UNFPA	5.3	237.5	5.6	5.5	255.2	116.8	3.1	51.7	3.0	1.8	6.7	64.8												
DONATION																								
Actual deceased organ donors Actual deceased organ donors (both DNDD and DCDD included) Actual deceased donors (men) Actual deceased donors (> 60 years) Actual donors after the circulatory determination of death (DCDD) II/ Witnessed cardiac arrest (uncontrolled) III/ Withdrawal of life-sustaining therapy (controlled) IV/ Cardiac arrest while brain dead V/ Medical assistance in dying	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP												
	60	11.3	0	0.0	124	22.1	4	0.7	1	0.0	8	0.1	17	5.5	370	7.2	8	2.7	5	2.8	20	3.0	71	1.1
	32	6.0			75	13.4	3	0.5	1	0.0	6	0.1	15	4.8	251	4.9	6	2.0	2	1.1			42	0.6
	20	3.8					2	0.4	0	0.0	0	0.0	3	1.0	120	2.3	4	1.3	4	2.2			10	0.2
	15	2.8			10	1.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0
	0	0.0			0	0.0																0	0.0	
	13	2.5			10	1.8																	1	0.0
0	0.0			0	0.0																	0	0.0	
2	0.4			0	0.0																		0	0.0
Utilised deceased organ donors Utilised deceased organ donors (both DNDD and DCDD included) Utilised deceased donors (men) Utilised deceased donors (> 60 years) Utilised donors after the circulatory determination of death (DCDD) II/ Witnessed cardiac arrest (uncontrolled) III/ Withdrawal of life-sustaining therapy (controlled) IV/ Cardiac arrest while brain dead V/ Medical assistance in dying	58	10.9	0	0.0	119	21.3	4	0.7	1	0.0	8	0.1	10	3.2	370	7.2	8	2.7	3	1.7	20	3.0	60	0.9
	31	5.8			72	12.9	3	0.5	1	0.0	6	0.1	8	2.6	251	4.9	6	2.0	1	0.6			37	0.6
	19	3.6					2	0.4	0	0.0	0	0.0	1	0.3	120	2.3	4	1.3	2	1.1			5	0.1
	14	2.6			9	1.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0
	0	0.0			0	0.0																0	0.0	
	12	2.3			9	1.6																	1	0.0
	0	0.0			0	0.0																	0	0.0
2	0.4			0	0.0																		0	0.0
Living organ donors Total living kidney donors Living Kidney donors (men) Total living liver donors Living liver donors (men) Total domino liver donors Domino liver donors (men) Total living lung donors Living lung donors (men)	73	13.8	223	0.9	70	12.5	32	5.8	1910	7.5	555	4.8	36	11.6	1262	24.4	1	0.3	5	2.8	4	0.6	142	2.2
	27	5.1	201	0.8	31	5.5	15	2.7			343	2.9	26	8.4	500	9.7	1	0.3	0	0.0			74	1.1
	6	1.1	0	0.0			14	2.5	623	2.4	6	0.1	3	1.0	1014	19.6	3	1.0	0	0.0	0	0.0	6	0.1
			0	0.0			11	2.0			1	0.0	2	0.6	552	10.7	2	0.7					3	0.0
			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			0	0.0	0	0.0	0	0.0	0	0.0
			0	0.0			0	0.0																
			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

DONATION ACTIVITY

OTHER COUNTRIES

COUNTRIES	Sri Lanka	State of Libya	Switzerland	Syrian Arab Republic	Thailand	Trinidad and Tobago	Tunisia	Türkiye	Ukraine	United Arab Emirates	United Kingdom	United States of America	Zambia
Population (million inhabitants): UNFPA	23.2	7.5	9.0	25.6	71.6	1.5	12.4	87.7	39.0	11.4	69.6	347.3	21.9
DONATION													
Actual deceased organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Actual deceased organ donors (both DNDD and DCDD included)	68	2.9	0	0.0	545	7.6	0	0.0	189	4.8	158	13.8	16 553
Actual deceased donors (men)	46	2.0	108	12.0	395	5.5	13	1.0	114	2.9	858	12.3	10 160
Actual deceased donors (> 60 years)	6	0.3	90	10.0	18	0.3	11	0.9	59	1.5	598	8.6	4921
Actual donors after the circulatory determination of death (DCDD)	0	0.0	90	10.0	0	0.0	0	0.0	0	0.0	807	11.6	8137
II/ Witnessed cardiac arrest (uncontrolled)			0	0.0					0	0.0	0	0.0	40
III/ Withdrawal of life-sustaining therapy (controlled)			90	10.0					794	11.4	8039	23.1	
IV/ Cardiac arrest while brain dead			0	0.0					13	0.2	58	0.2	
V/ Medical assistance in dying			0	0.0									
Utilised deceased organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Utilised deceased organ donors (both DNDD and DCDD included)	58	2.5	0	0.0	522	7.3	0	0.0	160	4.1	149	13.1	14 882
Utilised deceased donors (men)	41	1.8	103	11.4	378	5.3	13	1.0	93	2.4	110	9.6	9163
Utilised deceased donors (> 60 years)	6	0.3	79	8.8	14	0.2	11	0.9	46	1.2	527	7.6	3931
Utilised donors after the circulatory determination of death (DCDD)	0	0.0	79	8.8	0	0.0	0	0.0	0	0.0	743	10.7	6835
II/ Witnessed cardiac arrest (uncontrolled)			0	0.0					0	0.0	0	0.0	29
III/ Withdrawal of life-sustaining therapy (controlled)			79	8.8					731	10.5	6753	19.4	
IV/ Cardiac arrest while brain dead			0	0.0					12	0.2	53	0.2	
V/ Medical assistance in dying			0	0.0									
Living organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total living kidney donors	449	19.4	50	6.7	188	2.6	2	1.3	115	2.9	81	7.1	6522
Living Kidney donors (men)	286	12.3	29	3.9	60	0.8	0	0.0	47	1.2	43	3.8	2306
Total living liver donors	28	1.2	0	0.0	38	0.5	0	0.0	75	1.9	10	0.9	697
Living liver donors (men)	12	0.5	1	0.1	17	0.2	2	0.2	33	0.8	7	0.6	288
Total domino liver donors	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	10
Domino liver donors (men)									3	0.0			6
Total living lung donors	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Living lung donors (men)									0	0.0	0	0.0	0

DONATION ACTIVITY

LATIN AMERICAN COUNTRIES

COUNTRIES	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican Republic	Ecuador
Population (million inhabitants): UNFPA	45.9	12.6	212.8	19.9	53.4	5.2	10.9	11.5	18.3
DONATION									
Actual deceased organ donors	Number	Number	Number	Number	Number	Number	Number	Number	Number
Actual deceased organ donors (both DNDD and DCDD included)	PMP	PMP	PMP	PMP	PMP	PMP	PMP	PMP	PMP
Actual deceased donors (men)	955	2	3983	203	400	66	11	13	66
Actual deceased donors (> 60 years)	575	1	2458	116	267	43	7	12	35
Actual donors after the circulatory determination of death (DCDD)	180	0	928	57	42	12	1	2	8
Actual donors after the circulatory determination of death (DCDD)	66	0	0	0	1	0	0	0	0
II/ Witnessed cardiac arrest (uncontrolled)	0	0	0	0	0	0	0	0	0
III/ Withdrawal of life-sustaining therapy (controlled)	66	1.4			0				
IV/ Cardiac arrest while brain dead	0	0.0			0				
V/ Medical assistance in dying	0	0.0			1				
Utilised deceased organ donors	Number	Number	Number	Number	Number	Number	Number	Number	Number
Utilised deceased organ donors (both DNDD and DCDD included)	PMP	PMP	PMP	PMP	PMP	PMP	PMP	PMP	PMP
Utilised deceased donors (men)	894	2	3611	198	396	66	10	12	65
Utilised deceased donors (> 60 years)	534	1	2233	114	264	43	6	8	34
Utilised donors after the circulatory determination of death (DCDD)	159	0	723	54	42	12	1	1	8
Utilised donors after the circulatory determination of death (DCDD)	59	0	0	0	0	0	0	0	0
II/ Witnessed cardiac arrest (uncontrolled)	0	0.0			0				
III/ Withdrawal of life-sustaining therapy (controlled)	59	1.3			0				
IV/ Cardiac arrest while brain dead	0	0.0			0				
V/ Medical assistance in dying	0	0.0			1				
Living organ donors	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total living kidney donors	PMP	PMP	PMP	PMP	PMP	PMP	PMP	PMP	PMP
Living Kidney donors (men)	225	35	445	86	194	40	7	48	17
Total living liver donors	94	17	165	32	66	16	4	26	8
Living liver donors (men)	52	0	47	5	66	2	0	1	0
Total domino liver donors	22	0	25	3	29	2	0	1	0
Domino liver donors (men)	0	0	0	0	0	0	0	0	0
Total living lung donors	0	0	0	0	0	0	0	0	0
Living lung donors (men)	0	0	0	0	0	0	0	0	0

DONATION ACTIVITY

LATIN AMERICAN COUNTRIES

COUNTRIES	El Salvador	Guatemala	Honduras	Mexico	Panama	Paraguay	Peru	Uruguay
Population (million inhabitants): UNFPA	6.4	18.7	11.0	132.0	4.6	7.0	34.6	3.4
DONATION								
Actual deceased organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Actual deceased organ donors (both DNDD and DCDD included)	0	0.0	0	0.0	17	3.7	51	1.5
Actual deceased donors (men)					17	2.4	61	17.9
Actual deceased donors (> 60 years)					10	2.2	26	0.8
Actual donors after the circulatory determination of death (DCDD)					0	0.0	9	0.3
II/ Witnessed cardiac arrest (uncontrolled)					0	0.0	0	0.0
III/ Withdrawal of life-sustaining therapy (controlled)								
IV/ Cardiac arrest while brain dead								
V/ Medical assistance in dying								
Utilised deceased organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Utilised deceased organ donors (both DNDD and DCDD included)	0	0.0	0	0.0	13	2.8	51	1.5
Utilised deceased donors (men)					7	1.5	26	0.8
Utilised deceased donors (> 60 years)					0	0.0	9	0.3
Utilised donors after the circulatory determination of death (DCDD)					0	0.0	0	0.0
II/ Witnessed cardiac arrest (uncontrolled)								
III/ Withdrawal of life-sustaining therapy (controlled)								
IV/ Cardiac arrest while brain dead								
V/ Medical assistance in dying								
Living organ donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP
Total living kidney donors	40	6.3	5	0.5	17	3.7	101	2.9
Living Kidney donors (men)	11	1.7	2	0.2	6	1.3	50	1.4
Total living liver donors	0	0.0	0	0.0	0	0.0	13	0.4
Living liver donors (men)							7	0.2
Total domino liver donors	0	0.0	0	0.0	0	0.0	0	0.0
Domino liver donors (men)								
Total living lung donors	0	0.0	0	0.0	0	0.0	0	0.0
Living lung donors (men)								

TRANSPLANTATION ACTIVITY

EUROPEAN UNION COUNTRIES													
COUNTRIES	France 66.7	Germany 84.1	Greece 9.9	Hungary 9.6	Ireland 5.3	Italy 59.2	Latvia 1.9	Lithuania 2.8	Luxembourg 0.7				
Population (million inhabitants); UNFPA													
	TRANSPLANTATION												
	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP			
KIDNEY Total TX (all combinations included) Kidney TX (men) Paediatric (<18 years) TX from deceased donors -TX from DCDD - Single TX - Double TX TX from living donors - TX from related living donors - TX from unrelated living donors Paired exchange or cross-over Non-directed altruistic or anonymous Directed altruistic	3867	58.0	2266	26.9	284	28.7	261	27.2	138	26.0			
	2450	36.7	1420	16.9	179	18.1	162	16.9	47	24.7			
	129	1.9	132	1.6	9	0.9	8	0.8	30	15.8			
	3262	48.9	1594	19.0	192	19.4	198	20.6	44	23.2			
	583	8.7	0	0.0	0	0.0	0	0.0	0	0.0			
	3250	48.7	1575	18.7	189	19.1	198	20.6	43	22.6			
	12	0.2	19	0.2	3	0.3	0	0.0	1	0.5			
	605	9.1	672	8.0	92	9.3	63	6.6	3	1.6			
	597	9.0	670	8.0	88	8.9	63	6.6	3	1.6			
	8	0.1	2	0.0	4	0.4	0	0.0	0	0.0			
	8	0.1	0	0.0	4	0.4	0	0.0	0	0.0			
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0			
LIVER Total TX (all combinations included) Liver TX (men) Paediatric (<18 years) Split TX Domino TX TX from living donors TX from DCDD	1431	21.5	944	11.2	70	7.1	71	7.4	28	5.3			
	975	14.6	602	7.2	48	4.8	40	4.2	18	3.4			
	82	1.2	113	1.3	0	0.0	4	0.4	0	0.0			
	70	1.0	57	0.7	0	0.0	0	0.0	0	0.0			
	3	0.0	2	0.0	0	0.0	0	0.0	0	0.0			
	11	0.2	67	0.8	1	0.1	0	0.0	0	0.0			
	214	3.2	0	0.0	0	0.0	0	0.0	0	0.0			
	HEART Total TX (all combinations included) Heart TX (men) Paediatric (<18 years) TX from DCDD	427	6.4	365	4.3	24	2.4	53	5.5	7	1.3		
		296	4.4	247	2.9	20	2.0	32	3.3	6	1.1		
		27	0.4	42	0.5	0	0.0	5	0.5	0	0.0		
		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
		HEART-LUNG Total TX Paediatric (<18 years)	6	0.1	1	0.0	1	0.1	0	0.0	0	0.0	
0			0.0	0	0.0	0	0.0	0	0.0	0	0.0		
LUNG Total TX (all combinations included) Lung TX (men) Paediatric (<18 years) Single TX Double TX (heart-lung TX included) TX from DCDD (double + single)			337	5.1	334	4.0	13	1.3	17	1.8	16	3.0	
			179	2.7	201	2.4	7	0.7	13	1.4	11	2.1	
			9	0.1	12	0.1	0	0.0	1	0.1	0	0.0	
			32	0.5	16	0.2	0	0.0	0	0.0	9	1.7	
			305	4.6	318	3.8	13	1.3	17	1.8	7	1.3	
			38	0.6	0	0.0	0	0.0	0	0.0	5	0.9	
	PANCREAS Total TX (all combinations included) Pancreas TX (men) Paediatric (<18 years) Pancreas TX alone Kidney – Pancreas TX TX from DCDD		75	1.1	87	1.0	6	0.6	9	0.9	5	0.9	
			49	0.7	47	0.6	6	0.6	3	0.3	4	0.8	
			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
			3	0.0	4	0.0	0	0.0	2	0.2	0	0.0	
		72	1.1	79	1.0	6	0.6	7	0.7	5	0.9		
		7	0.1	0	0.0	0	0.0	0	0.0	0	0.0		
SMALL BOWEL Total TX (all combinations included) Small bowel TX (men) Paediatric (<18 years) Small bowel TX alone TX from DCDD		2	0.0	1	0.0	0	0.0	0	0.0	0	0.0		
		2	0.0	0	0.0	0	0.0	1	0.0	1	0.0		
		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
		0	0.0	1	0.0	0	0.0	0	0.0	0	0.0		
		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
		RECIPIENTS Total number of patients transplanted Male recipients Paediatric (<18 years) Patients transplanted from living donors	5919	88.7	3891	46.3	388	39.2	403	42.0	194	36.6	
	3815		57.2	2295	27.3	251	25.4	247	25.7	136	25.7		
	616		9.2	296	3.5	9	0.9	18	1.9	4	0.8		
				739	8.8	93	9.4	63	6.6	29	5.5		

TRANSPLANTATION ACTIVITY

EUROPEAN UNION COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	Malta 0.6	Netherlands 18.4	Poland 38.1	Portugal 10.4	Romania 18.9	Slovakia 5.5	Slovenia 2.1	Spain 47.9	Sweden 10.7
TRANSPLANTATION									
KIDNEY	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total TX (all combinations included)	19	1035	1338	525	210	139	45	4000	482
Kidney TX (men)	10	610	835	339	142	85	32	2560	337
Paediatric (<18 years)	0	32	57	8	16	6	1	74	26
TX from deceased donors	15	536	1269	443	148	113	44	3596	367
- TX from DCDD	15	386	1269	443	148	113	44	3596	367
- Single TX	15	533	1267	438	148	111	44	3590	364
- Double TX	0	3	2	5	0	2	0	6	3
TX from living donors	4	499	69	82	62	26	1	404	115
- TX from related living donors	3	233	69	70	62	26	1	387	108
- TX from unrelated living donors	1	266	0	12	0	0	0	17	7
Paired exchange or cross-over	0	43	0	12	0	0	0	5	5
Non-directed altruistic or anonymous	1	23	0	0	0	0	0	12	2
Directed altruistic	0	200	0	0	0	0	0	0	0
LIVER									
Total TX (all combinations included)	0	243	721	246	101	34	22	1276	197
Liver TX (men)		141	443	185	63	21	17	884	123
Paediatric (<18 years)		30	46	11	8	0	0	79	12
Split TX		1	14	2	6	0	0	50	16
Domino TX		0	0	0	0	0	0	0	1
TX from living donors		33	37	6	14	0	0	6	0
TX from DCDD		121	0	15	0	0	0	622	48
HEART									
Total TX (all combinations included)	0	77	175	70	6	15	25	390	59
Heart TX (men)		47	139	52	4	11	15	287	42
Paediatric (<18 years)		2	18	3	2	2	1	26	5
TX from DCDD		60	0	0	0	0	0	137	0
HEART-LUNG									
Total TX	0	1	1	0	0	0	0	4	0
Paediatric (<18 years)		0	0	0	0	0	0	0	0
LUNG									
Total TX (all combinations included)	0	118	135	46	0	0	10	556	70
Lung TX (men)		60	93	33	0	0	5	341	40
Paediatric (<18 years)		0	0	1	0	0	0	4	1
Single TX		1	18	2	0	0	0	41	6
Double TX (heart-lung TX included)		117	117	44	10	10	10	515	64
TX from DCDD (double + single)	0	73	0	0	0	0	0	257	14
PANCREAS									
Total TX (all combinations included)	0	23	35	17	0	0	2	103	26
Pancreas TX (men)		14	21	10	1	0	1	71	15
Paediatric (<18 years)		0	0	0	0	0	0	0	0
Pancreas TX alone		3	10	0	0	0	0	14	3
Kidney – Pancreas TX		20	25	17	2	2	2	77	23
TX from DCDD		14	0	0	0	0	0	33	1
SMALL BOWEL									
Total TX (all combinations included)	0	1	0	0	0	0	0	11	1
Small bowel TX (men)		1	0	0	0	0	0	6	1
Paediatric (<18 years)		0	0	0	0	0	0	9	0
Small bowel TX alone		1	0	0	0	0	0	0	0
TX from DCDD		0	0	0	0	0	0	4	0
RECIPIENTS									
Total number of patients transplanted	19	1480	2360	886	317	184	102	6182	803
Male recipients	10	853	1507	608	216	115	69	4048	539
Paediatric (<18 years)		64	118	23	26	8	2	179	44
Patients transplanted from living donors	4	532	106	88	76	26	1	410	115

TRANSPLANTATION ACTIVITY

COUNTRIES		OTHER COUNTRIES																										
	Albania	Armenia	Australia	Bangladesh	Barbados	Belarus	Bosnia and Herzegovina	Cameroon	Canada	China	Ethiopia	Georgia	Guyana															
Population (million inhabitants): UNFPA	2.8	3.0	27.0	175.7	0.3	9.0	3.1	29.9	40.1	1424.2	135.5	3.8	0.8															
TRANSPLANTATION																												
KIDNEY Total TX (all combinations included) Kidney TX (men) Paediatric (<18 years) TX from deceased donors - TX from DCDD - Single TX - Double TX TX from living donors - TX from related living donors - TX from unrelated living donors Paired exchange or cross-over Non-directed altruistic or anonymous Directed altruistic	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP														
	16	5.7	17	5.7	1093	40.5	326	1.9	3	10.0	363	40.3	15	4.8	3	0.1	1921	47.9	16 013	11.2	10	0.1	70	18.4	13	16.3		
	12	4.3	12	4.0	669	24.8	291	1.7	3	10.0	235	26.1	11	3.5	1	0.0	51	1.3	11 171	7.8	8	0.1	49	12.9	8	10.0		
	0	0.0	3	1.0	42	1.6	0	0.0	0	0.0	14	1.6	0	0.0	0	0.0	0	0.0	724	0.5	0	0.0	7	1.8	1	1.3		
	0	0.0	0	0.0	865	32.0	0	0.0	0	0.0	361	40.1	2	0.6	0	0.0	1418	35.4	12 091	8.5	0	0.0	0	0.0	0	0.0		
					342	12.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	542	13.5	3769	2.6	11 869	8.3	0	0.0	0	0.0		
					852	31.6	0	0.0	361	40.1	0	0.0	2	0.6	0	0.0	1357	33.8	11 869	8.3	10	0.1	70	18.4	13	16.3		
					13	0.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	9	0.2	222	0.2	3922	2.8	10	0.1	70	18.4	3	3.8
		16	5.7	17	5.7	228	8.4	326	1.9	3	10.0	2	0.2	13	4.2	3	0.1	503	12.5	3922	2.8	10	0.1	70	18.4	3	3.8	
		16	5.7	17	5.7	177	6.6	326	1.9	3	10.0	2	0.2	13	4.2	3	0.1	247	6.2	3922	2.8	10	0.1	70	18.4	3	3.8	
LIVER Total TX (all combinations included) Liver TX (men) Paediatric (<18 years) Split TX Domino TX TX from living donors TX from DCDD	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP														
	0	0.0	1	0.3	308	11.4	2	0.0	2	0.0	110	12.2	0	0.0	0	0.0	603	15.0	7541	5.3	0	0.0	34	8.9	0	0.0		
			1	0.3			1	0.0	1	0.0	44	4.9					47	1.2	5545	3.9			26	6.8				
			0	0.0			0	0.0	0	0.0	4	0.4					1	0.0	1100	0.8			4	1.1				
			0	0.0	51	1.9	0	0.0	0	0.0	0	0.0					0	0.0	627	0.4			0	0.0				
			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0					0	0.0	4	0.0			0	0.0				
			1	0.3	3	0.1	2	0.0	0	0.0	3	0.3					89	2.2	956	0.7			34	8.9				
			0	0.0	58	2.1	0	0.0	0	0.0	0	0.0					83	2.1	1914	1.3			0	0.0				
	HEART Total TX (all combinations included) Heart TX (men) Paediatric (<18 years) TX from DCDD	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP													
		0	0.0	0	0.0	124	4.6	0	0.0	0	0.0	53	5.9	1	0.3	0	0.0	178	4.4	1182	0.8	0	0.0	0	0.0	0	0.0	
											21	2.3	1	0.3					861	0.6								
					22	0.8					0	0.0	0	0.0	0	0.0	19	0.5	122	0.1								
											0	0.0	0	0.0			3	0.1	0	0.0								
HEART-LUNG Total TX Paediatric (<18 years)		Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP													
		0	0.0	0	0.0	4	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.0	7	0.0	0	0.0	0	0.0	0	0.0	
																				1	0.0							
		LUNG Total TX (all combinations included) Lung TX (men) Paediatric (<18 years) Single TX Double TX (heart-lung TX included) TX from DCDD (double + single)	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP												
			0	0.0	0	0.0	160	5.9	0	0.0	0	0.0	7	0.8	0	0.0	0	0.0	410	10.2	954	0.7	0	0.0	0	0.0	0	0.0
												4	0.4					3	0.1	737	0.5							
												0	0.0					0	0.0	25	0.0							
						25	0.9					0	0.0					51	1.3	223	0.2							
						135	5.0					7	0.8					358	8.9	731	0.5							
						60	2.2					0	0.0					179	4.5	31	0.0							
PANCREAS Total TX (all combinations included) Pancreas TX (men) Paediatric (<18 years) Pancreas TX alone Kidney – Pancreas TX TX from DCDD	Number		PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP													
	0		0.0	0	0.0	46	1.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	67	1.7	96	0.1	0	0.0	0	0.0	0	0.0	
																				63	0.0							
					1	0.0					0	0.0					24	0.6	8	0.0								
					41	1.5										42	1.0	88	0.1									
					8	0.3										7	0.2	14	0.0									
	SMALL BOWEL Total TX (all combinations included) Small bowel TX (men) Paediatric (<18 years) Small bowel TX alone TX from DCDD	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP													
		0	0.0	0	0.0	3	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0	13	0.0	0	0.0	0	0.0	0	0.0	
																				7	0.0							
						1	0.0					0	0.0					0	0.0	4	0.0							
					0	0.0											0	0.0	13	0.0								
RECIPIENTS Total number of patients transplanted Male recipients Paediatric (<18 years) Patients transplanted from living donors		Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP													
		16	5.7	18	6.0	1670	61.9	328	1.9	3	10.0	533	59.2	16	5.2	3	0.1	3174	79.2	25 658	18.0	10	0.1	104	27.4	13	16.3	
		12	4.3	13	4.3			292	1.7	3	10.0	304	33.8	12	3.9	1	0.0	120	3.0	18 287	12.8	8	0.1	75	19.7	8	10.0	
		0	0.0	3	1.0			0	0.0	0	0.0	18	2.0	0	0.0	0	0.0	592	14.8	1969	1.4	0	0.0	11	2.9	1	1.3	
		16	5.7	18	6.0	231	8.6	328	1.9	3	10.0	5	0.6	13	4.2	3	0.1			4887	3.4	10	0.1	104	27.4	13	16.3	

TRANSPLANTATION ACTIVITY

OTHER COUNTRIES

COUNTRIES Population (million inhabitants): UNFPA	Iceland 0.4	India 1463.9	Iran 92.4	Israel 9.5	Jamaica 2.8	Japan 123.1	Jordan 11.5	Kazakhstan 20.8	Kenya 57.5	Kuwait 5.0	Malaysia 36.0	Mauritius 1.3	Mongolia 3.5
TRANSPLANTATION													
KIDNEY	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total TX (all combinations included)	12	30.0	14 477	9.9	3075	33.3	458	48.2	0	0.0	1628	13.2	
Kidney TX (men)	9	22.5	10 961	7.5			313	32.9			981	8.0	
Paediatric (<18 years)	0	0.0	281	0.2			34	3.6			62	0.5	
TX from deceased donors	11	27.5	1986	1.4	1452	15.7	145	15.3	0	0.0	263	2.1	
- TX from DCDD	1	2.5	7	0.0	0	0.0	8	0.8			23	0.2	
- Single TX	11	27.5	1968	1.3	1440	15.6	141	14.8			257	2.1	
- Double TX	0	0.0	16	0.0	12	0.1	4	0.4			6	0.0	
TX from living donors	1	2.5	12 491	8.5	1623	17.6	313	32.9	56	1.0	1365	11.1	
- TX from related living donors	1	2.5	10 286	7.0	81	0.9	91	9.6	56	1.0	1365	11.1	
- TX from unrelated living donors	0	0.0	2205	1.5	1542	16.7	222	23.4	0	0.0	0	0.0	
Paired exchange or cross-over			205	0.1			62	6.5					
Non-directed altruistic or anonymous			0	0.0			0	0.0					
Directed altruistic			2000	1.4			160	16.8					
LIVER	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total TX (all combinations included)	0	0.0	5154	3.5	977	10.6	88	9.3	0	0.0	486	3.9	
Liver TX (men)			4125	2.8	683	7.4	51	5.4	0	0.0	238	1.9	
Paediatric (<18 years)			391	0.3			13	1.4	0	0.0	126	1.0	
Split TX			10	0.0	22	0.2	3	0.3	0	0.0	6	0.0	
Domino TX			0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
TX from living donors			4120	2.8	83	0.9	7	0.7	1	0.4	357	2.9	
TX from DCDD			1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
HEART	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total TX (all combinations included)	0	0.0	239	0.2	98	1.1	36	3.8	0	0.0	117	1.0	
Heart TX (men)			196	0.1	69	0.7	25	2.6			83	0.7	
Paediatric (<18 years)			21	0.0	37	0.4	5	0.5			12	0.1	
TX from DCDD			0	0.0	0	0.0	0	0.0			0	0.0	
HEART-LUNG	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total TX	0	0.0	6	0.0	1	0.0	1	0.1	0	0.0	1	0.0	
Paediatric (<18 years)			0	0.0			1	0.1			0	0.0	
LUNG	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total TX (all combinations included)	0	0.0	210	0.1	16	0.2	47	4.9	0	0.0	151	1.2	
Lung TX (men)			124	0.1	12	0.1	34	3.6			93	0.8	
Paediatric (<18 years)			2	0.0	0	0.0	2	0.2			9	0.1	
Single TX			26	0.0	11	0.1	8	0.8			65	0.5	
Double TX (heart-lung TX included)			184	0.1	5	0.1	39	4.1			70	0.6	
TX from DCDD (double + single)			0	0.0	0	0.0	0	0.0			0	0.0	
PANCREAS	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total TX (all combinations included)	0	0.0	35	0.0	30	0.3	1	0.1	0	0.0	31	0.3	
Pancreas TX (men)			22	0.0	21	0.2	1	0.1			13	0.1	
Paediatric (<18 years)			0	0.0			0	0.0			0	0.0	
Pancreas TX alone			5	0.0	4	0.0	0	0.0			2	0.0	
Kidney – Pancreas TX			26	0.0	26	0.3	1	0.1			29	0.2	
TX from DCDD			0	0.0	0	0.0	0	0.0			0	0.0	
SMALL BOWEL	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total TX (all combinations included)	0	0.0	23	0.0	10	0.1	1	0.1	0	0.0	1	0.0	
Small bowel TX (men)			14	0.0	7	0.1	1	0.1			0	0.0	
Paediatric (<18 years)			3	0.0			0	0.0			1	0.0	
Small bowel TX alone			16	0.0	10	0.1	1	0.1			1	0.0	
TX from DCDD			0	0.0	0	0.0	0	0.0			0	0.0	
RECIPIENTS	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number
Total number of patients transplanted	12	30.0	20 083	13.7			631	66.4	1	0.4	2374	19.3	
Male recipients	9	22.5	15 400	10.5			425	44.7	0	0.0	1390	11.3	
Paediatric (<18 years)	0	0.0	744	0.5			54	5.7	1	0.4	210	1.7	
Patients transplanted from living donors	1	2.5	16 611	11.3	1706	18.5	320	33.7	1	0.4	1738	14.1	

TRANSPLANTATION ACTIVITY

COUNTRIES		OTHER COUNTRIES											South Africa										
	New Zealand	Nigeria	Norway	Oman	Pakistan	Philippines	Qatar	Republic of Korea	Republic of Moldova	Republic of North Macedonia	Serbia												
Population (million inhabitants): UNFPA	5.3	237.5	5.6	5.5	255.2	116.8	3.1	51.7	3.0	1.8	6.7	64.8											
TRANSPLANTATION																							
KIDNEY Total TX (all combinations included) Kidney TX (men) Paediatric (<18 years) TX from deceased donors -TX from DCDD - Single TX - Double TX TX from living donors - TX from related living donors - TX from unrelated living donors Paired exchange or cross-over Non-directed altruistic or anonymous Directed altruistic	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP											
	171	32.3	223	0.9	267	47.7	38	6.9	1912	7.5	571	4.9	1866	36.1	6	2.0	11	6.1	38	5.7	245	3.8	
	118	22.3	153	0.6	172	30.7	26	4.7	34	0.1	338	2.9	1183	22.9	5	1.7	6	3.3	136	2.1			
	7	1.3	5	0.0	6	1.1	6	1.1	2	0.0	11	0.1	69	1.3	0	0.0	0	0.0	28	0.4			
	96	18.1	0	0.0	197	35.2	6	1.1	2	0.0	16	0.1	604	11.7	5	1.7	6	3.3	34	5.1	103	1.6	
	23	4.3	0	0.0	13	2.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.0	
	92	17.4	0	0.0	197	35.2	6	1.1	2	0.0	16	0.1	597	11.5	5	1.7	6	3.3	34	5.1	103	1.6	
	4	0.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	7	0.1	0	0.0	0	0.0	0	0.0	0	0.0	
	75	14.2	223	0.9	70	12.5	32	5.8	1910	7.5	555	4.8	1262	24.4	1	0.3	5	2.8	4	0.6	142	2.2	
	48	9.1	179	0.8	64	11.4	32	5.8	1910	7.5	234	2.0	1234	23.9	1	0.3	5	2.8	4	0.6	97	1.5	
	27	5.1	44	0.2	6	1.1	0	0.0	0	0.0	321	2.7	28	0.5	0	0.0	0	0.0	0	0.0	45	0.7	
	25	4.7	36	0.2	6	1.1	0	0.0	0	0.0	0	0.0	8	0.2	0	0.0	0	0.0	0	0.0	2	0.0	
	4	0.4	4	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	
	0	0.0	4	0.0	0	0.0	0	0.0	0	0.0	321	2.7	19	0.4	0	0.0	0	0.0	0	0.0	43	0.7	
LIVER Total TX (all combinations included) Liver TX (men) Paediatric (<18 years) Split TX Domino TX TX from living donors TX from DCDD	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	
	48	9.1	0	0.0	16	2.9	623	2.4	9	0.1	8	2.6	1318	25.5	10	3.3	2	1.1	12	1.8	50	0.8	
					8	1.5	2	0.0	6	0.1	7	2.3	813	15.7	6	2.0	1	0.6	0	0.0	28	0.4	
					6	1.1	0	0.0	5	0.0	0	0.0	9	0.2	1	0.3	0	0.0	0	0.0	16	0.2	
					0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	8	0.1	
					0	0.0	0	0.0	0	0.0	0	0.0	15	0.3	0	0.0	0	0.0	0	0.0	0	0.0	
					0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
					14	2.5	623	2.4	6	0.1	3	1.0	1014	19.6	3	1.0	0	0.0	0	0.0	6	0.1	
					0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
					7	1.3																	
	HEART Total TX (all combinations included) Heart TX (men) Paediatric (<18 years) TX from DCDD	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP
		13	2.5	0	0.0	28	5.0	1	0.2	0	0.0	0	0.0	1	0.3	0	0.0	0	0.0	17	2.5	27	0.4
						1	0.2	1	0.2	2.8	0.3	1	0.3	146	2.8	0	0.0	0	0.0	0	0.0	20	0.3
						0	0.0	0	0.0	0	0.0	0	0.0	6	0.1	0	0.0	0	0.0	0	0.0	2	0.0
HEART-LUNG Total TX Paediatric (<18 years)	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
					0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
					0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
LUNG Total TX (all combinations included) Lung TX (men) Paediatric (<18 years) Single TX Double TX (heart-lung TX included) TX from DCDD (double + single)	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	
	24	4.5	0	0.0	36	6.4	0	0.0	0	0.0	0	0.0	192	3.7	0	0.0	0	0.0	0	0.0	17	0.3	
					14	2.5	0	0.0	0	0.0	0	0.0	121	2.3	0	0.0	0	0.0	0	0.0	7	0.1	
					0	0.0	0	0.0	0	0.0	0	0.0	8	0.2	0	0.0	0	0.0	0	0.0	0	0.0	
PANCREAS Total TX (all combinations included) Pancreas TX (men) Paediatric (<18 years) Pancreas TX alone Kidney – Pancreas TX TX from DCDD	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	
	6	1.1	0	0.0	8	1.4	0	0.0	0	0.0	0	0.0	15	0.3	0	0.0	0	0.0	0	0.0	0	0.0	
					0	0.0	0	0.0	0	0.0	0	0.0	6	0.1	0	0.0	0	0.0	0	0.0	0	0.0	
					0	0.0	0	0.0	0	0.0	0	0.0	6	0.1	0	0.0	0	0.0	0	0.0	0	0.0	
SMALL BOWEL Total TX (all combinations included) Small bowel TX (men) Paediatric (<18 years) Small bowel TX alone TX from DCDD	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
					0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
					0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
RECIPIENTS Total number of patients transplanted Male recipients Paediatric (<18 years) Patients transplanted from living donors	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	Number	PMP	
	248	46.8	223	0.9	420	75.0	55	10.0	2535	9.9	580	5.0	3575	69.1	16	5.3	13	7.2	67	10.0	339	5.2	
			153	0.6	35	6.4	35	6.4	36	0.1	344	2.9	2269	43.9	11	3.7	7	3.9	191	2.9	191	2.9	
			5	0.0	12	2.2	12	2.2	36	0.1	16	1.8	92	1.8	1	0.3	0	0.0	48	0.7	48	0.7	
		223	0.9	46	8.4	46	8.4	2533	9.9	561	4.8	2276	44.0	4	1.3	5	2.8	4	0.6	148	2.3		

TRANSPLANTATION ACTIVITY

LATIN AMERICAN COUNTRIES

COUNTRIES	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican Republic	Ecuador
Population (million inhabitants): UNFPA	45.9	12.6	212.8	19.9	53.4	5.2	10.9	11.5	18.3
TRANSPLANTATION									
KIDNEY	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total TX (all combinations included)	1830	38	6289	393	929	104	17	70	142
Kidney TX (men)	1005	22	3883	211	518	58	10	41	79
Paediatric (<18 years)	131	1	302	24	55	8	0	14	20
TX from deceased donors	1605	3	5844	307	735	64	10	22	125
- TX from DCDD	101	0	0	0	2	0	0	0	0
- Single TX	1598	3	5835	303	685	0	0	22	125
- Double TX	7	0	9	4	1	0	0	0	0
TX from living donors	225	35	445	86	194	40	7	48	17
- TX from related living donors	211	31	392	78	194	6	6	46	17
- TX from unrelated living donors	14	4	53	0	0	1	1	2	0
Paired exchange or cross-over	0	0	0	8	0	0	0	0	0
Non-directed altruistic or anonymous	0	0	0	0	0	0	0	0	0
Directed altruistic	0	4	53	0	0	0	0	2	0
LIVER	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total TX (all combinations included)	520	0	2478	181	308	53	0	3	15
Liver TX (men)	285	0	1609	97	155	33	0	2	13
Paediatric (<18 years)	94	0	133	17	73	8	0	1	2
Split TX	12	0	25	2	9	0	0	0	0
Domino TX	0	0	0	0	0	0	0	0	0
TX from living donors	52	0	47	5	66	2	0	1	0
TX from DCDD	11	0	0	0	0	0	0	0	0
HEART	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total TX (all combinations included)	134	0	428	50	98	6	0	0	13
Heart TX (men)	104	0	305	37	71	5	0	0	7
Paediatric (<18 years)	18	0	61	4	10	0	0	0	0
TX from DCDD	3	0	0	0	0	0	0	0	0
HEART-LUNG	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total TX	1	0	0	0	0	0	0	0	0
Paediatric (<18 years)	0	0	0	0	0	0	0	0	0
LUNG	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total TX (all combinations included)	26	0	96	27	44	16	0	0	1
Lung TX (men)	18	0	40	16	21	11	0	0	1
Paediatric (<18 years)	0	0	2	1	0	1	0	0	0
Single TX	15	0	14	8	0	0	0	0	0
Double TX (heart-lung TX included)	11	0	82	19	40	0	0	0	0
TX from DCDD (double + single)	0	0	0	0	0	0	0	0	0
PANCREAS	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total TX (all combinations included)	42	0	142	3	37	0	0	0	0
Pancreas TX (men)	29	0	68	1	16	0	0	0	0
Paediatric (<18 years)	0	0	0	0	0	0	0	0	0
Pancreas TX alone	2	0	25	0	1	0	0	0	0
Kidney – Pancreas TX	40	0	117	3	35	0	0	0	0
TX from DCDD	0	0	0	0	0	0	0	0	0
SMALL BOWEL	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total TX (all combinations included)	0	0	1	0	1	0	0	0	0
Small bowel TX (men)	0	0	1	0	0	0	0	0	0
Paediatric (<18 years)	0	0	0	0	0	0	0	0	0
Small bowel TX alone	0	0	0	0	0	0	0	0	0
TX from DCDD	0	0	0	0	0	0	0	0	0
RECIPIENTS	Number	Number	Number	Number	Number	Number	Number	Number	Number
Total number of patients transplanted	2486	38	9274	654	1366	179	17	73	171
Male recipients	1398	22	5804	362	755	107	10	43	100
Paediatric (<18 years)	240	1	495	46	138	16	0	15	22
Patients transplanted from living donors	277	35	491	91	260	42	7	49	17

WAITING LISTS

EUROPEAN UNION COUNTRIES

COUNTRIES	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czechia	Denmark	Estonia	Finland
Population (million inhabitants): UNFPA	9.1	11.8	6.7	3.9	1.4	10.6	6.0	1.3	5.6
KIDNEY									
N. TX CENTRES	4	7	4	5	1	7	3	1	1
Patients included on the WL for the first time in the course of 2025	292	611	135	171	43	522	278	47	344
Total number of patients ever active on the WL during 2025	952	1813	1006	441	117	937	819	114	668
Patients awaiting for a transplant (only active candidates) on 31/12/2025	579	1214	921	265	92	313	339	50	250
Patients who died while on the WL during 2025	13	38	62	24	0	23	12	4	6
Patients on dialysis on 31/12/2025	4631		768	2500	1151			458	
LIVER									
N. TX CENTRES	3	6	2	2	0	2	1	1	1
Patients included on the WL for the first time in the course of 2025	180	415	26	257		268	60	18	86
Total number of patients ever active on the WL during 2025	236	550	53	511		324	91	28	95
Patients awaiting for a transplant (only active candidates) on 31/12/2025	39	145	22	323		90	26	9	24
Patients who died while on the WL during 2025	24	19	15	45		10	2	1	0
HEART									
N. TX CENTRES	3	7	1	2	0	3	2	0	1
Patients included on the WL for the first time in the course of 2025	75	79	14	44		100	36		18
Total number of patients ever active on the WL during 2025	144	145	32	69		143	56		46
Patients awaiting for a transplant (only active candidates) on 31/12/2025	65	57	20	7		42	17		15
Patients who died while on the WL during 2025	3	10	8	0		14	3		1
LUNG									
N. TX CENTRES	2	4	0	1	0	1	1	1	1
Patients included on the WL for the first time in the course of 2025	98	110	4	7		82	34	1	27
Total number of patients ever active on the WL during 2025	142	180	14	14		115	50	4	47
Patients awaiting for a transplant (only active candidates) on 31/12/2025	32	50	13	7		35	16	1	16
Patients who died while on the WL during 2025	1	5	1	0		5	0	0	1
PANCREAS									
N. TX CENTRES	3	7	0	1	1	1	1	1	1
Patients included on the WL for the first time in the course of 2025	14	14		7		36	3	0	26
Total number of patients ever active on the WL during 2025	33	51		22		67	11	5	43
Patients awaiting for a transplant (only active candidates) on 31/12/2025	10	40		13		22	4	2	10
Patients who died while on the WL during 2025	0	0		2		1	0	1	0
SMALL BOWEL									
N. TX CENTRES	1	1	0	1	0	1	0	0	1
Patients included on the WL for the first time in the course of 2025		2		3		3			0
Total number of patients ever active on the WL during 2025		7		4		4			1
Patients awaiting for a transplant (only active candidates) on 31/12/2025		5		0		0			1
Patients who died while on the WL during 2025		0		0		0			0

WAITING LISTS

EUROPEAN UNION COUNTRIES

COUNTRIES	France	Germany	Greece	Hungary	Ireland	Italy	Latvia	Lithuania	Luxembourg
Population (million inhabitants): UNFPA	66.7	84.1	9.9	9.6	5.3	59.2	1.9	2.8	0.7
KIDNEY									
N. TX CENTRES	45	38	5	4	1	39	1	2	0
Patients included on the WL for the first time in the course of 2025	5785	2641	245	343	177	2524	61	108	34
Total number of patients ever active on the WL during 2025	16 666	9038	1400	1081	679	8692	101	121	121
Patients awaiting for a transplant (only active candidates) on 31/12/2025	11 161	6237	1161	753	437	6307	39	117	93
Patients who died while on the WL during 2025	695	313	12	37	12	118	1	5	4
Patients on dialysis on 31/12/2025			12 402	6016	537		750		
LIVER									
N. TX CENTRES	24	19	2	1	1	22	1	2	0
Patients included on the WL for the first time in the course of 2025	1905	1517	93	104	40	1986	17	83	18
Total number of patients ever active on the WL during 2025	2327	2421	135	222	80	2903	27	26	26
Patients awaiting for a transplant (only active candidates) on 31/12/2025	426	938	59	128	37	1006	13	44	10
Patients who died while on the WL during 2025	205	224	6	11	5	69	6	10	4
HEART									
N. TX CENTRES	24	18	1	2	1	16	1	2	0
Patients included on the WL for the first time in the course of 2025	581	601	33	76	12	602	3	24	1
Total number of patients ever active on the WL during 2025	808	1265	58	103	14	1326	15	39	4
Patients awaiting for a transplant (only active candidates) on 31/12/2025	257	730	17	29	6	768	8	2	2
Patients who died while on the WL during 2025	75	66	1	7	0	41	2	7	0
LUNG									
N. TX CENTRES	11	14	1	1	1	9	0	2	0
Patients included on the WL for the first time in the course of 2025	343	432	20	27	39	204	1	3	1
Total number of patients ever active on the WL during 2025	450	746	35	35	63	473	2	8	8
Patients awaiting for a transplant (only active candidates) on 31/12/2025	90	323	19	15	25	257	2	4	7
Patients who died while on the WL during 2025	14	39	3	2	8	47	0	2	0
PANCREAS									
N. TX CENTRES	7	22	2	2	1	8	0	1	0
Patients included on the WL for the first time in the course of 2025	103	119	2	11	9	54			1
Total number of patients ever active on the WL during 2025	171	424	9	23	26	248			1
Patients awaiting for a transplant (only active candidates) on 31/12/2025	74	291	3	9	21	202			1
Patients who died while on the WL during 2025	1	18	0	2	0	0			0
SMALL BOWEL									
N. TX CENTRES	3	7	0	0	0	1	0	0	0
Patients included on the WL for the first time in the course of 2025	2	2				2			
Total number of patients ever active on the WL during 2025	4	10				8			
Patients awaiting for a transplant (only active candidates) on 31/12/2025	1	4				6			
Patients who died while on the WL during 2025	0	1				0			

WAITING LISTS

EUROPEAN UNION COUNTRIES

COUNTRIES	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden
Population (million inhabitants): UNFPA	0.6	18.4	38.1	10.4	18.9	5.5	2.1	47.9	10.7
KIDNEY									
N. TX CENTRES	1	10	20	9	4	4	1	42	4
Patients included on the WL for the first time in the course of 2025	24	1556	1307	651	622	146	62		530
Total number of patients ever active on the WL during 2025	121	2630	3002	2327	4366	440	122	8226	1147
Patients awaiting for a transplant (only active candidates) on 31/12/2025	96	1229	1024	1781	3770	271	60	4226	389
Patients who died while on the WL during 2025	4	101	95	21	115	15	4		23
Patients on dialysis on 31/12/2025	372		20 970	14 056	16 500	4000			
LIVER									
N. TX CENTRES	0	4	9	4	6	1	1	26	2
Patients included on the WL for the first time in the course of 2025		314	840	258	215	38	30	1437	236
Total number of patients ever active on the WL during 2025		391	1043	370	722	87	39	1755	264
Patients awaiting for a transplant (only active candidates) on 31/12/2025		72	231	111	632	25	9	309	55
Patients who died while on the WL during 2025		20	22	13	36	15	4	29	2
HEART									
N. TX CENTRES	0	3	7	4	3	1	1	19	2
Patients included on the WL for the first time in the course of 2025		97	274	83	13	30	43	454	65
Total number of patients ever active on the WL during 2025		211	746	133	49	67	92	589	88
Patients awaiting for a transplant (only active candidates) on 31/12/2025		122	365	48	70	33	49	145	23
Patients who died while on the WL during 2025		8	56	15	3	5	4	9	1
LUNG									
N. TX CENTRES	0	3	7	1	1	0	1	9	2
Patients included on the WL for the first time in the course of 2025		159	220	31	2		16	590	74
Total number of patients ever active on the WL during 2025		303	507	104	8		21	771	92
Patients awaiting for a transplant (only active candidates) on 31/12/2025		173	188	51	3		5	172	16
Patients who died while on the WL during 2025		10	38	7	2			7	4
PANCREAS									
N. TX CENTRES	0	3	4	2	1	1	1	13	4
Patients included on the WL for the first time in the course of 2025		37	39	25			2	105	37
Total number of patients ever active on the WL during 2025		77	91	48			4	209	59
Patients awaiting for a transplant (only active candidates) on 31/12/2025		34	29	29			2	93	17
Patients who died while on the WL during 2025		4	4	2				0	0
SMALL BOWEL									
N. TX CENTRES	0	1	1	0	1	0	0	3	1
Patients included on the WL for the first time in the course of 2025			1					11	0
Total number of patients ever active on the WL during 2025		1	1					16	5
Patients awaiting for a transplant (only active candidates) on 31/12/2025		1	1					3	4
Patients who died while on the WL during 2025			0					0	0

WAITING LISTS

OTHER COUNTRIES

COUNTRIES	Albania	Armenia	Australia	Bangladesh	Barbados	Belarus	Bosnia and Herzegovina	Cameroon	Canada	China	Ethiopia	Georgia	Guyana
Population (million inhabitants): UNFPA	2.8	3.0	27.0	175.7	0.3	9.0	3.1	29.9	40.1	1424.2	135.5	3.8	0.8
KIDNEY													
N. TX CENTRES	3	1	25	10	1	7	3	1	26	148	1	5	1
Patients included on the WL for the first time in the course of 2025	23	1198	850	436	23	43	43	37 954					
Total number of patients ever active on the WL during 2025	55	2692	1400	626	43	43	142 670						
Patients awaiting for a transplant (only active candidates) on 31/12/2025	8	1533	690	251	165	40	1992	104 030					
Patients who died while on the WL during 2025	0	3	160	12	3	0	74	1246					
Patients on dialysis on 31/12/2025	1390	16 152	20 100	1960	1500	1700							668
LIVER													
N. TX CENTRES	0	2	9	3	0	1	1	0	10	122	0	3	0
Patients included on the WL for the first time in the course of 2025		304	108	267	4		18 181						
Total number of patients ever active on the WL during 2025		420	267	148	28	458	7167						
Patients awaiting for a transplant (only active candidates) on 31/12/2025		122	13	9	3	86	1842						
Patients who died while on the WL during 2025													
HEART													
N. TX CENTRES	0	0	6	0	0	1	2	0	12	76	0	0	0
Patients included on the WL for the first time in the course of 2025		174	69	169	5		2333						
Total number of patients ever active on the WL during 2025		252	169	103	21	158	1720						
Patients awaiting for a transplant (only active candidates) on 31/12/2025		119	13	13	3	15	256						
Patients who died while on the WL during 2025		4											
LUNG													
N. TX CENTRES	0	0	4	0	0	2	0	0	5	60	0	0	0
Patients included on the WL for the first time in the course of 2025		167	6	31	6		1222						
Total number of patients ever active on the WL during 2025		277	31	22	2	207	1484						
Patients awaiting for a transplant (only active candidates) on 31/12/2025		92	11	31	71	31	235						
Patients who died while on the WL during 2025													
PANCREAS													
N. TX CENTRES	0	0	3	0	0	1	0	0	7	50	0	0	0
Patients included on the WL for the first time in the course of 2025		59	0	16	10		58						
Total number of patients ever active on the WL during 2025		129	64	1	6		6						
Patients awaiting for a transplant (only active candidates) on 31/12/2025													
Patients who died while on the WL during 2025													
SMALL BOWEL													
N. TX CENTRES	0	0	2	0	0	1	0	0	3	45	0	0	0
Patients included on the WL for the first time in the course of 2025		6	9	5	1		0						
Total number of patients ever active on the WL during 2025													
Patients awaiting for a transplant (only active candidates) on 31/12/2025													
Patients who died while on the WL during 2025													

WAITING LISTS

OTHER COUNTRIES

COUNTRIES	Population (million inhabitants): UNFPA	Iceland	India	Iran	Israel	Jamaica	Japan	Jordan	Kazakhstan	Kenya	Kuwait	Malaysia	Mauritius	Mongolia
		0.4	1463.9	92.4	9.5	2.8	123.1	11.5	20.8	57.5	5.0	36.0	1.3	3.5
KIDNEY														
N. TX CENTRES		1	732	28	6	2	121		7	8	1	8	1	3
Patients included on the WL for the first time in the course of 2025			20 598	1144	728		1500		704		128	159		57
Total number of patients ever active on the WL during 2025			66 557	9556			16 241				328	235		657
Patients awaiting for a transplant (only active candidates) on 31/12/2025			61 985	5200	1454	3	15 043		4052		227	123		626
Patients who died while on the WL during 2025			4		56		216		262		5	1		22
Patients on dialysis on 31/12/2025			42 750				337 414		18 000	8100	2300	56 766		4355
LIVER														
N. TX CENTRES		0	277	13	3	1	23		4	0	0	3	0	4
Patients included on the WL for the first time in the course of 2025			8189	148	162		426		87			15		53
Total number of patients ever active on the WL during 2025			21 488	4998			850					25		460
Patients awaiting for a transplant (only active candidates) on 31/12/2025			19 283	4134	133		519		251			12		453
Patients who died while on the WL during 2025				1	16		117		46			3		60
HEART														
N. TX CENTRES		0	176	8	2	0	12		4	0	1	1	0	0
Patients included on the WL for the first time in the course of 2025			590	75	63		126		51			23		
Total number of patients ever active on the WL during 2025			1196				947					30		
Patients awaiting for a transplant (only active candidates) on 31/12/2025			1744	478	100		766		175			26		
Patients who died while on the WL during 2025				5	5		30		25			3		
LUNG														
N. TX CENTRES		0	99	3	2	0	12		0	0	0	1	0	0
Patients included on the WL for the first time in the course of 2025			461	24	116		241		3			3		
Total number of patients ever active on the WL during 2025				140			687					4		
Patients awaiting for a transplant (only active candidates) on 31/12/2025			979	136	214		393		23			3		
Patients who died while on the WL during 2025				0	15		85		9			0		
PANCREAS														
N. TX CENTRES		0	77	4	2	0	19		0	0	0	0	0	0
Patients included on the WL for the first time in the course of 2025			87		8		36							
Total number of patients ever active on the WL during 2025							121							
Patients awaiting for a transplant (only active candidates) on 31/12/2025			309		8		84							
Patients who died while on the WL during 2025					0		6							
SMALL BOWEL														
N. TX CENTRES		0	39	1	1	0	13		0	0	0	0	0	0
Patients included on the WL for the first time in the course of 2025			33		1		5							
Total number of patients ever active on the WL during 2025			118		1		14							
Patients awaiting for a transplant (only active candidates) on 31/12/2025			102		1		9							
Patients who died while on the WL during 2025					0		4							

WAITING LISTS

OTHER COUNTRIES

COUNTRIES	New Zealand	Nigeria	Norway	Oman	Pakistan	Philippines	Qatar	Republic of Korea	Republic of Moldova	Rep. of North Macedonia	Serbia	South Africa
Population (million inhabitants): UNFPA	5.3	237.5	5.6	5.5	255.2	116.8	3.1	51.7	3.0	1.8	6.7	64.8
KIDNEY												
N. TX CENTRES	4	11	1	2	47	45	1	77	1	1	5	15
Patients included on the WL for the first time in the course of 2025		210				136	94	4273	26	9	57	1432
Total number of patients ever active on the WL during 2025		239	548			518	308		37		471	2513
Patients awaiting for a transplant (only active candidates) on 31/12/2025		170	395			286	197	36758	25	167	416	2276
Patients who died while on the WL during 2025		109	16			13	9	17392	3		17	237
Patients on dialysis on 31/12/2025	3432	290		3143	43000	84000	850		857	160	4000	7537
LIVER												
N. TX CENTRES	1	1	1	1	7	5	1	50	1	1	1	4
Patients included on the WL for the first time in the course of 2025				24		13	13	2002	29	6	17	47
Total number of patients ever active on the WL during 2025			40	24		12	23		83		95	50
Patients awaiting for a transplant (only active candidates) on 31/12/2025			38	20		7	9	6422	66	12	78	38
Patients who died while on the WL during 2025				1		2	0	1061	6		5	3
HEART												
N. TX CENTRES	1	0	1	1	0	1	1	26	1	1	2	5
Patients included on the WL for the first time in the course of 2025							4	438		3	10	74
Total number of patients ever active on the WL during 2025							7				48	164
Patients awaiting for a transplant (only active candidates) on 31/12/2025							4	1277		35	27	149
Patients who died while on the WL during 2025			0				0	176			4	24
LUNG												
N. TX CENTRES	1	0	1	0	0	1	1	11	0	0	0	3
Patients included on the WL for the first time in the course of 2025								330				27
Total number of patients ever active on the WL during 2025			5			0						21
Patients awaiting for a transplant (only active candidates) on 31/12/2025						5		477				37
Patients who died while on the WL during 2025			0			4		97				4
PANCREAS												
N. TX CENTRES	1	0	1	0	0	0	0	3	0	0	0	0
Patients included on the WL for the first time in the course of 2025								79				
Total number of patients ever active on the WL during 2025			6									
Patients awaiting for a transplant (only active candidates) on 31/12/2025			5					1568				
Patients who died while on the WL during 2025			0					78				
SMALL BOWEL												
N. TX CENTRES	0	0	0	0	0	0	0	0	0	0	0	0
Patients included on the WL for the first time in the course of 2025								0				
Total number of patients ever active on the WL during 2025												
Patients awaiting for a transplant (only active candidates) on 31/12/2025								24				
Patients who died while on the WL during 2025								0				

WAITING LISTS

OTHER COUNTRIES

COUNTRIES	Sri Lanka	State of Libya	Switzerland	Syrian Arab Republic	Thailand	Trinidad and Tobago	Tunisia	Türkiye	Ukraine	United Arab Emirates	United Kingdom	United States of America	Zambia
Population (million inhabitants): UNFPA	23.2	7.5	9.0	25.6	71.6	1.5	12.4	87.7	39.0	11.4	69.6	347.3	21.9
KIDNEY													
N. TX CENTRES	26	1	6	3	51	1	6	74	22	7	24	232	2
Patients included on the WL for the first time in the course of 2025			430		1883	74	75	5914	772	437	3667	39 936	
Total number of patients ever active on the WL during 2025	2500				8830	108		32 032	1502	585	11 162	90 256	
Patients awaiting for a transplant (only active candidates) on 31/12/2025	1112		421		6493	34	1425	25 725	1109	534	7122	51 638	
Patients who died while on the WL during 2025			27		156	27		2071		8	344	3318	
Patients on dialysis on 31/12/2025	6500		332			2300	13 000	70 886	2553	2206	4372		
LIVER													
N. TX CENTRES	4	0	3	0	12	0	4	48	7	4	7	144	0
Patients included on the WL for the first time in the course of 2025			202		325		17	2413	441	173	930	14 793	
Total number of patients ever active on the WL during 2025					757		38	5285	575	179	1795	22 903	
Patients awaiting for a transplant (only active candidates) on 31/12/2025			129		411		19	2674	414	72	654	6607	
Patients who died while on the WL during 2025			32		38		8	487		13	41	812	
HEART													
N. TX CENTRES	0	0	3	0	8	0	4	14	8	1	7	149	0
Patients included on the WL for the first time in the course of 2025			53		51			395	322	24	252	5627	
Total number of patients ever active on the WL during 2025					93		26	1901	547	43	633	9034	
Patients awaiting for a transplant (only active candidates) on 31/12/2025			23		37			1552	444	11	297	3205	
Patients who died while on the WL during 2025			4		6			251		0	21	207	
LUNG													
N. TX CENTRES	0	0	2	0	5	0	2	3	0	1	6	77	0
Patients included on the WL for the first time in the course of 2025			92		4			76	21	36	199	3752	
Total number of patients ever active on the WL during 2025					13			321	21	46	438	4827	
Patients awaiting for a transplant (only active candidates) on 31/12/2025			18		5			211	5	8	189	1016	
Patients who died while on the WL during 2025			5		0			69		1	28	81	
PANCREAS													
N. TX CENTRES	0	0	2	0	4	0	0	9	0	1	8	126	0
Patients included on the WL for the first time in the course of 2025			11		0			27	2	4	211	1587	
Total number of patients ever active on the WL during 2025					1			272	2	17	555	2984	
Patients awaiting for a transplant (only active candidates) on 31/12/2025			8		1			235	1	17	324	1418	
Patients who died while on the WL during 2025			2		0			23		0	29	119	
SMALL BOWEL													
N. TX CENTRES	0	0	2	0	2	0	0	3	0	0	4	17	0
Patients included on the WL for the first time in the course of 2025								7			22	94	
Total number of patients ever active on the WL during 2025								12			37	224	
Patients awaiting for a transplant (only active candidates) on 31/12/2025								4			13	103	
Patients who died while on the WL during 2025								6			1	15	

WAITING LISTS

LATIN AMERICAN COUNTRIES

COUNTRIES	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican Republic	Ecuador
Population (million inhabitants): UNFPA	45.9	12.6	212.8	19.9	53.4	5.2	10.9	11.5	18.3
KIDNEY									
N. TX CENTRES	64	12	177	20	30	7	8	5	9
Patients included on the WL for the first time in the course of 2025	2558	8	15 729	858	1503	133	98	131	330
Total number of patients ever active on the WL during 2025	8086	8	52 398	2096	5834	608	225	528	726
Patients awaiting for a transplant (only active candidates) on 31/12/2025	5468	8	38 871	1412	3898	323	155	480	599
Patients who died while on the WL during 2025	333	0	2155	26	77	221	60	22	2
Patients on dialysis on 31/12/2025	30 723	7430	258 711		43 924	913	3006	6000	18954
LIVER									
N. TX CENTRES	30		103	10	12	6	3	1	2
Patients included on the WL for the first time in the course of 2025	1003		4333		396	53	2		35
Total number of patients ever active on the WL during 2025	2052		5689	241	517	110	12		24
Patients awaiting for a transplant (only active candidates) on 31/12/2025	1031		1457		189	49	9		8
Patients who died while on the WL during 2025	119		683	33	13	10	1		1
HEART									
N. TX CENTRES	26		57	8	14	1	1	1	2
Patients included on the WL for the first time in the course of 2025	209		660		113	8	3		12
Total number of patients ever active on the WL during 2025	367		1036	26	134	9	5		22
Patients awaiting for a transplant (only active candidates) on 31/12/2025	176		387	22	27	3	2		6
Patients who died while on the WL during 2025	23		146	1	2	0	2		3
LUNG									
N. TX CENTRES	5		14	3	7	1	0	1	1
Patients included on the WL for the first time in the course of 2025	98		208		47	9			2
Total number of patients ever active on the WL during 2025	424		396	63	89	21			2
Patients awaiting for a transplant (only active candidates) on 31/12/2025	325		236	62	38	2			1
Patients who died while on the WL during 2025	49		40	7	5	3			0
PANCREAS									
N. TX CENTRES	16		21	2	11	1	0	1	0
Patients included on the WL for the first time in the course of 2025	87		223	10	38				
Total number of patients ever active on the WL during 2025	337		515	20	93				
Patients awaiting for a transplant (only active candidates) on 31/12/2025	217		316	22	38				
Patients who died while on the WL during 2025	13		20	1	1				
SMALL BOWEL									
N. TX CENTRES	2		5	0	6	1	0	0	0
Patients included on the WL for the first time in the course of 2025	1		3		3				
Total number of patients ever active on the WL during 2025	12		11		5				
Patients awaiting for a transplant (only active candidates) on 31/12/2025	10		6		4				
Patients who died while on the WL during 2025	1		1		0				

WAITING LISTS

LATIN AMERICAN COUNTRIES

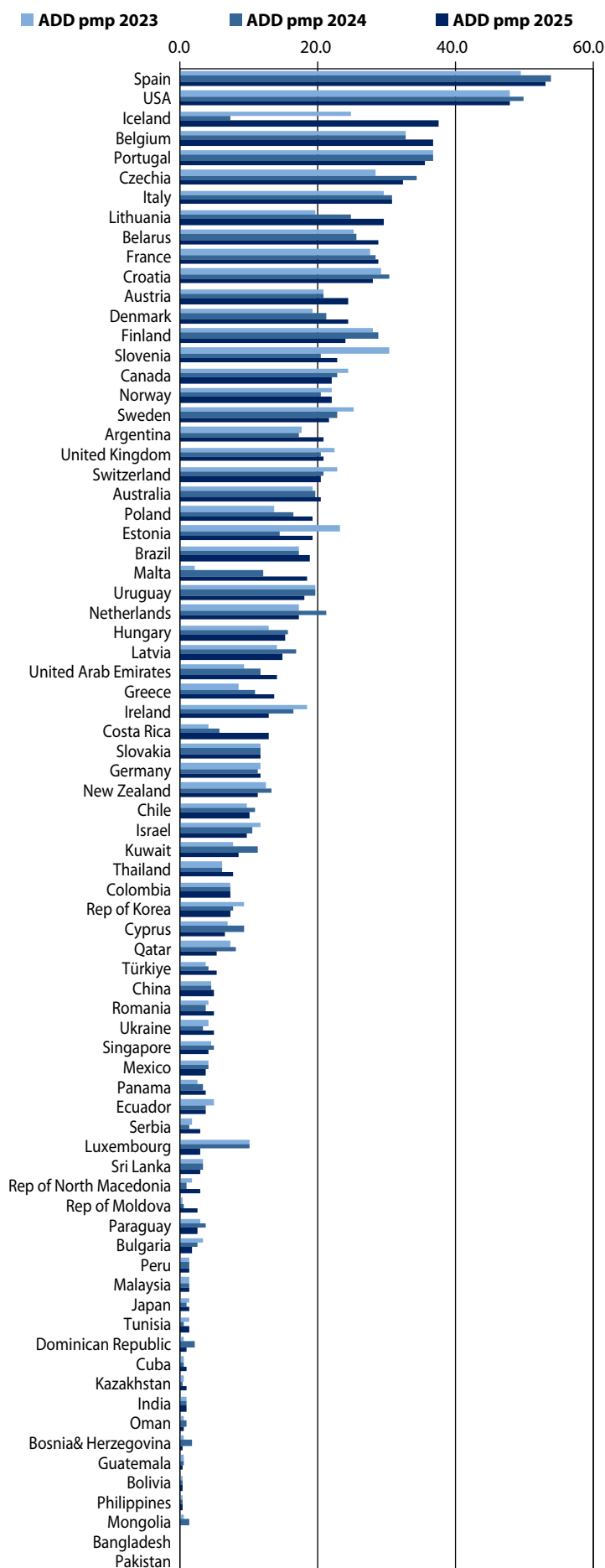
COUNTRIES	El Salvador	Guatemala	Honduras	Mexico	Panama	Paraguay	Peru	Uruguay
Population (million inhabitants): UNFPA	6.4	18.7	11.0	132.0	4.6	7.0	34.6	3.4
KIDNEY								
N. TX CENTRES	4	2	2	283	2	5	14	4
Patients included on the WL for the first time in the course of 2025		63		5558	175	42		258
Total number of patients ever active on the WL during 2025		74		22 233	300	173		786
Patients awaiting for a transplant (only active candidates) on 31/12/2025				16 444	250	141	583	622
Patients who died while on the WL during 2025		0		331	8	0		22
Patients on dialysis on 31/12/2025		74	5550		1045	3400		
LIVER								
N. TX CENTRES	0	0	0	86	1	1	5	1
Patients included on the WL for the first time in the course of 2025				362	10			36
Total number of patients ever active on the WL during 2025				631	17			71
Patients awaiting for a transplant (only active candidates) on 31/12/2025				200	14		45	35
Patients who died while on the WL during 2025				58	3			4
HEART								
N. TX CENTRES	0	0	0	61	1	2	4	3
Patients included on the WL for the first time in the course of 2025				57		7		46
Total number of patients ever active on the WL during 2025				74		14		121
Patients awaiting for a transplant (only active candidates) on 31/12/2025				22		7	4	86
Patients who died while on the WL during 2025				4		5		8
LUNG								
N. TX CENTRES	0	0	0	24	0	0	2	1
Patients included on the WL for the first time in the course of 2025				12				1
Total number of patients ever active on the WL during 2025				4				27
Patients awaiting for a transplant (only active candidates) on 31/12/2025				2			5	22
Patients who died while on the WL during 2025				0				3
PANCREAS								
N. TX CENTRES	0	0	0	27	0	0	1	0
Patients included on the WL for the first time in the course of 2025				1				
Total number of patients ever active on the WL during 2025				4				
Patients awaiting for a transplant (only active candidates) on 31/12/2025				2			2	
Patients who died while on the WL during 2025				0				
SMALL BOWEL								
N. TX CENTRES	0	0	0	7	0	0	0	0
Patients included on the WL for the first time in the course of 2025								
Total number of patients ever active on the WL during 2025								
Patients awaiting for a transplant (only active candidates) on 31/12/2025								
Patients who died while on the WL during 2025								

International Data on Organ Donation and Transplantation Activity. Year 2025 vs 2024 vs 2023



2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

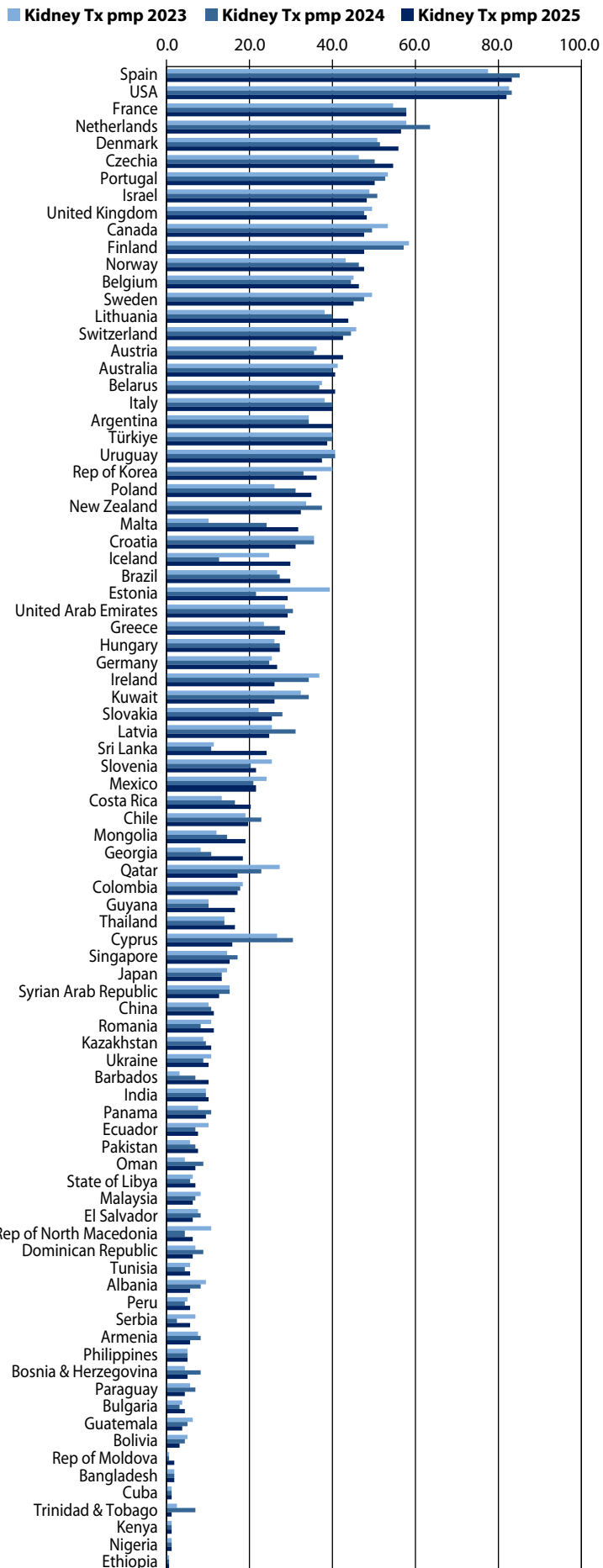
Actual Deceased Donors (ADD)



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Argentina	816	17.8	803	17.4	955	20.8
Australia	513	19.4	527	19.7	557	20.6
Austria	188	20.9	187	20.8	223	24.5
Bangladesh	1	0	1	0	0	0
Belarus	240	25.3	242	25.5	259	28.8
Belgium	383	32.7	381	32.6	435	36.9
Bolivia	4	0.3	4	0.3	2	0.2
Bosnia & Herzegovina	2	0.6	6	1.9	1	0.3
Brazil	3759	17.4	3771	17.3	3983	18.7
Bulgaria	22	3.3	16	2.4	13	1.9
Canada	952	24.5	894	22.9	888	22.1
Chile	192	9.8	213	10.8	203	10.2
China	6454	4.5	6744	4.7	6931	4.9
Colombia	388	7.4	388	7.4	400	7.5
Costa Rica	21	4	29	5.6	66	12.7
Croatia	116	29	121	30.3	110	28.2
Cuba	7	0.6	5	0.4	11	1
Cyprus	9	6.9	12	9.2	9	6.4
Czechia	299	28.5	360	34.3	341	32.2
Denmark	113	19.2	125	21.2	146	24.3
Dominican Republic	8	0.7	24	2.1	13	1.1
Ecuador	88	4.8	72	3.9	66	3.6
Estonia	30	23.1	19	14.6	25	19.2
Finland	155	28.2	159	28.9	135	24.1
France	1791	27.6	1856	28.6	1915	28.7
Germany	965	11.6	953	11.4	985	11.7
Greece	87	8.4	111	10.8	137	13.8
Guatemala	7	0.4	10	0.5	5	0.3
Hungary	131	12.8	157	15.7	147	15.3
Iceland	10	25	3	7.5	15	37.5
India	1099	0.8	1128	0.8	1235	0.8
Ireland	95	18.6	84	16.5	69	13
Israel	107	11.6	97	10.4	93	9.8
Italy	1731	29.4	1795	30.6	1827	30.9
Japan	145	1.2	138	1.1	156	1.3
Kazakhstan	7	0.4	6	0.3	18	0.9
Kuwait	33	7.7	48	11.2	42	8.4
Latvia	25	13.9	30	16.7	28	14.7
Lithuania	53	19.6	67	24.8	83	29.6
Luxembourg	7	10	7	10	2	2.9
Malaysia	43	1.3	45	1.3	48	1.3
Malta	1	2	6	12	11	18.3
Mexico	513	4	545	4.2	516	3.9
Mongolia	2	0.6	5	1.4	0	0
Netherlands	304	17.3	373	21.1	317	17.2
New Zealand	64	12.3	70	13.2	60	11.3
Norway	122	22.2	113	20.5	124	22.1
Oman	2	0.4	5	1.1	4	0.7
Pakistan	2	0	1	0	1	0
Panama	12	2.7	15	3.3	17	3.7
Paraguay	21	3	26	3.8	17	2.4
Peru	50	1.5	51	1.5	51	1.5
Philippines	15	0.1	8	0.1	8	0.1
Poland	566	13.8	667	16.6	732	19.2
Portugal	375	36.8	374	36.7	370	35.6
Qatar	20	7.4	22	8.1	17	5.5
Rep of Korea	483	9.3	397	7.7	370	7.2
Rep of Moldova	1	0.3	2	0.6	8	2.7
Rep of North Macedonia	4	1.9	2	1	5	2.8
Romania	82	4.1	73	3.7	91	4.8
Serbia	13	1.8	9	1.3	20	3
Singapore	28	4.7	29	4.8	25	4.2
Slovakia	68	11.7	66	11.6	65	11.8
Slovenia	64	30.5	43	20.5	48	22.9
Spain	2346	49.4	2562	53.9	2547	53.2
Sri Lanka	74	3.4	70	3.2	68	2.9
Sweden	267	25.2	243	22.7	233	21.8
Switzerland	200	22.7	187	21	185	20.6
Thailand	446	6.2	436	6.1	545	7.6
Tunisia	17	1.4	8	0.6	16	1.3
Türkiye	305	3.6	364	4.2	481	5.5
Ukraine	149	4.1	130	3.4	189	4.8
United Arab Emirates	87	9.2	111	11.6	158	13.9
United Kingdom	1513	22.3	1385	20.4	1441	20.7
Uruguay	67	19.7	67	19.7	61	17.9
USA	16336	48	16989	49.7	16553	47.7

2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

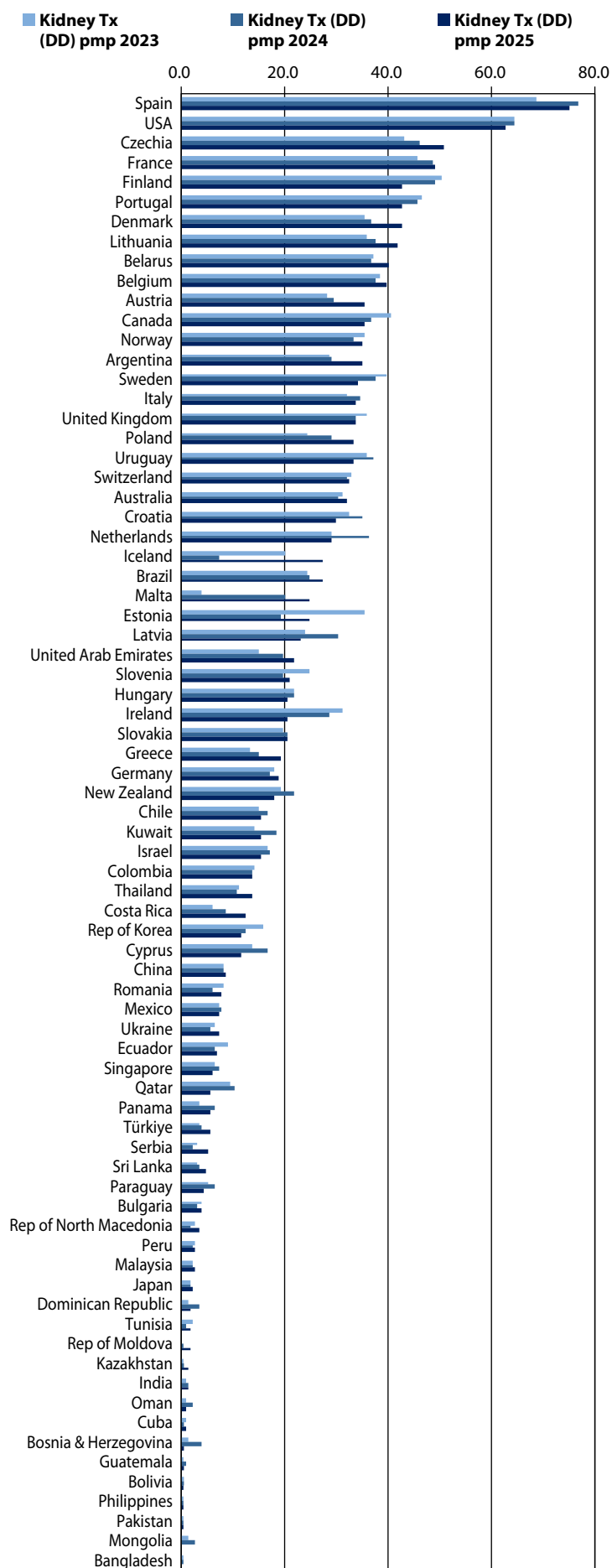
Kidney Transplants



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Albania	26	9.3	23	8.2	16	5.7
Argentina	1585	34.6	1582	34.3	1830	39.9
Armenia	21	7.5	23	8.2	17	5.7
Australia	1086	41.1	1065	39.9	1093	40.5
Austria	327	36.3	319	35.4	385	42.3
Bangladesh	319	1.8	305	1.7	326	1.9
Barbados	1	3.3	2	6.7	3	10.0
Belarus	355	37.4	351	36.9	363	40.3
Belgium	529	45.2	523	44.7	549	46.5
Bolivia	62	5.0	58	4.6	38	3.0
Bosnia & Herzegovina	14	4.4	26	8.1	15	4.8
Brazil	5811	26.9	5886	27.0	6289	29.6
Bulgaria	27	4.0	22	3.3	30	4.5
Canada	2078	53.6	1929	49.3	1921	47.9
Chile	378	19.3	445	22.6	393	19.7
China	14968	10.4	15387	10.7	16013	11.2
Colombia	965	18.5	925	17.7	929	17.4
Costa Rica	68	13.1	85	16.3	104	20.0
Croatia	141	35.3	143	35.8	121	31.0
Cuba	13	1.2	13	1.2	17	1.6
Cyprus	35	26.9	40	30.8	22	15.7
Czechia	488	46.5	524	49.9	579	54.6
Denmark	298	50.5	305	51.7	336	56.0
Dominican Republic	79	7.0	102	8.9	70	6.1
Ecuador	182	10.0	131	7.1	142	7.8
El Salvador	47	7.3	51	8.0	40	6.3
Estonia	51	39.2	28	21.5	38	29.2
Ethiopia	8	0.1	10	0.1	10	0.1
Finland	321	58.4	314	57.1	268	47.9
France	3525	54.4	3757	57.9	3867	58.0
Georgia	31	8.4	41	11.1	70	18.4
Germany	2122	25.5	2075	24.9	2266	26.9
Greece	241	23.4	278	27.0	284	28.7
Guatemala	111	6.1	89	4.8	70	3.7
Guyana	8	10.0	8	10.0	13	16.3
Hungary	265	26.0	272	27.2	261	27.2
Iceland	10	25.0	5	12.5	12	30.0
India	13426	9.4	13476	9.3	14477	9.9
Ireland	189	37.1	175	34.3	138	26.0
Israel	451	49.0	474	51.0	458	48.2
Italy	2244	38.1	2367	40.3	2367	40.0
Japan	1792	14.5	1650	13.5	1628	13.2
Kazakhstan	180	9.2	192	9.7	221	10.6
Kenya	53	1.0	57	1.0	56	1.0
Kuwait	140	32.6	148	34.4	129	25.8
Latvia	46	25.6	56	31.1	47	24.7
Lithuania	103	38.1	108	40.0	123	43.9
Malaysia	279	8.1	252	7.3	228	6.3
Malta	5	10.0	12	24.0	19	31.7
Mexico	3082	24.0	2741	21.2	2818	21.3
Mongolia	40	11.8	50	14.3	66	18.9
Netherlands	1020	58.0	1126	63.6	1035	56.3
New Zealand	175	33.7	198	37.4	171	32.3
Nigeria	253	1.1	257	1.1	223	0.9
Norway	237	43.1	255	46.4	267	47.7
Oman	19	4.1	41	8.7	38	6.9
Pakistan	1324	5.5	1671	6.8	1912	7.5
Panama	35	7.8	48	10.7	43	9.3
Paraguay	39	5.7	50	7.2	32	4.6
Peru	171	5.0	158	4.6	197	5.7
Philippines	610	5.2	636	5.3	571	4.9
Poland	1073	26.2	1259	31.3	1338	35.1
Portugal	547	53.6	538	52.7	525	50.5
Qatar	74	27.4	62	23.0	54	17.4
Rep of Korea	2070	40.0	1704	33.0	1866	36.1
Rep of Moldova	1	0.3	1	0.3	6	2.0
Rep of North Macedonia	22	10.5	9	4.3	11	6.1
Romania	219	11.0	167	8.5	210	11.1
Serbia	51	7.2	17	2.4	38	5.7
Singapore	88	14.7	103	16.9	91	15.4
Slovakia	130	22.4	158	27.7	139	25.3
Slovenia	53	25.2	43	20.5	45	21.4
Spain	3690	77.7	4049	85.2	4000	83.5
Sri Lanka	252	11.5	241	11.0	557	24.0
State of Libya	45	6.5	41	5.9	50	6.7
Sweden	523	49.3	512	47.9	482	45.0
Switzerland	400	45.5	395	44.4	384	42.7
Syrian Arab Republic	348	15.0	373	15.3	328	12.8
Thailand	985	13.7	986	13.7	1162	16.2
Trinidad & Tobago	4	2.7	10	6.7	2	1.3
Tunisia	71	5.7	55	4.4	73	5.9
Türkiye	3452	40.2	3468	40.2	3386	38.6
Ukraine	396	10.8	337	8.9	393	10.1
United Arab Emirates	274	28.8	291	30.3	331	29.0
United Kingdom	3370	49.8	3247	47.8	3340	48.0
Uruguay	138	40.6	138	40.6	127	37.4
USA	28144	82.8	28493	83.4	28378	81.7

2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

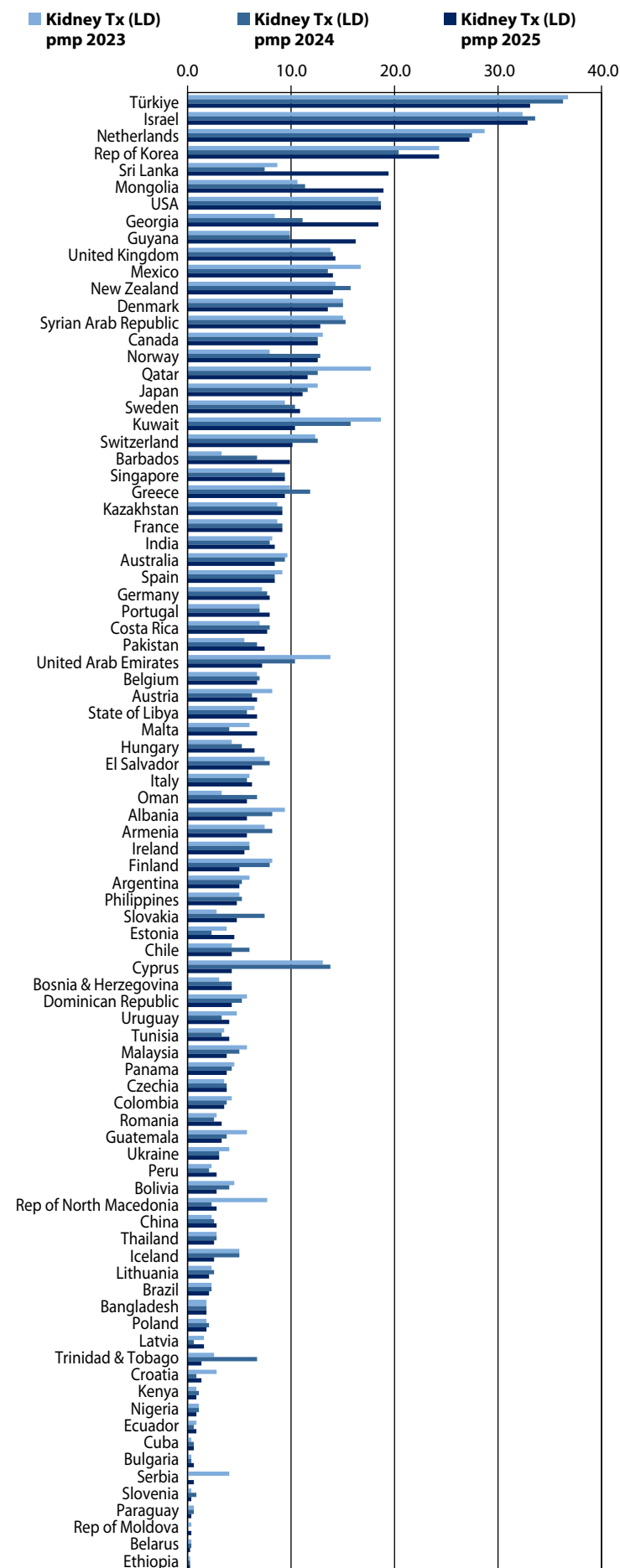
Kidney Transplants (from Deceased Donors)



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Argentina	1311	28.6	1341	29.1	1605	35.0
Australia	829	31.4	812	30.4	865	32.0
Austria	254	28.2	264	29.3	324	35.6
Bangladesh	2	0.0	2	0.0	0	0.0
Belarus	352	37.1	347	36.5	361	40.1
Belgium	449	38.4	441	37.7	469	39.7
Bolivia	7	0.6	8	0.6	3	0.2
Bosnia & Herzegovina	4	1.3	12	3.8	2	0.6
Brazil	5283	24.4	5365	24.7	5844	27.5
Bulgaria	25	3.7	20	3.0	26	3.9
Canada	1567	40.4	1438	36.8	1418	35.4
Chile	294	15.0	327	16.6	307	15.4
China	11575	8.1	11832	8.3	12091	8.5
Colombia	741	14.2	726	13.9	735	13.8
Costa Rica	32	6.2	44	8.5	64	12.3
Croatia	130	32.5	140	35.0	116	29.7
Cuba	9	0.8	6	0.5	10	0.9
Cyprus	18	13.8	22	16.9	16	11.4
Czechia	452	43.0	484	46.1	540	50.9
Denmark	209	35.4	216	36.6	255	42.5
Dominican Republic	15	1.3	41	3.6	22	1.9
Ecuador	167	9.2	120	6.5	125	6.8
Estonia	46	35.4	25	19.2	32	24.6
Finland	276	50.2	271	49.3	240	42.9
France	2968	45.8	3159	48.7	3262	48.9
Germany	1514	18.2	1443	17.3	1594	19.0
Greece	138	13.4	155	15.0	192	19.4
Guatemala	7	0.4	18	1.0	10	0.5
Hungary	221	21.7	220	22.0	198	20.6
Iceland	8	20.0	3	7.5	11	27.5
India	1635	1.1	1918	1.3	1986	1.4
Ireland	159	31.2	145	28.4	109	20.6
Israel	154	16.7	161	17.3	145	15.3
Italy	1898	32.2	2031	34.6	2003	33.8
Japan	248	2.0	233	1.9	263	2.1
Kazakhstan	8	0.4	12	0.6	29	1.4
Kuwait	60	14.0	80	18.6	77	15.4
Latvia	43	23.9	55	30.6	44	23.2
Lithuania	97	35.9	101	37.4	117	41.8
Malaysia	82	2.4	79	2.3	94	2.6
Malta	2	4.0	10	20.0	15	25.0
Mexico	918	7.1	990	7.7	950	7.2
Mongolia	4	1.2	10	2.9	0	0.0
Netherlands	515	29.3	639	36.1	536	29.1
New Zealand	101	19.4	115	21.7	96	18.1
Norway	194	35.3	184	33.5	197	35.2
Oman	4	0.9	10	2.1	6	1.1
Pakistan	3	0.0	2	0.0	2	0.0
Panama	15	3.3	29	6.4	26	5.7
Paraguay	35	5.1	46	6.7	29	4.1
Peru	91	2.6	83	2.4	96	2.8
Philippines	29	0.2	15	0.1	16	0.1
Poland	995	24.3	1177	29.3	1269	33.3
Portugal	476	46.7	467	45.8	443	42.6
Qatar	26	9.6	28	10.4	18	5.8
Rep of Korea	814	15.7	644	12.5	604	11.7
Rep of Moldova	0	0.0	1	0.3	5	1.7
Rep of North Macedonia	6	2.9	4	1.9	6	3.3
Romania	161	8.1	118	6.0	148	7.8
Serbia	23	3.2	17	2.4	34	5.1
Singapore	39	6.5	46	7.5	36	6.1
Slovakia	114	19.7	116	20.4	113	20.5
Slovenia	52	24.8	41	19.5	44	21.0
Spain	3255	68.5	3651	76.9	3596	75.1
Sri Lanka	63	2.9	78	3.6	108	4.7
Sweden	423	39.9	401	37.5	367	34.3
Switzerland	291	33.1	284	31.9	292	32.4
Thailand	791	11.0	781	10.9	974	13.6
Tunisia	27	2.2	14	1.1	22	1.8
Türkiye	301	3.5	347	4.0	486	5.5
Ukraine	245	6.7	218	5.8	278	7.1
United Arab Emirates	143	15.1	191	19.9	250	21.9
United Kingdom	2438	36.0	2299	33.8	2344	33.7
Uruguay	122	35.9	127	37.4	113	33.2
USA	21854	64.3	22074	64.6	21856	62.9

2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

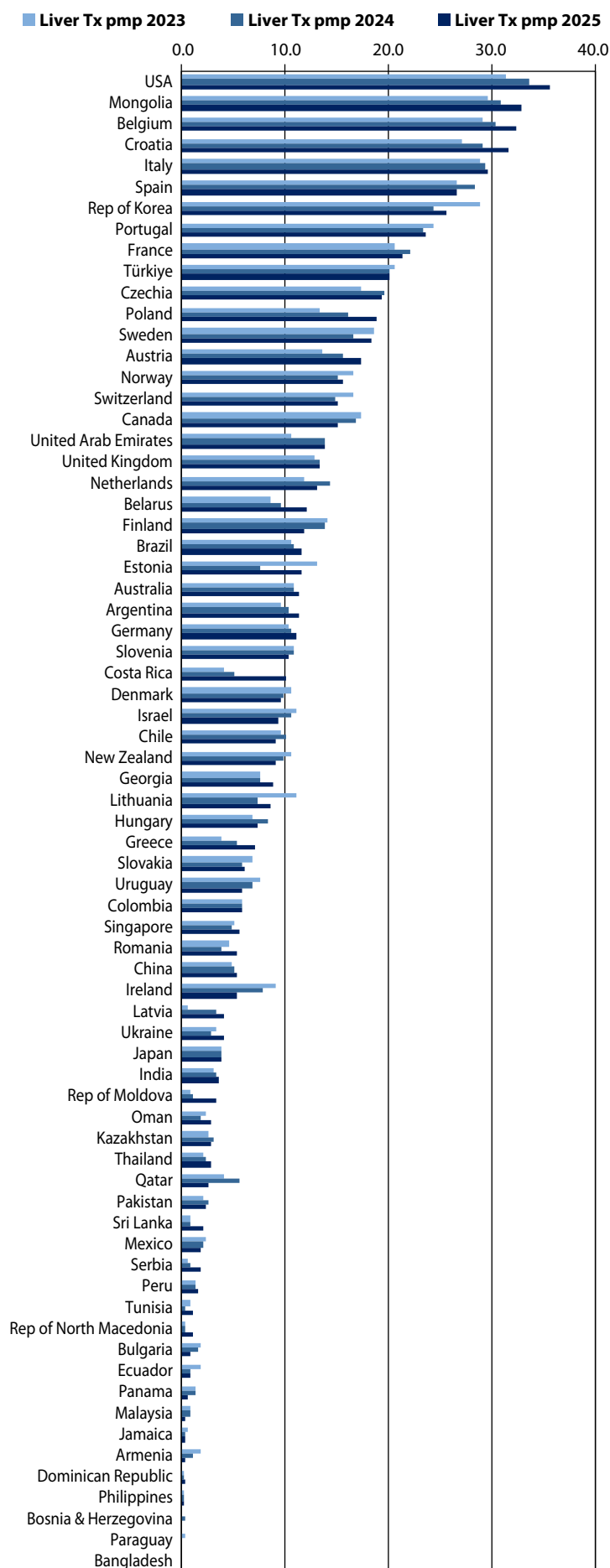
Kidney Transplants (from Living Donors)



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Albania	26	9.3	23	8.2	16	5.7
Argentina	274	6.0	241	5.2	225	4.9
Armenia	21	7.5	23	8.2	17	5.7
Australia	257	9.7	253	9.5	228	8.4
Austria	73	8.1	55	6.1	61	6.7
Bangladesh	317	1.8	303	1.7	326	1.9
Barbados	1	3.3	2	6.7	3	10.0
Belarus	3	0.3	4	0.4	2	0.2
Belgium	80	6.8	82	7.0	80	6.8
Bolivia	55	4.4	50	4.0	35	2.8
Bosnia & Herzegovina	10	3.1	14	4.4	13	4.2
Brazil	528	2.4	521	2.4	445	2.1
Bulgaria	2	0.3	2	0.3	4	0.6
Canada	511	13.2	491	12.6	503	12.5
Chile	84	4.3	118	6.0	86	4.3
China	3393	2.4	3555	2.5	3922	2.8
Colombia	224	4.3	199	3.8	194	3.6
Costa Rica	36	6.9	41	7.9	40	7.7
Croatia	11	2.8	3	0.8	5	1.3
Cuba	4	0.4	7	0.6	7	0.6
Cyprus	17	13.1	18	13.8	6	4.3
Czechia	36	3.4	40	3.8	39	3.7
Denmark	89	15.1	89	15.1	81	13.5
Dominican Republic	64	5.7	61	5.4	48	4.2
Ecuador	15	0.8	11	0.6	17	0.9
El Salvador	47	7.3	51	8.0	40	6.3
Estonia	5	3.8	3	2.3	6	4.6
Ethiopia	8	0.1	10	0.1	10	0.1
France	45	8.2	43	7.8	28	5.0
France	557	8.6	598	9.2	605	9.1
Georgia	31	8.4	41	11.1	70	18.4
Germany	608	7.3	632	7.6	672	8.0
Greece	103	10.0	123	11.9	92	9.3
Guatemala	104	5.7	71	3.9	60	3.2
Guyana	8	10.0	8	10.0	13	16.3
Hungary	44	4.3	52	5.2	63	6.6
Iceland	2	5.0	2	5.0	1	2.5
India	11791	8.3	11558	8.0	12491	8.5
Ireland	30	5.9	30	5.9	29	5.5
Israel	297	32.3	313	33.7	313	32.9
Italy	346	5.9	336	5.7	364	6.1
Japan	1544	12.5	1417	11.6	1365	11.1
Kazakhstan	172	8.8	180	9.1	192	9.2
Kenya	53	1.0	57	1.0	56	1.0
Kuwait	80	18.6	68	15.8	52	10.4
Latvia	3	1.7	1	0.6	3	1.6
Lithuania	6	2.2	7	2.6	6	2.1
Malaysia	197	5.7	173	5.0	134	3.7
Malta	3	6.0	2	4.0	4	6.7
Mexico	2164	16.8	1751	13.5	1868	14.2
Mongolia	36	10.6	40	11.4	66	18.9
Netherlands	505	28.7	487	27.5	499	27.1
New Zealand	74	14.2	83	15.7	75	14.2
Nigeria	253	1.1	257	1.1	223	0.9
Norway	43	7.8	71	12.9	70	12.5
Oman	15	3.3	31	6.6	32	5.8
Pakistan	1321	5.5	1669	6.8	1910	7.5
Panama	20	4.4	19	4.2	17	3.7
Paraguay	4	0.6	4	0.6	3	0.4
Peru	80	2.3	75	2.2	101	2.9
Philippines	581	5.0	621	5.2	555	4.8
Poland	78	1.9	82	2.0	69	1.8
Portugal	71	7.0	71	7.0	82	7.9
Qatar	48	17.8	34	12.6	36	11.6
Rep of Korea	1256	24.2	1060	20.5	1262	24.4
Rep of Moldova	1	0.3	0	0.0	1	0.3
Rep of North Macedonia	16	7.6	5	2.4	5	2.8
Romania	58	2.9	49	2.5	62	3.3
Serbia	28	3.9	0	0.0	4	0.6
Singapore	49	8.2	57	9.3	55	9.3
Slovakia	16	2.8	42	7.4	26	4.7
Slovenia	1	0.5	2	1.0	1	0.5
Spain	435	9.2	398	8.4	404	8.4
Sri Lanka	189	8.6	163	7.4	449	19.4
State of Libya	45	6.5	41	5.9	50	6.7
Sweden	100	9.4	111	10.4	115	10.7
Switzerland	109	12.4	111	12.5	92	10.2
Syrian Arab Republic	348	15.0	373	15.3	328	12.8
Thailand	194	2.7	205	2.9	188	2.6
Trinidad & Tobago	4	2.7	10	6.7	2	1.3
Tunisia	44	3.5	41	3.3	51	4.1
Türkiye	3151	36.7	3121	36.2	2900	33.1
Ukraine	151	4.1	119	3.1	115	2.9
United Arab Emirates	131	13.8	100	10.4	81	7.1
United Kingdom	932	13.8	948	13.9	996	14.3
Uruguay	16	4.7	11	3.2	14	4.1
USA	6290	18.5	6419	18.8	6522	18.8

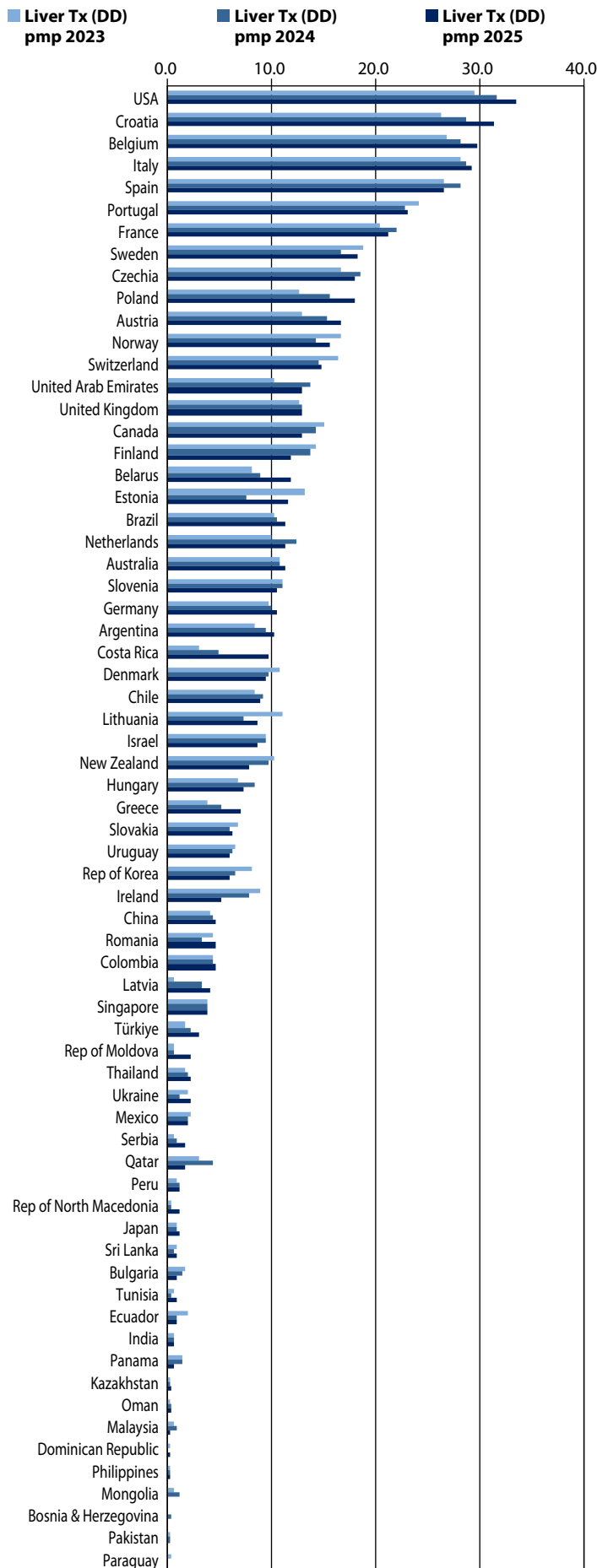
2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

Liver Transplants



2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

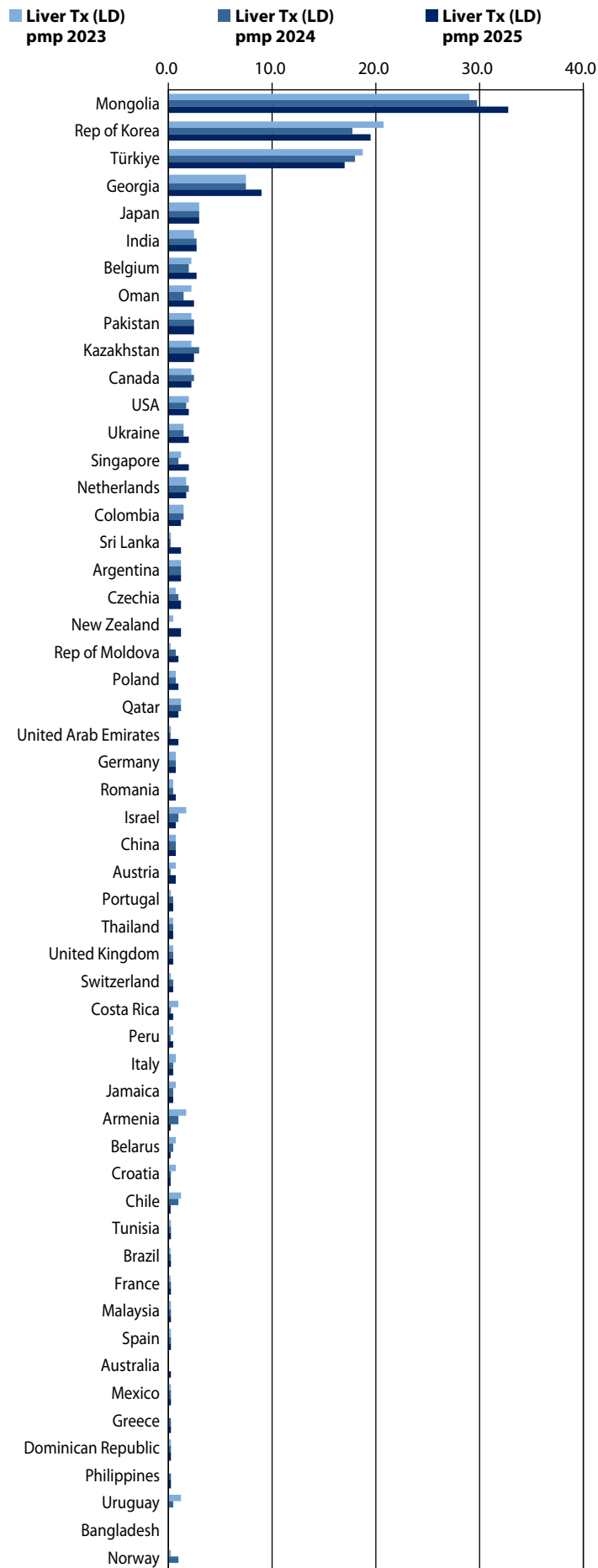
Liver Transplants (from Deceased Donors)



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Argentina	388	8.5	432	9.4	468	10.2
Australia	287	10.9	290	10.9	305	11.3
Austria	117	13.0	137	15.2	151	16.6
Belarus	77	8.1	86	9.1	107	11.9
Belgium	314	26.8	330	28.2	350	29.7
Bosnia & Herzegovina	0	0.0	1	0.3	0	0.0
Brazil	2227	10.3	2296	10.6	2431	11.4
Bulgaria	12	1.8	10	1.5	6	0.9
Canada	583	15.0	556	14.2	514	12.8
Chile	164	8.4	183	9.3	176	8.8
China	5972	4.2	6242	4.4	6582	4.6
Colombia	227	4.4	223	4.3	242	4.5
Costa Rica	16	3.1	26	5.0	51	9.8
Croatia	105	26.3	115	28.8	122	31.3
Czechia	175	16.7	196	18.7	192	18.1
Denmark	63	10.7	58	9.8	57	9.5
Dominican Republic	1	0.1	0	0.0	2	0.2
Ecuador	35	1.9	17	0.9	15	0.8
Estonia	17	13.1	10	7.7	15	11.5
Finland	78	14.2	76	13.8	67	12.0
France	1323	20.4	1423	21.9	1417	21.2
Germany	816	9.8	834	10.0	875	10.4
Greece	40	3.9	52	5.0	69	7.0
Hungary	70	6.9	83	8.3	71	7.4
India	840	0.6	952	0.7	1034	0.7
Ireland	46	9.0	40	7.8	28	5.3
Israel	86	9.3	89	9.6	81	8.5
Italy	1662	28.2	1691	28.8	1730	29.2
Japan	118	1.0	117	1.0	129	1.0
Kazakhstan	5	0.3	4	0.2	10	0.5
Latvia	1	0.6	6	3.3	8	4.2
Lithuania	30	11.1	20	7.4	24	8.6
Malaysia	24	0.7	27	0.8	9	0.3
Mexico	276	2.1	267	2.1	248	1.9
Mongolia	2	0.6	4	1.1	0	0.0
Netherlands	178	10.1	218	12.3	210	11.4
New Zealand	53	10.2	52	9.8	42	7.9
Norway	91	16.5	78	14.2	88	15.7
Oman	1	0.2	2	0.4	2	0.4
Pakistan	1	0.0	2	0.0	0	0.0
Panama	6	1.3	6	1.3	3	0.7
Paraguay	2	0.3	0	0.0	0	0.0
Peru	31	0.9	39	1.1	41	1.2
Philippines	3	0.0	2	0.0	3	0.0
Poland	523	12.8	626	15.6	684	18.0
Portugal	247	24.2	233	22.8	240	23.1
Qatar	8	3.0	12	4.4	5	1.6
Rep of Korea	420	8.1	342	6.6	304	5.9
Rep of Moldova	2	0.6	2	0.6	7	2.3
Rep of North Macedonia	1	0.5	1	0.5	2	1.1
Romania	86	4.3	63	3.2	87	4.6
Serbia	4	0.6	6	0.8	12	1.8
Singapore	23	3.8	24	3.9	22	3.7
Slovakia	40	6.9	34	6.0	34	6.2
Slovenia	23	11.0	23	11.0	22	10.5
Spain	1260	26.5	1336	28.1	1270	26.5
Sri Lanka	17	0.8	14	0.6	24	1.0
Sweden	198	18.7	177	16.5	196	18.3
Switzerland	145	16.5	129	14.5	133	14.8
Thailand	118	1.6	142	2.0	166	2.3
Tunisia	8	0.6	4	0.3	11	0.9
Türkiye	156	1.8	188	2.2	271	3.1
Ukraine	69	1.9	48	1.3	86	2.2
United Arab Emirates	98	10.3	131	13.6	148	13.0
United Kingdom	849	12.5	870	12.8	896	12.9
Uruguay	22	6.5	21	6.2	20	5.9
USA	10002	29.4	10854	31.8	11635	33.5

2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

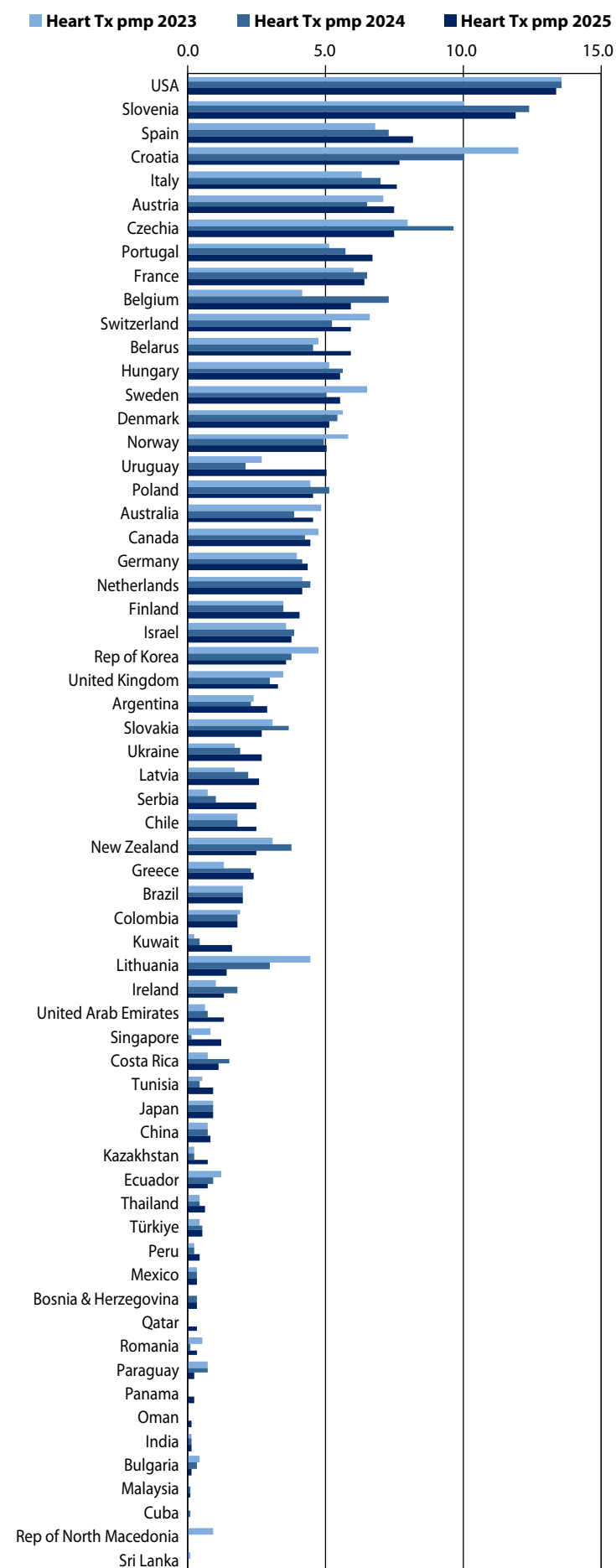
Liver Transplants (from Living Donors)



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Argentina	54	1.2	51	1.1	52	1.1
Armenia	5	1.8	3	1.1	1	0.3
Australia	0	0.0			3	0.1
Austria	6	0.7	3	0.3	6	0.7
Bangladesh	0	0	0	0	2	0
Belarus	6	0.6	5	0.5	3	0.3
Belgium	26	2.2	24	2.1	31	2.6
Brazil	55	0.3	49	0.2	47	0.2
Canada	86	2.2	99	2.5	89	2.2
Chile	24	1.2	18	0.9	5	0.3
China	918	0.6	944	0.7	956	0.7
Colombia	80	1.5	79	1.5	66	1.2
Costa Rica	5	1.0	1	0.2	2	0.4
Croatia	3	0.8	1	0.3	1	0.3
Czechia	8	0.8	10	1.0	12	1.1
Dominican Republic	1	0.1	1	0.1	1	0.1
France	18	0.3	16	0.2	11	0.2
Georgia	28	7.6	28	7.6	34	8.9
Germany	50	0.6	56	0.7	67	0.8
Greece	0	0.0	2	0.2	1	0.1
India	3643	2.6	3946	2.7	4120	2.8
Israel	16	1.7	9	1.0	7	0.7
Italy	39	0.7	30	0.5	22	0.4
Jamaica	2	0.7	1	0.4	1	0.4
Japan	352	2.9	361	2.9	357	2.9
Kazakhstan	45	2.3	57	2.9	50	2.4
Malaysia	5	0.1	3	0.1	5	0.1
Mexico	22	0.2	13	0.1	14	0.1
Mongolia	99	29.1	104	29.7	115	32.9
Netherlands	29	1.6	35	2.0	33	1.8
New Zealand	2	0.4	0	0.0	6	1.1
Norway	1	0.2	5	0.9		
Oman	10	2.2	7	1.5	14	2.5
Pakistan	525	2.2	614	2.5	623	2.4
Peru	12	0.3	9	0.3	13	0.4
Philippines	0	0.0	1	0.0	6	0.1
Poland	27	0.7	24	0.6	37	1.0
Portugal	2	0.2	4	0.4	6	0.6
Qatar	3	1.1	3	1.1	3	1.0
Rep of Korea	1077	20.8	920	17.8	1014	19.6
Rep of Moldova	1	0.3	2	0.6	3	1.0
Romania	8	0.4	11	0.6	14	0.7
Singapore	7	1.2	6	1.0	11	1.9
Spain	2	0.0	7	0.1	6	0.1
Sri Lanka	4	0.2	6	0.3	28	1.2
Switzerland	1	0.1	4	0.4	4	0.4
Thailand	36	0.5	36	0.5	38	0.5
Tunisia	2	0.2	2	0.2	3	0.2
Türkiye	1600	18.6	1543	17.9	1499	17.1
Ukraine	57	1.6	59	1.6	75	1.9
United Arab Emirates	2	0.2	3	0.3	10	0.9
United Kingdom	28	0.4	33	0.5	32	0.5
Uruguay	4	1.2	2	0.6	0	0.0
USA	652	1.9	600	1.8	697	2.0

2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

Heart Transplants



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Argentina	110	2.4	104	2.3	134	2.9
Australia	129	4.9	102	3.8	124	4.6
Austria	64	7.1	59	6.6	68	7.5
Belarus	45	4.7	43	4.5	53	5.9
Belgium	49	4.2	85	7.3	70	5.9
Bosnia & Herzegovina	0	0.0	1	0.3	1	0.3
Brazil	429	2.0	443	2.0	428	2.0
Bulgaria	3	0.4	2	0.3	1	0.1
Canada	184	4.7	166	4.2	178	4.4
Chile	35	1.8	35	1.8	50	2.5
China	994	0.7	1064	0.7	1182	0.8
Colombia	99	1.9	96	1.8	98	1.8
Costa Rica	4	0.8	8	1.5	6	1.2
Croatia	48	12.0	40	10.0	30	7.7
Cuba	0	0.0	1	0.1	0	0.0
Czechia	84	8.0	101	9.6	79	7.5
Denmark	33	5.6	32	5.4	31	5.2
Ecuador	22	1.2	17	0.9	13	0.7
Finland	19	3.5	19	3.5	23	4.1
France	393	6.1	423	6.5	427	6.4
Germany	330	4.0	350	4.2	365	4.3
Greece	14	1.4	24	2.3	24	2.4
Hungary	52	5.1	56	5.6	53	5.5
India	221	0.2	253	0.2	239	0.2
Ireland	5	1.0	9	1.8	7	1.3
Israel	33	3.6	36	3.9	36	3.8
Italy	370	6.3	413	7.0	451	7.6
Japan	115	0.9	111	0.9	117	1.0
Kazakhstan	5	0.3	5	0.3	15	0.7
Kuwait	1	0.2	2	0.5	8	1.6
Latvia	3	1.7	4	2.2	5	2.6
Lithuania	12	4.4	8	3.0	4	1.4
Malaysia	0	0.0	3	0.1	1	0.0
Mexico	40	0.3	43	0.3	46	0.3
Netherlands	74	4.2	79	4.5	77	4.2
New Zealand	16	3.1	20	3.8	13	2.5
Norway	32	5.8	27	4.9	28	5.0
Oman	0	0.0	0	0.0	1	0.2
Panama	0	0.0	0	0.0	1	0.2
Paraguay	5	0.7	5	0.7	2	0.3
Peru	8	0.2	8	0.2	14	0.4
Poland	182	4.4	205	5.1	175	4.6
Portugal	52	5.1	58	5.7	70	6.7
Qatar	0	0.0	0	0.0	1	0.3
Rep of Korea	245	4.7	194	3.8	184	3.6
Rep of North Macedonia	2	1.0	0	0.0	0	0.0
Romania	11	0.6	1	0.1	6	0.3
Serbia	5	0.7	7	1.0	17	2.5
Singapore	5	0.8	1	0.2	7	1.2
Slovakia	18	3.1	21	3.7	15	2.7
Slovenia	21	10.0	26	12.4	25	11.9
Spain	325	6.8	347	7.3	390	8.1
Sri Lanka	1	0.0	0	0.0	0	0.0
Sweden	69	6.5	54	5.0	59	5.5
Switzerland	58	6.6	47	5.3	53	5.9
Thailand	31	0.4	33	0.5	47	0.7
Tunisia	7	0.6	5	0.4	12	1.0
Türkiye	40	0.5	43	0.5	46	0.5
Ukraine	62	1.7	71	1.9	103	2.6
United Arab Emirates	6	0.6	7	0.7	15	1.3
United Kingdom	238	3.5	203	3.0	230	3.3
Uruguay	9	2.6	7	2.1	17	5.0
USA	4599	13.5	4636	13.6	4648	13.4

2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

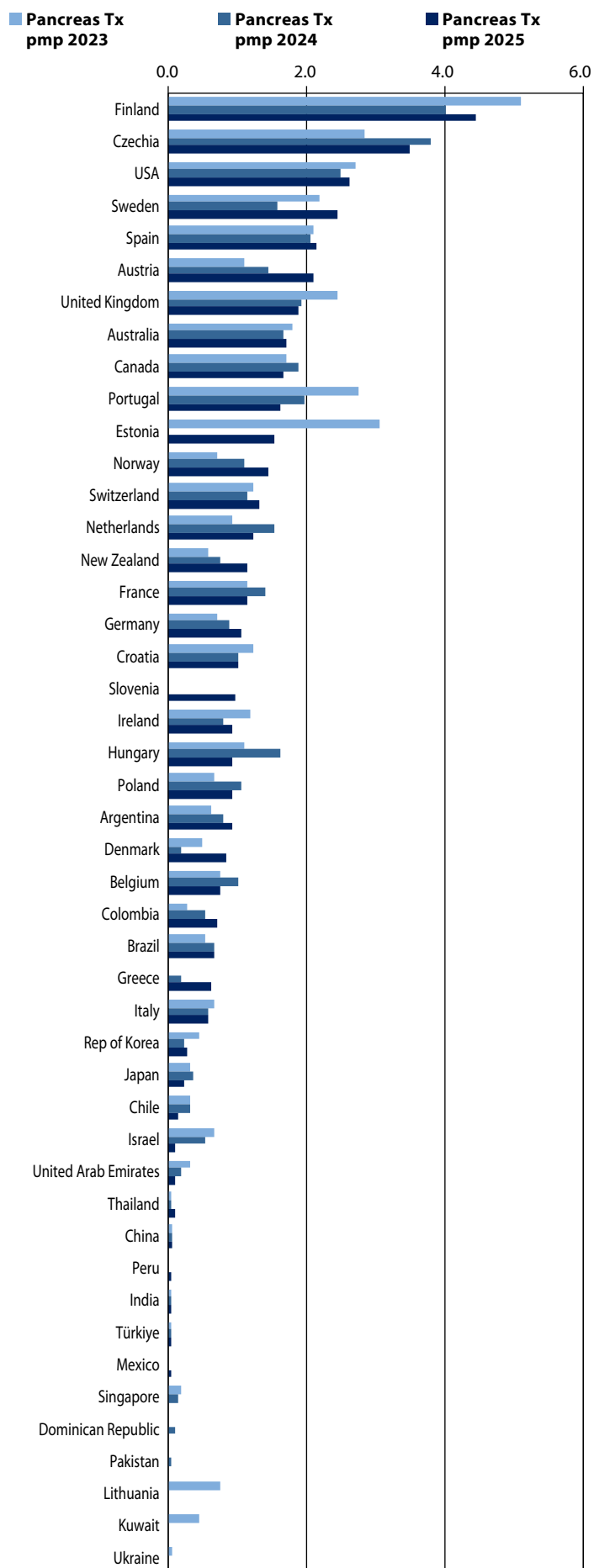
Lung Transplants



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Argentina	28	0.6	25	0.5	26	0.6
Australia	164	6.2	137	5.1	160	5.9
Austria	124	13.8	106	11.8	104	11.4
Belarus	7	0.7	7	0.7	7	0.8
Belgium	116	9.9	108	9.2	117	9.9
Brazil	81	0.4	93	0.4	96	0.5
Canada	450	11.6	416	10.6	410	10.2
Chile	28	1.4	17	0.9	27	1.4
China	959	0.7	925	0.6	954	0.7
Colombia	36	0.7	41	0.8	44	0.8
Costa Rica	6	1.2	7	1.3	16	3.1
Croatia	6	1.5	6	1.5	6	1.5
Czechia	67	6.4	72	6.9	71	6.7
Denmark	40	6.8	40	6.8	33	5.5
Ecuador	0	0.0	0	0.0	1	0.1
Estonia	2	1.5	2	1.5	1	0.8
Finland	28	5.1	18	3.3	27	4.8
France	307	4.7	332	5.1	337	5.1
Germany	266	3.2	311	3.7	334	4.0
Greece	12	1.2	13	1.3	13	1.3
Hungary	11	1.1	18	1.8	17	1.8
India	197	0.1	228	0.2	210	0.1
Ireland	19	3.7	13	2.5	16	3.0
Israel	60	6.5	53	5.7	47	4.9
Italy	189	3.2	174	3.0	144	2.4
Japan	128	1.0	148	1.2	151	1.2
Kazakhstan	1	0.1	2	0.1	4	0.2
Lithuania	0	0.0	3	1.1	0	0.0
Mexico	6	0.0	16	0.1	10	0.1
Netherlands	109	6.2	123	6.9	118	6.4
New Zealand	25	4.8	28	5.3	24	4.5
Norway	37	6.7	29	5.3	36	6.4
Peru	1	0.0	3	0.1	2	0.1
Poland	99	2.4	149	3.7	135	3.5
Portugal	44	4.3	40	3.9	46	4.4
Qatar	3	1.1	1	0.4	0	0.0
Rep of Korea	202	3.9	185	3.6	192	3.7
Romania	1	0.1	1	0.1	0	0.0
Singapore	0	0.0	0	0.0	1	0.2
Slovenia	11	5.2	11	5.2	10	4.8
Spain	479	10.1	623	13.1	556	11.6
Sri Lanka	1	0.0	0	0.0	0	0.0
Sweden	86	8.1	58	5.4	70	6.5
Switzerland	71	8.1	63	7.1	67	7.4
Thailand	3	0.0	2	0.0	5	0.1
Türkiye	15	0.2	18	0.2	21	0.2
Ukraine	5	0.1	1	0.0	0	0.0
United Arab Emirates	16	1.7	22	2.3	37	3.2
United Kingdom	143	2.1	130	1.9	184	2.6
Uruguay	1	0.3	0	0.0	1	0.3
USA	3080	9.1	3404	10.0	3551	10.2

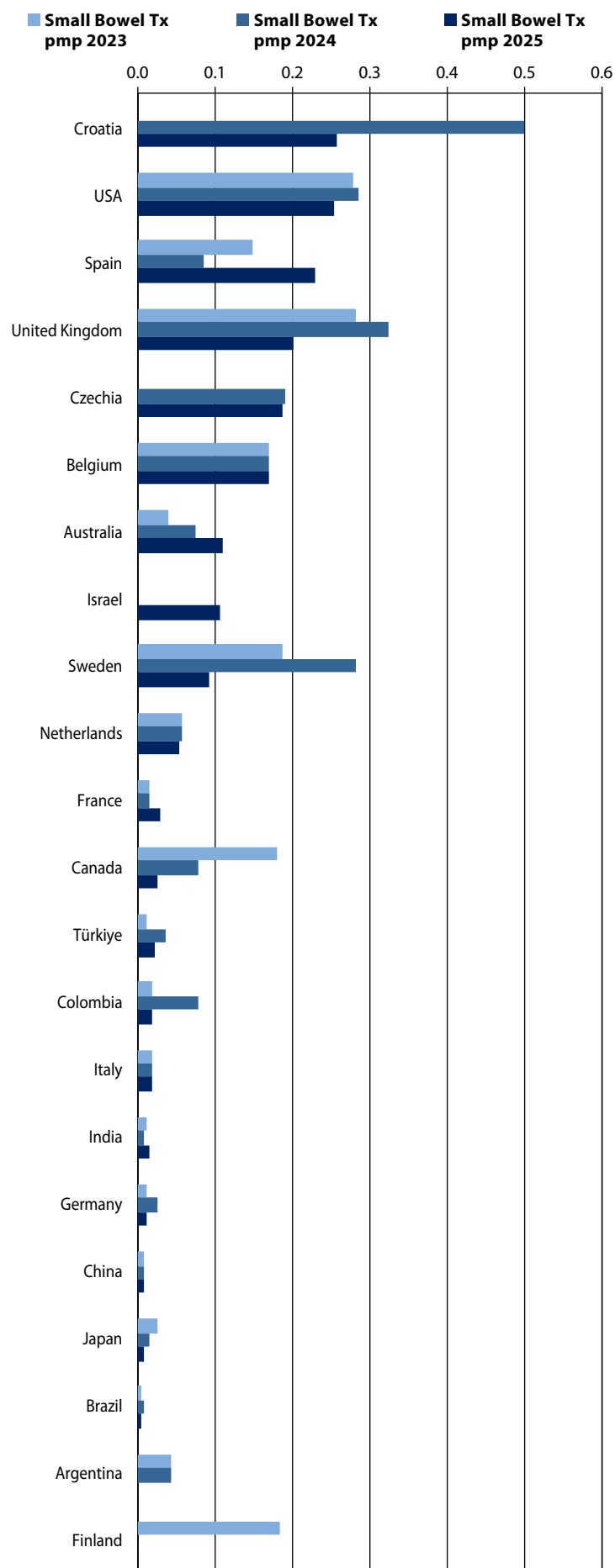
2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

Pancreas Transplants



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Argentina	29	0.6	36	0.8	42	0.9
Australia	47	1.8	44	1.6	46	1.7
Austria	10	1.1	13	1.4	19	2.1
Belgium	9	0.8	12	1.0	9	0.8
Brazil	119	0.5	141	0.6	142	0.7
Canada	66	1.7	74	1.9	67	1.7
Chile	6	0.3	6	0.3	3	0.2
China	76	0.1	110	0.1	96	0.1
Colombia	15	0.3	27	0.5	37	0.7
Croatia	5	1.3	4	1.0	4	1.0
Czechia	30	2.9	40	3.8	37	3.5
Denmark	3	0.5	1	0.2	5	0.8
Dominican Republic	0	0.0	1	0.1	0	0.0
Estonia	4	3.1	0	0.0	2	1.5
Finland	28	5.1	22	4.0	25	4.5
France	74	1.1	91	1.4	75	1.1
Germany	59	0.7	73	0.9	87	1.0
Greece	0	0.0	2	0.2	6	0.6
Hungary	11	1.1	16	1.6	9	0.9
India	27	0.0	44	0.0	35	0.0
Ireland	6	1.2	4	0.8	5	0.9
Israel	6	0.7	5	0.5	1	0.1
Italy	38	0.6	35	0.6	35	0.6
Japan	37	0.3	45	0.4	31	0.3
Kuwait	2	0.5	0	0.0	0	0.0
Lithuania	2	0.7	0	0.0	0	0.0
Mexico	0	0.0	0	0.0	1	0.0
Netherlands	16	0.9	27	1.5	23	1.3
New Zealand	3	0.6	4	0.8	6	1.1
Norway	4	0.7	6	1.1	8	1.4
Pakistan	0	0.0	1	0.0	0	0.0
Peru	0	0.0	0	0.0	1	0.0
Poland	28	0.7	42	1.0	35	0.9
Portugal	28	2.7	20	2.0	17	1.6
Rep of Korea	24	0.5	12	0.2	15	0.3
Singapore	1	0.2	1	0.2	0	0.0
Slovenia	0	0.0	0	0.0	2	1.0
Spain	100	2.1	97	2.0	103	2.2
Sweden	23	2.2	17	1.6	26	2.4
Switzerland	11	1.3	10	1.1	12	1.3
Thailand	3	0.0	1	0.0	6	0.1
Türkiye	1	0.0	1	0.0	1	0.0
Ukraine	2	0.1	0	0.0	0	0.0
United Arab Emirates	3	0.3	2	0.2	1	0.1
United Kingdom	166	2.5	132	1.9	132	1.9
USA	914	2.7	847	2.5	911	2.6

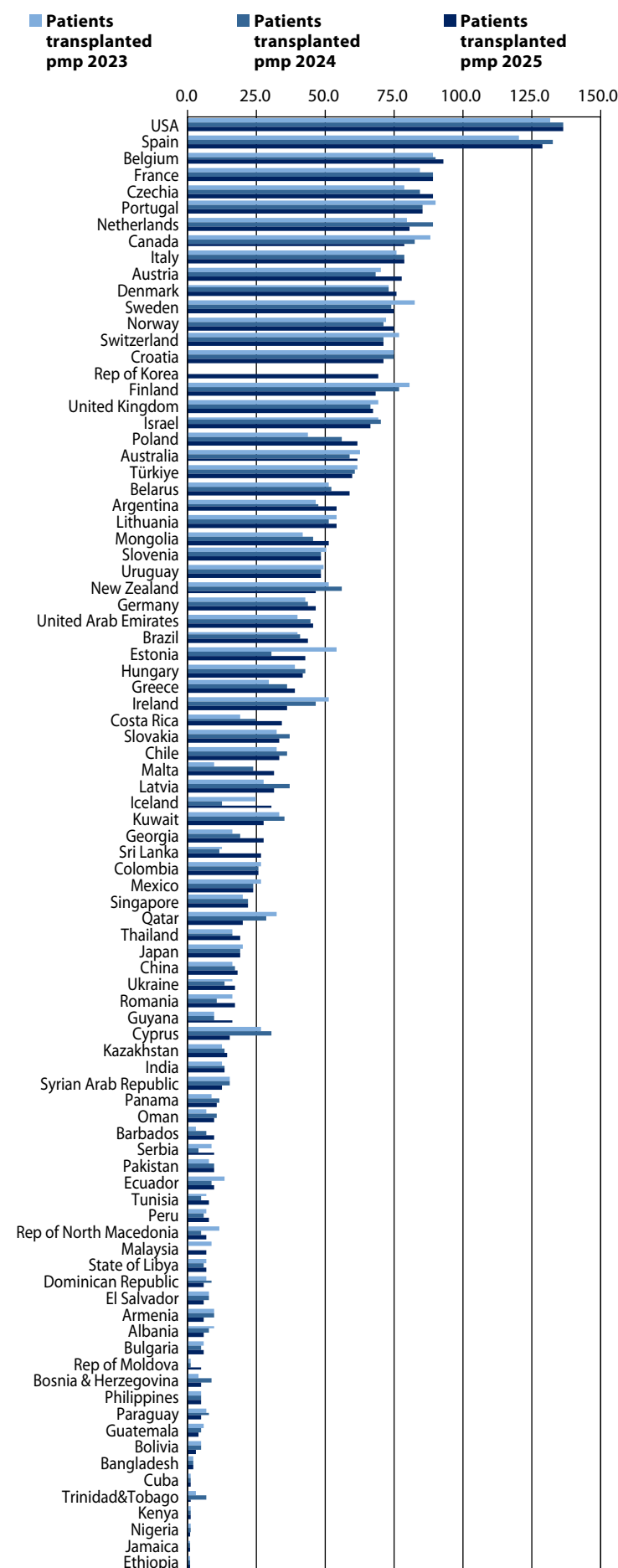
Small Bowel Transplants



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Argentina	2	0.0	2	0.0	0	0.0
Australia	1	0.0	2	0.1	3	0.1
Belgium	2	0.2	2	0.2	2	0.2
Brazil	1	0.0	2	0.0	1	0.0
Canada	7	0.2	3	0.1	1	0.0
China	12	0.0	10	0.0	13	0.0
Colombia	1	0.0	4	0.1	1	0.0
Croatia	0	0.0	2	0.5	1	0.3
Czechia	0	0.0	2	0.2	2	0.2
Finland	1	0.2	0	0.0	0	0.0
France	1	0.0	1	0.0	2	0.0
Germany	1	0.0	2	0.0	1	0.0
India	16	0.0	9	0.0	23	0.0
Israel	0	0.0	0	0.0	1	0.1
Italy	1	0.0	1	0.0	1	0.0
Japan	3	0.0	2	0.0	1	0.0
Netherlands	1	0.1	1	0.1	1	0.1
Spain	7	0.1	4	0.1	11	0.2
Sweden	2	0.2	3	0.3	1	0.1
Türkiye	1	0.0	3	0.0	2	0.0
United Kingdom	19	0.3	22	0.3	14	0.2
USA	95	0.3	97	0.3	88	0.3

2025 VS 2024 VS 2023. GLOBAL DATA ON ORGAN DONATION AND TRANSPLANTATION

Patients transplanted



COUNTRY	2023		2024		2025	
	N	PMP	N	PMP	N	PMP
Albania	26	9.3	23	8.2	16	5.7
Argentina	2150	46.9	2172	47.1	2486	54.2
Armenia	26	9.3	26	9.3	18	6.0
Australia	1655	62.7	1581	59.2	1670	61.9
Austria	630	70.0	611	67.9	706	77.6
Bangladesh	319	1.8	305	1.7	328	1.9
Barbados	1	3.3	2	6.7	3	10.0
Belarus	490	51.6	492	51.8	533	59.2
Belgium	1046	89.4	1050	89.7	1093	92.6
Bolivia	62	5.0	58	4.6	38	3.0
Bosnia & Herzegovina	14	4.4	28	8.8	16	5.2
Brazil	8569	39.6	8910	40.9	9274	43.6
Bulgaria	42	6.3	34	5.2	37	5.5
Canada	3426	88.3	3212	82.1	3174	79.2
Chile	629	32.1	704	35.7	654	32.9
China	23786	16.6	24528	17.1	25658	18.0
Colombia	1394	26.8	1358	26.0	1366	25.6
Costa Rica	99	19.0	127	24.4	179	34.4
Croatia	300	75.0	300	75.0	278	71.3
Cuba	13	1.2	14	1.3	17	1.6
Cyprus	35	26.9	40	30.8	22	15.7
Czechia	827	78.8	890	84.8	940	88.7
Denmark	430	72.9	433	73.4	456	76.0
Dominican Republic	81	7.2	104	9.1	73	6.3
Ecuador	239	13.1	165	9.0	171	9.3
El Salvador	47	7.3	51	8.0	40	6.3
Estonia	70	53.8	39	30.0	55	42.3
Ethiopia	8	0.1	10	0.1	10	0.1
Finland	442	80.4	424	77.1	382	68.2
France	5450	84.1	5802	89.4	5919	88.7
Georgia	59	15.9	69	18.6	104	27.4
Germany	3566	42.8	3618	43.4	3891	46.3
Greece	307	29.8	369	35.8	388	39.2
Guatemala	111	6.1	89	4.8	70	3.7
Guyana	8	10.0	8	10.0	13	16.3
Hungary	394	38.6	431	43.1	403	42.0
Iceland	10	25.0	5	12.5	12	30.0
India	18336	12.8	18811	13.0	20083	13.7
Ireland	260	51.0	237	46.5	194	36.6
Israel	636	69.1	656	70.5	631	66.4
Italy	4466	75.8	4642	79.1	4678	79.0
Jamaica	2	0.7	1	0.4	1	0.4
Japan	2497	20.3	2390	19.5	2374	19.3
Kazakhstan	236	12.0	260	13.1	300	14.4
Kenya	53	1.0	57	1.0	56	1.0
Kuwait	142	33.0	150	34.9	137	27.4
Latvia	50	27.8	66	36.7	60	31.6
Lithuania	145	53.7	139	51.5	151	53.9
Malaysia	308	9.0			243	6.8
Malta	5	10.0	12	24.0	19	31.7
Mexico	3417	26.6	3080	23.8	3130	23.7
Mongolia	141	41.5	158	45.1	181	51.7
Netherlands	1406	79.9	1585	89.5	1480	80.4
New Zealand	269	51.7	296	55.8	248	46.8
Nigeria	253	1.1	257	1.1	223	0.9
Norway	398	72.4	392	71.3	420	75.0
Oman	30	6.5	50	10.6	55	10.0
Pakistan	1850	7.7	2288	9.3	2535	9.9
Panama	41	9.1	54	12.0	47	10.2
Paraguay	46	6.7	55	8.0	34	4.9
Peru	223	6.5	217	6.3	266	7.7
Philippines	613	5.2	639	5.4	580	5.0
Poland	1799	43.9	2257	56.1	2360	61.9
Portugal	920	90.2	869	85.2	886	85.2
Qatar	88	32.6	78	28.9	63	20.3
Rep of Korea					3575	69.1
Rep of Moldova	4	1.2	5	1.5	16	5.3
Rep of North Macedonia	25	11.9	10	4.8	13	7.2
Romania	325	16.3	207	10.6	317	16.8
Serbia	60	8.5	30	4.2	67	10.0
Singapore	123	20.5	134	22.0	132	22.4
Slovakia	188	32.4	213	37.4	184	33.5
Slovenia	106	50.5	102	48.6	102	48.6
Spain	5721	120.4	6310	132.8	6182	129.1
Sri Lanka	274	12.5	261	11.9	609	26.3
State of Libya	45	6.5	41	5.9	50	6.7
Sweden	873	82.4	794	74.2	803	75.0
Switzerland	675	76.7	637	71.6	643	71.4
Syrian Arab Republic	348	15.0	373	15.3	328	12.8
Thailand	1168	16.3	1187	16.5	1402	19.6
Trinidad & Tobago	4	2.7	10	6.7	2	1.3
Tunisia	88	7.0	66	5.2	99	8.0
Türkiye	5273	61.5	5264	61.0	5232	59.7
Ukraine	589	16.0	514	13.6	657	16.8
United Arab Emirates	377	39.7	433	45.1	522	45.8
United Kingdom	4671	69.0	4491	66.0	4688	67.4
Uruguay	168	49.4	166	48.8	164	48.2
USA	44917	132.1	46493	136.0	47277	136.1

International Data on Tissues and Haematopoietic Progenitor Cell Donation and Transplantation Activity. Year 2025



Data provided by National Competent Authorities:

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Inês Moranguinho
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Glossary (Tissues)

A

Adipose tissue: loose connective tissue, composed of adipocytes and stromal vascular fraction, which serves as energy storage and endocrine organ.

Amniotic membrane: the innermost layer of the placenta consisting of a thick basement membrane and an avascular stromal matrix.

Autologous: refers to tissues or cells removed from and applied in the same individual.

B

Blood vessels: parts of the circulatory system that transport blood throughout the body. They include arteries (ducts transporting blood from the heart to the periphery) and veins (ducts transporting blood from the periphery to the heart).

C

Cornea: the transparent anterior part of the outer fibrous coat of the eye. A collagenous tissue bounded by an outer stratified epithelium and an inner monolayer of endothelial cells. The major refractive component of the eye.

Craniectomy: the surgical removal of a portion of the skull.

D

Distribution: the transportation and delivery of tissues and cells intended for human application to other tissue establishments or the organisation responsible for human application in the EU. It does not include the issuing of tissues and cells for immediate transplantation.

Donation: donating human tissues or cells intended for human applications. One donation may include more units of the same tissue.

E

Export: the transportation and delivery of tissues and cells intended for human application to tissue establishments or the organisation responsible for human application outside the EU (third country).

H

Heart valve: one of the four structures within the heart that prevent backflow of blood by

opening and closing with each heartbeat. They include two semilunar valves (aortic and pulmonary), the mitral (or bicuspid) valve, and the tricuspid valve. They permit blood flow in only one direction.

I

Import: the act of bringing tissues or cells into a EU Member State from a country outside the EU (third country) for the purpose of human application, further processing or storage.

M

Musculoskeletal: tissues that are part of the skeleton and muscular system, including muscles, bones, cartilage, tendons and ligaments, which function in the support and movement of the body.

N

Number of tissues distributed: number of tissue transported and delivered for human application.

Number of tissues processed: number of tissues that were declared suitable for human application after having undergone the required operations (preparation, manipulation, preservation, storage and packaging).

Number of tissue procured: the number of donated tissue made available through the process of procurement.

Number of recipients for each type of tissues: the total number of patients who had at least one unit of tissues or cells applied during the year concerned in a given country.

O

Ocular tissue: tissue from the eye ball such as corneal tissue, scleral tissue or limbal tissue procured from a donor for human application.

Other tissue: all human tissues for human application that does not have a dedicated row on the form.

P

Pancreas: a large lobulated gland that in humans lies in front of the upper lumbar vertebrae and behind the stomach and is somewhat hammer-shaped and firmly attached anteriorly to the curve of the duodenum with which it communicates through one or more pancreatic ducts.

Pancreatic islets: preparation of a group of heterogeneous cells containing functional insulin-producing cells (beta cells) and glucagon-producing cells (alpha cells) for human application.

Parathyroid: endocrine glands producing and secreting parathyroid hormone.

Placenta: an organ that connects the developing foetus to the uterine wall to allow nutrient uptake, waste elimination and gas exchange via the mother's blood supply.

R

Recipient: person to whom human tissues, cells or reproductive cells and embryos are applied.

Retrieval or procurement: a process by which tissues or cells are made available for banking or human application. This process includes donor identification, evaluation, obtaining consent for donation, donor maintenance and retrieval of tissues, cells or organs.

S

Skin: an allograft comprising of the epidermis and part or all of the dermis.

T

Tissue: an aggregate of cells joined together by, for example, connective structures and performing a particular function.

Tissue donation (effective): when tissue intended for human application is retrieved from a human body.

Transplantation/implantation/grafting: transfer (engraftment) of human tissues or cells from a donor to a recipient with the aim of restoring function(s) in the body.

U

Unit: a single piece of tissue or a packaging containing a defined amount of tissue ready for distribution.

Glossary (Haematopoietic Progenitor Cells)

A

Allogeneic: refers to tissues or cells removed from one individual and applied to another of the same species.

Autologous use: refers to tissues or cells removed from and applied in the same individual.

B

Banking: processing, preservation, storage and distribution of cells for human application or other purposes, including research and training.

C

Collection: any procedure for procuring a cellular therapy product regardless of technique or source (Synonym: harvest).

Cord blood: blood collected from placental vessels and umbilical cord blood vessels after the umbilical cord is clamped and/or severed as a source of haematopoietic progenitor cells.

Cord blood bank: a specific type of tissue establishment in which haematopoietic progenitor cells collected from placental and umbilical cord blood vessels are processed, cryopreserved and stored. It may also be responsible for collection, testing or distribution.

D

Distribution: the transportation and delivery of tissues and cells intended for human application to other tissue establishments or the organisation responsible for human application in the EU. It does not include the issuing of tissues and cells for immediate transplantation.

Donation: donating human tissues or cells intended for human applications.

Donor: a person who is the source of cells or tissue for a cellular therapy product.

Donor registry: an organisation responsible for coordinating the search for hematopoietic cells from donors (including cord blood) unrelated to the potential recipient.

H

Haematopoietic progenitor cells (HPC): primitive hematopoietic cells capable of self-renewal as well as maturation into any of the hematopoietic lineages, including committed and lineage-restricted progenitor cells, unless otherwise specified and regardless of tissue source. Also referred to as haematopoietic stem cells.

R

Recipient: person to whom human tissues, cells or reproductive cells and embryos are applied.

Related: existence of a genetic relationship between donor and recipient.

S

Search: the process of identifying a suitable stem cell source for a patient in need of a transplant.

T

Transplantation: the administration of allogeneic, autologous, or syngeneic HPC with the intent of providing transient or permanent engraftment in support of therapy of disease.

U

Unrelated: where there exists no genetic relationship between donor and recipient.

PRELIMINARY DATA ON TISSUES - YEAR 2025

EUROPEAN UNION COUNTRIES

Country	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czechia	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
Population (Source: UNFPA, State of world population. 2025 - in millions)	9.1	11.8	6.7	3.9	1.4	10.6	6.0	1.3	5.6	66.7	84.1	9.9	9.6	5.3	59.2
TYPE OF TISSUE	TYPE OF DATA														
CORNEA/OCULAR	N. of tissue donations		27	196	31	647	645	20	238	7211			307		11642
	Tissue donations PMP		4.0	50.3	22.1	61.0	107.5	15.4	42.5	108.1			32.0		196.7
	N. of tissues retrieved		54	313		1299	1287	38	464	14 384	17 117		307		20 364
	N. of tissues processed (units)	1012		181		955	1287		391	7765	16 619		256		13 980
	N. of tissues distributed nationally (units)	760				886	921	43	379	7381	13 330		79		8418
	N. of tissues imported (units)	0		29		0	0		25	0	789		0		16
	N. of tissues exported (units)	3		0		73	0		0	132	117		0		1416
	N. of tissues transplanted		101	209	96	886	1047	48		7381			198		
	N. of patients transplanted	695		199	96	881	1047	47	335	6652			195		
	N. of transplant procedures		101	200	96	886	1047						198		8565
SKIN	N. of tissue donations		71	0		218		5	30	294			0		449
	Tissue donations PMP		10.6	0.0		20.6		3.8	5.4	4.4			0.0		7.6
	N. of tissues retrieved (cm²)	7				52 059			164 504	484 058	50 771		0		1 030 187
	N. of tissues processed (units)	112		0		2449			1488	343 277	80 257		0		3817
	N. of tissues distributed nationally (units)	91		92		337		27	985	257 785	65 809		0		3928
	N. of tissues imported (units)	1061		146		0			0	0	29 022		0		
	N. of tissues exported (units)	508		17		1904			0	55 218	7300		0		
	N. of tissues transplanted		0	92		337		27		257 785			0		
	N. of patients transplanted		0	3		92		7	13	127			0		
	N. of transplant procedures		0	6		92							0		1508
HEART VALVE	N. of tissue donations			19		164			61	450			0		239
	Tissue donations PMP			4.9		15.5			10.9	6.7			0.0		4.0
	N. of tissues retrieved (units)	76		27		217			80	699	800		0		345
	N. of tissues processed (units)	57		21		217			50	370	668		0		198
	N. of tissues distributed nationally (units)	172		23		203		0	46	270	263		0		250
	N. of tissues imported (units)	141		5		0			0	60	4		0		
	N. of tissues exported (units)	0		0		0			0	75	40		0		
	N. of tissues transplanted			22		193		3	44	270			0		
	N. of patients transplanted			21		186		3	44	270			0		
	N. of transplant procedures			21		186							0		230
BLOOD VESSEL	N. of tissue donations			9		23	8	16	7	4257			0		265
	Tissue donations PMP			2.3		2.2	1.3	12.3	1.3	63.8			0.0		4.5
	N. of tissues retrieved (units)	17		23		39	32	36	18	5861	232		82		642
	N. of tissues processed (units)	13		12		26	42		7	3001	274		49		500
	N. of tissues distributed nationally (units)	46		9		19	2	21	8	2947	114		0		555
	N. of tissues imported (units)	49		6		0	0		0	202	0		0		
	N. of tissues exported (units)	0		0		0	0		0	105	0		0		
	N. of tissues transplanted			7		19	42	21	8	2947			73		
	N. of patients transplanted			4		18	30	19	8	1716			49		
	N. of transplant procedures			4		18	30						49		459

PRELIMINARY DATA ON TISSUES - YEAR 2025

EUROPEAN UNION COUNTRIES

Country	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czechia	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
<i>Population (Source: UNFPA, State of world population. 2025 - in millions)</i>	9.1	11.8	6.7	3.9	1.4	10.6	6.0	1.3	5.6	66.7	84.1	9.9	9.6	5.3	59.2
TYPE OF TISSUE	TYPE OF DATA														
MUSCULOSKELETAL	N. of tissue donations		4616	247		1410	2891	172	31	49545			819		3171
	Tissue donations PMP		6890	63.3		133.0	481.8	132.3	5.5	742.8			85.3		53.6
	N. of tissues retrieved	4906	6413	397		4616	3034	188	1133	NA	25 297		633		6384
	N. of tissues processed (units)	107 279	183	279	1030	7178	2778	0	1032	43 449	136 658		0		11 683
	N. of tissues distributed nationally (units)														
	N. of tissues imported (units)	10 480	211	290	477	2731	4632	712	1776	133 451	104 049		0		12 797
	N. of tissues exported (units)	31 158	3968	49	363	0			500	3262	36 992		0		
	N. of tissues transplanted	223 271	248	0		4056			0	33 633	48 236		95		
	N. of patients transplanted		169	281	38	2488	3425	418		133 451			141		
	N. of transplant procedures		163	173	38	2479	3015	271	1655	92 774			35		
			163	176	38	2534							141		11 447
PLACENTA/AMNIOTIC MEMBRANES	N. of tissue donations		141	7	1	207	4	6	4	490			2		695
	Tissue donations PMP		21.0	1.8	0.7	19.5	0.7	4.6	0.7	7.3			0.2		11.7
	N. of tissues retrieved	24	141	7	1	207	4	6	4	490	181		1		695
	N. of tissues processed (units)	385	738	142	40	1431	4		166	3356	7503		86		4058
	N. of tissues distributed nationally (units)														
	N. of tissues imported (units)	391	585	151	40	901	41	104	311	11 512	5897		43		3937
	N. of tissues exported (units)	136	0	0	0	0	25		223	0	0		0		
	N. of tissues transplanted	8	0	0	0	475	0		4	455	349		0		
	N. of patients transplanted		295	146	23	848	41	6		11 512			66		
	N. of transplant procedures		287	115	15	824	40	49	252	9893			58		4609
			287	129	18	837	40						63		
PANCREAS/PANCREATIC ISLETS	N. of tissue donations			0		15				118			0		38
	Tissue donations PMP			0.0		1.4				1.8			0.0		0.6
	N. of tissues retrieved			0		5				118	3		0		35
	N. of tissues processed (units)			0		5					3		0		35
	N. of tissues distributed nationally (units)														
	N. of tissues imported (units)			0		5					2		0		16
	N. of tissues exported (units)			0		0					0		0		
	N. of tissues transplanted			0		5					0		0		
	N. of patients transplanted			0		5				47			0		
	N. of transplant procedures			0		5				75			0		32
HEPATIC	N. of tissue donations			0									0		0
	Tissue donations PMP			0.0									0.0		0.0
	N. of tissues retrieved			0							0		0		
	N. of tissues processed (units)			0							0		0		
	N. of tissues distributed nationally (units)														
	N. of tissues imported (units)			0		0					0		0		
	N. of tissues exported (units)			0		0					0		0		
	N. of tissues transplanted			0		5							0		
	N. of patients transplanted			0		5							0		
	N. of transplant procedures			0		5							0		

PRELIMINARY DATA ON TISSUES - YEAR 2025

EUROPEAN UNION COUNTRIES

Country	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czechia	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
Population (Source: UNFPA, State of world population, 2025 - in millions)															
	9.1	11.8	6.7	3.9	1.4	10.6	6.0	1.3	5.6	66.7	84.1	9.9	9.6	5.3	59.2
TYPE OF TISSUE	TYPE OF DATA														
ADIPOSE	N. of tissue donations			0		0	21		14				0		311
	Tissue donations PMP			0.0		0.0	3.5		2.5				0.0		5.3
	N. of tissues retrieved			0		0	21		14		122		0		311
	N. of tissues processed (units)			0		0	58		0		135		0		797
	N. of tissues distributed nationally (units)					0	123		0		49		0		518
	N. of tissues imported (units)			0		0	0		0		0		0		
	N. of tissues exported (units)			0		0	0		0		0		0		
	N. of tissues transplanted			0		0	106						0		
N. of patients transplanted			0		0	53		0				0			
N. of transplant procedures			0			53						0			504
PARATHYROID	N. of tissue donations			0		0				0			0		15
	Tissue donations PMP			0.0		0.0				0.0			0.0		0.3
	N. of tissues retrieved	17		0		0				0	0		0		52
	N. of tissues processed (units)	17		0		0				0	0		0		56
	N. of tissues distributed nationally (units)	0				0				0	0		0		0
	N. of tissues imported (units)	0		0		0					0		0		
	N. of tissues exported (units)	0		0		0					0		0		
	N. of tissues transplanted			0		0				0			0		
N. of patients transplanted	0		0		0				0			0			
N. of transplant procedures			0							0		0			0
NEURONAL	N. of tissue donations			0			0		0				0		0
	Tissue donations PMP			0.0			0.0		0.0				0.0		0.0
	N. of tissues retrieved	0		0		0			0		0		0		
	N. of tissues processed (units)	0		0		0	39				0		0		
	N. of tissues distributed nationally (units)	12					15		0		0		0		
	N. of tissues imported (units)	15				0			0		0		0		
	N. of tissues exported (units)	0				0			0		0		0		
	N. of tissues transplanted			0		0	39				0		0		
N. of patients transplanted	6		0		0	23		0				0			
N. of transplant procedures			0			23						0			
AUTOLOGOUS CRANIECTOMY PIECES															
	N. of tissues retrieved	70			0	156	44			466	0		0		689
OTHER TISSUE	N. of tissue donations			52		155	0	148	61				97		0
	Tissue donations PMP			7.8		14.6	0.0	113.8	10.9				10.1		0.0
	N. of tissues retrieved	41		47		571	0	163	98		1824		97		
	N. of tissues processed (units)	0		0		595	0	0	1783		2460		3195		
	N. of tissues distributed nationally (units)	4													
	N. of tissues imported (units)	68				1855		7576	1189		911		7		
	N. of tissues exported (units)								0		5582		0		
	N. of tissues transplanted	0							124		9		1		
N. of patients transplanted						38						7			
N. of tissues transplanted						38						5			
N. of transplant procedures						8			749			7			

EUROPEAN UNION COUNTRIES

OTHER COUNTRIES

Country	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	Moldova Republic of	Northern Ireland	Norway	Switzerland
Population (Source: UNFPA, State of world population, 2025 - in millions)	1.9	2.8	0.7	0.6	18.4	38.1	10.4	18.9	5.5	2.1	47.9	10.7	3.0		5.6	9.0
TYPE OF TISSUE	TYPE OF DATA															
CORNEA/OCCULAR	N. of tissue donations	13	37	60	3475		760	82	388	50	4788	390	26		310	584
	Tissue donations PMP	6.8	13.2	85.7	188.9		73.1	4.3	70.5	23.8	100.0	36.4	8.7		55.4	64.9
	N. of tissues retrieved	0	74		6950		1517	86	769	100	9993	1162	51		375	584
	N. of tissues processed (units)	26	74		7384		1033	0	771	100	8755	1297	35	0	398	594
	N. of tissues distributed nationally (units)	38	73		4233		988	0	456	100	6566	1097	31	0	39	386
	N. of tissues imported (units)	15	0		0		335	300	55	0	2	13	0	137		720
	N. of tissues exported (units)	0	0		1259		0	0	16	0	45	0	0		0	0
	N. of tissues transplanted		73	23	2584		1368	298	477	64		1066	31	144	297	1159
	N. of patients transplanted		69	23	2499		1368	227	444	64		964	31		294	1145
	N. of transplant procedures		73	23			1368	298	506	64	7029	1006	31		299	1183
SKIN	N. of tissue donations	5			445		0	0	9	14	354	78	3		2	
	Tissue donations PMP	1.8			24.2		0.0	0.0	1.6	6.7	7.4	7.3	1.0		0.4	
	N. of tissues retrieved (cm²)	5812						0	28 357	7530	583 914	78	2235		3	
	N. of tissues processed (units)	32					0	0	65	251	645 744	78	34	0		
	N. of tissues distributed nationally (units)		9		1631		23	0	95	251	422 291	648	36	0		
	N. of tissues imported (units)	0	0		68		26	0	0	0	24	758	0	0		
	N. of tissues exported (units)	0			12 339		0	0	0	0	124 191	0	0	0		
	N. of tissues transplanted	9			1223		23	0	95	0		646	36	0		
	N. of patients transplanted	1			89		4	0	51	0		44	2			
	N. of transplant procedures	2					9	0	51	0	250	95	2			
HEART VALVE	N. of tissue donations				238		0	0	7	0	250	174	0		25	49
	Tissue donations PMP				12.9		0.0	0.0	1.3	0.0	5.2	16.3	0.0		4.5	5.4
	N. of tissues retrieved				238			0	8	0	248	315	0		25	49
	N. of tissues processed (units)						0	0	8	0	248	315	0	0	25	0
	N. of tissues distributed nationally (units)				120		0	0	2	0	121	144	0	0		7
	N. of tissues imported (units)				0		0	0	0	0	0	0	0	0	25	15
	N. of tissues exported (units)				11			0	0	0	106	0	0	0	25	48
	N. of tissues transplanted				65		0	0	2	0		153	0	0	62	15
	N. of patients transplanted				64		0	0	2	0		144	0		62	15
	N. of transplant procedures						0	0	2	0	267	144	0		62	15
BLOOD VESSEL	N. of tissue donations	6			0		0	0	0	22	229	231	0		119	20
	Tissue donations PMP	2.1			0.0		0.0	0.0	0.0	10.5	4.8	21.6	0.0		21.3	2.2
	N. of tissues retrieved	11			0			0	0	22	399	315	0		119	20
	N. of tissues processed (units)	11			63		0	0	0	22	399	378	0	0	119	0
	N. of tissues distributed nationally (units)		8	114	37		0	0	0	22	299	68	0	1		0
	N. of tissues imported (units)	0	0	114	0		0	0	0	0	0	0	0	3	119	12
	N. of tissues exported (units)	0	0		17			0	0	0	74	0	0	0	119	30
	N. of tissues transplanted	8			6		0	0	0	2		82	0	2		26
	N. of patients transplanted	8			4		0	0	0	1		64	0			12
	N. of transplant procedures	8					0	0	0	2	235	68	0			24

PRELIMINARY DATA ON TISSUES - YEAR 2025

EUROPEAN UNION COUNTRIES

OTHER COUNTRIES

Country	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	Moldova Republic of	Northern Ireland	Norway	Switzerland
Population (Source: UNFPA, State of world population, 2025 - in millions)	1.9	2.8	0.7	0.6	18.4	38.1	10.4	18.9	5.5	2.1	47.9	10.7	3.0		5.6	9.0
TYPE OF TISSUE	TYPE OF DATA															
MUSCULOSKELETAL	N. of tissue donations	23	105		2727		57	288	303	0	2064	1459	112	126	543	219
	Tissue donations PMP	12.1	37.5		148.2		5.5	15.2	55.1	0.0	43.1	136.4	37.3		97.0	24.3
	N. of tissues retrieved	23	152		2633		180	288	540	0	2850	1526	124		519	249
	N. of tissues processed (units)	22	142	279	7283		329	316	1373	0	70 545	1406	566	125	13	177
	N. of tissues distributed nationally (units)	40	133	627	12 193		461	274	829	0	58 033	1181	897	103	5	367
	N. of tissues imported (units)	0	0	9078	740		114	29	0	0	43 490	429	0	710	59	614
	N. of tissues exported (units)	0	0	8150	36 131		NE	0	636	0	9345	80	0	0	0	0
	N. of tissues transplanted		126		4351		453	275	772	0		1175	791	523	412	468
	N. of patients transplanted		107		3811		420	209	434	0		1042	293		329	461
	N. of transplant procedures		108				420	208	434	0	32 052	1079	294		400	461
PLACENTA/AMNIOTIC MEMBRANES	N. of tissue donations	31	3		2		1	0	54	2	506	8	19		3	18
	Tissue donations PMP	16.3	1.1		0.1		0.1	0.0	9.8	1.0	10.6	0.7	6.3		0.5	2.0
	N. of tissues retrieved	31	3		2		2	0	54	2	2638	8	19		2	174
	N. of tissues processed (units)		79		20		128	0	526	2	11 488	507	223	0	145	203
	N. of tissues distributed nationally (units)		65	2	335		219	0	483	2	11 053	411	166	0	6	66
	N. of tissues imported (units)		0	2	18		0	8	0	0	0	0	0	26	1	1
	N. of tissues exported (units)		0		250			0	0	0	260	0	0	0	0	0
	N. of tissues transplanted		64		167		206	8	463	49		411	165	37	37	114
	N. of patients transplanted		53		165		150	8	335	49		281	127		34	104
	N. of transplant procedures		64				206	8	366	49	11 406	377	132		37	117
PANCREAS/PANCREATIC ISLETS	N. of tissue donations				9			0	0	0		56			8	46
	Tissue donations PMP				0.5			0.0	0.0	0.0		5.2			1.4	5.1
	N. of tissues retrieved				9			0	0	0		16			8	46
	N. of tissues processed (units)				9			0	0	0		13		0	8	47
	N. of tissues distributed nationally (units)				9			0	0	0		3		0	0	0
	N. of tissues imported (units)				0			0	0	0		0		0	1	35
	N. of tissues exported (units)				0			0	0	0		1		0	10	32
	N. of tissues transplanted				9			0	0	0		4		0	5	42
	N. of patients transplanted				9			0	0	0		4			5	42
	N. of transplant procedures							0	0	0		4			5	42
HEPATIC	N. of tissue donations							0	0	0						
	Tissue donations PMP							0.0	0.0	0.0						
	N. of tissues retrieved							0	0	0				0		
	N. of tissues processed (units)							0	0	0				0		
	N. of tissues distributed nationally (units)							0	0	0				0		
	N. of tissues imported (units)							0	0	0				0		
	N. of tissues exported (units)							0	0	0				0		
	N. of tissues transplanted							0	0	0				0		
	N. of patients transplanted							0	0	0				0		
	N. of transplant procedures							0	0	0				0		

PRELIMINARY DATA ON TISSUES - YEAR 2025

EUROPEAN UNION COUNTRIES

OTHER COUNTRIES

Country	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	Moldova Republic of	Northern Ireland	Norway	Switzerland
Population (Source: UNFPA, State of world population. 2025 - in millions)	1.9	2.8	0.7	0.6	18.4	38.1	10.4	18.9	5.5	2.1	47.9	10.7	3.0		5.6	9.0
TYPE OF TISSUE	TYPE OF DATA															
ADIPOSE	N. of tissue donations	0			10			0	43	0			0			
	Tissue donations PMP	0.0			0.5			0.0	7.8	0.0			0.0			
	N. of tissues retrieved	0			10			0	43	0			0			
	N. of tissues processed (units)	0			14			0	43	0		0	0	0		
	N. of tissues distributed nationally (units)	0			10			0	43	0		0	0	0		
	N. of tissues imported (units)	0						0	0	0		306	0	0		
	N. of tissues exported (units)	0						0	0	0		131	0	0		
PARATHYROID	N. of tissues transplanted				10			0	43	0		127	0	0		
	N. of patients transplanted				3			0	43	0		127	0	0		
	N. of transplant procedures							0	43	0		127	0	0		
	N. of tissue donations							0	0	0		0				
	Tissue donations PMP							0.0	0.0	0.0		0.0				
	N. of tissues retrieved							0	0	0		0				
	N. of tissues processed (units)							0	0	0		0		0	125	
NEURONAL	N. of tissues distributed nationally (units)							0	0	0				0		
	N. of tissues imported (units)							0	0	0				0		
	N. of tissues exported (units)							0	0	0				0	125	
	N. of tissues transplanted							0	0	0				0		
	N. of patients transplanted							0	0	0				0		
	N. of transplant procedures							0	0	0						
	N. of tissue donations							0	0	0		0	0			
AUTOLOGOUS CRANIECTOMY PIECES	Tissue donations PMP							0.0	0.0	0.0		0.0	0			
	N. of tissues retrieved							0	0	0		0				
	N. of tissues processed (units)							0	0	0				0		
	N. of tissues distributed nationally (units)							0	0	0				0		
	N. of tissues imported (units)							0	0	0				0		
	N. of tissues exported (units)				34			0	0	0				0		
	N. of tissues transplanted							0	0	0				0		
OTHER TISSUE	N. of patients transplanted							0	0	0				0		
	N. of transplant procedures							0	0	0				0		
	N. of tissue donations							0	123	0	984	100	0		9	
	Tissue donations PMP							0.0	219.6	21.0	634	0	1		37	
	N. of tissues retrieved				1.2			0	1214	44	13.2	0.0	0.3		6.6	
	N. of tissues processed (units)				22			0	1771	44	634	0	4		37	
	N. of tissues distributed nationally (units)				22			0	1680	44	39		0	0	135	
OTHER TISSUE	N. of tissues imported (units)				17			0	113	0	0		0	0		
	N. of tissues exported (units)				0			0	172	0	0		0	7		
	N. of tissues transplanted				0			0	1697	44	42		0	0	135	
	N. of patients transplanted				14			0	814	44			0	7	100	
	N. of transplant procedures				14			0	1130	44			0		99	
	N. of tissue donations	231			22			0	1208	44			0		100	
	Tissue donations PMP	121.6			1.2			0.0	219.6	21.0	634	0	1		37	

PRELIMINARY DATA ON TISSUES - YEAR 2025

LATIN AMERICAN COUNTRIES

Country		Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican Republic	Ecuador	El Salvador	Honduras	Mexico	Panama	Paraguay	Peru	Uruguay
Population (Source: UNFPA, State of world population, 2025 - in millions)																	
Type of Tissue	Type of Data	45.9	12.6	212.8	19.9	53.4	5.2	10.9	11.5	18.3	6.4	11.0	132.0	4.6	7.0	34.6	3.4
CORNEA/OCULAR	N. of tissue donations	1863			138	1541		44	12	259	0	0	2244		58	125	112
	Tissue donations PMP	40.6			6.9	28.9		4.0	1.0	14.2	0.0	0.0	17.0		8.3	3.6	32.9
	N. of tissues retrieved	3726		40054	272	3039	104	31	12	258	0	0	4416			244	261
	N. of tissues transplanted	2298	0	17 791	160	3012		33	375	310	0	16	3392		78	516	266
	N. of patients transplanted	2202	0		160	2881			375	310	0	16	3392		78	492	246
	N. of transplant procedures	2298	0	17 791	160	2999		33	375	310	0	16	3392		78	516	266
SKIN	N. of tissue donations	38			140	73	30	0	0	16	0	0	72			0	4
	Tissue donations PMP	0.8			7.0	1.4	5.8	0.0	0.0	0.9	0.0	0.0	0.5			0.0	1.2
	N. of tissues retrieved	16 159*		115 547.75*	103 291		23 300	0	0	2 250 318	0	0	566			0	7800
	N. of tissues transplanted	6107*	0	63 731*		1939	44	0	0	28	0	0	0			0	156
	N. of patients transplanted	24	0		150	59	10		0	14	0	0	0			0	6
	N. of transplant procedures	6107*	0		150	67	10	0	0	28	0	0	0			0	6
HEART VALVE	N. of tissue donations	136			55	19	41	0	0	0	0	0	0			0	1
	Tissue donations PMP	3.0			2.8	0.4	7.9	0.0	0.0	0.0	0.0	0.0	0.0			0.0	0.3
	N. of tissues retrieved	250		408	72		81	0	0	0	0	0	0			0	2
	N. of tissues transplanted	189	0	43	34	20	8	0	0	1	0	0	0			0	0
	N. of patients transplanted	172	0		34	20	7		0	1	0	0	0			0	0
	N. of transplant procedures	189	0	43	34	20	8	0	0	1	0	0	0			0	0
BLOOD VESSEL	N. of tissue donations	0			0	0	16	0	0	5	0	0	0			0	11
	Tissue donations PMP	0.0			0.0	0.0	3.1	0.0	0.0	0.3	0.0	0.0	0.0			0.0	3.2
	N. of tissues retrieved	0			0	15	53	0	0	8	0	0	0			0	19
	N. of tissues transplanted	0	0		0	10	17	0	0	8	0	0	0			0	7
	N. of patients transplanted	0	0		0	6	15		0	7	0	0	0			0	5
	N. of transplant procedures	0	0		0	6	17	0	0	8	0	0	0			0	5
MUSCULOSKELETAL	N. of tissue donations	856			88	4162	9	269	0	222	0	0	556			0	11
	Tissue donations PMP	18.6			4.4	77.9	1.7	24.7	0.0	12.1	0.0	0.0	4.2			0.0	3.2
	N. of tissues retrieved	2818		2245	88	7774	30	269	0	1037	0	0	556			0	34
	N. of tissues transplanted	4992	0	14 204		22 846	23	35	0	1171	0	0	0			0	310
	N. of patients transplanted	2970	0		118		22		0	833	0	0	0			0	78
	N. of transplant procedures	4992	0	14 204	118	17 872	22	35	0	1171	0	0	0			0	78
*cm2																	

PRELIMINARY DATA ON TISSUES - YEAR 2025																
LATIN AMERICAN COUNTRIES																
Country	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican Republic	Ecuador	El Salvador	Honduras	Mexico	Panama	Paraguay	Peru	Uruguay
Population (Source: UNFPA, State of world population. 2025 - in millions)																
	45.9	12.6	212.8	19.9	53.4	5.2	10.9	11.5	18.3	6.4	11.0	132.0	4.6	7.0	34.6	3.4
TYPE OF TISSUE	TYPE OF DATA															
PLACENTA/AMNIOTIC MEMBRANES	N. of tissue donations	742		176	135	2		0	71	0	0	0			0	107
	Tissue donations PMP	16.2		8.8	2.5	0.4		0.0	3.9	0.0	0.0	0.0			0.0	31.5
	N. of tissues retrieved	742		176	135	32		0	606	0	0	0			0	57
	N. of tissues transplanted	281 570	0		1385	17	0	0	629	0	0	0			0	792
	N. of patients transplanted	942	0	794	1197	16		0	314	0	0	0			0	57
	N. of transplant procedures	281 570	0	794	1228	17	0	0	629	0	0	0			0	68
PANCREAS/PANCREATIC ISLETS	N. of tissue donations	0		0	0		0	0	0	0	0	0			0	0
	Tissue donations PMP	0.0		0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0			0.0	0.0
	N. of tissues retrieved	0		0	0		0	0	0	0	0	0			0	0
	N. of tissues transplanted	0	0	0	0		0	0	0	0	0	0			0	0
	N. of patients transplanted	0	0	0	0		0	0	0	0	0	0			0	0
	N. of transplant procedures	0	0	0	0	0		0	0	0	0	0			0	0
ADIPOSE	N. of tissue donations	0		0	0		0	0	0	0	0	0			0	0
	Tissue donations PMP	0.0		0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0			0.0	0.0
	N. of tissues retrieved	0		0	0		0	0	0	0	0	0			0	0
	N. of tissues transplanted	0	0	0	0		0	0	0	0	0	0			0	0
	N. of patients transplanted	0	0	0	0		0	0	0	0	0	0			0	0
	N. of transplant procedures	0	0	0	0	0		0	0	0	0	0			0	0
AUTOLOGOUS CRANIECTOMY PIECES																
	N. of tissues retrieved (units)	0		0	0		0	0	9	0	0	0			0	0
OTHER TISSUE	N. of tissue donations	0		0	4		0	0	1	0	0	0			0	0
	Tissue donations PMP	0.0		0.0	0.1		0.0	0.0	0.1	0.0	0.0	0.0			0.0	0.0
	N. of tissues retrieved	0		0	0		0	0	3	0	0	0			0	0
	N. of tissues transplanted	0	0	0	28		0	0	0	0	0	0			0	0
	N. of patients transplanted	0	0	0	27		0	0	0	0	0	0			0	0
	N. of transplant procedures	0	0	0	27		0	0	0	0	0	0			0	0

PRELIMINARY DATA ON HPC - YEAR 2025

EUROPEAN UNION COUNTRIES															
Country	Austria	Belgium	Bulgaria	Croatia	Cyprus	Czechia	Denmark	Estonia	Finland	France	Germany	Greece	Hungary	Ireland	Italy
Population (Source: UNFPA, State of world population, 2025 - in millions)															
TYPE OF TISSUE	TYPE OF DATA														
POTENTIAL FOR DONATION AND SEARCHING IN THE NATIONAL REGISTRIES	N. of potential donors at 31.12														
	N. of cord blood units at 31.12														
	N. of searches requested														
	N. of unrelated donation														
DONATIONS	N. of donations - Autologous														
	N. of donations - Allogeneic														
	N. of donations - Allogeneic, related														
	N. of donations - Allogeneic, unrelated														
BANKING OF CORD BLOOD	N. of unrelated cord blood units collected														
	N. of unrelated cord blood units distributed														
	N. of related cord blood units collected														
	N. of related cord blood units distributed														
TRANSPLANTS	N. of transplants - Autologous														
	N. of patients transplanted - Autologous														
	N. of transplants - Allogeneic														
	N. of patients transplanted - Allogeneic														
*combined Autologous and Allogeneic	N. of transplants - Allogeneic, related														
	N. of patients transplanted - Allogeneic, related														
	N. of transplants - Allogeneic, unrelated														
	N. of patients transplanted - Allogeneic, unrelated														

PRELIMINARY DATA ON HPC - YEAR 2025

Country	EUROPEAN UNION COUNTRIES											OTHER COUNTRIES			
	Latvia	Lithuania	Luxembourg	Malta	Netherlands	Poland	Portugal	Romania	Slovakia	Slovenia	Spain	Sweden	Moldova, Republic of	Northern Ireland	Switzerland
Population (Source: UNFPA, State of world population, 2025 - in millions)	1.9	2.8	0.7	0.6	18.4	38.1	10.4	18.9	5.5	2.1	47.9	10.7	3.0	5.6	9.0
CATEGORY OF DATA	TYPE OF DATA														
POTENTIAL FOR DONATION AND SEARCHING IN THE NATIONAL REGISTRIES	N. of potential donors at 31.12	14 915			429 429		378 501		27 762	24 633	520 850	275 933	39 153		199 783
	N. of cord blood units at 31.12	24			4731		165 186		246	341	60 897	4495	0		5609
	N. of searches requested	153			853		1487		32 867	178			225		891
	N. of unrelated donation	84					156	6	86	52	1075		181		
DONATIONS	N. of donations Autologous	324			1212		4437	424	755	73	1982		231		448
	N. of donations - Allogeneic	229	66	0	0	0	149	74	952	48	1387	0	0	59	270
	N. of donations - Allogeneic, related	229	48		164		90	67	47	11	843		28		165
	N. of donations - Allogeneic, unrelated	18			568		59	7	905	37	544		31		105
BANKING OF CORD BLOOD	N. of unrelated cord blood units collected	0	733		158		0		553	341			0	0	132
	N. of unrelated cord blood units distributed	0	0		4		0		1315		59		0	0	3
	N. of related cord blood units collected	229	0		3		6225		1				0	0	
	N. of related cord blood units distributed	0	0		0		1		0		1		0	0	
TRANSPLANTS	N. of transplants - Autologous	161			3431		408	291	138	73	1982		74		374
	N. of patients transplanted - Autologous	128			892		389	279	118	73			70		327
	N. of transplants - Allogeneic	0	119	0	0	0	188	154	111	48	1637	0	0	20	356
	N. of patients transplanted - Allogeneic	0	110	0	0	0	174	128	111	48	0	0	0	19	326
	N. of transplants - Allogeneic, related	42			213		78	56	40	11	843		2		160
	N. of patients transplanted - Allogeneic, related	36			166		73	52	40	11			2		148
	N. of transplants - Allogeneic, unrelated	77			584		110	98	71	37	794		18		196
	N. of patients transplanted - Allogeneic, unrelated	74			267		101	76	71	37			17		178

PRELIMINARY DATA ON HPC - YEAR 2025

LATIN AMERICAN COUNTRIES

Country	Argentina	Bolivia	Brazil	Chile	Colombia	Costa Rica	Cuba	Dominican Republic	Ecuador	El Salvador	Honduras	Mexico	Panama	Paraguay	Peru	Uruguay
Population (Source: UNFPA, State of world population, 2025 - in millions)																
CATEGORY OF DATA	TYPE OF DATA															
POTENTIAL FOR DONATION AND SEARCHING IN THE NATIONAL REGISTRIES	N. of potential donors at 31.12	320 369	6 101 918							0	0	0	875	1 694	80 236	1 627
	N. of cord blood units at 31.12	4093	17 941							0	0	0				0
	N. of searches requested	1 132	2 384				0			0	0	0	672		8	27
BANKING OF CORD BLOOD	N. of unrelated cord blood units at 31.12															
	N. of related cord blood units at 31.12															
TRANSPLANTS	N. of transplants - Autologous	905	0	2073		901		17	83	0	0	673	15	52	220	120
	N. of patients transplanted - Autologous	853	0					17	83	0	0			52		
	N. of transplants - Allogeneic	587	4	1 185	0	719	0	0	25	0	0	453	14	9	138	44
	N. of patients transplanted - Allogeneic	570	4	0	0	0	0	0	25	0	0	0	0	9	0	0
	N. of transplants - Allogeneic, related	443	4	879		675			25	0	0	453	14	9	138	34
	N. of patients transplanted - Allogeneic, related	431	4						25	0	0			9		
	N. of transplants - Allogeneic, unrelated	144	0	306		44				0	0	0			0	10
	N. of patients transplanted - Allogeneic, unrelated	139	0							0	0	0				

Reference Documents. Year 2025



Recommendation CM/Rec(2026)9 of the Committee of Ministers to member States on reducing sex- and gender-related inequities in organ donation and transplantation

(Adopted by the Committee of Ministers on 17 June 2026 at the 1564th meeting of the Ministers' Deputies)

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe (ETS No. 1),

Considering that the aim of the Council of Europe is to achieve greater unity between its member States and that this aim may be pursued, *inter alia*, by the adoption of common action in the health field;

Bearing in mind the Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 5);

Bearing in mind the European Social Charter (ETS No. 35) and its revised version (ETS No. 163), with specific attention to Article 11, which enshrines the right to protection of health, as interpreted by the European Committee on Social Rights;

Having regard to the Council of Europe Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No. 164), in particular Article 3 on equitable access to health care; and the Additional Protocol to the Convention on Human Rights and Biomedicine concerning Transplantation of Organs and Tissues of Human Origin (ETS No. 186), which underscores that transplantation systems shall provide equitable access to transplantation services for patients;

Having regard to the provisions of the Council of Europe Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data (ETS No. 108) and its amending Protocol (CETS No. 223), and convinced of the application of its principles to the processing of health-related data as special categories of data;

Recalling Resolution Res(78)29 of the Council of Europe Committee of Ministers on harmonisation of legislations of member States relating to removal, grafting and transplantation of human substances and the final declaration of the 3rd Conference of European Health Ministers (Paris, 16-17 November 1987);

Recalling Recommendation Rec(2001)5 of the Committee of Ministers to member States on the management of organ transplant waiting lists and waiting times;

Recalling Recommendation Rec(2006)15 of the Committee of Ministers of the Council of Europe to member States on the background, functions and responsibilities of a National Transplant Organisation (NTO);

Recalling Recommendation Rec(2006)16 of the Committee of Ministers to member States on quality improvement programmes for organ donation;

Recalling Resolution CM/Res(2015)11 on establishing harmonised national living donor registries with a view to facilitating international data sharing and its Explanatory Memorandum;

Recalling Recommendation CM/Rec(2019)2 of the Committee of Ministers to member States on the protection of health-related data;

Recalling Recommendation CM/Rec(2020)4 of the Committee of Ministers on the quality and safety of organs for transplantation and the latest edition of the Council of Europe Guide to the quality and safety of organs for transplantation appended thereto;

Recalling Recommendation CM/Rec(2023)7 of the Committee of Ministers to member States on establishing national harmonised organ transplant registries with a view to facilitating international data sharing;

Recalling Recommendation CM/Rec(2008)1 of the Committee of Ministers to member States on the inclusion of gender differences in health policy;

Recalling Recommendation CM/Rec(2007)17 of the Committee of Ministers to member States on gender equality standards and mechanisms, and in particular the section related to health (section 7);

Recalling Recommendation CM/Rec(2025)7 of the Committee of Ministers to member States on equal rights for intersex persons, in particular Chapter V-C of the appendix thereto, paragraph 35, concerning access to and provision of healthcare, and its Explanatory Memorandum;

Recalling Recommendation CM/Rec(2010)5 of the Committee of Ministers to member States on measures to combat discrimination on grounds of sexual orientation or gender identity, in particular Chapter VII paragraph 33 of the appendix thereto, concerning access to healthcare without discrimination, as well as the Third Thematic review of its implementation;

Considering the World Health Organization Guiding Principles on Human Cell, Tissue and Organ Transplantation, and in particular Guiding Principle 9, which emphasises that allocation rules should be equitable, externally justified and transparent, and Guiding Principle 10, which calls for the assessment of long-term outcomes of donation and transplantation for both living donors and recipients and encourages participation in national and international transplant registries;

Considering Directive 2010/53/EU of the European Parliament and of the Council of 7 July 2010 on standards of quality and safety of human organs intended for transplantation;

Considering Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), and in particular Article 9, paragraph 2, points (a), (h) and (i), which contain provisions permitting the processing of health data; and Regulation (EU) 2018/1725 of the European Parliament and of the Council of 23 October 2018 on the protection of natural

persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No. 45/2001 and Decision No. 1247/2002/EC;

Recognising that organ transplantation is a life-saving medical intervention that restores health and quality of life to thousands of patients each year in Europe;

Reaffirming that equitable access to transplantation is essential to upholding the principles of human dignity, solidarity, justice and non-discrimination enshrined in the instruments of the Council of Europe;

Recalling that donation and transplantation systems should operate on the basis of transparency, fairness, voluntariness and respect for the rights and safety of both donors and recipients;

Aware that sex and gender influence health, disease progression and medical care, and therefore constitute important factors in ensuring equitable and effective transplantation policies;

Considering that the terms “sex” and “gender” describe distinct but interrelated dimensions relevant to organ donation and transplantation, whereby “sex” refers to biological characteristics (such as chromosomal, hormonal and anatomical attributes) that may influence donor-recipient compatibility and transplant outcomes, whereas “gender” encompasses socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men and that shape individuals’ opportunities, health-seeking behaviour and access to care; and recognising that both dimensions interact to produce inequities that may affect donation rates, waiting list registration and allocation decisions;

Considering that the scoring criteria used in organ allocation systems are quantitative or semiquantitative rules designed to ensure that organs are distributed fairly, transparently and efficiently, according to objective, evidence-based parameters that take into account, *inter alia*, clinical urgency, medical compatibility and organisational factors, but recognising that such parameters may unintentionally perpetuate inequities when sex-related biological variables (such as organ size, metabolic characteristics or immunological profile) are not adequately distinguished from gender-related social determinants influencing access to care; and further recognising that transparent, evidence-based scoring frameworks are essential to ensuring that

allocation decisions remain both medically justified and equitable across sexes and gender;

Considering that health policies should take social determinants of health into account since socioeconomic factors (such as income, employment, education, living and working conditions, occupational hazards and lifestyles) are unevenly distributed among the population and result in inequities which may account for many of the health disparities, including those between men and women;

Aware of increasing evidence from all fields of health research (concerning both biomedical and psycho-social mechanisms) that risk factors, clinical manifestation, causes, consequences and treatment of disease may differ between men and women and that, in such cases, prevention, treatment, rehabilitation, care delivery and health promotion need to be adapted according to women's and men's differing needs;

Taking note of the growing body of evidence showing sex- and gender-related inequities in organ donation and transplantation, including that women are more often living donors and can be disadvantaged both in access to waiting lists and in receiving transplants after being placed on a waiting list;

Concerned that inequities may arise from biological differences affecting donor-recipient matching (for example, organ size or immunological compatibility), but also from social, gender and cultural roles, healthcare system biases and gaps in data collection or policy attention;

Emphasising that addressing these inequities can enhance fairness and equality, optimise the use of available organs and strengthen public trust in donation systems;

Recognising further that member States have the capacity to act through improved data collection, monitoring, research, training, awareness-raising and gender-sensitive governance measures within their national transplantation frameworks;

Convinced that co-ordinated action at European level can assist member States in reducing disparities related to sex and gender and in ensuring equal opportunity so that all persons may benefit from organ donation and transplantation;

Recommends that the governments of the member States:

- i. **ensure the training of healthcare professionals** involved in organ donation and transplantation to

raise awareness of the potential impact of sex and gender on access to living donation, deceased donation, transplant waiting lists, allocation processes and post-transplant outcomes, and to promote equitable clinical decision-making;

- ii. **promote education and empowerment of patients and potential donors**, including through patient associations, to increase understanding of sex- and gender-related factors influencing donation and transplantation and support informed and autonomous decision-making;
- iii. **review existing data** from organ allocation systems to determine whether sex- or gender-related inequities are present in transplantation **and, where appropriate, adapt organ allocation systems and scoring criteria** to ensure that they take into account biological and immunological factors that may disproportionately affect persons on the basis of sex or gender, particularly women, thereby promoting equitable access to transplantation;
- iv. **provide targeted social and psychological support** to women facing socioeconomic, cultural or systemic barriers, in order to reduce inequities in entry to active waiting lists, in assessment procedures and in transplantation;
- v. **ensure that national and regional donation and transplantation registries** – whether existing or under development – incorporate, within their routine data collection practices, the **capacity to analyse activity data in a sex-disaggregated manner**, together with other relevant variables, for the purpose of monitoring equality, identifying disparities and supporting evidence-based policy adjustments, in full compliance with applicable data protection and nondiscrimination frameworks;
- vi. **encourage research and international co-operation** on sex- and gender-related aspects of organ donation and transplantation, including the development of evidence-based strategies to ensure fair and transparent access to transplantation for all;
- vii. **integrate gender equality objectives** into national transplantation plans and policies, ensuring regular evaluation and reporting on progress achieved towards the elimination of inequities related to both sex- and gender-based factors.

Recommendation CM/Rec(2026)10 of the Committee of Ministers to member States on establishing harmonised measures for the protection of third-party gamete donors

(Adopted by the Committee of Ministers on 17 June 2026 at the 1564th
meeting of the Ministers' Deputies)

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe (ETS No. 1),

Considering that the aim of the Council of Europe is to achieve greater unity between its member States and that this aim may be pursued, *inter alia*, by the adoption of common action in the health field;

Considering the Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 5), in particular Articles 8 and 14 thereof;

Considering the Convention for the protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No. 164), which establishes fundamental principles concerning the protection of human dignity and human rights in the application of biology and medicine;

Considering the Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data (ETS No. 108, as amended by Protocol CETS No. 223) and its Additional Protocol regarding supervisory authorities and transborder data flows (ETS No. 181);

Considering Regulation (EU) 2024/1938 of the European Parliament and of the Council of 13 June 2024 on standards of quality and safety for substances of human origin intended for human application and repealing Directives 2002/98/EC and 2004/23/EC;

Having regard to Resolution Res(78)29 of the Committee of Ministers on harmonisation of legislations of member States relating to removal, grafting and transplantation

of human substances and the final text of the 3rd Conference of European Health Ministers (Paris, 16-17 November 1987);

Having regard to Recommendation Rec(94)1 of the Committee of Ministers to member States on human tissue banks and Recommendation Rec(2006)4 on research on biological materials of human origin, which provide relevant principles regarding consent, traceability, quality and safety;

Having regard to Recommendation CM/Rec(2019)2 of the Committee of Ministers to member States on the protection of health-related data which replaces Recommendation Rec(97)5 of the Committee of Ministers to member States on the protection of medical data;

Having regard to Recommendation CM/Rec(2020)5 on the quality and safety of tissues and cells for human application, and to the latest available edition of the Council of Europe Guide to the quality and safety of tissues and cells for human application appended thereto;

Taking into account the Council of Europe Guide for the implementation of the principle of prohibition of financial gain with respect to the human body and its parts from living or deceased donors;

Taking into account the World Health Organization Guiding Principles on Human Cell, Tissue and Organ Transplantation as endorsed by the 63rd World Health Assembly in May 2010, in Resolution WHA63.22;

Noting the potential ethical, legal and social implications of the use of donated gametes, including issues related to informed consent, transparency, post-donation follow-

up and long-term welfare, as well as the rights and legitimate interests of all parties involved, in particular donors and persons conceived through gamete donation;

Highlighting the need to balance the protection of donors' integrity with the rights and other legitimate interests of persons conceived through donated gametes, including the long-term medical safety and well-being of persons conceived through donated gametes, requiring the reliable storage, updating and accessibility of relevant donor medical and genetic information over extended periods;

Recognising the importance of promoting a coherent and harmonised approach among Council of Europe member States in order to ensure a high level of protection of donors' rights and their safety and well-being, aligned with the existing Council of Europe principles of human dignity, autonomy, non-commercialisation of the human body and its parts and the protection of private life;

Highlighting the significance of safeguarding the privacy of donors and their families, while balancing the rights of donor-conceived individuals to access information about their origins;

Considering that the long-term medical safety of gamete donors requires appropriate information, monitoring and, where relevant, follow-up mechanisms, in order to identify and address potential health risks associated with donation procedures;

Emphasising the importance of ensuring the availability, quality and safety of donated gametes, including through appropriate data collection and record-keeping systems;

Emphasising the need for availability and exchange of relevant and necessary donor information to enhance accountability of establishments and traceability;

Considering the need to ensure consistency between gamete donation practices, in particular as regards traceability, vigilance, retention of documents, quality and safety requirements and the role of appropriate governance structures, including registries and oversight mechanisms, in promoting transparency, accountability and donor protection in the context of gamete donation;

Acknowledging that gamete donation increasingly takes place in cross-border contexts, including through the participation of non-resident donors and the movement of reproductive material between member States, which may give rise to additional ethical, legal and practical challenges, including access to relevant medical

documentation, as well as traceability and appropriate follow-up care for donors;

Aware of the challenges posed by cross-border reproductive activities and the necessity of establishing collaboration mechanisms between countries to monitor and regulate these practices effectively;

Stressing the role of a centralised European registry that records data on medically assisted reproductive treatments involving donated gametes and on procedures related to gamete donation and use in facilitating data sharing, monitoring trends and improving the quality and safety of medically assisted reproductive technologies;

Recognising the need to establish and enforce limits on the number of donations and recipients who may have offspring per donor;

Considering that providing donors with reliable assurances on the use of their gametes within Europe requires an agreement between states on a common European limit to the use of gametes and a common European donor registry to monitor adherence to this limit;

Underlining the importance of continuous training and capacity-building for healthcare professionals involved in gamete donation to ensure compliance with standardised procedures and guidelines;

Considering that the protection of donors requires clear governance arrangements, including the designation of responsible bodies at national level, minimum functionalities for registries and appropriate safeguards for cross-border data protection;

Considering that clear guidance at European level would assist member States in addressing these challenges in a coherent manner, while supporting safe, ethical and rights-based practices in medically assisted reproduction;

Recommends that the governments of the member States:

- establish harmonised gamete donor protection measures, in accordance with the principles and measures set out in the appendix to this recommendation;
- authorise regular re-examination of the appendix of this recommendation after its adoption, in the light of new developments in the field and the experience acquired in the implementation of the guidance therein;

- promote the goals of this recommendation at national and international levels by translating and disseminating them as widely as possible and engaging in dialogue and co-operation with all relevant and interested parties to achieve those goals.

Appendix to Recommendation CM/Rec(2026)10

Principles and measures for the protection of third-party gamete donors

Third-party gamete (oocyte or sperm) donation constitutes an established practice within medically assisted reproduction. It is used for a variety of reasons, including impaired ovarian function or sperm production, age-related fertility decline, genetic considerations or particular family situations.

While sperm donation is generally a simple and non-invasive procedure, oocyte donation is more burdensome, involving hormonal stimulation of the ovaries and a minor surgical procedure for oocyte retrieval. In addition to the physical aspects of donation, the result of gamete donation – namely the creation of genetically related offspring – has long-term ethical and psychosocial implications that may affect both sperm and oocyte donors and that may differ depending on whether the donation is made to a specific recipient like a friend or family member (directed donation) or to unknown recipients (non-directed donation).

It is therefore essential that gamete donors receive comprehensive and appropriate information regarding the implications of their donation, and that clear regulatory safeguards are established to protect their rights, dignity and well-being.

Gamete donation is permitted under national law in almost all member States of the Council of Europe. However, significant variations exist with regard to eligibility criteria, financial arrangements, limits on the number of donations and offspring, access to donor identity, directed versus nondirected donations, data retention, vigilance systems and cross-border exchanges. In the context of increasing mobility of patients and cross-border reproductive care, such divergences may create uncertainty and uneven levels of protection for donors and others concerned.

In light of these developments and taking into account the relevant legal instruments and standards of the Council of Europe and other international organisations, the European Committee on Organs, Tissues and Cells (CD-P-TO), in collaboration with the European Society

of Human Reproduction and Embryology (ESHRE), has prepared the present guidance. The objective is to assist member States in ensuring a high level of protection of the rights, safety, dignity and well-being of gamete donors.

This appendix may be revised in the future in keeping with developments in the field.

Consent and information

- Gamete donation should be based on free, specific and informed consent from the donor. This includes the right to withdraw consent at any time during the donation procedure. Donors should also be given the possibility to withdraw their consent for the use of their sperm or unfertilised oocytes at any point in time. Donors should be informed of the relevant regulations concerning the withdrawal of consent for the use of their donated gametes, including how and within what timeframe they may review or modify their consent provisions.
- Consent should be fully documented. The scope and duration of the consent should be stated explicitly.
- Before giving consent, donors should receive comprehensive information as specified in this recommendation, including on the collection procedures, potential implications, consequences and side-effects of donation, and the purpose or intended use of the donated gametes, to ensure that their decision is informed.
- Donors should be provided with the possibility to specify whether they consent:
 - to the export or distribution of their donated sperm or unfertilised oocytes to another country;
 - to the post-mortem use of their donated sperm or unfertilised oocytes, to the extent permitted under national legislation.
- It should be ensured that the conditions under which a donor provided consent, particularly but not exclusively with respect to donor identifiability and anonymity, are not changed retroactively in a manner that could infringe on the rights or legitimate interests of the donor.
- Donations should only be accepted from legal adults with full capacity to consent who have

reached the minimum age required to undergo assisted reproduction in the country of donation.

Health evaluations, medical screening and medical risks

- Clear guidelines should be developed for the assessment of donors' medical and psychosocial suitability and for the establishment of eligibility criteria for gamete donation.
- Donors should be informed of any medical and, where applicable, genetic testing to be performed, the types of results that may be obtained and the potential impact on themselves and their family. Donors should have the right to decide whether they want to receive such results.
- Donors should be informed about the potential consequences of opting out of receiving this information and should have the right to revise this decision at a later point in time.
- Oocyte donors should be informed of all health risks associated with hormonal stimulation and oocyte retrieval, as well as of the arrangements in place to monitor their health during and after donation.
- Persons donating oocytes as part of their own fertility treatment (i.e. oocyte sharing schemes) should be informed of the potential impact of this type of donation on their own chances of having a child.
- Medical protocols for oocyte donation should minimise any serious health risks for donors, including ovarian hyperstimulation syndrome, by using appropriate ovarian stimulation and trigger regimens and by adjusting the number of donations and the intervals between stimulation cycles with primary regard to the donor's health and personal medical history, in accordance with recognised good practice recommendations.
- Reporting of serious adverse reactions and events associated with gamete donation to the relevant national health authority should be mandatory, in accordance with applicable national and international vigilance systems.
- Establishments managing gamete donation should have clearly defined responsibilities for donor and offspring follow-up, documentation of any complications or medical health issues, and timely

reporting to the relevant health authority, in compliance with applicable data protection requirements.

Psychosocial aspects and psychosocial counselling

- Psychosocial and genetic counselling should be offered free of charge to gamete donors, as appropriate, independently of the medical information provided for informed consent.
- Counselling should address the potential impact of the donation on the donor's close family, as well as the possibility that donors themselves may remain childless, including due to fertility issues, while recipients' treatments may have resulted in children.
- Counselling should also address the implications of potential contact with offspring, as well as the potential absence of such contact. Donors and their families should have access to counselling free of charge before, during and after contact with offspring, should such contact occur. Donors should be made aware at the time of their donation of the availability of such services and how they can access them.
- Member States should establish minimum qualifications and competencies required for professionals providing psychosocial and genetic counselling, ensuring their independence from the team(s) responsible for obtaining consent and performing medically assisted reproduction procedures.

Anonymity and identifiability

- Donors should be informed about current national legislation regarding identifiability and anonymity. If legislative changes occur that are of relevance for previous donors, the donors concerned should be contacted and informed accordingly, including being asked for renewed consent for the use of any sperm and unfertilised oocytes still in storage.
- Donors should be informed that legislation concerning identifiability and anonymity may differ between countries, and that the legal framework of the country in which the donated gametes are used may apply. In order to enable donors to make an informed decision regarding consent to the distribution or export of their donated gametes to other countries, differences in national legislation – including the absence of specific regulations in

certain jurisdictions – should be clearly explained, with particular attention to the potential implications for the donor.

- Donors should receive clear information on what personal and medical data are recorded in relation to their donation, and what information may be provided to recipients and/or offspring. Donors should also be informed by whom and when their data can be accessed.
- Donors should have the possibility to access information on the number of families and offspring born from their donations. All disclosures should comply with data protection requirements and ensure respect for the private and family life of the offspring concerned.
- In systems where donor identity can be disclosed, donors should be informed at what age offspring may have access to their identity.
- Donors should be informed about the implications of any donor registries available in their country, including whether submission of the required data is voluntary or mandatory, and the types of data that are recorded.
- Donors should be informed about the potential implications of direct-to-consumer genetic testing in combination with social media and other online information. They should be made fully aware that their genetic identity could be revealed at any time through DNA testing by themselves or by one of their relatives, even if anonymity was granted under the legislation of their home or donating country.

Limits on use of gametes

- Member States should establish maximum legal limits on the number of recipients who may have offspring from a single donor, including recipients in other countries or, where applicable, adhere to internationally agreed upper limits. For this purpose, two women in an ongoing intimate relationship should be counted as a single recipient. Donors should be informed of the applicable limits, as well as the rationale for them.
- Member States should also work towards the establishment of a common European upper limit, based on internationally recognised, evidence-based scientific recommendations.

- Compliance with the national and, where applicable, internationally agreed upper limits on the number of recipients who may have offspring per donor should be ensured through mandatory donor registries at national, regional and/or international level that meet minimum functional standards, including the unique identification of donors, linkage of all donations to resulting offspring, and interoperability with other national systems where cross-border exchanges occur. All monitoring should comply with applicable data protection requirements and safeguard the right to private life of the persons concerned.
- Preferably, donors should be given the opportunity to set their own limits below the applicable national or international limits on the total number of recipients that can have offspring with their gametes, irrespective of the country of use.
- Donors should be informed that, where no national or international rules or quotas apply, this may result in a large number of offspring being born from their donation(s).

Financial neutrality and prohibition of financial gain

- Donors should be clearly informed that the donation of gametes is a voluntary act, carried out without the intention of obtaining financial gain or any other undue advantage.
- Member States should ensure that gamete donation remains an altruistic act and is financially neutral for donors, meaning that it should not result in either financial gain or loss, including loss of earnings or expenses directly incurred as a consequence of the donation. Fair compensation, according to the conditions and procedures prescribed by law, should be provided in case of undue damage directly resulting from the donation.
- Any reimbursement of expenses or compensation permitted under applicable national law should be transparent, proportionate and limited to what is justified, in accordance with the definitions and conditions set in the Council of Europe Guide for the implementation of the principle of prohibition of financial gain with respect to the human body and its parts from living or deceased donors. Member States should set upper limits to the amount of financial compensation that gamete donors may receive. Donors should be duly informed of the conditions, limits and underlying rationale of any such compensation.

- Member States should encourage strong public and non-profit sector involvement in the collection and banking of donated gametes.
- Member States should ensure that any advertising, promotional or publicity activities forming part of recruitment campaigns for donors of substances of human origin fully respect the altruistic nature of donation and do not, under any circumstances, encourage donation through the offer of financial incentives or other comparable advantages.
- Gamete banks and clinics offering medically assisted reproduction treatments involving donor gametes may receive payment of a justifiable fee for legitimate medical or related technical services rendered in connection with the donation and human application of the gametes or resulting embryos. The fees related to technical services should not exceed operational costs and should be comparable to those of similar technical services independent of their legal status within the member State. Fees may include, among other things, the cost of procurement, testing, processing, storage, distribution, personnel, transportation, infrastructure and administration, and the need to invest in state-of-the-art processes and equipment to ensure the long-term sustainability of the services offered.
- Member States should establish an appropriate legislative and administrative framework to ensure effective oversight of intermediaries and agencies involved in gamete donation processes, including, where necessary, oversight by law enforcement authorities, in order to provide effective protection against non-compliance with the principle of prohibition of financial gain.

Non-resident donors

- Member States should significantly restrict the use of non-resident, non-directed gamete donors and, where possible, avoid such donations in light of the challenges related to follow-up and traceability. In exceptional cases where donations from non-resident donors are accepted, it should be ensured that they are fully subject to the same regulatory requirements and guidelines as resident donors, including mandatory registration in the national donor registry, full traceability, access to relevant medical documentation, appropriate post-donation follow-up and the possibility to update donor medical information for the applicable retention period.

- Member States should recognise that the principle of financial neutrality may be compromised where non-resident donors are accepted, as levels of reimbursement or compensation in one country may constitute a significant financial incentive for donors residing in another country.

Legal status of donors

- Member States should ensure that gamete donors are fully exempt from any legal parental rights and responsibilities in relation to the offspring resulting from their donations.

Storage of donated gametes and data

- Donors should be informed about the duration of storage and use of their donated gametes and the policies applicable once the storage period has ended.
- Donors should be informed whether they may further limit the maximum duration for use of their donation and, where relevant, have their choice duly recorded.
- In countries that allow storage of gametes over an unlimited or very long period of time, donors should be informed that this could result in offspring with substantial age differences and a theoretical risk of inter-generational consanguinity.
- Donors should be informed about the type of personal data recorded in connection with the donation or storage of their gametes, the methods of storage, the retention period and how they may update or correct this information.
- Donors should be informed of the possibility that the medically assisted reproduction centre or gamete bank may contact them for additional medical information, such as the occurrence of unexpected diseases in the offspring, and that it is therefore important to keep their contact information up to date.
- Donors should be informed of their right to access information held about them in accordance with any applicable national and international laws and standards relating to data protection and privacy.

Governance, registry systems and data protection

- Member States should designate the national health authority responsible for authorisation, oversight,

vigilance, inspection and governance of donor registries in the field of gamete donation.

- Key medical and genetic information about donors should be retained at the establishment managing the donation or in a donor registry for an appropriate period, as permitted under applicable data protection requirements, and mechanisms for updating records when new medically relevant information becomes available should be included. The retention period should cover the possible

length of storage before use, as well as the lifespan of the offspring.

- Member States should ensure the protection of gamete donors' privacy and personal data, particularly within donor registries and in cross-border data exchanges by adhering to the standards established under the Council of Europe Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data, as amended.

Medical Devices Regulation and its implications for the Substances of Human Origin sector

Position Paper of the European Committee on Organs, Tissues and Cells (CD-P-TO)

Adopted by the European Committee on Organs, Tissues and Cells (CD-P-TO) on 23 June 2026

Introduction

Following the publication of the European Commission proposal¹ to revise Regulation (EU) 2017/745 on medical devices (MDR), this paper outlines the current state of play from a substances of human origin (SoHO) perspective. The analysis focuses on the extent to which the Commission proposal considers the issues highlighted in the position paper “Risks to safety and quality in donor screening and SoHO preparations due to poor implementation of the MDR and IVDR and the resulting shortage of essential CE-marked devices” of the European Committee on Organs, Tissues and Cells (CD-P-TO)².

This paper focuses specifically on the MDR framework and the guidance issued by the Medical Device Coordination Group (MDCG) concerning in-house medical devices under Article 5(5) MDR, and in particular the treatment of two specific scenarios: (a) research use only (RUO) products to which a health institution ascribes a medical intended purpose, and (b) CE-marked medical devices whose intended purpose is institutionally changed by a health institution. It does not address the parallel IVDR framework, which is the subject of a separate analysis.

The issues addressed in this paper carry particular urgency. The SoHO Regulation (EU) 2024/1938 entered into force on 7 August 2024 and will apply from 7 August 2027. Without clarification of the interface between the MDR and the SoHO Regulation before that date, SoHO entities risk entering the post-2027 period simultaneously subject to two overlapping regulatory regimes with separate competent authorities, inspection frameworks and documentation requirements. The CD-P-TO respectfully submits that this makes early clarification a practical priority.

There is a further dimension that deserves explicit recognition. An overly expansive interpretation of Article 5(5) MDR in the SoHO context may itself undermine patient access to SoHO-based therapies, contrary to the overarching public health objectives of both the MDR and the SoHO Regulation. Where MDCG 2023-1³ leads SoHO entities to abandon the use of RUO products or institutionally repurposed devices because the associated Article 5(5) obligations cannot in practice be fulfilled, the result is not greater safety but reduced availability of critical SoHO activities. This is the paradox that this paper seeks to address: an interpretation intended to close a regulatory gap may, in the SoHO context, create a patient safety risk of its own.

¹ European Commission. *Proposal for a Regulation of the European Parliament and of the Council amending Regulations (EU) 2017/745 and (EU) 2017/746 as regards simplifying and reducing the burden of the rules on medical devices and in vitro diagnostic medical devices, and amending Regulation (EU) 2022/123 as regards the support of the European Medicines Agency for the expert panels on medical devices and Regulation (EU) 2024/1689 as regards the list of Union harmonisation legislation referred to in its Annex I* COM(2025) 1023 final. Strasbourg: European Commission; 2025

² European Committee on Organ Transplantation (CD-P-TO). *Risks to safety and quality in donor screening and SoHO preparations due to poor implementation of the MDR and IVDR and the resulting shortage of essential CE-marked devices: position paper*. Council of Europe; 2025 Oct 10. PA/PH/TO (24) 18 DEF. Available at: https://www.edqm.eu/documents/52006/326473/PositionPaper_PA-PH-TO-24-18-DEF_EN.pdf/b2cd4a43-1554-9d2b-f2e2433902692ff6?t=1763031566017

³ MDCG. *MDCG 2023-1 Guidance on the health institution exemption under Article 5(5) of Regulation (EU) 2017/745 and Regulation (EU) 2017/746*. Medical Device Coordination Group; January 2023. Available at: https://health.ec.europa.eu/system/files/2023-01/mdcg_2023-1_en.pdf

Current situation:

In-house Medical Devices under MDR

SoHO entities are heavily dependent on highly specialised, low-volume medical devices that fall within the scope of Regulation (EU) 2017/745 (MDR), in particular non-invasive devices classified under Annex VIII, Chapter III, Rules 1 to 3. These devices are often indispensable for the processing and storage of SoHO, yet they serve niche clinical and laboratory applications with limited commercial scale.

In practice, many of these essential devices are increasingly being withdrawn from the market or are no longer placed on the market as fully MDR-compliant medical devices⁴. The disproportionate regulatory burden and compliance costs associated with the MDR have led manufacturers either to discontinue such devices without appropriate replacements or to reintroduce them as “research use only” (RUO) products, thereby shifting regulatory responsibility and risk to SoHO entities.

A further and equally problematic practice is the use by SoHO entities of CE-marked medical devices beyond their manufacturer-defined intended purpose. Where no device with a suitable intended purpose is available on the market, SoHO entities may institutionally change the intended purpose of an available CE-marked device to meet their operational needs. As described below, MDCG 2023-1 treats this institutional change of intended purpose as triggering Article 5(5) MDR.

Under the MDR, the Commission proposal offers only limited relief for SoHO entities relying on in-house medical devices. In contrast to the IVDR, the condition linked to the availability of an equivalent device on the market is not removed. Once a health institution becomes aware that a CE-marked device can meet the needs of the target patient group in an equivalent manner, it may continue to manufacture and use its in-house device for a maximum period of ten years¹.

The proposal further allows the transfer of an in-house medical device only to another health institution and only when subject to strict traceability and incident-reporting obligations¹. In the context of SoHO activities, this limited and device-centric approach sits uneasily with the SoHO Regulation, which introduces a comprehensive, activity-based framework for traceability, vigilance and supply continuity across SoHO entities.

Importantly, Article 5(5) MDR does not introduce any risk-based differentiation for technical documentation or for compliance with the General Safety and Performance Requirements set out in Annex I. SoHO entities remain required to draw up technical documentation that is sufficiently detailed to enable competent authorities to verify compliance with Annex I, irrespective of device risk class.

MDCG 2023-1: The Two Scenarios and Their Implications for SoHO Entities

MDCG guidance document 2023-1, Section 3.2.2, addresses two distinct scenarios relevant to SoHO entities and treats both as triggering Article 5(5) MDR. The CD-P-TO understands the concern underlying this approach, namely the wish to avoid a regulatory vacuum in which products used for diagnostic or therapeutic purposes escape all oversight. However, in our view, the approach taken in both scenarios goes beyond what the text of Article 5(5) MDR supports and creates practical difficulties for SoHO entities that the guidance does not appear to have fully anticipated. The legal basis for each scenario, and its practical consequences, are set out below.

Scenario 1: RUO products to which a health institution ascribes a medical intended purpose

MDCG 2023-1 draws a careful distinction on RUO products. It acknowledges that “RUO products are not regulated by the MDR and IVDR and are not considered to be in-house devices when they are used for research purposes only.” However, it goes on to state that “where a health institution (as opposed to an individual healthcare professional) ascribes to a RUO product an intended purpose such that it would meet the definition in Article 2(1) MDR [...] in view of its use in the health institution, then Article 5(5) applies.”

The CD-P-TO respectfully submits that this position does not sit easily with a foundational principle of the MDR. Under Article 2(1) and 2(12) MDR, the “intended purpose” of a device is “the use for which a device is intended according to the data supplied by the manufacturer”. It is the manufacturer, not the health institution, who determines intended purpose. A product labelled as RUO reflects a deliberate decision by its manufacturer not to place it on the market as a medical device. That decision is what removes the product from the scope of the MDR in the first place.

⁴ Nistor-Gallo R, Zatloukal K, Schwenoha K. Regulatory fragmentation in Europe and its risks for patient access and safety: subcontracting work flow steps of in-house diagnostic procedures. *Clin Chem* 2025;71(12):1202-11. doi: 10.1093/clinchem/hvaf123.

When a health institution uses an RUO product, it is making a clinical decision about how to deploy a product, a decision that may appropriately be governed by national law on quality of care, and by the SoHO Regulation in the SoHO context. However, it does not thereby take on the role of manufacturer under the MDR framework, nor does it retrospectively change the intended purpose as determined by the manufacturer.

This conclusion is reinforced by the definitions in the MDR itself. Article 5(5) is an exception to the general conformity requirement and, as with all exceptions in EU law, must be interpreted in light of the conditions it expressly sets. The provision applies to health institutions that “manufacture or modify” devices, it presupposes that the institution is the manufacturer. Under Article 2(30) MDR, “manufacturer” means “a natural or legal person who manufactures or fully refurbishes a device [...] and markets that device under its name or trademark.” A SoHO entity that acquires and uses an RUO product does not manufacture it, does not fully refurbish it, and does not market it under its own name. It satisfies none of the elements of Article 2(30). Nor does it fall within the definition of “economic operator” under Article 2(35) MDR, which covers manufacturers, authorised representatives, importers and distributors, all parties involved in placing or making devices available on the market. A SoHO entity using an RUO product internally has no commercial interest in placing anything on the market and is structurally outside the chain of economic operators to which the MDR is addressed. Article 5(5) was designed as an exception for genuine in-house manufacture, not as a mechanism to bring end-users within the MDR’s manufacturer framework.

A further practical difficulty arises in any event. A health institution that acquires and uses an RUO product has no access to the design specifications, manufacturing process or quality management system of that product and is therefore not in a position to fulfil the requirements of Annex I (General Safety and Performance Requirements) in any meaningful way. The conditions of Article 5(5) are, in these circumstances, not straightforwardly met.

Scenario 2: Institutional change of intended purpose of a CE-marked device

MDCG 2023-1 Section 3.2.2 states: “where a health institution (as opposed to an individual healthcare professional) changes the intended purpose of a CE-marked device, in view of its use in the health institution with that changed intended purpose, then Article 5(5) applies.” The guidance correctly distinguishes this from individual off-label use by a healthcare professional,

which it acknowledges is generally not regulated by the MDR.

The CD-P-TO acknowledges the logic of seeking regulatory clarity for situations where a health institution systematically deploys a CE-marked device beyond its manufacturer-defined intended purpose. At the same time, we respectfully suggest that extending Article 5(5) to this scenario raises similar concerns to those identified for Scenario 1.

The health institution is not the manufacturer of the CE-marked device. The manufacturer placed the device on the market with a specific intended purpose, underwent conformity assessment in respect of that purpose, and retains MDR manufacturer responsibilities accordingly. A health institution that uses the device beyond that intended purpose does not thereby become the manufacturer and does not have access to the technical information that would be necessary to fulfil Annex I in respect of the device.

In addition, and specific to this scenario, the CE-marked device has already undergone conformity assessment: its fundamental safety and performance characteristics have been validated under MDR procedures. The device’s baseline safety is already established under EU law. An Annex I technical documentation exercise by a health institution that is not the manufacturer of the device and cannot access its technical file would be unlikely to add meaningfully to the safety assurance already provided by the manufacturer’s conformity assessment.

A further legal consideration reinforces this conclusion. The MDR draws a fundamental distinction between “placing on the market” under Article 2(28) and “putting into service” under Article 2(29), defined as the first making available to the end user for use within the Union. For a CE-marked device, both acts have already been performed by the manufacturer: the device has been placed on the market with a defined intended purpose and put into service when delivered to the health institution. When a SoHO entity subsequently uses that device beyond its intended purpose, it performs neither of these acts. It is using a product already lawfully on the market and in service. The MDR does not regulate that use, it regulates the manufacturer and the economic operators in the supply chain. The institutional change of intended purpose therefore does not engage the MDR’s regulatory framework in the way that MDCG 2023-1 assumes.

It is also worth noting that the MDR does not explicitly identify the institutional change of intended purpose

as a distinct regulatory trigger. The guidance appears to have extended Article 5(5) to a scenario that the legislative text does not expressly address, which creates legal uncertainty for health institutions seeking to understand their obligations.

The situation is not without analogy in EU healthcare law. The institutional use of a medicine outside its marketing authorisation is a recognised practice that does not convert the prescribing institution into a marketing authorisation holder. A comparable approach to the institutional use of CE-marked devices beyond their intended purpose could provide a more workable and proportionate framework.

Proposal to the European Commission and Competent Authorities

Maintain the MDR and the Commission Proposal Unchanged

The CD-P-TO supports the position that the text of Regulation (EU) 2017/745 (MDR) and the Commission's amending proposal should not be modified to address the issues raised in this paper. The legal framework of the MDR, including Article 5(5) and the Commission proposal's amendments thereto, provides a structurally sound basis. The difficulties described in this paper arise not from the legislation itself but from questions of interpretation that guidance can appropriately address.

Revision of DCG 2023-1

The CD-P-TO respectfully invites the European Commission and the competent authorities, acting through the MDCG, to consider a revision of MDCG guidance document 2023-1 with respect to the two scenarios identified in Section 3.2.2, in order to better reflect the legislative text of Article 5(5) MDR and to address the practical difficulties that the current approach creates for SoHO entities.

In respect of RUO products used by a health institution, revised guidance might usefully clarify:

- That the ascription of a medical intended purpose to an RUO product by a health institution does not of itself render that product a medical device under the MDR, given that intended purpose under Article 2(1) and 2(12) MDR is determined by the manufacturer. A manufacturer who has labelled a product as RUO has chosen not to place it on the market as a medical device, and that choice has consequences for how the product is characterised under the MDR.

- That Article 5(5) MDR presupposes that the health institution is itself the manufacturer of the device within the meaning of Article 2(30) MDR. A health institution that acquires and uses an RUO product does not manufacture, refurbish or market that product and therefore does not meet that definition. It equally falls outside the chain of economic operators under Article 2(35) MDR. Guidance that acknowledges this structural reality would help health institutions understand their actual obligations more clearly.

In respect of the institutional change of intended purpose of a CE-marked device, revised guidance might usefully clarify:

- That a health institution that institutionally changes the intended purpose of a CE-marked device does not thereby become the manufacturer of that device for the purposes of the MDR. The device retains its status as a product placed on the market by its manufacturer, who continues to bear MDR manufacturer responsibilities in respect of the device's conformity-assessed intended purpose.
- That, given the CE-marked device has already undergone conformity assessment establishing its baseline safety and performance, the additional value of a full Annex I exercise by a health institution that is not the manufacturer and cannot access the technical file may be limited. Guidance that takes a more proportionate approach to this scenario, reflecting the safety already established by the manufacturer's conformity assessment, would reduce unnecessary burden without compromising safety.
- That the institutional change of intended purpose does not have an explicit basis as a regulatory trigger in the MDR text, and that clarity on how health institutions should approach this situation – including what role national law and sector-specific frameworks such as the SoHO Regulation play – would be welcome.

Revised guidance should provide clear and operationally practical criteria for distinguishing between (a) genuine inhouse manufacture by a health institution, to which Article 5(5) legitimately applies, and (b) the use of commercially sourced RUO products with an ascribed medical purpose, or the institutional change of intended purpose of CE-marked devices, in respect of which a different regulatory approach may be more appropriate.

RUO Products and Institutionally Repurposed Devices in the SoHO Context: The SoHO Regulation as a Sufficient and Appropriate Framework

The SoHO Regulation provides substantive safety coverage

The CD-P-TO proposes that, where RUO products are used by SoHO entities, or where CE-marked devices are used in SoHO activities beyond their manufacturer-defined intended purpose, the use of such products and devices should be understood as already governed by the comprehensive regulatory framework established by Regulation (EU) 2024/1938 (SoHO Regulation), rather than as triggering MDR obligations on the part of the SoHO entity.

The SoHO Regulation is not a residual or gap-filling framework. It is a comprehensive, activity-based safety system specifically designed for the SoHO context. It requires SoHO entities to:

- operate under a documented quality management system covering all aspects of SoHO activities, including the materials, reagents and equipment used;
- qualify suppliers and validate all materials, reagents and equipment before use in SoHO activities, demonstrating fitness for the specific intended use in the SoHO process;
- designate a Responsible Person accountable for compliance with all applicable safety and quality requirements;
- maintain full traceability from donor to recipient and across all steps of the SoHO process, including the tools and products employed;
- report serious adverse events and reactions, including those attributable to failures of materials or reagents used in SoHO activities;
- be subject to regular inspection and authorisation by the designated SoHO competent authority.

The validation obligation under the SoHO Regulation deserves particular emphasis in this context. A SoHO entity that uses an RUO product, or a CE-marked device beyond its intended purpose, is required to validate that product or device for its specific use in the SoHO process before deployment, covering fitness for purpose, performance characteristics and suitability for the activity

concerned. This validation constitutes a meaningful and targeted safety assessment directly relevant to the actual risk at hand, one that is, in many respects, more focused on the specific safety question than a generic Annex I exercise conducted by an institution without access to the product's design and manufacturing information.

An RUO product used, or a CE-marked device deployed beyond its intended purpose, within a SoHO entity operating under these obligations is not unregulated. Its use is governed, controlled, traceable and subject to inspection. The safety and quality of SoHO activities, including the suitability of the materials and devices used in those activities, is a matter that the SoHO Regulation addresses directly. In this context, the added value of a parallel layer of MDR obligations, obligations that the health institution is not in a position to fulfil as it is not the manufacturer, is not apparent.

In the specific case of CE-marked devices used beyond their intended purpose, this point is reinforced further. Such a device has already undergone conformity assessment under the MDR, establishing its baseline safety. The SoHO quality management system then governs the conditions of its use in the SoHO process. Between the manufacturer's conformity assessment and the SoHO entity's quality framework, the relevant safety considerations are addressed without the need for a further Annex I exercise by the health institution.

Single competent authority: avoiding unnecessary regulatory duplication

A significant practical consequence of the interpretation adopted in MDCG 2023-1 is that SoHO entities using RUO products or deploying CE-marked devices beyond their intended purpose would fall simultaneously under two distinct inspection regimes: the SoHO competent authority under Regulation (EU) 2024/1938, and the medical device competent authority under the MDR. In many member states, these are different bodies, operating under different legal frameworks, with different inspection methodologies, documentation requirements and enforcement powers.

This dual oversight creates a significant operational burden for SoHO entities, which must prepare for and accommodate inspections by two separate authorities applying distinct legal standards. It also raises questions of coherence: the SoHO Regulation already designates a competent authority with the specific mandate, expertise and legal tools to oversee all aspects of SoHO activities, including the safety and quality of the processes, materials and devices used in those activities.

Consolidating oversight under the SoHO competent authority, by recognising that RUO products and institutionally repurposed CE-marked devices used in SoHO activities fall within the SoHO regulatory framework, would mean one authority, one inspection, one coherent set of obligations. This would not reduce the level of safety oversight; it would ensure that oversight is exercised by the authority best placed to conduct it, within a framework specifically designed for SoHO activities.

Alignment with the Commission's simplification agenda

The clarification proposed in this paper is consistent with the European Commission's stated objective of simplifying the regulatory environment for health institutions and reducing unnecessary administrative burden. The Commission's amending proposal itself reflects a recognition that the current MDR framework imposes disproportionate burdens in certain contexts. A targeted revision of MDCG 2023-1 and clarification of the interface between the MDR and the SoHO Regulation would deliver a concrete, practical simplification without requiring any legislative amendment.

It is important to be clear that this is not a proposal to reduce safety oversight. The full framework of the SoHO Regulation would remain in place. SoHO entities would continue to be authorised, inspected and held accountable under a rigorous EU regulatory framework. What the proposed clarification would achieve is the removal of a layer of obligations that, in our view, does not have a clear basis in the MDR text and that health institutions are not in a position to fulfil, given that they are not the manufacturers of the products concerned.

Under the principle of proportionality enshrined in Article 5 Treaty on European Union, regulatory measures should not exceed what is necessary to achieve the objectives of Union law. Applying full Annex I documentation obligations and dual inspection regimes to SoHO entities in respect of products and devices over whose design and manufacture they have had no involvement appears difficult to reconcile with that principle. The approach proposed in this paper seeks to achieve an outcome that is both legally coherent and proportionate to the actual safety risks involved.

The CD-P-TO therefore invites the European Commission and competent authorities to consider clarifying, whether through revised MDCG guidance, a Commission communication, or appropriate delegated or implementing measures, that RUO products used in

SoHO activities, and CE-marked devices whose intended purpose is institutionally changed in the SoHO context, are appropriately governed by the SoHO Regulation, with oversight exercised by the designated SoHO competent authority.

Conclusion

The CD-P-TO recognises that the MDR and the Commission's amending proposal provide a structurally sound legislative framework, and acknowledges the important work undertaken by the MDCG in developing guidance to support harmonised application of Article 5(5) MDR. The difficulties described in this paper are not attributable to the legislation itself, but arise from questions of interpretation that guidance can appropriately revisit.

In the view of the CD-P-TO, the approach taken in MDCG 2023-1 in respect of two specific scenarios – RUO products to which a health institution ascribes a medical intended purpose, and CE-marked devices whose intended purpose is institutionally changed by a health institution – appears to extend the scope of Article 5(5) MDR beyond what the legislative text expressly supports, and creates obligations that health institutions are not in a practical position to fulfil, given that they are not the manufacturers of the products concerned.

For RUO products, the guidance's own acknowledgement that such products are outside the MDR when used for research purposes reflects the principle that it is the manufacturer's decision that determines whether a product is a medical device. A health institution that subsequently uses an RUO product is not thereby taking on the role of manufacturer, and it is not straightforward to apply Article 5(5) to an entity that does not meet the definition of manufacturer under Article 2(30) MDR and falls outside the chain of economic operators under Article 2(35) MDR.

For CE-marked devices used beyond their intended purpose, the position is further complicated by the fact that the device has already undergone conformity assessment under the MDR, by the absence of an explicit basis in the MDR text for treating the institutional change of intended purpose as a trigger for Article 5(5), and by the consideration that the acts of placing on the market and putting into service have already been performed by the manufacturer. The added safety value of a further Annex I exercise by a health institution without access to the product's technical file is not clear.

The SoHO Regulation (EU) 2024/1938 already provides a comprehensive, activity-based safety framework

covering the use of materials, reagents and devices in SoHO activities, including quality management system requirements, supplier qualification and validation obligations, a Responsible Person, full traceability, vigilance reporting, and competent authority inspection and authorisation. This framework addresses the safety considerations at stake without the need to impose MDR manufacturer obligations on health institutions that are users, not manufacturers.

A significant and concrete consequence of the current guidance is the exposure of SoHO entities to dual competent authority oversight, by both the SoHO authority and the medical device authority. This creates operational complexity and raises questions of coherence that a targeted revision of MDCG 2023-1 could appropriately address.

The urgency of this clarification should not be understated. From 7 August 2027, both the MDR and the SoHO Regulation will be in full application simultaneously. Without a clear statement that the two scenarios described in this paper fall outside Article 5(5) MDR and within the SoHO Regulation, SoHO entities will face from that date a structurally incoherent situation in which two comprehensive regulatory frameworks, each with its own competent authority and inspection regime,

apply concurrently to the same activities and the same products. The period before 2027 is the appropriate moment to resolve this interface.

The CD-P-TO wishes to signal its readiness to engage constructively with the MDCG and the relevant working groups in developing practical guidance that addresses the concerns raised in this paper. We believe that a collaborative process, drawing on the operational experience of SoHO entities across Europe, would contribute to guidance that is both legally sound and workable in practice.

The CD-P-TO respectfully invites the European Commission and competent authorities to consider revising MDCG 2023-1 to provide greater clarity on the two scenarios identified above, and to recognise that RUO products used and CE-marked devices used beyond their intended purpose in the SoHO context are appropriately governed by the SoHO Regulation, with oversight consolidated under the designated SoHO competent authority. Such a targeted clarification, requiring no amendment to the MDR or the Commission proposal, would improve legal certainty, reduce unnecessary regulatory duplication, and contribute to a proportionate and coherent regulatory framework for SoHO-related activities across Europe.

Risks to Safety and Quality in Donor Screening and SoHO Preparations Due to Poor Implementation of the MDR and IVDR and the Resulting Shortage of Essential CE-Marked Devices

Position Paper of the European Committee on Organs, Tissues and Cells (CD-P-T0)

Adopted by the European Committee on Organ Transplantation (CD-P-T0) on 10 October 2025 during its 34th plenary meeting in Kalamata, Greece.

- Regulation (EU) 2017/745 (MDR) and Regulation (EU) 2017/746 (IVDR), which apply to medical devices (MDs) and in vitro diagnostic medical devices (IVDs) placed on the EU market, were introduced with the objective of establishing a robust and transparent regulatory framework.
- While laudable in intent, implementation has generated unintended consequences for the Substances of Human Origin (SoHO) sector: the time, complexity and cost of conformity assessment under the MDR and IVDR have adversely affected the ability of manufacturers to place niche MDs and IVDs on the market for SoHO applications.
- The aim of this position paper is to highlight the concerns of the SoHO field about the challenges, consequences and potential impact on sufficiency due to these regulations.

Regulatory objectives versus field realities

The Council of Europe Additional Protocol to the Convention on Human Rights and Biomedicine concerning Transplantation of Organs and Tissues of Human Origin¹ (ETS No. 186) lays down in Article 6 the obligation for all professionals involved in organ or tissue transplantation to take all reasonable measures to minimise the risks of transmission of any disease to the recipient and to avoid any action which might affect the suitability of an organ, tissue or cell for implantation. To achieve this, donors must be screened for transmissible infections, which is done, among other means, through

laboratory testing using IVDs. In parallel, SoHO entities and establishments must ensure the overall quality and safety of the collection, processing, storage and distribution of SoHO. MDs and IVDs play a critical role in this process, as their availability, reliability and performance directly impact the application of SoHO preparations. The recently adopted SoHO Regulation (EU) 2024/1938² plays a central role in harmonising requirements across EU member states, replacing a fragmented framework with a single, comprehensive set of rules. As EU regulatory decisions, particularly the SoHO Regulation, affect standards beyond EU borders and assign the European Directorate for the Quality of

¹ <https://rm.coe.int/1680081562>.

² Regulation (EU) 2024/1938 on standards of quality and safety for substances of human origin intended for human application. Available at <https://eur-lex.europa.eu/eli/reg/2024/1938/oj/eng>.

Medicines and HealthCare (EDQM) responsibilities for developing technical standards to support its implementation, it is appropriate for the Council of Europe to issue a position statement.

The MDR and IVDR were introduced in 2017 with the ambition of establishing a robust, transparent, predictable and sustainable regulatory framework for MDs and IVDs, ensuring a high level of safety and health while supporting innovation. However, several years into implementation, these regulations have not fully delivered on their objectives.

While data from notified bodies in May 2025 indicate progress in terms of applications submitted and certificates issued³, significant concerns remain. According to the MedTech Europe IVDR & MDR survey⁴, 26% of IVD manufacturers and 29% of MD manufacturers in orphan and niche markets plan to transition fewer than 5% of their devices to compliance under the new regulations. Market contraction is already evident, with devices being discontinued and further withdrawals likely across categories such as infectious disease screening, immunochemistry, histology, cytology and genetic testing, as well as haematology.

This trend is reflected in daily practice, where SoHO entities and establishments frequently face the withdrawal of critical devices such as IVD tests, reagents, consumables and instruments. These devices are vital for safe and effective donor screening, and the collection, processing, storage, distribution and application of SoHO preparations. In the absence of CE-marked alternatives, SoHO entities and establishments are compelled to revert to manual or legacy methods that do not always meet current safety and quality standards, increasing the risk of compromised safety, quality and effectiveness of SoHO preparations and threatening service continuity and patient access.

Key issues arising from MD and IVD regulations affecting the SoHO field

1. IVDs are paramount to ensure the safety of SoHO. IVDs are used to screen SoHO donors for markers of transmissible infections. These tests typically fall under class D in the EU IVDR and are further

governed by relevant common specifications (CS). European Union Reference Laboratories (EURLs) verify, through laboratory testing, the performance claimed by manufacturers for applicable class D devices and their compliance with the CS. The results of this mandatory, manufacturer-independent pre-market verification inform notified bodies' decisions on market authorisation. While these requirements are critical for public health, they impose significant financial burdens and can extend time to market.

2. The challenge is particularly acute for SoHO obtained from deceased donors. There is a lack of deceased-donor test panels at EURL level, a limited number of assays validated for post-mortem blood samples, and persistent difficulty in defining evidence-based time limits for *post-mortem* sampling⁵. Currently, the market for donor screening assays is small and fragmented: only a few manufacturers provide tests for deceased donors, and no single manufacturer covers all required infection markers (e.g. HBV, HCV, HIV, HTLV, *Treponema pallidum*, WNV, Zika virus, CMV) and other critical assays (e.g. HLA typing, chimerism analysis). Emerging infectious threats, such as SARS-CoV-2, further complicate this landscape. Moreover, there is no clarity on which assays will remain available in Europe, creating uncertainty for both testing and contingency planning. These factors risk constraining the safe supply of SoHO for human application and may ultimately reduce donation volumes.
3. Today, most SoHO establishments work together with medical laboratories located in health institutions or blood establishments that typically operate one or two chemistry or immunoassay platforms. Given the limited availability of CE-marked assays on local platforms to screen for transmissible infections in samples from living and deceased donors, laboratories develop in-house IVDs (LDTs). Validation of these LDTs is not always aligned with CS, and clear, appropriate guidance remains unavailable, leaving laboratories without the necessary support and hindering innovative solutions

³ European Commission (2025). Study supporting the monitoring of the availability of medical devices on the EU market. Survey results of the 12th NB survey (MDR/IVDR) with data status 31 October 2024. Data included in https://health.ec.europa.eu/document/download/59b9d90e-be42-4895-9f6f-bec35138bb0a_en?filename=md_nb_survey_certifications_applications_en.pdf

⁴ MedTech Europe (2024). MedTech Europe IVDR & MDR Survey Results 2024. Available at <https://www.medtecheurope.org/wp-content/uploads/2025/01/mte-ivdr-mdr-survey-report-highlights-final.pdf>

⁵ EDQM (2022) Understanding post-mortem blood testing practices for tissue donation. Available at <https://freepub.edqm.eu/publications/PUBSD-173/detail>.

for niche applications, rare diseases and rapid responses to health crises⁶.

4. SoHO is by nature a niche domain, relying heavily on highly specialised MDs that are not produced at large scale. In recent years, SoHO entities and establishments, not only within EU member states but also in Council of Europe member states outside the EU, have increasingly reported the disappearance of essential MD, such as cell separators, sterile containers for the preservation of SoHO preparations (e.g. bone marrow collection bags and cord blood collection bags) and transport, preservation, processing and transplantation media, without any indication of suitable replacements entering the market. The withdrawal of such devices is often linked to high regulatory burden and cost of compliance under the MDR, which disproportionately affect low-volume, niche devices. National Competent Authorities have acknowledged these risks⁷.
5. Due to the widespread withdrawal of devices from the market, many SoHO entities and establishments are left with no choice but to use existing CE-marked devices off-label, rely on research-use-only (RUO) devices, or assemble their own in-house devices. Article 5(5) of the MDR and IVDR allows health institutions to manufacture and use devices internally when no equivalent is available on the market. However, requirements outlined in EU Medical Device Coordination Group (MDCG) documents 2023-1⁸ and 2025-5⁹ are demanding relative to the resources of most health institutions (e.g. alignment with general safety and performance requirements, justification of unmet needs, quality management, extensive documentation and public declarations). RUO and off-label uses are not explicitly addressed in Article 5(5) and are typically governed by a combination of EU and MDCG provisions, resulting in legal uncertainty. The lack of market alternatives combined with regulatory rigidity places an

unsustainable burden on SoHO entities and may compromise continuity of services.

6. Innovation is essential for the advancement of therapies involving SoHO. However, the current EU regulatory environment under the MDR and IVDR has created significant disincentives for innovation within SoHO establishments, healthcare institutions and academic research settings, sectors that are traditionally at the forefront of developing novel solutions for niche applications such as SoHO therapies. The heightened regulatory complexity, increased costs and prolonged approval timelines have led to a marked decline in enthusiasm among clinicians and researchers to engage in translational research. Ethical approval processes for clinical investigations and performance studies involving MDs or IVDs have become so complex under the MDR/IVDR framework^{8,10} that they often exceed the duration of the research itself, discouraging early-stage innovation altogether. The situation is further complicated by the unclear expectations regarding clinical evidence. This lack of transparency and harmonisation significantly increases the risk and cost of innovation.

Recommendations

The CD-P-TO believes that a further postponement of the implementation of the EU IVDR and MDR will not prevent many CE-marked IVDs and MDs from disappearing from the niche market. SoHO entities and establishments (health institutions) will be obliged to fill the gap, even though they lack the necessary resources. Therefore, the CD-P-TO proposes the following recommendations:

1. The European Commission should consider a dedicated, proportionate regulatory pathway for MDs and IVDs used in niche fields such as SoHO. This could include simplified conformity assessment procedures, reduced documentation requirements and targeted exemptions for low-risk, low-volume

⁶ Biomedical Alliance in Europe (2022). Implementation of the new EU regulation for In vitro Diagnostic Medical Devices: a ticking time bomb for the diagnostic sector? Available at <https://www.biomedeuropa.org/resource/implementation-of-the-ivdr-a-ticking-time-bomb-for-the-diagnostic-sector/>.

⁷ CAMD (2024). Medical device competent authority statement on the status of the EU regulatory system. Available at https://www.camd-europe.eu/wp-content/uploads/2024/07/2024_07_MDCA_Statement-final.pdf

⁸ MDCG 2023-1 (2023). Guidance on the health institution exemption under Article 5(5) of Regulation (EU) 2017/745 and Regulation (EU) 2017/746. Available at https://health.ec.europa.eu/system/files/2023-01/mdcg_2023-1_en.pdf

⁹ MDCG 2025-5 (2025). Questions & Answers regarding performance studies of in vitro diagnostic medical devices under regulation (EU) 2017/746. Available at https://health.ec.europa.eu/latest-updates/mdcg-2025-5-questions-answers-regarding-performance-studies-vitro-diagnostic-medical-devices-under-2025-06-18_en.

¹⁰ MDCG 2021-6 rev. 1 (2023). Regulation (EU) 2017/745 – Questions & Answers regarding clinical investigation. Available at https://health.ec.europa.eu/system/files/2023-12/mdcg_2021-6_en.pdf

devices that are critical for public health but not commercially viable under current rules.

2. The European Commission and national Competent Authorities should explicitly limit Article 5(5.g) requirements to the highest-risk categories of in-house manufactured class III MDs and class D IVDs, as originally intended by the regulations. In practice, several member states have extended these requirements to lower-risk categories, resulting in a disproportionate regulatory burden, particularly for SoHO establishments and health institutions operating in niche areas such as SoHO.
3. The European Commission and the MDCG should revise MDCG guidance documents applicable for in-house devices extensively in close co-operation with the stakeholders representing health institutions. The requirements outlined in MDCG 2023-1 and 2025-5 should better reflect the operational reality of health institutions. Specifically, the guidance should:
 - allow for tiered compliance based on low-volume production, number of patients treated within the health institutions and risk assessment;
 - introduce a simplified and proportionate pathway for the ethical approval of clinical investigation and performance studies involving in-house MDs and IVDs developed within academic and health institutions;
 - provide clearer criteria for the “no equivalent device on the market” condition;
 - recognise the public health value of in-house innovation in the absence of commercial equivalents.
4. The European Commission and the MDCG should urgently provide clear, harmonised guidance on the use of offlabel and RUO devices in the context of in-house manufacturing. Neither off-label use nor the use of RUO devices is explicitly covered by Article 5(5) of the MDR or IVDR, which applies only to devices that are manufactured and used in-house by health institutions. In the case of off-label or RUO use, there is no manufacturing activity as defined in the regulations. As a result, these practices fall into a regulatory grey zone, leaving institutions exposed to legal uncertainty and potential non-compliance.
5. In collaboration with National Competent Authorities and stakeholders, the European Commission or a relevant designated expert body could establish and maintain a dynamic list of essential MDs and IVDs used in SoHO applications. Devices on this list could benefit from accelerated review, extended transition periods or conditional exemptions to prevent supply disruptions.
6. The European Commission, in collaboration with the EDQM, and National Competent Authorities should develop a harmonised guidance document on emergency preparedness and response for MDs and IVDs used in SoHOrelated and other niche applications.
7. To safeguard the reliability and quality of in-house niche IVD testing, especially in response to the emerging infectious threats, the EDQM should expand its existing Proficiency Testing Scheme (PTS). This expansion should include critical niche applications such as deceased-donor blood screening and diagnostics for rare or tropical diseases, where current PTS coverage are limited or absent. Strengthening these programmes would enhance the EU’s preparedness and resilience while ensuring high diagnostic standards in areas that are essential but lack commercial incentives.

Online Promotion and Facilitation of Unethical International Travel for Transplantation

Position Paper of the European Committee on Organ Transplantation of the Council Of Europe (CD-P-TO) and its Network of National Focal Points on Travel for Transplantation (NETTA)

Adopted by the European Committee on Organ Transplantation (CD-P-TO) on 9 October 2025 during its 34th plenary meeting in Kalamata, Greece.

The Council of Europe Committee on Organ Transplantation (CD-P-TO) and its Network of National Focal Points on Travel for Transplantation (NETTA) express their deep concern about the growing phenomenon of the online promotion and facilitation of unethical international travel for organ transplantation.

Recent media reports have revealed cases where online platforms and websites offer transplant tourism packages. Desperate patients are thus lured into unsafe and unlawful transplant procedures, in exchange for substantial fees, where vulnerable individuals are exploited as sources of organs.

Transplantation must always be grounded in transparency, equity and respect for human rights. Practices involving human trafficking for the purpose of organ removal

(HTOR) and/or trafficking in human organs (THO) pose a serious threat to human rights and fundamental freedoms and constitute an affront to the notion of human dignity and personal liberty. They also pose a high risk to both the donor and the recipient, as well as to public health and healthcare systems, generating mistrust towards donation and transplantation, with a negative impact on altruistic donation.

We reaffirm the binding principles enshrined in the Council of Europe Conventions on Human Rights and Biomedicine¹, on Action against Trafficking in Human Beings² and against Trafficking in Human Organs³, as well as the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation⁴. We also recall resolutions and recommendations from Council of Europe bodies⁵⁻¹¹, the Declaration of Istanbul on Organ Trafficking

¹ Council of Europe Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (ETS No. 164). Available at <https://rm.coe.int/168007cf98>.

² Council of Europe Convention on Action against Trafficking in Human Beings (ETS No. 197). Available at <https://rm.coe.int/168008371d>.

³ Council of Europe Convention against Trafficking in Human Organs (ETS No. 216). Available at <https://rm.coe.int/16806dca3a>.

⁴ WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. Sixty-Third World Health Assembly, World Health Organization. Available at <https://doi.org/10.1007/s10561-010-9226-0>.

⁵ Recommendation Rec(2004)7 on organ trafficking. Available at <https://search.coe.int/cm?i=09000016805dcf59>.

⁶ Recommendation CM/AS(2004)Rec1611 on Trafficking in organs in Europe. Available at <https://rm.coe.int/16805dca9a>.

⁷ Resolution CM/Res(2008)4 on adult-to-adult living donor liver transplantation. Available at <https://search.coe.int/cm?i=09000016805d3da0>.

⁸ Resolution CM/Res(2013)55 on establishing procedures for the collection and dissemination of data on transplantation activities outside a domestic transplantation system. Available at <https://search.coe.int/cm?i=09000016805c6cda>.

⁹ Resolution CM/Res(2013)56 on the development and optimisation of live kidney donation programmes. Available at <https://search.coe.int/cm?i=09000016805c6ce2>.

¹⁰ Resolution CM/Res(2017)1 on principles for the selection, evaluation, donation and follow-up of the non-resident living organ donors. Available at <https://rm.coe.int/1680726fb6>.

¹¹ Resolution CM/Res(2017)2 on establishing procedures for the management of patients having received an organ transplant abroad upon return to their home country to receive follow-up care. Available at <https://rm.coe.int/0900001680726fb8>.

and Transplant Tourism¹² and the Santander Statement¹³, which reiterate the principle of non-commercialisation of organ donation, as well as transparency, equity in access to organ transplantation, self-sufficiency and oversight as fundamental to transplant systems.

In view of these threats, Council of Europe member and non-member states and relevant authorities are urged to:

- strengthen oversight of online platforms that advertise or facilitate transplantation services;
- implement protocols and guidelines to enable faster communication between relevant entities (judiciary authorities, law enforcement authorities, health authorities, internet service providers and digital platforms) so cybercrime linked to transplantation activities can be swiftly detected, investigated and addressed;
- train national and international cybercrime agencies on transplant-related crimes to support surveillance activities and investigations, and include transplant-related crimes in cybercrime prevention plans with a variety of awareness activities;
- empower healthcare professionals by providing training on illicit transplantation practices, equipping them to guide patients in making informed decisions, and establishing clear reporting mechanisms for identifying online platforms offering suspicious transplantation services;
- enhance international co-operation via formal mechanisms such as NETTA, enabling systematic data sharing and monitoring of international travel

for transplantation and early detection of illicit practices;

- develop targeted education initiatives for transplant candidates and the public to improve literacy regarding international travel for transplantation, including risks and liabilities linked to illicit practices, to discourage participation in unethical or unlawful transplant procedures abroad;
- become a party to the Council of Europe Convention against Trafficking in Human Organs³, which is open to both member states of the Council of Europe and non-member states. This legal instrument, together with other international instruments criminalising human trafficking for organ removal (such as the Council of Europe Convention on Action against Trafficking in Human Beings² and the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons¹⁴), provides a comprehensive legal framework to prevent and combat organ trafficking and other illicit transplant activities that violate fundamental human rights.

All stakeholders – including governments, policy makers, international institutions, health authorities, law enforcement authorities and professional organisations – are urged to act jointly and decisively to address illicit transplant practices. Only through co-ordinated national and international efforts can we uphold ethical standards in transplantation, safeguard the health and dignity of both donors and recipients, protect public health and preserve the trust that underpins our healthcare systems.

¹² The declaration of Istanbul on organ trafficking and transplant tourism. Available at <https://www.declarationofistanbul.org/the-declaration>.

¹³ Towards global convergence in transplantation: Sufficiency, transparency and oversight. Santander Statement. Available at <https://doi.org/10.1097/tp.0000000000005286>.

¹⁴ United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. Available at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/protocol-prevent-suppress-and-punish-trafficking-persons>.

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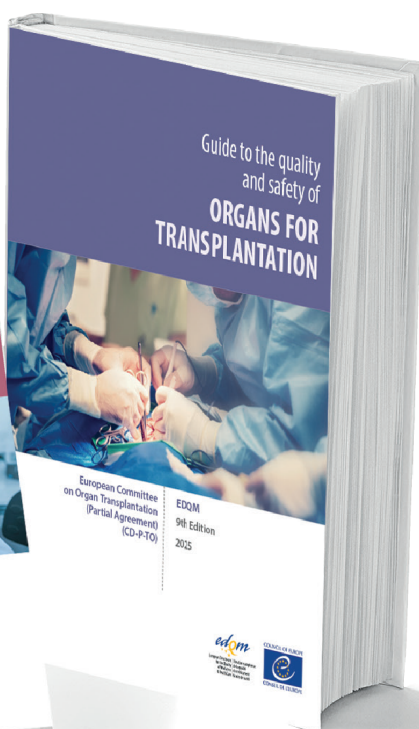
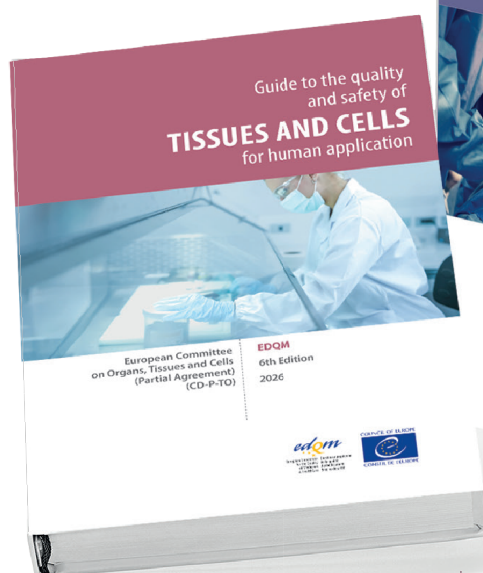
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