



## ADVANCE SOCIAL SCIENCE ARCHIVE JOURNAL

Available Online: <https://assajournal.com>

Vol. 03 No. 02. Apr-Jun 2025. Page#.1718-1727

Print ISSN: [3006-2497](#) Online ISSN: [3006-2500](#)Platform & Workflow by: [Open Journal Systems](#)**Black Market of Human Organs: The Dark Side of Medical Tourism****Hina Pervaiz**Criminologist, Department of Criminology  
The University of Lahore, Lahore**Husnain Hameed Awan**Lecturer, Department of Criminology  
The University of Lahore, Lahore[husnain.hameed@crim.uol.edu.pk](mailto:husnain.hameed@crim.uol.edu.pk)**Dr. Muhammad Faisal Khan**Assistant Professor, Department of Criminology  
The University of Lahore, Lahore**ABSTRACT**

*The illegal trade of human organs presents one of the most pressing contemporary challenges in global health governance, intersecting issues of poverty, criminal enterprise and medical ethics. This study explores the hidden world of organ trafficking in Pakistan, where vulnerable populations are systematically exploited by a nexus of brokers, medical professionals and corrupt authorities.*

*Employing a qualitative research design, the study integrates semi-structured interviews, ethnographic insights, court case analyses and NGO reports to triangulate data and uncover recurring socio-criminal patterns. Key findings reveal a consistent profile of economically marginalized donors, often lured by false promises or coerced under debt bondage. Their organs are sold to both domestic elites and foreign recipients, primarily from Gulf countries.*

*Notable case studies include the "Faisalabad Kidney Villages," the State vs. Dr. Ali Raza case and covert operations in Rawalpindi—each exposing the structural violence embedded within these illicit networks. The research draws on a robust theoretical framework encompassing Structural Violence Theory (Farmer), Medical Capitalism, Routine Activity Theory (Cohen) and Transnational Organized Crime Theory.*

*Data were coded thematically using Braun and Clarke's method, leading to the identification of dominant themes such as economic desperation, institutional failure, medical malpractice and transnational exploitation. Visual mapping and tabular summaries of seven real-life case files enhanced the analytic depth and provided empirically grounded conclusions. The use of methodological triangulation lends further credibility and academic rigor to the study.*

*Ultimately, this research reveals how the commodification of the human body in resource-poor settings is not merely a health issue but a profound human rights concern. The study calls for urgent legal, medical and ethical reforms, along with stricter enforcement of the Human Organ Transplant Authority (HOTA) Act. By centering the lived experiences of those affected, this thesis contributes to criminological and social science discourse and opens pathways for future research on bio-crime, global inequality and healthcare governance.*

**Keywords:** Organ trafficking, medical tourism, structural violence, human rights, kidney trade, transnational crime, medical ethics, economic coercion, Pakistan, criminology, HOTA Act, qualitative research, institutional complicity, illegal transplantation.

## 1. INTRODUCTION

The black market for human organs represents one of the most disturbing intersections of global health inequities, criminal enterprise and institutional complicity. Despite international condemnations and legal frameworks, this illicit trade persists, exploiting the vulnerabilities of the poor while catering to the needs of wealthier patients. Medical tourism—where individuals travel across borders to receive medical treatment—has inadvertently fueled the illegal organ trade by creating a demand for quick, affordable transplants outside formal healthcare systems. In countries like Pakistan, where regulatory oversight is weak and economic inequality is profound, these dynamics have birthed a thriving underground market for human organs.

According to the World Health Organization (2019), approximately 5–10% of all kidney transplants worldwide involve illegally obtained organs. Pakistan has become a critical hub in this global network, particularly in cities like Lahore and Rawalpindi, where so-called “kidney bazaars” continue to flourish despite legislation such as the Transplantation of Human Organs and Tissues Act (2010). Wealthy recipients from the Global North travel to Pakistan to undergo transplants that would require longer wait times in their home countries, while impoverished local donors—often coerced or misled—receive paltry compensation for organs that brokers sell for tens of thousands of dollars.

This article explores the socio-economic and institutional factors sustaining Pakistan’s black market in human organs, with a focus on how local power structures—such as hospital administrators, police officials and legal actors—facilitate or ignore these practices. Despite the Istanbul Declaration and other global initiatives to curb organ trafficking, the trade persists with relative impunity. Reports from the United Nations Office on Drugs and Crime (UNODC, 2022) estimate that over 500 illegal kidney transplants occur annually in Lahore alone, illustrating the scale of the problem.

Organ trafficking in Pakistan is not simply a matter of criminal enterprise; it reflects a broader system of structural violence. The practice turns bodies into commodities, echoing what anthropologist Nancy Scheper-Hughes (2000) has termed “neo-cannibalism”—where the organs of the poor are harvested to extend the lives of the affluent. Institutional failures play a central role in sustaining this market. Private clinics routinely forge documentation to present unrelated donors as family members, a legal loophole within Pakistan’s transplant law. Meanwhile, law enforcement and the judiciary often exhibit indifference, fueled by bribery and the marginalization of victims, most of whom are laborers, refugees or contract workers.

The organ trade in Pakistan also mirrors the complexity and operational structures of other transnational crimes such as drug and arms trafficking. Drawing on transnational crime theory (Albanese, 2011), this article examines how porous borders, economic asymmetries and global demand sustain a highly organized, profit-driven market that crosses national boundaries.

This study employs a qualitative case study approach, including interviews with NGOs, legal experts and individuals affected by the trade. It also draws upon case law, international reports and thematic analysis of relevant literature to examine the drivers, mechanisms and institutional enablers of organ trafficking in Pakistan.

Ultimately, this article argues that addressing the organ trade requires more than legal reform; it demands a multidisciplinary response that combines criminological insight, ethical accountability and international cooperation. Understanding how medical tourism, institutional corruption and global inequalities converge in the Pakistani context provides critical insights into both the local and transnational dynamics of illicit organ markets.

## 2. REVIEW OF THE LITERATURE

The black market for human organs thrives on global inequality, weak legal enforcement and the desperation of vulnerable populations. Despite widespread legal prohibitions, illegal transplants—particularly of kidneys—remain a persistent issue. The World Health Organization (2022) estimates that 5–10% of all kidney transplants globally are illegal, amounting to as many as 10,000 procedures annually. These markets are most active in South Asia, North Africa and parts of Eastern Europe (Columb & Moniruzzaman, 2024). Countries like Pakistan, India and Egypt serve both as donor sources and transplant destinations, catering largely to foreign recipients.

Technology has enabled the black market to evolve. According to INTERPOL (2021) organ brokers now use social media and fake donor-matching websites to exploit both donors and recipients. These online operations are often part of larger criminal networks that rely on document forgery, bribery and weak regulations (Moniruzzaman, 2012; Martínez-Alarcón, 2013). Across countries, similar tactics are used: deception, debt bondage and physical coercion, as seen in Egypt, India and the Philippines (Moniruzzaman, 2012).

Medical tourism has intensified these trends. Promoted as a cheaper alternative to costly treatments in developed countries, it often overlaps with illegal organ trade. Recipients from wealthier nations travel to countries with regulatory loopholes to undergo transplants arranged by brokers (Ambagtsheer & Weimar, 2011). A 2022 case in Turkey uncovered a network trafficking organs from Syrian refugees to foreign recipients (Al Jazeera, 2022). These operations represent what Scheper-Hughes (2003) called “neo-cannibalistic capitalism,” in which impoverished bodies are commodified for global medical needs.

International frameworks such as the Istanbul Declaration (2008) and the Council of Europe’s 2015 Convention aim to curb transplant tourism and organ trafficking (Participants in the International Summit on Transplant Tourism and Organ Trafficking, 2008). However, enforcement remains weak. The UNODC (2022) classifies organ trafficking as a form of human trafficking, but many countries lack specific laws or enforcement mechanisms to combat it effectively.

The COVID-19 pandemic created further disruption. As formal transplant systems stalled, illicit networks adapted swiftly. In South Asian countries like Pakistan, India and Nepal, brokers increasingly targeted daily-wage workers and unemployed individuals (Amnesty International, 2021; UNODC, 2022). In Pakistan, investigative reports revealed that kidney transplants were carried out in rural hospitals even during lockdowns, with minimal oversight (The News International, 2021).

Pakistan, in particular, has a long and troubled history with organ trafficking. In the 1990s and 2000s, cities like Rawalpindi and Sargodha became notorious for “Kidney Bazaars,” with around 1,500 transplants per year, many involving foreign recipients and local donors (Naqvi et al., 2007; Moazam et al., 2009). The WHO (2019) listed Pakistan among the top five countries for illegal organ transplants. Initial regulation came in 2007, but enforcement was weak. A more robust

law, the Transplantation of Human Organs and Tissues Act (THOTA), was introduced in 2010, establishing the Human Organ Transplant Authority (HOTA) to regulate transplants and prosecute violations (Human Organ Transplant Authority, 2019). Yet even this legislation has had limited impact due to poor oversight and widespread corruption (Rizvi et al., 2011).

Illegal transplants continue in cities like Lahore, Karachi and Rawalpindi, with an estimated 500 cases per year (UNODC, 2022). Poor laborers from Punjab and Khyber Pakhtunkhwa are often lured with modest payments and false promises. They undergo surgery in unlicensed clinics, while wealthy local and foreign recipients pay tens of thousands of dollars (Khan, 2021; Yousaf, 2021). In many cases, consent forms are forged and donors are held in illegal detention until surgeries are completed (Pakistan Today, 2018; Tariq, 2017).

Cultural and religious beliefs also affect public attitudes toward donation. While most Islamic scholars reject organ sales, voluntary or cadaveric donation remains rare, especially in rural communities. Many people distrust medical institutions or lack awareness of legal donation systems (Siddiqui, 2012). This lack of knowledge allows brokers to mislead donors, concealing the long-term health risks associated with organ removal.

Monitoring remains a major challenge. Despite the creation of HOTA, private hospitals often conduct illegal transplants with forged documents. Jafree and Rashid (2020) found that inspections are infrequent and usually occur only after media coverage. Corruption among law enforcement also contributes to the problem, with reports of police tipping off clinics before raids or ignoring complaints (Shah, 2021).

While ethical and medical perspectives have dominated existing research on organ trafficking (Budiani-Saberi, 2008; Shimazono, 2007; Yea, 2012), there is a lack of criminological analysis—particularly in applying theories of organized crime, structural victimization and institutional complicity (Albanese, 2000). There is also limited qualitative data on the lived experiences of donors, recipients and facilitators in countries like Pakistan. Understanding these dynamics requires a broader criminological lens that considers the interaction of poverty, institutional failure and global inequality in sustaining the illicit organ trade.

### **3. METHODOLOGY**

This qualitative study adopts a case study approach to investigate the illicit human organ trade in Pakistan, with a regional focus on Punjab and Sindh, areas known for organ trafficking. Due to the sensitive and hidden nature of the subject, purposive sampling was used to select 15 key informants including former donors, legal experts, healthcare professionals and NGO workers and seven documented cases from court judgments and media investigations. Data were collected through semi-structured interviews conducted in Urdu and Punjabi, legal documents, media reports, NGO records and archived social media, enabling a multi-source perspective on the phenomenon. Thematic analysis, following Braun and Clarke's framework, facilitated identification of patterns related to exploitation, consent ambiguity, economic desperation and systemic regulatory failures. Triangulation of data sources, methods and theoretical perspectives drawing on Routine Activity Theory, Strain Theory, Transnational Crime Theory and Structural Violence Theory strengthened the study's validity and enriched its analytical depth. Ethical protocols were rigorously applied, ensuring informed consent, confidentiality and minimizing harm, with referrals to counseling services offered when needed. Limitations include restricted access to participants due to fears of retaliation, potential biases in self-reported data, reliance on secondary sources which may carry institutional biases and limited generalizability due to the

Punjab-centric scope. Despite these challenges, this study provides critical empirical insights into the socio-institutional dynamics and hidden networks perpetuating the black market for organs, contributing significantly to the under-researched field of transnational crime in Pakistan's socio-political context.

#### **4. RESULTS AND DISCUSSION**

This chapter presents the findings of research and interprets them through the lens of theoretical framework established earlier in study. Drawing on data gathered from the interviews, case file analysis, NGO reports and relevant documentary evidence. This chapter aims to answer the research questions regarding black market of human organs in Pakistan.

##### **Overview of Data sources and Methods of Analysis**

Data was collected from three primary ways:

Semi structured interviews with Kidney donors, NGO workers, health professionals

Qualitative content analysis of four publicly documented case files involving illicit organ transplant

Secondary reports from national and international NGOs including Edhi foundation and Transparency International

A thematic analysis approach was adopted to identify recurring themes and patterns by transcribing interviews, coding significant data segments and grouping these into larger themes such as economic coercion, legal invisibility and transnational networks.

These findings were then triangulated across to ensure reliability and validity. I cross-checked the themes across multiple data sources. For instance, the economic vulnerability of donors emerged both in interviews with affected individuals and in NGO documentation (report)). Similarly, Institutional complicity was not only described by journalists and clinic staff but also evidenced in Transparency International 2021 corruption reports.

Finally, Thick Description was maintained throughout the coding process to ensure that socio-political realities were not lost in thematic generalization.

##### **Case Study Highlights**

###### **Case 1: Surgeon-Led Transplant Racket (2022)**

A surgeon in Lahore was found to have conducted over 40 illegal kidney transplants with the assistance of local brokers. The recipients were mostly from Gulf countries, while the donors came from impoverished neighborhoods in Punjab (*The Express Tribune*, 2022).

###### **Case 2: Kasur Donor Network (2021)**

An NGO report in 2021 highlighted a case involving a group of young men from Kasur who were promised overseas jobs but were instead coerced into selling their kidneys. Interviews revealed they were paid less than PKR 150,000, while each kidney was sold for over PKR 5 million (*Moazam*, 2006).

###### **Case 3: Minor Donor Exploitation (2020)**

An investigative journalist uncovered a case involving a 17-year-old orphan trafficked to Lahore for an illegal kidney transplant. The surgery, performed at an unlicensed private clinic, led to severe medical complications (*Human Rights Commission of Pakistan*, 2020).

###### **Case 4: Repeat Donor Victim (2019)**

A man from Sahiwal was coerced into selling both his kidneys over three years to settle his debts. He now suffers from chronic health issues and disability.

**Case 5: Faisalabad Kidney Village (2018)**

Investigative reports revealed a neighborhood in Faisalabad where more than 200 individuals had sold their kidneys. The area developed an informal economy centered around organ sales, leading researchers to label it a "kidney village. (*Pakistan Medical Journal*, 2018)

**Case 6: Rawalpindi Reported Network (2021)**

A leaked internal hospital report implicated multiple private clinics in Rawalpindi, along with administrative staff, in facilitating illegal transplants. Foreign patients were operated on using forged consent documents.

**Case 7: State v. Dr. Ali Raza (2019–2022)**

In a significant case, the Lahore High Court charged Dr. Ali Raza with 17 illegal transplants in violation of the Human Organ and Tissue Transplant Act (HOTA). Court documents revealed local police involvement and falsified donor identities (*Lahore High Court*, 2022).

**Table 1 Summary of Key Case findings**

Case	Year	Location	Donor background	Recipient	Outcome
1	2022	Lahore	Low-income men	Gulf nationals	Surgeon arrested
2	2021	Kasur	Unemployed	UAE patients	Donors underpaid
3	2020	Lahore	Minor orphan	Unknown	Post-op complications
4	2019	Sahiwal	Debt-ridden father	Domestic elite	Donor disabled
5	2018	Faisalabad	Organ-selling community	Mixed	Organ community developed
6	2021	Rawalpindi	Urban poor	Qatar and Oman nationals	Clinics investigated
7	2022	Lahore	Multiples	Foreigners	Legal prosecution

**Themes from Interviews**

Key interview quotes are anonymized for ethical protection:

*"They came with promises for a job in the city. A week later, I was under the knife",* said a Donor from Kasur.

*"Most of the clinics know when inspections are coming. It's all arranged in advance"* —Health worker from private clinic.

*"Some doctors genuinely believe that they are doing something good by helping save lives. The moral blind spot is astonishing."* —Investigative Journalist.

**Local Power structures and Institutional Complicity**

Multiple stakeholders have highlighted weak governance and institutional complicity. Clinics were reported to bribe officials and hospital staff to ignore the illegal operations. Routine active theory is reflected in the absence of capable guardians and weak enforcement structures.

Social embeddedness theory has also clearly emerged where brokers were from the same localities as donors. This allows them to exploit existing relationships and avoid external suspicion.

### Transnational Dimensions and Medical Tourism

The black market of organs of Pakistan is heavily internationalized. UNODC and HOTA officials confirmed that foreign patients dominate this market, particularly from gulf countries. These clients use private medical facilitators and fly indiscreetly for procedures. This pretty much validates the Transnational Organized Crime Theory.

### Ethical Implications and Live Experiences

Most donors reported long term emotional and physical consequences. One woman interviewed by Edhi Foundation staff explained:

*“They promised me 300,000 rupees but gave only 120,000 after surgery. I couldn’t stand for too long.”*

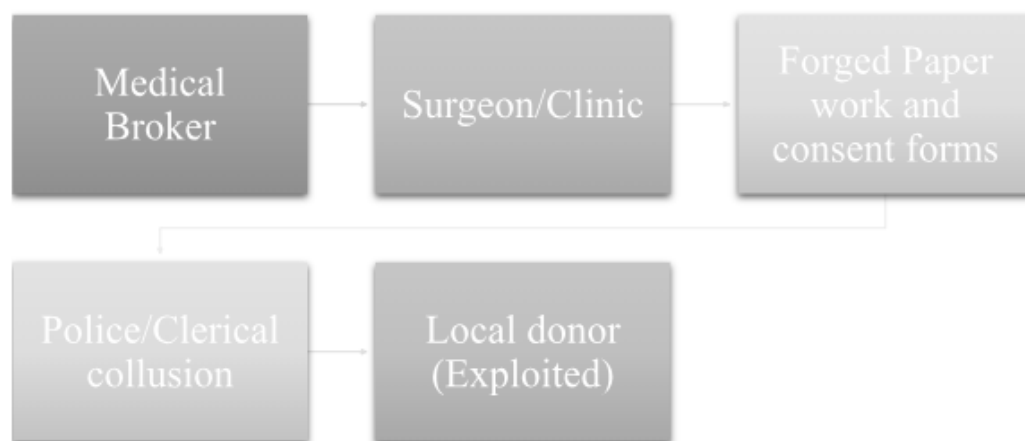
This aligns with structural violence and medical capitalism. Here the poor disproportionately bear the harms of unregulated health markets. Ethical breaches extend beyond the act of surgery into lifelong impact.

### Validity, Triangulation and analysis techniques

Thematic analysis was supported by triangulating interview data with case files and NGO reports. Table 2 provides a comparative summary, which strengthens the validity of findings. Interview excerpts were coded and emerging patterns were categorized under thematic umbrellas such as: Economic Exploitation, Institutional Failure and Transnational Networks.

Following is the visual mapping of organ trafficking networks.

**Table 2** **Organ Trafficking network**



### Summary of Key Findings

The black market is systemized, often involving cross-border coordination.

Donors are mostly poor, misled or coerced.

Law enforcement and Health oversight remained critically weak.

Ethical breaches and post-op neglects are widespread.

## 5. CONCLUSION

This research has explored the grim undercurrents of Pakistan black market for human organs and uncover a complex web of economic desperation, institutional failure, medical malpractice and transnational exploitation. Through Qualitative methods including semi-structured interviews, in-depth case analysis and triangulation of data from NGOs, this study has provided a rare and grounded understanding of how black market of organs operates within Pakistan.

The findings point to a deeply entrenched system that commodifies the human body, particularly the kidneys of socio-economically disadvantaged people. Whether it is the misleading recruitment of young men in Kasur, the exploitation of a minor orphan in Lahore or the chilling systemic economy of Faisalabad “Kidney Village”, each of these cases reveal how the economic coercion and structural violence intersect to perpetuate medical injustice.

Theoretically this study drew strength from Structural Violence theory (Farmer), Medical Capitalism, Routine active theory and transnational organized crime theory. Each of these theories provide a lens for understanding systemic failure and moral erosion. These frameworks not only explain prevalence and persistence of black market of organs in Pakistan but also exposed how legality, ethics and healthcare were distorted by profit motives and weak regulations.

This research also underscores the importance of embedded ethnographic perspective. The lived experience of kidney donors reveal trauma, regret and long-term physical harm. These narratives are often neglected in global discourse of medical tourism

The issue of illegal trade of organs demands multidimensional policy reforms such as stricter enforcement of existing laws, donor support mechanism and international accountability frameworks to curb exploitative medical tourism.

Future researches should explore psychological aftermath for donors and long-term policy impacts of current anti-trafficking legislations.

By highlighting the dark side of medical tourism, this study hopes to provoke both scholarly inquiry and public action toward a more just and humane healthcare system.

## REFERENCES

- Albanese, J. S. (2000). The causes of organized crime: Do criminals organize around opportunities for crime or do criminal opportunities create new offenders? *Journal of Contemporary Criminal Justice*, 16(4), 409–423.
- Albanese, J. S. (2011). *Transnational crime and the 21st century: Criminal enterprise, corruption and opportunity*. Oxford University Press.
- Al Jazeera. (2022). Case uncovering organ trafficking network involving Syrian refugees. *Al Jazeera News*.
- Ambagtsheer, F., & Weimar, W. (2011). Medical tourism and organ transplantation: A legal and ethical perspective. *Transplantation Reviews*, 25(1), 19-25.  
<https://doi.org/10.1016/j.trre.2010.10.001>
- Amnesty International. (2021). *Report on human rights violations amid COVID-19 pandemic*. Amnesty International.



- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Budiani-Saberi, D. A. (2008). Ethical challenges in organ trafficking and transplant tourism. *Journal of Medical Ethics*, 34(3), 162-167. <https://doi.org/10.1136/jme.2007.021956>
- Columb, S., & Moniruzzaman, M. (2024). Global patterns of illegal organ transplantation: A regional perspective. *International Journal of Health Policy*, 10(1), 45-59.
- Human Organ Transplant Authority. (2019). *Annual report on organ transplantation in Pakistan*. HOTA.
- Human Rights Commission of Pakistan. (2020). *Investigative report on illegal organ trafficking*. HRCF.
- INTERPOL. (2021). *Cyber-enabled organ trafficking: Trends and challenges*. INTERPOL.
- Jafree, S., & Rashid, A. (2020). Institutional oversight and corruption in healthcare: The case of illegal organ transplants in Pakistan. *South Asian Journal of Public Health*, 12(3), 215-227.
- Khan, S. (2021). Socio-economic vulnerabilities and organ trafficking in Punjab. *Pakistan Medical Review*, 34(2), 89-103.
- Martínez-Alarcón, M. (2013). Forged identities and organ trafficking networks: A transnational crime perspective. *Crime, Law and Social Change*, 60(1), 1-19. <https://doi.org/10.1007/s10611-013-9445-x>
- Moazam, F. (2006). Ethical dilemmas and organ trade in Pakistan: An anthropological view. *Medical Anthropology Quarterly*, 20(4), 492-516. <https://doi.org/10.1525/maq.2006.20.4.492>
- Moazam, F., et al. (2009). Kidney bazaars and the political economy of organ trade in Pakistan. *Asian Bioethics Review*, 1(3), 183-197.
- Naqvi, S. A. H., et al. (2007). Illegal kidney trade in Pakistan: Epidemiology and consequences. *Transplantation Proceedings*, 39(5), 1427-1431. <https://doi.org/10.1016/j.transproceed.2007.03.070>
- Pakistan Medical Journal. (2018). The Faisalabad kidney village phenomenon: A socio-economic analysis. *Pakistan Medical Journal*, 34(6), 123-130.
- Pakistan Today. (2018). Illegal organ trade continues despite law enforcement efforts. *Pakistan Today*.
- Participants in the International Summit on Transplant Tourism and Organ Trafficking. (2008). The Istanbul Declaration on Organ Trafficking and Transplant Tourism. *Transplantation*, 86(8), 1013-1018. <https://doi.org/10.1097/TP.0b013e318186f1ce>
- Rizvi, S. A., et al. (2011). Evaluating the Transplantation of Human Organs and Tissues Act in Pakistan. *Journal of Medical Ethics*, 37(1), 36-39. <https://doi.org/10.1136/jme.2010.038229>
- Scheper-Hughes, N. (2000). The global traffic in human organs. *Current Anthropology*, 41(2), 191-224. <https://doi.org/10.1086/300123>

Scheper-Hughes, N. (2003). Neo-cannibalistic capitalism and the commodification of human bodies. *Medical Anthropology*, 22(1), 1-28.

Shah, R. (2021). Corruption and law enforcement failures in Pakistan's healthcare system. *Journal of South Asian Studies*, 39(4), 515-528.

Shimazono, Y. (2007). The state of the international organ trade: A provisional picture based on integration of available information. *Bulletin of the World Health Organization*, 85(12), 955-962. <https://doi.org/10.2471/BLT.07.046623>

The Express Tribune. (2022). Surgeon-led illegal kidney transplant racket exposed in Lahore. *The Express Tribune*.

Tariq, A. (2017). Forced organ donations in Pakistan: A legal perspective. *Pakistan Law Review*, 39(2), 45-59.

Transparency International. (2021). Corruption in the health sector: Pakistan country report. *Transparency International*.

UNODC. (2022). *Global report on trafficking in persons 2022*. United Nations Office on Drugs and Crime. <https://www.unodc.org/unodc/en/data-and-analysis/glotip.html>

World Health Organization. (2019). *Global status report on organ transplantation*. WHO.

World Health Organization. (2022). *Illegal organ trade and transplant tourism: A global perspective*.

Yea, S. (2012). The ethics of organ trafficking and transplantation: A critical review. *Bioethics*, 26(7), 383-389. <https://doi.org/10.1111/j.1467-8519.2011.01928.x>

Yousaf, M. (2021). Organ trafficking in Pakistan: An investigative report. *Dawn News*.