WHO Task Force on Donation and Transplantation of Human Organs and Tissues

During the 70th World Health Assembly (WHA) in 2017, a framework of principles on Medical Products of Human Origin (MPHO) was discussed and noted by the Member States. This new framework highlights the common human origin of these medical products, it raises concerns for the dignity and rights of both donors and recipients, and it addresses the considerable inequalities that remain in access to those products given that their demand is constantly growing with the emergence of new technologies and therapeutic applications.

The MPHO framework is largely based on the existing resolution WHA 63.22 (Human Organ and Tissue Transplantation) that endorses a set of Guiding Principles. The resolution requests the WHO Director-General among other, to:

- disseminate the updated Guiding Principles on Human Cell, Tissue and Organ Transplantation as widely as possible to all interested parties;
- provide support to Member States and nongovernmental organizations in order to ban trafficking in material of human origin and transplant tourism;
- continue collecting and analysing global data on the practices, safety, quality, efficacy, epidemiology and ethics of donation and transplantation of human cells, tissues and organs;
- facilitate Member States’ access to appropriate information on the donation, processing and transplantation of human cells, tissues and organs, including data on severe adverse events and reactions;
- provide, in response to requests from Member States, technical support for developing national legislation and regulation on, and suitable and traceable coding systems for, donation and transplantation of human cells, tissues or organs, in particular by facilitating international cooperation;
- review the Guiding Principles on Human Cell, Tissue and Organ Transplantation periodically in the light of national experience with their implementation and of developments in the field of transplantation of human cells, tissues and organs;

Member States at the 70 WHA have proposed the establishment of a Task Force on Donation and Transplantation of Human Organs and Tissues to advise and assist the WHO and other Member States, in disseminating and implementing those Guiding Principles that would ensure ethical practices in organ and tissue donation and transplantation worldwide.
1. Status

The Task Force on Donation and Transplantation of Human Organs and Tissues (henceforth Taskforce) is a group of independent experts collaborating with the World Health Organization (WHO), under the responsibility of the Department of Service Delivery and Safety and therefore, it is not an independent legal entity. The Taskforce has the capacity of an advisory board that is formed by individual experts and it is generated upon request of the WHO and for this reason, members cannot conduct any actions in their own name. The operations of the Task Force shall in all respects, be administered in accordance with the WHO Constitution, WHO’s Financial and Staff Regulations and Rules, Manual provisions, and applicable policies, procedures and practices.

2. Objectives/Functions

Main objective of the Taskforce is to advise and support WHO at all levels on delivering its mission and assisting Member States in establishing and/or strengthening their systems in organ and tissue donation and transplantation at a national level or through regional cooperation as appropriate. Furthermore, the Taskforce will ensure collaboration with other interested parties such as International Organizations or Non-State Actors, in a conventional manner or on an ad hoc basis when deemed necessary.

Specific functions of the Taskforce, upon WHO’s request:

- To analyse barriers for implementation of the WHO guiding principles at global and national level, to identify high risk areas and to provide guidance to Member States.
- To advise and contribute to the development and implementation of WHO’s strategic work plan on organ and tissue transplantation and to monitor the completion of activities listed in the plan.
- To provide evidence based support and capacity building at regional and country level.
- To encourage improved surveillance and collection of data on practices, safety, quality, efficacy, epidemiology and ethics of organ and tissue transplantation.
- To promote ethical practices and to safeguard the well-being of the living donors and of the recipients.
- To support the establishment of a global governance mechanism for efficient coordination of efforts in combating organ trafficking and transplant tourism, including transplantation registries.
- To study innovative approaches and evaluate new products/services.
- To identify emerging issues in the field of donation/transplantation and to guide the WHO in dealing with them timely and proactively.
3. Membership

Members are selected based on their individual capacity and expertise with due consideration to geographical and gender representation. Members will be identified and invited by WHO. The Members are designated from various fields related to donation and transplantation activities.

Members must respect the impartiality and independence required by WHO. In performing their work, they represent only themselves and therefore, may not seek or accept instructions from any Government or from any authority external to the Organization. They must be free of real, potential or apparent conflict of interest. To this end, prospective members will be required to complete a declaration of interest form and their appointment, or continuation of their appointment respectively, will be subject to the evaluation by the WHO Secretariat, determining that their participation would not give rise to a real, potential or apparent conflict of interest.

Membership is for a three-year term, which may be extended once. Any member may terminate its involvement by providing written notice to WHO in its capacity as provider of Secretariat services. In addition, WHO, in its discretion, may terminate the participation of any member.

4. Modalities of work

a. Secretariat support

The Taskforce will be convened and led by the department of Service Delivery and Safety (SDS) of WHO, which will provide the Secretariat.

b. Members’ role

The Taskforce is composed of 30 to 34 members. Members will attend virtual and face-to-face meetings as deemed necessary. The Taskforce will select from amongst its members a Chairperson and a Co-chair. The Chairperson and Co-chair are expected to serve in this capacity for a one year term. After the initial term, future Chairs will need to have served as a member of the Taskforce for a minimum of one year before taking up chairmanship.

The responsibilities of a chairperson are those of presiding during the meetings and representing the Taskforce upon request of the WHO and in agreement with the Secretariat.

c. Meetings

The Taskforce will normally meet two times a year and may utilize face-to-face, teleconferences or other electronic communication meeting methods. Special meetings may be called to address emerging issues. Meetings and teleconferences will be convened by the Secretariat who prepares the agenda in collaboration with the Chairperson.

Members are expected to attend meetings. If a member misses two consecutive meetings, WHO may end his/her membership on the Taskforce. WHO may decide to appoint a new member in replacement of that member.
d. Reports and Recommendations

Reports of each meeting will be submitted by the Secretariat to all members and to the Assistant Director-General of the responsible Cluster at WHO. All recommendations from the Taskforce are advisory to WHO, who retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the Taskforce. WHO also retains full control over the publication of the reports of the Taskforce, including whether or not to publish them.

Scientific questions shall not be submitted to a vote. If the Taskforce members cannot agree, each shall be entitled to have his/her personal opinion reflected in the report; this statement of opinion shall take the form of an individual or group report, stating the reasons why a divergent opinion is held.

e. Confidentiality

Information and documentation to which members may gain access in performing Taskforce related activities will be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. Members shall not purport to speak on behalf of, or represent, the Taskforce or WHO to any third party. All proposed members will be required to sign an appropriate confidentiality undertaking and provisions on ownership.

f. Working groups and experts

Working Groups may be established as needed, with the objective of addressing priority issues within a particular area and in order to mobilize external expertise for answering specific questions identified by the Taskforce. Individual experts may be consulted and/or invited by the Secretariat to provide advice to the Taskforce on specific technical issues in accordance with WHO rules and procedures.

g. Per diems

Members of the Taskforce do not receive any remuneration from the Organization. However, when attending meetings by invitation of WHO, they shall be entitled, in accordance with the administrative regulations of the Organization and subject to the availability of funds, to reimbursement of travelling expenses and to a daily living allowance during such meetings.

For all enquiries, Please contact:
Donation and Transplantation Task Force Secretariat
Transplantation of human cells, tissues and organs
Service Delivery and Safety
Universal Health Coverage and Health Systems
World Health Organization
Avenue Appia 20
11211 Geneva 27
E-mail: transplantation@who.int
ANNEX

1. RESOLUTION WHA63.22: HUMAN ORGAN AND TISSUE TRANSPLANTATION

2. WHO GUIDING PRINCIPLES ON HUMAN CELL, TISSUE AND ORGAN TRANSPLANTATION PREAMBLE