

Trafficking of Human Beings for the purpose of Organ Removal in North and West Africa

July 2021

ANALYTICAL REPORT



This project is funded
by the European Union

This analytical report was compiled in the framework of the European Union (EU) funded Project ENACT (Enhancing Africa's response to transnational organized crime) and was produced with funding from the EU. The contents of this report are the responsibility of the author(s) and can no way be taken to reflect the views or position of the European Union or the ENACT partnership. Authors contribute to ENACT publications in their personal capacity.

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ENACT is implemented by the Institute for Security Studies and INTERPOL, in association with the Global Initiative Against Transnational Organized Crime.



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Executive Summary

With this strategic analytical report, INTERPOL, under the European Union funded project ENACT, assesses how trafficking in human beings for the purpose of organ removal (THBOR) affects North and West Africa and to what extent this crime connects both regions with other parts of the world. Globally, when the supply of organs cannot be fulfilled by ethical transplant practices the supply is often done with illegally sourced organs. This implies that organs have been purchased from individuals that have been coerced, through a wide range of means, into having their organ(s) removed. Moreover, THBOR is reported to be a highly lucrative form of human trafficking, with victim-donors receiving only a small fraction of the total amount of money that organ buyers are willing to pay to brokers and the medical sector for the sourcing of organs.

While this type of trafficking is believed to be largely underreported, it is important for law enforcement agencies in North and West Africa to have a nuanced approach to THBOR and to set priorities, so as to identify potential victims, investigate trafficking in human being cases that can be motivated by the organ trade and target criminal networks that facilitate THBOR.

Several factors facilitate the organ trade in North and West Africa. The global shortage in organs is one of the most commonly referenced driving factor but is not the unique cause that has made THBOR a profitable business for Organized Crime Groups (OCGs). The absence of information sharing mechanisms between the medical sector and law enforcement agencies (LEAs) combined with little awareness of THBOR among LEAs and specialized units also facilitates THBOR in North and West Africa.

Information suggests the existence of a wide spectrum of key actors involved in THBOR in North and West Africa with connections to the medical sector in countries from Africa and beyond, notably in Asia and Middle East. Criminals target and coerce victims to sell their organs, profiting off of impoverished populations and communities where youth unemployment is prevalent and health care is limited. Moreover, OCGs are increasingly targeting communities of people in vulnerable situations (e.g. undocumented migrants, asylum seekers, refugees) as victims of THBOR.

In North and West Africa, medical tourism appears to be related to THBOR. This link is found either in commercial organ transplants performed in clinics where legal organ transplants are conducted in North Africa or in transplants done elsewhere with illegally sourced organs from nationals from North and West Africa. In some cases, OCGs have connections with the medical sector and work with local recruiters to approach a victim-donor; in other cases, OCGs lure victims with the promise of work opportunities abroad but traffic them for labour and sexual purposes, and their organs are removed.

The socioeconomic impact of the COVID-19 pandemic will likely fuel THBOR since already vulnerable communities are now even more vulnerable to the abuse and exploitation of traffickers. It will probably be easier for brokers to coerce such communities to sell an organ to improve their economic conditions.

Key Findings

The analysis of multiple sources of information resulted in the identification of the following key findings regarding THBOR in North and West Africa:

- ❖ The global shortage in organs affects North and West Africa, as OCGs will try to bypass legislation and exploit medical facilities to buy and sell organs.
- ❖ There is a wide spectrum of key actors involved in THBOR in North and West Africa with connections to several countries on the continent and beyond, particularly in Asia and the Middle East.
- ❖ Criminal actors involved in THBOR in North and West Africa are most often individuals with strong connections to the medical sector. Interactions among the different key criminal actors diverge, with some of them playing multiple roles.
- ❖ THBOR in North and West Africa is likely coordinated by transnational criminal networks who are increasingly connecting with organ recipients (buyers) through the Internet.
- ❖ Nationals from North and West Africa are recruited by brokers as victim-donors but they can also be organ recipients of illegally sourced organs in commercial transplant schemes.
- ❖ In North and West Africa, OCGs recruit disadvantaged victim-donors, often persons living in poverty and with low levels of education.
- ❖ Victims of human trafficking for sexual and labour purposes from North and West Africa are at risk of facing further exploitation, including for the removal of their organs.
- ❖ In North Africa, criminals profit from the desperation of migrants, asylum seekers and refugees to coerce them to sell an organ. Unaccompanied migrant minors are at particular risk of being trafficked for the purpose of organ removal.
- ❖ OCGs mirror techniques used for other types of human trafficking for the recruitment and control of the victims, such as promises of job opportunities abroad, as well as the use of threats and violence.
- ❖ In North Africa, organ transplants with illegally sourced organs often occur in the same facilities where legal organ transplants are performed.
- ❖ Transplant tourism is likely linked to THBOR in North and West Africa. Either in the context of organ transplants performed in North Africa with organs illegally sourced in the region or transplants done elsewhere with illegally sourced organs from nationals from North and West Africa.

- ❖ The lack of consolidated national transplant registry data in most countries in these two regions precludes the understanding of the true extent of commercial organ transplants. In most cases, it is difficult to identify the methodologies by which organs were sourced and to trace the links between travels for transplantation and THBOR (i.e. transplant tourism).
- ❖ The COVID-19 pandemic will very likely affect THBOR as already vulnerable communities are now even more vulnerable to the abuse and exploitation of traffickers.
- ❖ Organ donations, and therefore transplants, have suffered major decreases due to the COVID-19 pandemic, this may contribute to an increase in illegal organ sourcing.
- ❖ The development of transplant capabilities in countries from North and West Africa can be targeted by criminal networks to exploit them illicitly.

Introduction

Organ transplants have prolonged and improved the lives of hundreds of thousands of patients worldwide. Nevertheless, the progress of organ transplants remains tarnished by numerous instances of THBOR and of patients who travel abroad to purchase organs from poor and vulnerable communities¹.

In 2019, more than 153,000 organ transplantations were performed globally, according to the Global Observatory on Donation and Transplantation². As early as 2007, the World Health Organization (WHO) estimated that between 5 and 10 per cent of global organ transplants are performed using illegally sourced organs from paid donors each year³. These practices are driven by the persistent global shortage of organs and are further widespread as legislation and enforcement mechanisms are not yet efficiently implemented to curtail THBOR.

The clandestine nature of the crime, combined with a lack of awareness on THBOR by law enforcement agencies and the deficiency of information sharing channels between the medical and police sectors, have led THBOR to be among the least reported forms of trafficking worldwide⁴. It is, however, a form of trafficking in human beings that is suspected of largely affecting North and West Africa, where impoverished communities and displaced population might be more vulnerable to exploitation. Therefore, the EU funded ENACT Project has undertaken this assessment on trafficking in human beings for the purpose of organ removal in North and West Africa to inform law enforcement at a strategic level.

This strategic assessment is divided into seven sections. The first describes the geographical scope and purpose of this report as well as the methodology implemented to collect and analyse data. The second section provides definitions of concepts related to THBOR, for the reader to better understand the different aspects of this crime. The third section presents the legal framework developed in North and West Africa to curtail THBOR and the need for international cooperation. The fourth part of this report aims at identifying the main organized crime groups and examines the role of key actors involved in THBOR. The fifth section assesses several known techniques used by OCGs and other actors to illegally source organs and sell them in commercial transplant schemes. The sixth part deals with the current and expected impact of the COVID-19 pandemic on THBOR. Finally, in the seventh section, the major driving factors for THBOR in North and West Africa are presented.

1. STRUCTURE OF THE REPORT

1.1. Scope and Objective

The objective of this strategic assessment is to provide member countries with actionable strategic intelligence on THBOR in North and West Africa. The assessment also intends to be a tool for eliciting law enforcement cooperation among the countries impacted by this crime and among those which are at risk of being affected in the near future. Moreover, this report aims to assess the impact of the COVID-19 pandemic on THBOR in North and West Africa as well as the ways in which the subsequent global economic consequences of the pandemic might impact potential victims of THBOR in the short to mid-term.

The geographical scope of this strategic assessment covers the regions of North and West Africa. INTERPOL African regions are defined on the basis of countries' participation in regional chiefs of police organizations. Countries from West Africa are part of Western African Police Chiefs Coordination Organization (WAPCCO) and their member countries are as follows: Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.

North African countries are members of the INTERPOL Middle East and North Africa (MENA) region. For the purpose of this report, which only covers North and West Africa, they were regrouped in a category named North Africa. This category includes the following countries: Algeria, Egypt, Libya, Morocco and Tunisia.

1.2. Methodology

This assessment follows an all source intelligence analysis methodology. It is the result of integrating several data sources in order to have the most accurate picture of THBOR in North and West Africa.

Open source data used in this study resulted from searches conducted on specialized databases such as PubMed and MEDLINE, academic journal articles, reports by health ministries and national transplant registries and specialized scientific publications such as Lancet. In addition, searches were also conducted on the Thomson Reuters World Check database and the World Wide Web in general.

Information collected from all aforementioned data sources was collated using a data collation matrix, in order to draw out consistencies across all data, which identified current patterns and trends as well all identifiable convergences. A systemic qualitative analysis of all available information was also done and conclusions were drawn about network dynamics, scope of operations, medical and private sector involvement, and various modus operandi relating to THBOR in North and West Africa. Finally, a regional approach was retained when drafting this

report. Although some national examples are quoted for illustrative purposes, it is regional dynamics and presentations which have been put forward.

2. DEFINITIONS OF CONCEPTS

The terms organ trafficking, organ trade, trafficking in organs and trafficking in persons/human beings for the purpose of organ removal are often used interchangeably around the world. It is important for law enforcement agencies in North and West Africa to have a nuanced approach and to set priorities, so as to identify potential victims, investigate THB cases that can be motivated by the organ trade and target the criminal networks that facilitate THBOR.

2.1. Trafficking in persons

Human trafficking is a lucrative form of transnational organized crime, constituting modern-day slavery. Victims are targeted on their vulnerabilities and trafficked between countries and regions using deception or coercion. Deprived from their freedom of movement and choice, they can be exploited for forced labour, forced criminal activities, sexual exploitation and removal of organs⁵.

Article 3 of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (Palermo Protocol), supplementing the United Nations Convention against Transnational Organized Crime, sets a three elements definition (Figure 1) for an offence to be considered a human trafficking case:

- 1- Action: recruitment, transportation, transfer, harbouring or receipt of persons
- 2- Means: threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability⁶ or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person
- 3- Purpose: exploitation, which shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs⁷.



FIGURE 1 - THREE ELEMENTS OF TRAFFICKING IN PERSONS

The Protocol states that consent of a victim of trafficking in persons to the intended exploitation shall be irrelevant where any of the means set forth in the Article 3 have been used. In relation to this, INTERPOL has stressed that there are many forms of human trafficking, but one consistent aspect is the abuse of the inherent vulnerability of the victims⁸.

2.2. Organ Trafficking

The Declaration of Istanbul on Organ Trafficking and Transplant Tourism states that organ trafficking consists of the act of buying and selling human organs, including any of the following activities⁹:

- (a) Removing organs from living or deceased donors without valid consent or authorisation or in exchange for financial gain or comparable advantage to the donor and/or a third person;
- (b) Any transportation, manipulation, transplantation or other use of such organs;
- (c) Offering any undue advantage to, or requesting the same by, a healthcare professional, public official, or employee of a private sector entity to facilitate or perform such removal or use;
- (d) Soliciting or recruiting donors or recipients, where carried out for financial gain or comparable advantage;
- (e) Attempting to commit, or aiding or abetting the commission of, any of these acts.

The commercial transaction is a central aspect of organ trafficking, with organs traded as commodities and financial gain being the priority instead of the health of donors and recipients¹⁰. The purchase of human organs is prohibited in all countries from West and North Africa, and also almost globally. Moreover, no country from these two regions have legal permit and regulation of financial incentives for living donors.¹¹

2.3. Trafficking in Human Beings for the Purpose of Organ Removal (THBOR)

Following the definition of trafficking in persons derived from the Palermo Protocol, THBOR entails the recruitment, transport, transfer, harbouring or receipt of persons, by means of threat or use of force or the other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, of a position of vulnerability, of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation by the removal of organs, tissues or cells for transplantation¹².

The 'consent' of a victim of THBOR to sell an organ shall be irrelevant where any of the means for trafficking in persons set forth in the Palermo Protocol definition have been used.

2.4. Transplant Tourism

The Declaration of Istanbul on Organ Trafficking and Transplant Tourism defines that travel for an organ transplant (the legal movement of people across borders for legal transplant purposes) becomes transplant tourism, and thus unethical, if it involves trafficking in persons for the purpose of organ removal or trafficking in human organs, or if the resources (organs, professionals and transplant centres) devoted to providing transplants to non-resident patients undermine the country's ability to provide transplant services for its own population¹³.

The United Network for Organ Sharing (UNOS) defined transplant tourism as the purchase of a transplant organ abroad that includes access to an organ while bypassing laws, rules, or processes of any or all countries involved¹⁴. The nature of transplant tourism is intrinsically international and it requires specific skills and contacts: from organ sellers to analytical laboratories and transplant clinics.

2.5. Living Unrelated Donors

Living unrelated donors refers to donors who are unrelated, either by blood or legal status, to the organ recipients. Although transplants with organs sourced from living unrelated donors are not illegal, the increase in use of this type of donor (instead of a living related donor or deceased donor) has attracted the attention of experts as it can involve the purchase of organs and commercial organ transplants. The WHO stated in the Guiding Principles on human cell, tissue and organ transplantation that: 'The shortage of available organs has not only prompted many countries to develop procedures and systems to increase supply but has also stimulated commercial traffic in human organs, particularly from living donors who are unrelated to recipients'¹⁵. Several modes of transplant tourism in West and North Africa and the multiple actors involved are assessed in section 4 ('THBOR Criminal methodology in West and North Africa') of this report.

3. TRANSPLANT CAPABILITIES AND THBOR REGULATIONS IN NORTH AND WEST AFRICA

The international community, in an effort to prevent organ trafficking, have adopted resolutions and guiding principles to help countries to minimize the risk of human trafficking with the purpose of organ removal. Such international regulations are adopted in an effort to curb commercial transplants motivated by the global acceleration in the number of patients with kidney failure coupled with a shortage in the supply of organs. Reports from the medical sector indicate that the implementation of measures to enhance the donor pool in well-

resourced countries to meet their own transplant needs will be a strong deterrent to the proliferation of transplant tourism in impoverished nations¹⁶.

As early as 1987, the World Health Assembly (WHA) initiated the preparation of the first World Health Organization (WHO) Guiding Principles on Transplantation, endorsed by the WHA in 1991 (resolution WHA44.25) to prevent organ trafficking. In 2010, the World Health Assembly adopted another resolution (WHA63.22) endorsing the updated WHO Guiding Principles on human cell, tissue and organ transplantation and identifying areas of progress to optimize donation and transplantation practices. These resolutions and guiding principles urge Member States to develop legal frameworks to prohibit organ sales and allocate resources to develop technical capacity of transplantation.

In 2008, representatives of scientific and medical bodies from around the world, government officials, social scientists, and ethicists attended a summit meeting in Istanbul, Turkey, to address the urgent and growing problems of organ sales, transplant tourism and trafficking in organ donors in the context of the global shortage of organs¹⁷. As a result, countries adopted the Declaration of Istanbul on Organ Trafficking and Transplant Tourism, which recommends that all countries need a legal and professional framework to regulate organ donation and transplant activities. All North African countries have endorsed the Declaration of Istanbul through national society of nephrology institutions. From West Africa, only Mali appears to have endorsed the Declaration¹⁸.

All countries from North Africa have transplant programmes, though developed at different levels¹⁹. In West Africa, Nigeria and Ghana have established transplant centres. In Ghana, a national registry for end-stage kidney disease and kidney transplantation was established in 2015²⁰. Côte d'Ivoire authorized organ donation in 2012, and between 2013 and 2015, ten living-related kidney transplantations had been performed in the country²¹.

In North and West Africa, the number of countries that had legal requirements in place for organ and tissue donations from living donors (such as written consent and ethical committee

approval) is very low. In some countries there are no specific guidelines or bodies to prosecute THBOR, instead the crime is regulated under the national legislation against traffic of human beings for all types of purposes, including organ removal.

Following the Declaration of Istanbul, Egypt adopted the Transplantation of Human Organs and Tissues Act (2010) and established “The Higher Committee for Organ Transplants”, responsible for regulating and supervising all organ and tissue transplant procedures in the country. The law criminalizes organ trafficking and sets strict penalties for physicians, hospitals and medical facilities performing illegal organ transplant procedures. In 2017, the Egyptian Parliament’s Legislative Committee approved amendments to the Transplantation of Human Organs and Tissues Act with the aim to increase penalties for organ trafficking and minimize the risks of THBOR²². In general, national legal frameworks in North and West Africa appear to be insufficient to ensure the effective oversight needed for the implementation of quality standards for organ transplantation²³ and sometimes they address only one aspect of the organ transplantation.

Many countries that operate a live donor programme based on altruism stipulate that there must be some form of relationship between the donor and the recipient, to minimize the risks of THBOR. In Egypt, for instance, organ transplantation for foreign patients is banned (with the exception of cases of marital relationships with foreigners). Nevertheless, OCGs manage to disguise false relationships into legal ones by forging official documents.

4. KEY ACTORS & ORGANIZED CRIME GROUPS

This section examines the various dynamics of some of the OCGs found to be linked with THBOR in North and West Africa. It highlights how criminals connect across the two regions and focuses on key actors involved in THBOR in North and West Africa. It describes the different phases on

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which criminal actors engage in THBOR. When possible, it draws attention to specific OCGs identified in the framework of this assessment.

4.1. Key actors

Reliable information on the global extent of THBOR is sparse and it is difficult to detect the scope of OCGs for THBOR cases. Nevertheless, THBOR can only be done in the framework of complex networks, due to the required skills and logistics (which require compatible patients and donors, surgeons, operating rooms).

For North and West Africa, data reveals that criminal actors involved in this type of crime are most often individuals with strong connections to the medical sector. Interactions among the different key criminal actors diverge, with some of them playing multiple roles or moving from one phase of the THBOR chain to another (for example, a recruiter can be used as a translator or a former victim-donor can occasionally become a recruiter). However, numerous stakeholders, with particular roles, appear to be involved in THBOR.

These networks are often transnational and frequently connected with organ recipients through the Internet²⁴. For example, in 2017, open sources reported that the Egyptian Interior Ministry announced the dismantling of an organ trafficking network in a private clinic in Giza, greater Cairo. Egyptian police forces arrested 12 people including a doctor, nurses and brokers allegedly involved in organ trafficking. Victim-donors were impoverished Egyptian nationals who were promised to receive 10,000 USD for their kidneys. Organs aimed at foreign recipients in exchange of money²⁵. Similar cases were reported in 2018, with authorities convicting medical staff and closing private clinics for their involvement in the illegal organ trade²⁶.

Key actors identified for THBOR cases in North and West Africa are listed below:



Brokers/coordinators have connections with the healthcare sector (clinics, analytical laboratories, doctors) and their role is to connect organ recipients (buyers) with victim-donors. Most often the role of detecting, approaching and coercing potential victim-donors rely on *local recruiters* and brokers deal with the logistical and coordination aspects only, being the ones that run the trafficking network.

Brokers can operate either from the country where medical facilities are located or remotely, coordinating activities through social media. Usually brokers negotiate fees for the transaction and serve as intermediaries for the preparation of medical check-ups and official documents thanks to their ties with medical professionals. They earn the largest share of the profits and face little risk of detection as it is difficult for law enforcement to gather evidence on the broker's implication²⁷. Moreover, brokers are often involved in trafficking in human beings for other purposes such as sexual and labour exploitation.



Local recruiters are responsible for detecting and approaching potential organ suppliers (victim-donors). Often, the recruiter represents an opportunistic role and not a permanent position within a network. In some cases, recruiters have other jobs and only recruit victims when the opportunity arises²⁸. Recruiters can approach a family member (or a member from their community) to convince them to sell an organ, taking advantage of the bond of trust that ties them²⁹.



Usually, healthcare professionals are specialist doctors (nephrologists) and nursing staff. Most often, commercial transplantations are performed in the same facilities where legal transplantations are conducted, but medical professionals are not always aware of the illicit aspect of the organ transplant.



Health facilities include medical facilities where the transplant and the related postoperative healthcare treatment are performed. Analytic laboratories have a fundamental role as it is there where tissue typing is performed. Tissue typing refers to a blood test to analyse how 'well matched' the kidney from the donor is with the recipient³⁰. Thus, laboratories play a key role in the THBOR chain providing services (tissue typing) for various brokers³¹.



Even though organ recipients are aware of the illegality of their actions, they might ignore the procedure by which the organ was purchased. Due to the clandestine nature of the activity, information related to the demographics of organ recipients from commercial transplantation is not significant. Medical reports, open sources and

police information suggest that wealthy patients from nations with long waiting lists do not always wait for donations within their own country and resort to illegal commercial transplants within their country or abroad³². Thus, organ recipients are most often wealthy patients with connections in the medical sector. In some cases, they use social networks to employ the services of brokers³³.



Victims of THBOR are also referred to in this report as ‘victim-donor’ or ‘commercial living donors’. As previously described in this assessment, the consent of a person to sell an organ does not exclude them from being considered as victims as they have been coerced or they are in a position of vulnerability. Thus, victim-donors should not be considered accomplices in the trafficking schemes when the selling of their organs have been driven by lack of legal knowledge, abuse of power, misunderstanding or any other form of coercion.

Analysis of all sources of information suggests that victim-donors for transplantations that take place in North and West Africa or transplantations performed abroad with organs sourced from nationals from these two regions, are usually unemployed youth and people in vulnerable situations (for example, victims of multiple ways of exploitation such as sexual or labour trafficking or asylum seekers). Victims are most often adults, who are more targeted due to the fact that brokers search for fully developed organs.

Most often victim-donors receive a smaller amount of the money than what was agreed with the recruiter or broker, and in some cases they may not get any of the promised payment. Many victim-donors who have sold their organs have suffered post-operative complications and health issues and their economic situation has not improved in the long term³⁴. For example, a report that studied the consequences of paid kidney donations in Egypt stated that 78 per cent of victims reported to have spent the money within five months of their donation and 73 per cent reported a weakened ability to perform labour-intensive jobs³⁵. As with other types of exploitation, THBOR remains very limited in terms of the number of detected victims. In most of the cases, victim-donors are unlikely to report the offense as they fear being penalized or retaliation from their recruiters.



The extent of THBOR networks and actors is most probably underestimated, mainly due to the lack of reporting on this type of offence. Therefore, it is suspected that other actors facilitate the commercialization of human organs in North and West Africa, or in other regions with nationals from North and West Africa being the victims. It is important to notice that the participation of these facilitators does not mean that they are aware of the illegal aspect of the activity. Nevertheless, it is relevant for law enforcement

agencies in North and West Africa to have a full understanding of the actors involved in order to set priorities and develop strategies to fight against THBOR. Facilitators include insurance companies (for travel for transplant-related reimbursement for instance), travel agencies,

airlines, financial sector, drivers, public service officials (to forge 'official consent forms' requested in most of the countries prior to the transplants) and translators.

4.2. Human organs as commodities: Key actors and THBOR phases

The key actors described in the above section, operate in three phases to traffic human beings for the purpose of organ removal in North and West Africa (Figure 2). As a result, victims follow different levels of exploitation and are traded by brokers as a commodity themselves until their organ (most often kidney) is finally removed. The three phases are presented in detail below.

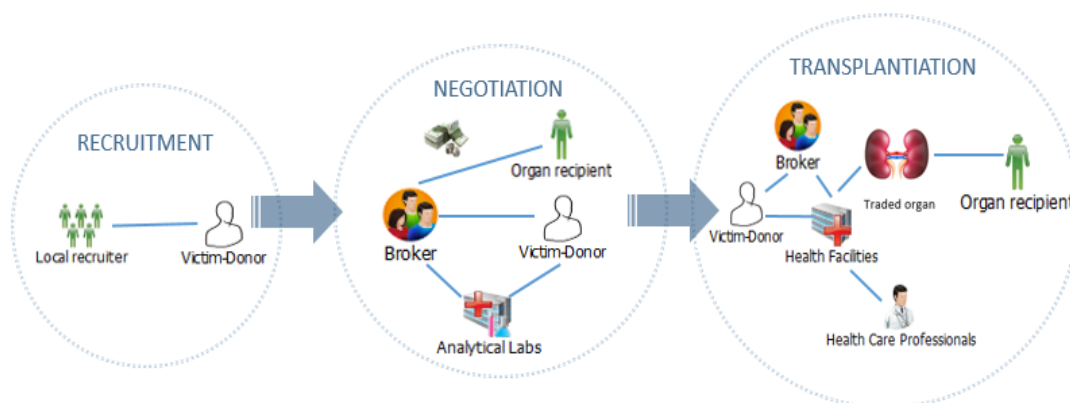


FIGURE 2 - PHASES OF THBOR AND KEY ACTORS INVOLVED

Most often, transplants with illegally sourced organs occur in the same facilities where legal transplants are performed.

Phase 1 – Recruitment

Recruitment can be done either using a local recruiter to approach a victim-donor or after an individual manifests the willingness to buy an organ. The latter is most often the case for recruiting done through social networks. The ENACT-INTERPOL strategic assessment on *Online African Organized Crime from Surface to Dark web* revealed that African OCGs likely use social networking sites in the process of trafficking African victims inter-regionally and transnationally. The assessment evidences that Facebook, WhatsApp, e-mails, Instagram, Haraj, 4Sales, Twitter and Telegram are among the main online platforms used by criminals for human trafficking purposes. The assessment reported that OCGs use the Internet to recruit victims, control them and advertise their services. When contact is established via social media or messaging applications, traffickers are able to manipulate the victims and exert control over them remotely³⁶.

This modus operandi is also common for THBOR. Often, social media accounts that offer to buy or sell an organ are closed, renamed and reopened to avoid detection by law enforcement. The administrator of these social media pages arranges negotiations with the buyer, a potential organ recipient, and the victim-donor. For instance, in Egypt, law enforcement agencies arrested four people over accusations of recruiting victims through a Facebook page and trafficking their body organs for L.E. 25,000 (1,600 USD) in 2020. Furthermore, it was reported that traffickers received between L.E. 100,000 to L.E. 150,000 (6,000 to 9,500 USD) for each sale.³⁷

Phase 2 – Negotiation

Due to the illegal nature of the transaction, the price of an organ is not fixed and may vary depending on the broker's and recruiter's ability to negotiate. According to open sources, victim-donors in Egypt negotiate the price with recruiters and brokers in restaurants or coffee shops and once the negotiation is concluded the victim-donor is brought to an analytical laboratory for tissue typing³⁸.

Victim-donors recruited through social networks negotiate the price with the broker online.

Phase 3 - Organ Transplantation

Illegally sourced organs can only be a valuable commodity if brokers manage to place them in operating rooms. Therefore, ties with medical facilities and analytical laboratories are fundamental for disguising THBOR as altruistic donations. Analysis of all sources indicates that transplants with illegally sourced organs occur in the same facilities where legal transplants are performed. For example, reports suggest that organ trafficking occurs in most hospitals where legal transplants are conducted in Egypt, but it is more common in private than in public centres³⁹. No evidence of clandestine clinics or operating rooms established in North or West Africa with the unique purpose of transplanting illegally sourced organs was found at the moment of drafting this assessment.

For most of the countries with transplantation capabilities, regulations on organ transplants require a specific administrative procedure (consent forms, medical records, approval from Ministry of Health) in order to regulate the medical practice and to avoid organ trafficking. In some cases, victim-donors are instructed by their brokers to fill the required paperwork even when the information they declare is not genuine, making them accomplices in their own exploitation. The illicit organ source is then concealed and the organ transplant follows the regular procedure. In other cases, the organ recipient and the victim-donor bypass the law by falsifying official documentation in order to prove some form of relationship between the donor and the recipient or even arrange a marriage in exchange for money⁴⁰.

4.3. Organized Crime Groups

Although the detection of specific OCGs involved in THBOR in North and West Africa was not possible for the purpose of this assessment, previous reports have identified that some OCGs operating in Africa are most likely to be involved in the illegal organ trade in collusion with other illicit activities. For most cases, OCGs target migrants to kidnap them for ransom and trade them as commodities among other groups. A previous report from 2017 indicated that the 'Magafe' network reportedly emerged as an active syndicate in kidnapping for ransom and human trafficking targeting migrants, mostly Somalians, in the desert of Libya and Sudan. Allegedly the 'Magafe' capture migrants and extort a ransom; those who are unable to pay are sold on to traffickers⁴¹ or organ harvesters⁴². The term 'Magafe' can be translated as 'the one who never misses' and is also used to refer to the debt-collectors at the end of 'travel-now-pay-later' schemes⁴³.

Collusion of people smuggling, trafficking in human beings and THBOR have been reported in the past in the Sinai region in Egypt (Map 1).



MAP 1- SINAI PENINSULA, EGYPT

Starting in 2011, media outlets and international NGOs have reported that Bedouin tribes from the Sinai region allegedly targeted migrants (namely Eritrean and Sudanese nationals in transit to Israel) to kidnap them for ransom and removed their organs to sell them to medical professionals and brokers from Cairo^{44/45/46}. In 2013, Egypt has intensified military operations in the Sinai Peninsula to deter human trafficking, drug trafficking and terrorism, open sources reported⁴⁷.

5. THBOR CRIMINAL METHODOLOGY IN WEST AND NORTH AFRICA

This section explores the main modus operandi used by the various actors involved in THBOR in West and North Africa to recruit victims and the way in which specific vulnerable communities are at high risk of being exploited by OCGs for the removal of organs. This section also assesses how OCGs exploit medical facilities to meet their demand for organs with illegally sourced organs and to what extent travel for transplantation and legal medical tourism can be exploited for THBOR purposes. The emerging use of social networks and online organ market platforms are also assessed in the following section.

Globally, cultural resistance to organ donation combined with logistical and infrastructural limitations hamper the implementation of well-regulated organ donor programmes⁴⁸. Moreover, the waiting time for kidney transplants for example is continuously increasing worldwide, despite persistent efforts to increase the number of deceased and living related donor organs. Subsequently, many patients across the globe resort to commercial, living unrelated transplantation (LURT)⁴⁹.

Organ commercialization is prohibited in North and West Africa countries. Nevertheless, THBOR occurs in both regions. Nationals from West and North Africa are recruited by brokers as victim-donors, but they can also be organ recipients (buyers) of illegally sourced organs in commercial transplantations.

Previous reports estimated that in Nigeria child trafficking is prevalent and cases include trafficking for the purpose of organ removal among other forms of exploitation⁵⁰. Children have also been exploited by OCGs for illegal trade of blood in Egypt. In 2014, the Criminal Court of Cairo sentenced members of an OCG that recruited children from impoverished backgrounds and coerced them to donate blood in exchange for money. The OCG allegedly sold the blood to hospitals. Furthermore, a member of the OCG was accused of practicing medicine without being registered with the Ministry of Health or the Medical Syndicate⁵¹.

Some countries in West Africa have reported that THBOR occurs in their territory and it is most often related to ritual practices⁵². For instance, in Benin, offenders specialized in Internet scams have allegedly resorted to THBOR for ritual purposes in the country⁵³.

During the Second Global Consultation on Human Transplantation at the WHO headquarters in 2007 four modes of transplant tourism (TT) were depicted⁵⁴. Based on these modes, and information gathered from police and open sources, the following section looks into the organized crime aspects of the transplants performed with illegally traded organs in North and West Africa, or with organs illegally obtained from nationals from these two regions.

The commercialization of organs, and subsequent commercial transplantation, are seen to increase the vulnerability of the victim who sells an organ (exposing them to greater exploitation) and to contribute to the growth of a parallel illegal market that operates in the shadows of altruistic donation programmes⁵⁵. Transplant tourism appears to be related to THBOR in North and West Africa, either through transplants performed in North Africa with organs illegally sourced locally or through transplantations done elsewhere with illegally

Transplant tourism appears to be related to THBOR in North and West Africa, either through transplants performed in North Africa with organs illegally sourced locally or through transplantations done elsewhere with illegally sourced organs from nationals from North and West Africa.

sourced organs from nationals from North and West Africa. In some cases, OCGs have connections with the medical sector and work with local recruiters to approach a victim-donor; in other cases, OCGs lure victims with the promise of work opportunities abroad but traffic them for labour and sexual purposes, and their organs are removed.

Moreover, analysis of all sources indicates that there is an emerging modus operandi for kidney transplants which consists of the recipient and donor connecting through the Internet, bypassing the services of brokers and other intermediaries. Within this model, the recipient and victim-donor frequently connect online through social media and transplant blog sites, but on the dark web as well⁵⁶.

The four modus operandi (MOs) for THBOR identified during the elaboration of this assessment are illustrated in Figures (4, 5, 6 and 7).

NB: In the following charts, the entity “Broker/Coordinator” is not placed in a specific country as they can be situated in the country where medical facilities are located but also, in some cases, brokers operate from abroad coordinating their activities through online platforms. Recruiters, on the other hand, work locally.

5.1. Modus Operandi 1

This MO entails an organ recipient traveling from Country B to Country A where the victim-donor is recruited and medical facilities are located:

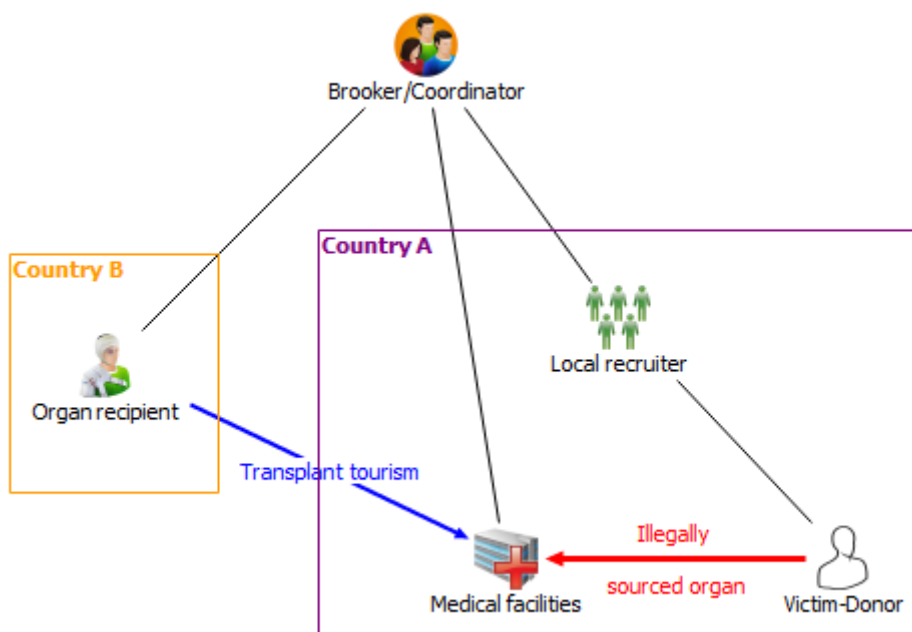


FIGURE 4 - MODUS OPERANDI 1 FOR TRANSPLANT TOURISM AND THBOR

The high cost of organ transplants and immunosuppression therapies, combined with inadequate financial coverage in most countries⁵⁷ and the insufficient number of available organs are the major drivers for travel to receive an organ transplant. Although international travel for transplantation is not essentially illegal, these cases may constitute unethical transplant tourism⁵⁸. Most often, organ recipients are registered on the organ waiting list in their own country before engaging in transplant tourism. In addition, after undergoing an organ transplant they need continuing care and access to immunosuppressive drugs. Hence a transplant performed abroad will have an impact on the patient's own country and represents an opportunity for local medical staff to detect and report irregularities. Identifying associated factors for selecting a country to perform a transplant (instead of patient's own country) is essential to develop a more comprehensive understanding of the potential risks for commercial transplantation and THBOR.

From North and West Africa, information suggested that Egypt appears to be among the countries with a higher number of transplants for foreign patients. For example, a report from 2019 depicted Egypt as a destination country with the highest number of kidney transplants performed for patients from the United States that were on transplant waiting list for the period 2010 - 2016⁵⁹. This study suggests that patients who travelled abroad for kidney transplants were most likely socioeconomically advantaged men with a high level of education⁶⁰. The Transplantation of Human Organs and Tissues Act (2010) prohibits foreign patients to receive a transplant in Egypt, unless the donor and the recipient have been married for at least three years. Despite national regulations, Egypt has been reported as a destination for wealthy organ recipients from Saudi Arabia who travel to the country to allegedly buy an organ from impoverished Egyptians⁶¹.

Moreover, experts from the medical sector reported that patients in nations with long waiting lists travel to foreign destinations to undergo organ transplants earlier than they would have in their own countries. They have suggested that, globally, governments should deter patients from traveling to foreign destinations for the purpose of kidney transplants from living donors that are unknown to the recipients since this practise increases the illegal purchase of organs from living donors⁶². For example, reports have shown that patients from Saudi Arabia, mostly men aged between 13 and 68 years old, had commercial living unrelated transplants (LURT) in Egypt. None of the LURTs were emotionally related transplants⁶³. The 2019 Annual Report for Organ Transplantation in the Kingdom of Saudi Arabia (KSA) published by the Saudi Center for Organ Transplantation (SCOT) illustrates that kidney transplants outside the KSA have been on the rise since 2009 but information related to the countries where patients from KSA travel to undergo a kidney transplants was not possible to retrieve for the purpose of this assessment⁶⁴.

Previous studies have shown that travel for transplantation and official arrangements in which governments send donor-recipient pairs abroad to undergo transplantation are relatively common in countries from West Africa. Destination countries for patients travelling abroad to receive transplants include Tunisia, Pakistan, India, and South Africa⁶⁵. Data reveals that these

practices are currently not monitored satisfactorily, and limited oversight is conducted regarding the relation between donors and recipients to ensure that no commercial transactions are taking place⁶⁶. Data available about the nature of the transplanted organ and the procedures by which donors were recruited is very limited. Thus the real scope and potential illegality of the operation are suspected to be underreported.

Information from multiple sources indicates that nationals from North and West Africa are also linked to transplant tourism as organ recipients. For example, previous to March 2000, all Nigerians who received transplanted kidneys had the procedure done abroad because transplant capabilities were not available in Nigeria. Despite the fact that the country has implemented a transplant programme and has developed the technical skills required to perform transplants locally, information suggests that kidney transplant tourism is common among Nigerian patients with end-stage renal disease. A study of local patients who needed health assistance and follow up care treatments in Nigeria after having their transplant done abroad, shows that transplant tourism entails organ recipient's health risks and the potential problem of commercialization of kidney donation⁶⁷.

According to information from the Nigerian transplant centre, patients who undergo kidney transplantation abroad often return to Nigeria with a myriad of health complications⁶⁸. In some cases, Nigerian organ recipients had transplants done in India, Pakistan and Egypt and with donors being sourced either from Nigeria or from the country of transplantation. In most cases, kidneys transplanted into the Nigerian transplant tourist's population were sourced from living unrelated donors. Although data regarding the conditions under which donor's organs were sourced is scarce, analysis suggests that donors for transplant tourists may be prone to exploitation. Furthermore, previous studies have shown that very often Nigerian patients who travelled abroad for a kidney transplantation did it without being referred by their managing nephrologist⁶⁹.

Deciding for a transplant abroad when the capabilities and expertise are available in the patient's country may be derived by the fact that transplant tourists are connected, possibly through brokers, with medical professionals and facilities willing to perform transplants of traded organs. Patients who have received transplants abroad and then requested post-operational care in their country, often with serious health complications, can be an indicator that the transplant abroad was not performed in safe and regulated conditions. For instance, information indicates that mortality rates of renal patients from Côte d'Ivoire who received transplants abroad are high⁷⁰. Moreover, reliable information on the organ donors for transplants done abroad are very limited or non-existent.

5.2. Modus Operandi 2

This modus operandi shows brokers arranging the travel of victim-donors from Country A to Country B for another purpose of exploitation, namely sexual and labour exploitation, with the national from Country A being re-victimized for THBOR purposes. Exploitation related to THBOR occurs in Country B where medical facilities and organ recipient are located. This modus operandi appears to be more motivated by the opportunity to abuse a victim's vulnerable position.

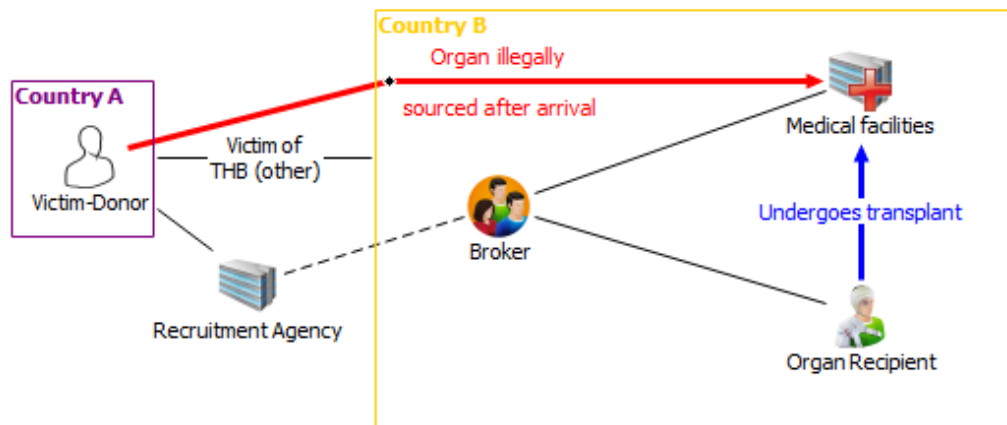


FIGURE 5 - MODUS OPERANDI 2: THBOR IN NORTH AND WEST AFRICA

In 2019, the UN Special Rapporteur on trafficking in persons, especially women and children, expressed concern about the risk of re-victimization of Nigerian victims of sexual exploitation being exploited for organ removal purposes⁷¹. Often, criminals lure victims with false promises of job opportunities abroad and, once in the potential organ recipient's country, victims are exposed to high levels of physical and psychological violence. In this scenario, victims are allegedly coerced to sell an organ⁷². Reports indicated cases where women who were recruited for sexual exploitation were also trafficked for the purposes of organ removal. Often their whereabouts are unknown by their families back in their country of origin⁷³.

5.3. Modus Operandi 3

In this MO, an organ recipient from Country A and a victim-donor from Country B travel to Country C where medical facilities are located:

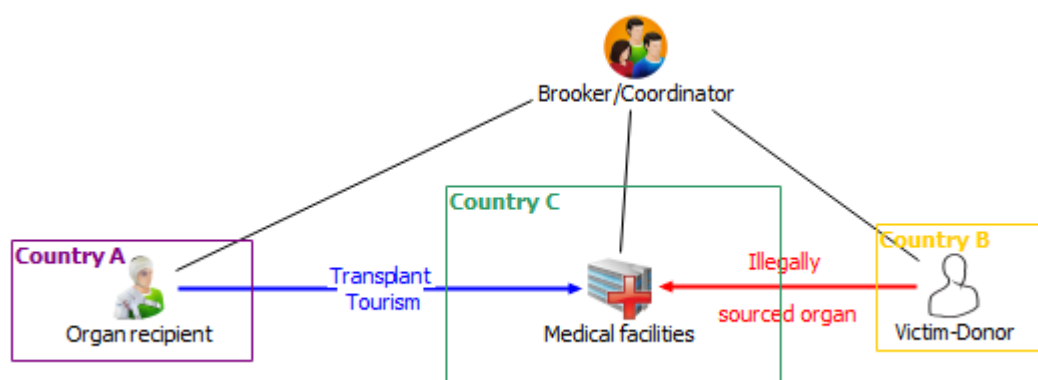


FIGURE 6 - MODUS OPERANDI 3: THBOR IN NORTH AND WEST AFRICA

Within this modus operandi, brokers play a key role in connecting all the actors needed for an organ transplantation. In general, the victim-donor is recruited through social network's platforms that promises high sums of money in exchange for an organ. It is very likely that the individual, or group of persons, that runs the platform have connections with the medical sector in their own country or abroad, in places where transplant capabilities are well developed and brokers manage to disguise a commercial organ transplantation as a legitimate one. Most often the organ recipient, who is on a transplant waiting list in his or her own country, hires the services of the broker through the online platform. Facebook pages such as "Kidney for sale" or "Sell your kidney" host announcements on the procedures to sell a kidney⁷⁴.

In July 2020, a victim-donor from Tunisia and an organ recipient from the Congo travelled to Turkey for a kidney transplant allegedly bypassing laws after a financial exchange was completed between the donor and recipient facilitated by a broker through the Internet. In order to disguise a relationship between the donor and recipient, a fictitious marriage was arranged between the Tunisian national and a Congolese woman⁷⁵.

5.4. Modus Operandi 4

This MO has been identified in North Africa, where the organ recipient travels from Country B to Country A where the donor is recruited and the transplant centre is located but the donor is not a national from Country A. This mode appears to be on the rise for THBOR in Egypt where vulnerable communities, such as refugees, asylum seekers and migrants are coerced by brokers to sell an organ.

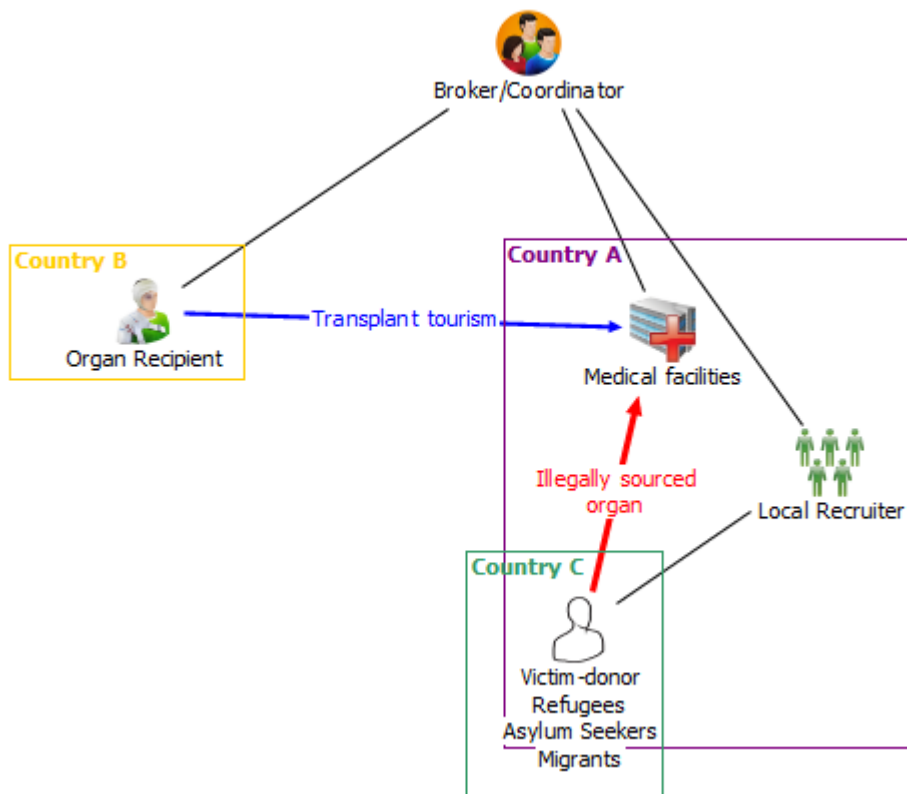


FIGURE 7 - MODUS OPERANDI 4: THBOR IN NORTH AND WEST AFRICA

As the community of international migrants, refugees and asylum seekers is growing in the North Africa region, the number of people at risk of being targeted by OCGs as victims of human trafficking for the purpose of organ removal under *modus operandi 4* is suspected to be on the rise.

As described in the previous section of this report, available information indicates that criminals profit off the desperation of migrants, asylum seekers and refugees to coerce them to sell an organ. For instance, it has been reported that migrants that have been smuggled into Egypt and Libya from sub-Saharan countries have been lured and/or forced into other forms of exploitation, including organ trafficking, to finance onward movement^{76/77/78/79/80}.

It has been reported that these vulnerable groups have been targeted in Egypt by brokers with connections to transplant clinics and hospitals in the country⁸¹. According to open sources, people smugglers are referring migrants to organ brokers in Cairo to earn the money they need to finance their journey to Europe⁸². In 2020, open sources reported that an OCG allegedly arranged between 20-30 illegal kidney transplants every week in Egypt. According to available information, almost half of the victim-donors do not receive payment after the operation as promised by the broker⁸³.

As the community of international migrants, refugees and asylum seekers is growing in the North Africa region, the number of people at risk of being targeted by OCGs as victims of human trafficking for the purpose of organ removal under *modus operandi 4* is suspected to be on the rise. According to data from the International Organization for Migration (IOM), by mid-2020 Libya and Egypt hosted the largest number of international migrants in the North African region^{84/85}. Moreover, UNHCR reported that by December 2020, some 45,000 asylum-seekers and refugees with protection needs were registered with UNHCR in Libya. The agency reported that the same figure was expected for 2021⁸⁶. This figure does not account for refugees that have opted not to register with UNHCR so in reality the number of people seeking asylum in the country is probably higher.

In addition, the UN Human Rights Council reported in 2012 on alleged trafficking of migrants and refugees from Sudan and Darfur, for the purpose of organ removal in Egypt. At that time, victims included children and women who were either deceived into giving their consent to sell their organs or were completely unaware that their organ was being

removed⁸⁷. This methodology mirrors the modus operandi that OCGs allegedly adopt in Egypt to target the Sudanese refugees and asylum seekers community^{88/89}.

Irregular migrants and asylum-seekers from the Horn of Africa, who transit via Egypt in destination to Europe, are increasingly at risk of being trafficked along this migration route⁹⁰. In 2018, the INTERPOL-ENACT team mentioned in a report entitled *Overview of Serious and Organized Crime in West Africa* that in West Africa, exploitation is often overlooked in favour of issues of illegal migration, sometimes leading to the re-victimization of those who have been smuggled across borders⁹¹. Research indicated that migrants from West Africa, in transit to Europe or other African countries, had allegedly been victims of organ trafficking in Libya and Algeria. Moreover, returned migrants conveyed that they had been offered money in exchange for their blood and organs. The study also reported cases of organs allegedly removed from migrants from West Africa in Libya to be sold in Malaysia and Singapore⁹².

6. COVID-19 IMPACT ON THBOR IN NORTH AND WEST AFRICA

The socioeconomic impact of the COVID-19 pandemic has exacerbated inequalities among societies across the world. This will very likely negatively affect THBOR as already vulnerable communities are now even more vulnerable to the abuse and exploitation by traffickers. It may be easier for brokers to coerce such communities to sell an organ.

Moreover, organ donations and transplants have suffered major decreases due to the COVID-19 pandemic (Figure 8). For instance, in Egypt most governmental hospitals have stopped kidney transplants⁹³. This might lead to an increase of illegal organ sourcing, mostly from local communities due to the fact that the closure of borders in several parts of the world might cause a decrease in international transplant tourism. Furthermore, the pandemic has pushed human trafficking deeper into the dark and its victims further away from possible detection and assistance⁹⁴.

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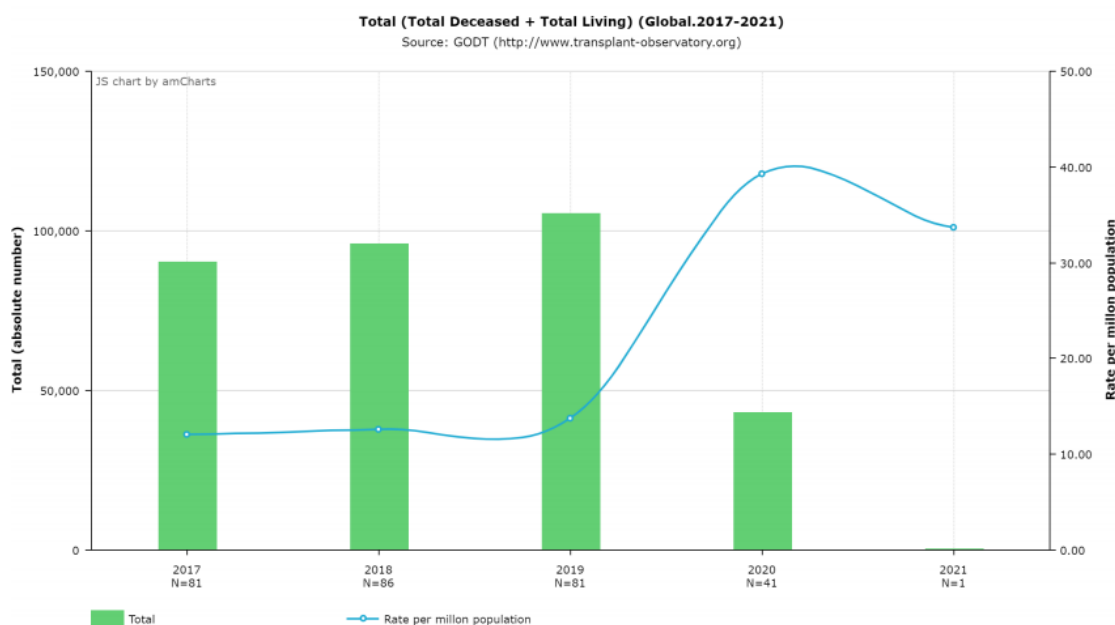


FIGURE 8 - TOTAL OF WORLDWIDE KIDNEY TRANSPLANTATION, PERIOD 2017-2021

In 2020, INTERPOL reported an increase in illegal services provided online due to the COVID-19 pandemic and highlighted that such services will likely continue even when the pandemic subsides⁹⁵. Other sources confirm that brokers use online platforms to advertise their services, facilitating the connection between demand and the illegal supply of organs⁹⁶. With online services increasing during the pandemic, it is very likely that OCGs will exploit them to recruit victims of THBOR and coordinate commercial transplantations.

The COVID-19 pandemic has negatively affected migrants, with many of them stranded along smuggling routes. INTERPOL reported in June 2020 that migrants continue to arrive in smuggling hubs in the Sahel region despite the pandemic and travel restrictions⁹⁷. For example, in March 2020 migrants from West Africa were found in Niger, at the border with Libya, after being abandoned by smugglers. IOM in Niger reported concerns on the significant number of migrants stranded across the country⁹⁸. With access to desired destinations being increasingly difficult, smuggling networks will be likely seeking new means of entry and charging premium prices for their so-called services⁹⁹. This situation exacerbates migrants' vulnerability and leaves them in a state prone to exploitation for all types of purposes, including the removal of organs.

7. DRIVING FACTORS FOR THBOR IN NORTH AND WEST AFRICA

There are many factors that facilitate THBOR in North and West Africa, including:

- Global shortages in donor organs. As previously reported in this assessment, the global shortage in organs remains one of the most frequently referenced driving factors for THBOR but is not the unique reason that has made organ trafficking a profitable business for OCGs.
- Prevalence of large vulnerable communities. OCGs exploit people with precarious legal statuses (undocumented migrants, asylum seekers, refugees), living in difficult socioeconomic situations, to sell their organs. Moreover, criminals seeking individuals to sell their organs profit from communities where youth unemployment is prevalent.
- Limited access to medical care. In some countries in North and West Africa, living donors have to pay for follow-up care, which hampers the motivation for individuals to donate altruistically.
- Loopholes in legal frameworks and transplant regulations. Most countries in North and West Africa have adopted national legislation against trafficking in human beings but in many cases this legislation does not reflect the exploitation for THBOR purposes. Moreover, specific regulations and control bodies responsible for monitoring and approving organ transplantations are scarce.
- Corruption. In most cases, brokers operate in coordination with medical staff and other officials to pass an illegal transplantation off as legitimate. In general, human trafficking occurs often with the collusion of organized crime groups and corrupted public officials¹⁰⁰.
- COVID-19. The socioeconomic impact of the pandemic exposes economically vulnerable communities to a higher risk of being exploited for the purpose of organ removal.
- Under-reporting of the crime by victims. As for other forms of human trafficking, victims are often reluctant to cooperate with law enforcement agencies for fear of criminalization or retaliations.
- Ease of access to donors and recipients through the Internet. Brokers are illegally using online platforms and social media to offer their services and recruit victims globally.
- Political instability. In the context of instability, national authorities often do not have adequate capacity for control and regulation of public institutions which include healthcare facilities and organ transplantation capabilities.

- Limited awareness among civil society. Globally, awareness campaigns on trafficking in human beings are focused on other forms of exploitation, such as sexual and labour trafficking. Therefore, very often civil society is not aware of modus operandi and risks of being victims of THBOR.

Conclusion

This assessment provides an updated overview on how THBOR affects North and West African countries and to what extent it connects both regions with other parts of the world. Globally, THBOR appears to be amongst the least reported form of trafficking, with North and West Africa not being the exception. Most often, the human trafficking elements of commercial transplantations are not addressed by law enforcement agencies and judicial systems in these regions.

There are several key actors involved in THBOR in North and West Africa and the report examines how they connect across the two regions and beyond. Furthermore, it draws attention to the fact that criminal actors involved in this type of crime are most often individuals with strong connections to the medical sector. Moreover, it reveals that interactions among the different key criminal actors diverge, with some of them playing multiple roles. These networks are often transnational and increasingly connect with organ recipients through the Internet. Brokers play a key role in connecting organ recipients (buyers) with victim-donors from underprivileged backgrounds. Organ recipients are most often affluent patients who are on long waiting lists in their home countries and resort to illegal commercial transplantation within their countries or abroad.

Four main modus operandi of criminal networks involved in THBOR in North and West Africa have been identified at the moment of drafting this assessment. The MOs show how OCGs operate to deceive, recruit and coerce victims to sell an organ. The analysis draws attention to the fact that the increasing community of migrants, refugees and asylum seekers in North Africa is at a higher risk of being exploited for THBOR purposes. Furthermore, victims of human trafficking for sexual and labour purposes from North and West Africa are at risk of facing further exploitation, including for the removal of their organs.

Transplant tourism exacerbates the THBOR. OCGs have connections with medical facilities to supply the demand for organs with illegally sourced organs from vulnerable communities. They will disguise commercial transplantations as altruistic to avoid law enforcement detection. Moreover, travel for transplantation and legal medical tourism seem to converge for THBOR purposes.

Despite national, regional and international efforts to mitigate the risks of THBOR, national legal frameworks in North and West Africa appear to be insufficient to ensure the effective oversight needed for the implementation of quality standards for organ transplantations. Awareness of THBOR among law enforcement agencies is very limited in North and West Africa. Law enforcement officers in most countries have received formal training on preventing and fighting trafficking in human beings but almost none of them related to the

purpose of organ removal. Trainings and other capacity building activities are more often related to trafficking in human beings for sexual and labour exploitation. Consequently, THBOR seems not to be on the security agenda in North and West Africa.

The development of transplantation capabilities in countries from North and West Africa is beneficial for the advancement of better health practices but such capabilities can also be targeted by criminal networks to exploit them illicitly.

The impact of the COVID-19 pandemic on THBOR modus operandi has been assessed during the elaboration of this report. It highlights how the pandemic and the subsequent global economic consequences may impact victims of THBOR in the short to mid-term. Due to the COVID-19 pandemic vulnerable communities are now even more exposed to the abuse and exploitation by traffickers. In addition, donations and transplantations have suffered a major decrease due to the COVID-19 pandemic globally. An increase in illegal organ sourcing can be expected as a result. Local communities from countries with higher levels of commercial transplantations are probably at higher risk of being targeted as victim-donors since travel restrictions still apply in many parts of the world and international transplant tourism is expected to decrease as long as travel restrictions are in place.

Regarding the driving factors for THBOR in North and West Africa, it has been noted that the global shortage in organs affects these two regions, as OCGs will try to bypass legislation and exploit medical facilities to buy and sell organs. Furthermore, mechanisms for sharing information between law enforcement and the medical sector are not significant or inexistent in North and West Africa. Subsequently, THBOR is not systematically investigated in many countries.

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Egypt	543.000
Libya	826.000
Morocco	102.000
Tunisia	254.000

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