ISHLT Response to: *WHO Global Strategy on Donation and Transplantation*

The International Society for Heart and Lung Transplantation (ISHLT) appreciates the opportunity to comment on the World Health Organization's draft *Global Strategy on Donation and Transplantation*.

ISHLT supports the overall direction of the strategy and its comprehensive approach to improving the availability, accessibility, quality, safety, and ethical practice of donation and transplantation worldwide. The strategy appropriately recognizes that transplantation must be considered within the broader health system and addresses many issues of particular importance to heart and lung transplantation, including equitable access, social determinants of health, donation, data collection and quality oversight, professional capacity, international collaboration, and research and innovation.

ISHLT offers the following observations intended to strengthen these areas of the strategy, particularly as they relate to thoracic transplantation.

Equity, Social Determinants, and Vulnerable Populations
ISHLT strongly supports the strategy's recognition that social determinants, public trust, cultural and social context, and disparities in access can influence both donation and transplantation. The discussion in paragraphs 35–38 appropriately recognizes that disadvantaged and minority populations may face barriers related to access to care, historical mistrust, public engagement, and socioeconomic vulnerability.

ISHLT encourages WHO to consider an even broader conception of vulnerability and potential exploitation. Inequity does not arise only in circumstances involving organ trafficking or other explicitly illicit practices. Transplantation systems should also be attentive to circumstances in which socially or economically vulnerable populations may contribute disproportionately to donation while experiencing comparatively limited access to evaluation, waitlisting, transplantation, or post-transplant care.

Public engagement and communication are also essential components of equitable donation systems. Donation and transplantation practices are influenced by national law, social norms, culture, religion, and public understanding. Strategies to increase donation therefore should be adapted to local contexts while maintaining common principles of voluntariness, transparency, fairness, and equitable access.

Data Collection Should Capture the Full Pathway to Transplantation
ISHLT supports the strategy's emphasis on national data systems, registries, traceability, biovigilance, and outcome monitoring. The recommendation in paragraph 57 for standardized national data collection provides an important foundation for understanding transplantation activity and outcomes.

To support the strategy's equity objectives, ISHLT recommends that data collection encompass the transplant pathway as early as feasible, beginning with the diagnosis of end-stage organ failure

and including referral for transplantation. Measurement beginning only at waitlisting or transplantation may fail to identify disparities occurring earlier in the pathway, including differences in referral, evaluation, or acceptance for transplant candidacy. Capturing these earlier stages can help health systems identify where vulnerable or underserved populations experience barriers to transplantation and allow interventions to be directed accordingly.

Strengthen International Transparency and Accountability
The strategy appropriately emphasizes strong national governance, regulatory oversight, inspection, audit, enforcement, and standardized data collection in paragraphs 55–58. ISHLT believes these principles are equally important where donation and transplantation activities extend across national borders.

As the strategy promotes bilateral, regional, and international cooperation, corresponding expectations for transparency and accountability should accompany those activities. Where organs, tissues, patients, data, expertise, or transplantation services cross borders, participating systems should support appropriate information sharing, transparency, and mutually recognized mechanisms for quality and ethical oversight. International collaboration should strengthen, rather than dilute, accountability for the safety, equity, and ethical integrity of transplantation.

Develop and Sustain the Global Transplant Workforce
ISHLT strongly supports the strategy's emphasis on professional capacity. Safe and sustainable transplantation depends on an appropriately trained multidisciplinary workforce, including physicians, surgeons, nurses, transplant coordinators, pharmacists, laboratory specialists, allied health professionals, and others involved throughout the donation and transplantation continuum. The strategy appropriately recognizes the importance of structured education, continuing professional development, and workforce sustainability.

ISHLT encourages WHO to place additional emphasis on international collaboration as a mechanism for workforce capacity development. Countries and transplant systems with established expertise can play an important role, where feasible, in providing education, mentorship, clinical training, research collaboration, and other opportunities to countries seeking to develop or expand transplantation capacity.

Professional and scientific organizations also have an important role. Paragraph 114 appropriately recognizes their contributions to standard-setting, workforce development, and knowledge exchange. ISHLT recommends strengthening this concept by explicitly recognizing professional societies as potential facilitators of international education, multidisciplinary training, mentorship, research capacity development, and sustained professional networks.

Improving access to transplantation requires not only infrastructure and governance, but also intentional strategies to recruit, train, retain, and support the professionals necessary to deliver transplantation care over the long term.

Responsible and Equitable Innovation
ISHLT supports Strategic Direction 6 and the strategy's recognition that technological advancement, research, and innovation will be essential to meeting the growing global demand for

transplantation. Developments in organ preservation and perfusion, digital technologies, matching systems, xenotransplantation, gene editing, bioengineered products, and other emerging approaches may substantially expand future transplantation opportunities.

ISHLT particularly supports the strategy's recognition that innovation must be accompanied by appropriate ethical consideration, regulatory oversight, long-term safety monitoring, evidence of clinical value, and consideration of accessibility across diverse health systems. Innovation should not inadvertently widen existing disparities in transplantation. As new technologies are evaluated and introduced, equity of access should therefore remain an explicit consideration alongside safety, efficacy, sustainability, and cost-effectiveness.

Recommendations

ISHLT recommends that WHO:

- Further recognize that vulnerability and inequity in donation and transplantation may occur outside circumstances involving trafficking or other explicitly illicit practices, including disparities between populations contributing to donation and those able to access transplantation.

- Encourage transplantation data systems, where feasible, to capture the patient pathway beginning with diagnosis of end stage organ failure amenable to transplant so that disparities occurring before waitlisting can be identified and addressed.

- Clarify that transparency, quality oversight, audit, and accountability should accompany cross-border and international transplantation activities as well as national systems.

- Strengthen the emphasis on international collaboration for transplant workforce development, including training, mentorship, knowledge exchange, and research capacity.

- Explicitly recognize the role that international professional and scientific societies can play in facilitating multidisciplinary workforce development and sustainable professional networks.

- Maintain equity and ethical considerations as central principles in the development and adoption of emerging transplantation technologies.

Conclusion

ISHLT supports the WHO's draft *Global Strategy on Donation and Transplantation* and believes it provides a strong framework for advancing safe, ethical, equitable, and sustainable donation and transplantation worldwide.

The Society particularly welcomes the strategy's attention to disparities in access, social determinants, global cooperation, professional capacity, data and quality systems, and responsible innovation. The recommendations above are intended to strengthen these elements and help ensure that implementation advances access to transplantation while protecting

vulnerable populations and supporting the health systems and multidisciplinary professionals necessary to deliver high-quality transplantation care.

ISHLT welcomes continued engagement with WHO as the strategy is finalized and implemented and would value the opportunity to support future dialogue, share relevant expertise, and explore opportunities for collaboration. For follow-up regarding these comments or future engagement with ISHLT, contact Aaron Adair, Chief Operating Officer, at aaron.adair@ishlt.org or +1-312-224-1261.