



Ethical and legal issues in organ donation and transplantation in Nigeria

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Abstract

Context: Organ donation and transplantation are life saving interventions for end stage organ failure. In Nigeria, increasing cases of kidney, liver, and cardiac diseases have intensified demand, yet legal uncertainty, ethical dilemmas, organ trafficking, commercialization, cultural hesitation, and weak regulation undermine public trust and equitable access.

Objective: The study critically examined the legal and ethical issues surrounding organ donation and transplantation in Nigeria, and recommended reforms that close the existing regulatory gaps.

Study Design, Setting, Materials and Methods: This study adopted a doctrinal and comparative legal research design. It analyzed Nigerian statutes, particularly the National Health Act, the Criminal Code, and the Trafficking in Persons (Prohibition) Enforcement and Administration Act 2015, alongside international instruments of the World Health Organization and the World Medical Association. Legislation and practice in the United Kingdom, India, Spain, South Africa and Iran were reviewed for comparison, supported by media reports, government guidelines and academic literature on organ trafficking and transplant inequity in Nigeria.

Results: Findings revealed that Nigeria has no standalone organ transplantation law. The National Health Act 2014 bans the sale of organs but does not create a donor registry, a licensing authority, brain-death criteria or an enforcement body. This gap has allowed inconsistent consent practices, inequitable access to the few functioning transplant centres, and a documented pattern of organ trafficking that preys on poor and vulnerable Nigerians. Generally Nigeria's regulatory framework is legally fragmented and ethically inconsistent. New 2025 federal guidelines on transplant services are a step forward but remain administrative, not legislative, and are not yet enforced.

Conclusion: The article concluded by pointing out that Nigeria needs a comprehensive, rights-based Organ Donation and Transplantation Act that sets clear rules on informed consent, creates a donor registry and a licensing authority, and imposes real penalties for trafficking and commercial dealing in organs. Enacting and enforcing such a law is essential to protect donors and patients and to restore public trust in transplantation.

Keywords: Organ donation; organ transplantation; Nigeria; health law; informed consent; organ trafficking, Legal framework.

1.0 Introduction

Organ donation and transplantation have emerged as crucial medical interventions in the 21st century, offering hope and renewed life to patients suffering from end-stage organ failure. In Nigeria, cases of chronic kidney disease and related organ failure are rising,^{1,2} and the country's few transplant centres cannot

meet the demand.³ At the same time, transplantation raises hard ethical and legal questions: who may donate, how consent is obtained, who pays, and how the system is kept free of exploitation. These questions are especially pressing in Nigeria because of the country's legal gap.

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In 2007 the World Health Organization estimated that 5 to 10 percent of kidney transplants performed worldwide involved organs obtained through the black market.⁴ Since then, Nigeria has been repeatedly named, in investigative reporting and government statements, as a source and transit country for trafficked organs.^{5,6} The 2023 United Kingdom conviction of a Nigerian senator and his wife for organ-trafficking offences against a young Lagos street trader drew global attention to how Nigerians are recruited into this trade.⁷

Nigeria's National Health Act 2014 makes only brief reference to organ donation; it bans the sale of organs but says nothing about donor registries, brain-death protocols, allocation rules or the licensing of transplant centres. Countries such as the United Kingdom, South Africa and India have each passed dedicated transplant legislation covering these matters; Nigeria has not. This gap in the law, not a lack of medical need, is the central problem this article addresses.

Cultural and religious views on death and the body add a further layer of difficulty, discouraging deceased donation and slowing public acceptance of any national donation programme.

This article reviews Nigeria's ethico-legal framework for organ donation and transplantation, compares it with the approaches taken in five other jurisdictions, and draws on documented cases and government reports to assess how the current gap in the law is affecting patients, donors and the public. It closes with recommendations for a standalone Organ Donation and Transplantation Act. The review is doctrinal and comparative in method: it draws on Nigerian legislation, international instruments of the World Health Organization and the World Medical Association, transplant legislation from the United Kingdom, India, Spain, South Africa and Iran, and government guidelines, media investigations and academic literature on organ trafficking and transplant access in Nigeria, gathered through database and web searches conducted between June and July 2025.

2.0 Epidemiology and the medical landscape in Nigeria

In Nigeria, there is a rise in chronic kidney disease linked to hypertension, diabetes and limited access to preventive care,¹ causing Nigerian hospitals to build up some transplant capacity over the past decade. However, as of mid-2024, fewer than twenty centres

nationwide performed kidney transplants, and only a handful of these were government-owned.³ This scarcity of public facilities forces most patients to seek treatment in expensive private centers or travel abroad.

Most transplants use living, related donors because deceased-donor programmes remain undeveloped. There is no national donor registry or waiting list, so organ matching is handled internally by individual hospitals rather than through a transparent national system. Transplants, especially kidney transplants, are concentrated in a small number of expensive private hospitals, putting them out of reach for most patients; those who can afford it travel abroad instead. Public awareness of organ donation is also low, and cultural resistance to deceased donation further limits the pool of available organs.

3.0 Ethical dilemmas in organ donation and transplantation

Organ transplantation, while a life-saving medical intervention, is accompanied by profound ethical dilemmas globally and especially in Nigeria. The recent introduction of Nigeria's Standards and Guidelines for Organ/Tissue Transplantation Services in 2024 acknowledges these challenges, aiming to address persistent ethical and regulatory gaps that have historically undermined public trust and facilitated exploitation. This section elaborates on the key ethical issues Nigeria faces, informed by legal, cultural, religious, and socio-economic contexts.

Informed consent. Consent to donate is supposed to be voluntary and fully informed, but weak health literacy, language barriers and family pressure often compromise this in practice, particularly for living donors who may feel obliged to help a relative.⁸

Commercialisation and trafficking. The World Health Organization, the Declaration of Istanbul and the National Health Act 2014 all treat the sale of organs as unethical.^{9,10} Despite this, poverty and organ scarcity have sustained a market in which brokers recruit poor and often illiterate Nigerians to sell organs, or harvest organs without genuine consent.^{5,11}

Weak oversight. Few Nigerian hospitals have functioning ethics committees with real authority over transplant decisions, and there is no national ethics body for transplantation. This leaves donor screening and case review largely undocumented.¹² The World Medical Association's statement on organ donation calls for independent verification of donor

consent and medical suitability before any procedure proceeds;¹³ in Nigeria, this verification is left to the discretion of individual surgical teams rather than an outside body, which creates room for conflicts of interest where the same clinicians who benefit financially from a transplant also certify that it is ethically sound.¹⁴

Unequal access. Because there is no centralised waiting list, allocation depends on a patient's ability to pay and personal connections with a hospital rather than clinical need alone. Wealthier, urban patients have consistently better access than poorer or rural ones.³ Medical students and junior clinicians surveyed on renal replacement therapy in Nigeria have themselves identified cost and the absence of health insurance coverage for transplant surgery as the biggest barriers facing patients, ahead of any purely clinical constraint.¹⁵

Cultural and religious attitudes. Views across Nigeria's Christian, Muslim and traditional communities on organ donation are mixed and sometimes contradictory, and no single national religious position exists on deceased donation. This uncertainty makes public health campaigns harder to design and slows political appetite for a donation law.¹⁶ A survey of health workers in south-west Nigeria found that, although most respondents had heard of organ donation, actual willingness to donate or to encourage donation remained low, largely because of fear about how consent and the donor's body would be handled after death.¹⁷ This suggests the barrier is less outright religious prohibition than distrust of the process itself.

Definition of death. Nigeria has no legally recognised standard for determining brain death, so hospitals lack a clear basis on which to approach deceased donation at all.¹⁸ Without a statutory or professionally endorsed brain-death protocol, clinicians who might otherwise support deceased donation have no defensible legal position from which to raise it with a grieving family, and deceased donation has in practice never taken hold in Nigeria.¹⁹

Poverty and the "quick money" incentive. Investigative reporting has linked the growth of organ trafficking directly to poverty, unemployment and, in some documented cases, complicity by insiders within the health system who see trafficking as a fast source of income.²⁰ This economic pressure, rather than any professional or cultural endorsement of organ sale, appears to be the primary driver of the illicit market discussed in section 6.0 below.

4.0 The current legal and regulatory framework

Nigeria's regulation of organ donation is scattered across several instruments, none of which was written specifically for transplantation.

The National Health Act 2014 is the main relevant statute. Sections 48 to 53 deal specifically with organ and tissue donation: Section 48 permits donation on the informed, written consent of a competent donor or, for a deceased donor, the consent of next of kin; Section 51 restricts donation by minors and persons lacking capacity to narrow, medically justified exceptions; and Section 53 criminalises the sale of human tissue or organs, prescribing a fine and a prison term on conviction.²¹ On paper, these provisions cover the basic ethical requirements found in comparable foreign statutes. In practice, however, the Act sets no minimum standards for facilities offering transplant services, creates no donor or recipient registry, names no agency responsible for licensing or inspecting transplant centres, and provides no mechanism for investigating suspected violations. Commentators reviewing the Act have described its transplant provisions as a "skeletal" framework that depends entirely on the goodwill of individual hospitals for compliance, since there is no body tasked with checking that Sections 48 to 53 are actually being followed.²² Prosecutions under Section 53 have accordingly been rare, not because organ sale does not occur, but because there is no dedicated enforcement machinery to detect it.²³

The Criminal Code Act can be used to prosecute assault or unlawful bodily harm connected with non-consensual organ removal, but it was not written with transplantation in mind and does not address issues specific to the practice, such as coerced consent, falsified donor documentation or black-market brokerage.²⁴ Cases have to be forced into the language of ordinary assault or wounding offences, which were never designed to capture the organised, transactional nature of organ trafficking.

The Trafficking in Persons (Prohibition) Enforcement and Administration Act 2015 is, in principle, the strongest tool currently available. Section 20 criminalises recruiting, transporting, transferring, harbouring or receiving a person for the purpose of organ removal, including where consent was obtained through deception, and prescribes penalties of up to life imprisonment for aggravated cases.²⁵ NAPTIP, the agency the Act establishes, has power to investigate and prosecute such cases. This has proved useful in prosecuting the small number of

trafficking cases that come to light, including cases pursued abroad against Nigerian nationals, but the Act is concerned with the criminal end of the spectrum. It does not deal with the ethical and administrative requirements of lawful, everyday transplant practice, such as licensing hospitals or documenting consent, and NAPTIP has no jurisdiction over that side of the system at all.

The 1999 Constitution guarantees the right to life and to human dignity,²⁶ which underpin donor and recipient protection, but health is not a directly enforceable right under the Constitution: it appears only among the non-justiciable Fundamental Objectives and Directive Principles of State Policy, which limits how far these guarantees can actually be used in court to compel government action on transplant regulation.

Professional bodies such as the Nigerian Medical Association and the Medical and Dental Council of Nigeria issue ethical guidance, and Nigeria has endorsed the World Health Organization's Guiding Principles,²⁷ but none of this is legally binding unless enacted into domestic law. A review of these overlapping instruments concludes that Nigeria's ethico-legal architecture for transplantation is best described not as a single system but as a patchwork of provisions borrowed from criminal law, constitutional law and international soft law, none of which was drafted with transplantation as its primary object.²⁸

In March 2025, the Federal Ministry of Health introduced Standards and Guidelines for Organ/Tissue Transplantation Services, requiring facility licensing, a national donor registry and clearer consent procedures.²⁹ Government statements accompanying the guidelines describe them as the first step toward a fully regulated transplant sector, with the Ministry indicating that facilities found operating without a licence under the new standards would risk being shut down.³⁰ These guidelines mark real progress and echo several of the features found in the foreign statutes discussed below, but because they are administrative policy rather than an Act of the National Assembly, they cannot create new criminal offences, cannot be directly enforced through the courts, and can be withdrawn or ignored by a future administration with no legislative check. Implementation has only just begun, and it is too early to say whether hospitals are complying with the licensing requirement in practice.³¹

5.0 Comparative global practices: lessons from other jurisdictions

A review of how other jurisdictions regulate organ donation and transplantation provides useful insights into the institutional, legal and ethical safeguards that remain underdeveloped within Nigeria's current framework. Comparative experience is particularly instructive because effective regulation of transplantation requires more than prohibiting organ trafficking; it also requires clear rules governing consent, donor eligibility, determination of death, allocation, oversight, professional responsibility and the prevention of commercial exploitation. The regulatory approaches adopted in jurisdictions such as the United Kingdom, the United States and other established transplant systems therefore provide useful points of comparison for identifying gaps in Nigeria's existing legal framework and considering possible directions for reform.

The United Kingdom's Human Tissue Act 2004 created the Human Tissue Authority, an independent statutory body with dedicated powers to license every establishment that stores, removes or uses human tissue for transplantation, to inspect licensed premises, and to suspend or revoke a licence where standards are not met.³² The Authority also approves living-donor transplants individually, through independent assessors who interview donor and recipient separately to rule out coercion or payment before surgery may proceed. In 2019, England moved to an opt-out consent model under the Organ Donation (Deemed Consent) Act, presuming consent unless a person has registered a refusal, while still consulting the family and never overriding a family's strong objection in practice.³³ A direct comparison of the Nigerian and UK frameworks concludes that the single biggest structural difference is not the consent model but the existence, in the UK, of one statutory authority with clear licensing and inspection powers - a role that no Nigerian body currently performs.³⁴

India's Transplantation of Human Organs and Tissues Act 1994 (amended 2011) bans organ trade and requires a hospital-based or state-level authorisation committee to review every living-donor case that falls outside the immediate family, specifically to screen for signs of coercion or hidden payment before a transplant proceeds.³⁵ The amended Act also created a national registry of donors and recipients and mandated the appointment of "transplant coordinators" in every approved hospital,

a role increasingly recognised as central to identifying potential deceased donors and supporting bereaved families through the consent process.³⁶

Spain runs a soft opt-out system, but its real strength lies in coordination rather than the consent rule itself. The Organización Nacional de Trasplantes trains a transplant coordinator, typically an intensive-care physician, in every hospital with a critical care unit, to identify potential deceased donors early and approach families with professional support.³⁷ This coordinator network, combined with public reporting of donation statistics, has given Spain the highest deceased-donation rate in the world for over three decades running.³⁸

South Africa's National Health Act 2003 anchors transplant regulation in constitutional guarantees of dignity and equality, with defined consent procedures, and licensing enforced through the older Human Tissue Act 1983, which remains in force for tissue-specific rules pending full implementation of the newer Act.^{39,40} South Africa is useful for comparison with Nigeria because it shares a similar constitutional structure and comparable resource constraints, yet has still managed to establish designated transplant units subject to national licensing.

Iran is the only country that permits regulated, compensated living-kidney donation, run through a government-supervised matching programme in which the state, rather than the recipient, pays an approved donor a fixed sum and covers follow-up medical care.⁴¹ This has largely eliminated Iran's kidney transplant waiting list, a result unmatched in the group of countries discussed here.⁴² The model remains ethically controversial, and this article does not advocate its adoption in Nigeria, given the risk that any form of payment would deepen exploitation of the same poor and vulnerable Nigerians already targeted by traffickers; it is included here only to show the range of regulatory choices available once a dedicated legal framework exists.

Across these five jurisdictions, three features recur: a dedicated statute, an independent authority with licensing and inspection powers, and a national donor registry supported by trained hospital-based coordinators. Nigeria currently has none of the three in legally binding form.

6.0 Empirical insights: documented cases and the scale of organ trafficking

Beyond the legal text, documented cases show the human cost of the current gap. The Ekweremadu case in the United Kingdom, in which a Nigerian senator and his wife were convicted of bringing a Lagos street trader to Britain under false pretences for an intended kidney transplant, is the best-known example of Nigerians being targeted for organ removal abroad, and the sentencing judge in that case explicitly noted the victim's poverty and limited education as factors the defendants exploited.⁷ The same pattern of targeting the poor recurs domestically. A 2025 investigative series traced how brokers in southern Nigeria approach jobless young men and women with promises of quick payment for a kidney, only for many to report being paid far less than promised, or nothing at all, once the organ had been removed.⁵ Allegations of medical professionals and hospital staff participating in illegal organ trade have surfaced, fueling public distrust in healthcare institutions. Notably, some staff within oversight agencies have been dismissed or prosecuted for complicity in trafficking, indicating challenges within regulatory enforcement. In 2023, Dr. Noah Kekere was arrested in Plateau State after allegedly removing a woman's kidney during surgery in 2018 without informed consent.⁵ The incident was one of several linked to "illegal transplant tourism," body part extraction, and ritualistic motives.⁸ Similar reports document grave discoveries in Anambra State, a suspected illicit transplant facility in Ibadan, and online luring of victims in Lagos, highlighting how organized criminal networks are increasingly involved in organ harvesting.¹⁰ Reports from 2024 and 2025 document the arrest and prosecution of several individuals, including students, clerics, and organized syndicates, engaged in ritual killings and the sale of harvested organs.⁵

Media articles have spotlighted the intersection of cultural ritual practices, organ markets, and human trafficking networks, leading to calls for urgent regulatory reform. Nigerian newspapers have separately reported arrests connected to non-consensual organ removal and suspected trafficking rings in several states, including cases in which cartels specifically targeted teenage girls.⁴³

The medical profession itself has spoken publicly against these practices. The Nigerian Association of Nephrology has condemned illegal organ harvesting

as damaging to the reputation of legitimate transplant medicine in the country and called for urgent regulation to separate lawful transplant centres from the illicit trade.⁴⁴ Civil society organisations have gone further, with the Human Rights Writers Association of Nigeria demanding a forensic investigation into specific hospitals and clinics allegedly linked to organ harvesting scandals.⁴⁵ Commentary in the national press has attributed the persistence of the trade to a combination of poverty, unemployment and, in some reported cases, complicity by individuals within the health system who see trafficking as a quick source of income, suggesting that the problem is sustained as much by weak institutional integrity as by external criminal networks.²⁰

International monitoring supports this picture. The United States Department of State's most recent Trafficking in Persons Report identifies Nigeria as a source, transit and destination country for organ-trafficking victims, and specifically criticises the absence of a dedicated Nigerian law criminalising organ trafficking as distinct from general human trafficking offences.⁴⁶ In response to mounting public pressure, the Federal Government announced in March 2025 that it would begin actively enforcing licensing requirements against unregistered facilities offering transplant services, though independent verification of how many facilities have since been inspected or shut down was not available at the time of writing.³¹

Published Nigerian clinical experience adds a further, quieter dimension to this picture: even lawful transplant practice remains fragile. A review of a single tertiary hospital's kidney transplant programme reported that most transplants performed there depended on a small number of willing, biologically related donors, with the programme regularly unable to proceed for patients who lacked a suitable relative willing and able to donate.³² This bears out the wider point made in section 2.0 above: in the absence of a functioning deceased-donor system, patients without a matching relative and the means to travel abroad are, in practice, excluded from transplantation altogether. These reports, while not a systematic count, are consistent with the wider pattern the World Health Organization has documented for organ trafficking globally, in which poor and vulnerable people are disproportionately targeted as sources of organs.^{4,47}

7.0 Discussion and recommendations

The findings point to one central conclusion: Nigeria's problem is not medical capacity alone but the absence of a law built specifically for organ transplantation. The National Health Act 2014 was not designed for this purpose and leaves basic questions unanswered, such as how consent should be documented, who may run a transplant centre, and how organs should be allocated fairly. Countries we have discussed above, show that closing this gap requires three things working together: a dedicated statute, an independent authority to license and monitor transplant centres, and a national donor registry. Nigeria's 2025 guidelines gesture toward all three but, because they are administrative rather than statutory, they cannot yet compel compliance or support prosecution.

The persistence of trafficking cases despite existing criminal law provisions also suggests that criminalisation alone is not enough. The Criminal Code Act and the Trafficking in Persons Act give prosecutors tools, but weak investigation, limited public awareness, and the absence of a registry to flag irregular procurement make enforcement difficult in practice. A dedicated transplant law, backed by a licensing authority with real powers, would make violations easier to detect and prosecute.

Cultural and religious hesitancy is a genuine constraint, but the experience of Spain shows that public trust and donation rates can rise together, provided policy involves families directly and invests in public education rather than treating culture as an obstacle to work around.

Based on these findings, five sets of reforms are recommended.

First, Nigeria need a comprehensive statutory framework specifically governing organ donation and transplantation, rather than continuing to rely on fragmented provisions of existing legislation. Accordingly, Nigeria should enact a standalone Organ Donation and Transplantation Act rather than continue to rely on a handful of provisions within the National Health Act 2014. Such legislation should define death, including statutory recognition of brain-death criteria, thereby providing clinicians with a clear legal basis for approaching deceased donation;¹⁸ establish clear donor-eligibility rules, including specific protections for minors and persons lacking capacity, building on the safeguards already contained in Section 51 of the National Health Act;²¹

require written and independently witnessed consent for both living and deceased donation; explicitly prohibit financial inducement in any form; and prescribe penalties for trafficking and unauthorised organ removal that are at least as stringent as those already provided under the Trafficking in Persons Act 2015, thereby ensuring that the two statutory regimes operate together rather than leaving transplant-specific offences comparatively under penalised.^{10,25}

Second, the need to establish a regulatory institution to oversee the provisions of the Act cannot be over emphasized. The Act should create a National Transplant Authority, modelled on the licensing and inspection functions of the UK's Human Tissue Authority, with power to license, audit and, where necessary, suspend transplant centres.³² This should be linked to a national donor and recipient registry, administered independently of individual hospitals, to support transparent, needs-based allocation of organs rather than allocation by ability to pay. doubt.³⁶ Every licensed transplant centre should be required to maintain a functioning, independent ethics committee as a condition of its licence, with authority to halt a proposed transplant where donor consent or eligibility is in doubt.¹³

Third, Nigeria should invest in training hospital-based transplant coordinators, along the lines of Spain's model, whose specific role is to identify potential donors, support families through the consent process and liaise with the national registry.³⁸ Since cost is repeatedly identified as the biggest barrier facing patients, government and the National Health Insurance Authority should examine extending insurance coverage to transplant surgery and post-transplant care, to reduce the incentive for patients to seek unregulated, cheaper alternatives.¹⁵

Fourth, effective enforcement of NAPTIP's mandate under the Trafficking in Persons Act must be supported by dedicated investigative capacity for organ trafficking cases, particularly given the distinct methods and evidentiary challenges associated with this form of trafficking.²⁵ Furthermore, because Nigerian victims have been trafficked abroad for organ removal, closer cooperation with foreign law-enforcement agencies, building on the precedent set by the successful UK prosecution in the Ekweremadu case, would improve Nigeria's ability to detect and prosecute cross-border cases.⁷ Continuing professional training for clinicians, judges, prosecutors and police on the identification,

investigation and prosecution of organ-trafficking cases would further strengthen enforcement once the substantive law is in place.

Fifth, effective implementation should be accompanied by sustained public education delivered through the media, schools, and religious and traditional leaders, with particular attention to addressing directly the distrust surrounding consent and donor treatment that surveys suggest underlies much of the public's reluctance, rather than assuming reluctance is purely religious or cultural in origin.¹⁷ Making the new 2025 federal guidelines, and the eventual Act, well known to the public and to healthcare workers themselves is a precondition for any of these reforms working in practice.

8.0 Conclusion

Nigeria's growing need for organ transplantation has outpaced its law. The National Health Act 2014 offers only a partial and unenforceable framework, leaving gaps that expose donors and patients to inconsistent consent practices, unequal access and organ trafficking. Comparative experience from the United Kingdom, India, Spain and South Africa shows that a dedicated statute, an independent licensing authority and a national donor registry are achievable and effective. Nigeria should enact a comprehensive, rights-based Organ Donation and Transplantation Act along these lines, paired with sustained public education, to protect donors and recipients and restore public confidence in transplantation.

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None.

Competing interests

The authors declare no competing interests.

References

1. Oladimeji OM, Dare GI, Okopi J, Oladimeji AB, Kweki AG, Iyayi A, et al. Pattern of target organ damage among hypertensive patients with chronic kidney disease as compared with hypertensive patients without chronic kidney disease. *Niger J Med* 2025; 34(1): 1-17.
2. Ogunnake J. 15% Nigerian adults have kidney failure - Obasanjo. *Vanguard Newspaper*. 20 February, 2024. <<https://www.vanguardngr.com/2024/02/15-nigerian-adults-have-kidney->

- failure-obasanjo/?utm_> accessed 7th July, 2025.
3. Onwuzoo A. Three out of eight govt hospitals offering kidney transplant functional, nephrologists reveal. *Punch Newspapers*. 26 May, 2024. <https://punchng.com/three-out-of-eight-govt-hospitals-offering-kidney-transplant-functional-nephrologists-reveal/?utm_> accessed 10th July, 2025.
 4. Shimazono Y. The state of the international organ trade: a provisional picture based on integration of available information. *Bull World Health Organ* 2007; 85(12): 955-962.
 5. George G. Organ trafficking: Unmasking ritual killing lies behind booming human parts trade. *Punch Newspaper*. 17 May, 2025. <<https://punchng.com/organ-trafficking-unmasking-ritual-killing-lies-behind-booming-human-parts-trade-1/> accessed 5th July, 2024; George G. Organ Trafficking: Truth Behind Ritual Killings Revealed. *Punch Newspaper*. Ibid.; Nigeria - United States Department of State 2024 Trafficking in Persons Report: Nigeria. <<https://2021-2025.state.gov/reports/2024-trafficking-in-persons-report/nigeria/> accessed 10th July, 2025.
 6. Nigeria has no regulatory body for organ harvesting, transplanting - consultant. *Premium Times*. 30 June, 2025.
 7. Symonds T, Jagger S. Ike Ekweremadu: organ-trafficking plot politician and wife guilty. *BBC News*. 23 March, 2023. <<https://www.bbc.com/news/uk-england-london-65013545>> Accessed 6th July, 2025.
 8. Fadare JO, Babatunde OA. Ethical issues in kidney transplantation - reflections from Nigeria. *Transplant Research & Risk Management Journal*. Dovepress. <https://www.researchgate.net/publication/49602103_Ethical_issues_in_kidney_transplantation_-_reflections_from_Nigeria>; <<https://www.dovepress.com/article/download/5697>> Accessed 3rd July, 2025
 9. World Health Organization. Human organ and tissue transplantation. WHA57.18. Geneva: WHO; 2004.
 10. Declaration of Istanbul Custodian Group. The Declaration of Istanbul on organ trafficking and transplant tourism. *Transplantation* 2008; 86(8): 1013-1018.
 11. Ihejirika P, Ibeh R, Haruna R, Abubakar A, Ahmad U. Nigeria: Poverty, Ignorance boosting organ trafficking in Nigeria. *Leadership Newspaper*, via *AllAfrica.com*. <<https://allafrica.com/stories/202409090037.html?>> accessed 5th July, 2025.
 12. Abonyi AU, Ejeagu TS. Organ donation procedure in Nigeria: reviewing the provisions of National Health Act 2014 and its challenges. *Int Rev Law J* 2023; 5(3).
 13. World Medical Association. WMA statement on human organ and tissue donation and transplantation. Ferney-Voltaire: WMA; 2012.
 14. Ajayi SO, Raji Y, Salako BL. Ethical and legal issues in renal transplantation in Nigeria. *Saudi J Kidney Dis Transpl* 2016; 27(1): 125-128.
 15. Adetunji AS, Fatokun TS. Challenges of renal replacement therapy in Nigeria: solutions from medical students' perspectives. *Ann Ib Postgrad Med* 2023; 21(2): 70-74. <<<https://pmc.ncbi.nlm.nih.gov/articles/PMC10811714/>>> accessed 10th July, 2025.
 16. Ekeke EC. The church and organ donation/transplantation in Nigeria: an ethical exploration. *Nsukka J Relig Cult Stud* 2024; 12(2).
 17. Oluyombo R, Fawale MB, Ojewola RW, et al. Knowledge regarding organ donation and willingness to donate among health workers in south-west Nigeria. *Int J Organ Transplant Med* 2016; 7(1): 19-26.
 18. Bakari AA, Abbo Jimeta US, Abubakar MA, Alhassan SU, Nwankwo EA. Organ transplantation: legal, ethical and Islamic perspective in Nigeria. *Niger J Surg* 2012; 18(2): 53-60.
 19. Umezurike HO, et al. Kidney transplant in Nigeria: a single centre experience. *Pan Afr Med J* 2016; 25: 112.
 20. Adunwoke P. Quick money syndrome, corruption, others fuelling illegal organ harvesting. *The Guardian*. 15 January, 2024.
 21. National Health Act 2014 (Nigeria).
 22. Lehi Attorneys. An examination of the National Health Act 2014: organ donation and transplantation in Nigeria 2025. <<https://lehiattorneys.com/an-examination-of-the-national-health-act-2014organ-donation-and-transplantation-in-nigeria/>> accessed 8th July, 2025.
 23. Juritrust Centre for Socio-Legal Research and

- Documentation. The position of Nigerian law on organ sale and trafficking <<https://juritrustcentre.org/index.php/reports-and-publications/in-brief/112-the-position-of-nigerian-law-on-organ-sale-and-trafficking?>> accessed 8th July, 2025.
24. Criminal Code Act, Cap C38, Laws of the Federation of Nigeria 2004.
 25. Trafficking in Persons (Prohibition) Enforcement and Administration Act 2015 (Nigeria).
 26. Constitution of the Federal Republic of Nigeria 1999 (as amended).
 27. World Health Organization. WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. Geneva: WHO; 2010.
 28. Obani P, Okunrobo HO. Critical reflections on combating trafficking in human organs in Nigeria. *Nigerian Comparative Law Review* <https://www.researchgate.net/publication/365174574_Critical_Reflections_on_Combating_Trafficking_in_Human_Organs_in_Nigeria> accessed 1st June, 2026.
 29. Federal Ministry of Information and National Orientation. FG launches standards, guidelines for establishing and coordinating organ/tissue transplantation services. Abuja: FMINO; 6 March, 2025.
 30. Onyedika-Ugoeze N. FG introduces guidelines to regulate organ, tissue transplant. *The Guardian*. 7 March, 2025. <https://guardian.ng/news/fg-introduces-guidelines-to-regulate-organ-tissue-transplant/>? accessed 12th July, 2025.
 31. Ileyemi M. Nigerian govt moves to curb illegal organ harvesting with new guidelines. *Premium Times*. 7 March, 2025. <<https://www.premiumtimesng.com/news/top-news/779090-nigerian-govt-moves-to-curb-illegal-organ-harvesting-with-new-guidelines.html>> accessed 10th July, 2025
 32. Human Tissue Act 2004 (United Kingdom).
 33. Organ Donation (Deemed Consent) Act 2019 (England and Wales).
 34. Obalum DC, Diwa EP, Aguiyi C, Agwu SK. Analysis of the legal frameworks on organ donation in Nigeria and the United Kingdom. *Adeleke Univ Law J* 2024; 4(1): 41-50.
 35. Transplantation of Human Organs and Tissues Act 1994 (amended 2011) (India).
 36. Shroff S. Legal and ethical aspects of organ donation and transplantation. *Indian J Urol* 2009; 25(3): 348-355.
 37. Rada AG. Spain remains world leader in organ donation for 32 consecutive years. *BMJ* 2024; 384: q175. <<https://doi.org/10.1136/bmj.q175>. <<https://www.bmj.com/content/384/bmj.q175>> Accessed 2nd July, 2025.>
 38. Organización Nacional de Trasplantes. National Transplant Organisation of Spain: annual reports. Madrid: ONT. <<https://www.ont.es/>> Accessed 2nd July, 2025
 39. National Health Act 61 of 2003 (South Africa).
 40. Human Tissue Act 65 of 1983 (South Africa).
 41. Einollahi B. Iranian kidney transplantation: the Middle Eastern model. *Iran J Kidney Dis* 2012; 6(3): 169-172.
 42. Ghods AJ, Savaj S. Iranian model of paid and regulated living-unrelated kidney donation. *Clin J Am Soc Nephrol* 2006; 1(6): 1136-1145. <https://www.researchgate.net/publication/6141017_Iranian_Model_of_Paid_and_Regulated_Living-Unrelated_Kidney_Donation> accessed 3rd July 2025.
 43. Onodjæ E. Alarm as cartels target teenage girls for organ harvesting. *Vanguard Newspaper*. February, 2025. <<https://www.vanguardngr.com/2025/02/alarm-as-cartels-target-teenage-girls-for-organ-harvesting/>> accessed 12th June, 2025.
 44. Ojuroungbe S. Illegal organ harvesting giving Nigeria bad name - nephrologists association. *Punch Newspaper*. 12 March, 2024.
 45. Nwannekanma B. HURIWA demands forensic probe into organ harvesting scandal. *The Guardian*. 12 January, 2025.
 46. United States Department of State. 2024 Trafficking in Persons Report: Nigeria. Washington DC: US Department of State; 2024.
 47. Library of Parliament (Canada). Trafficking in human organs: An overview. Ottawa: Library of Parliament; 2020. <<https://publications.gc.ca/site/eng/9.956039/publication.html>> accessed 12th June, 2026.