XINJIANG TRANSPLANT EXPANSION – INFORMATION SHEET

The Autonomous Region Health Commission in China have announced plans to expand its human organ transplant facilities[1] in the Xinjiang Uyghur Autonomous Region. The December 2024 plan is to open **"6 more human organ transplantation medical institutions in the region by 2030".**

This announcement raises substantial human rights concerns given the credible evidence[2] that forced organ harvesting from prisoners of conscience has occurred in China on a significant scale, together with the ongoing, documented abuses in the region such as mass incarceration, forced labor, and the collection of biometric data[3].

(*Please also see Appendix A - Statement of Concerns)*

Specific concerns include:

1. Potential lack of informed consent from organ donors and risks of coercion to donate given known treatment of the Xinjiang population;

2. The planned expansion appears disproportionate given (i) Xinjiang's low organ donation rates compared to the national average; and (ii) the number of planned facilities compared to the numbers of transplant facilities in regions with comparable population and GDP;

3. The planned expansion may reflect ongoing violations of human rights including forced organ harvesting in Xinjiang.

These concerns are aggravated by the continued lack of transparency in China's organ donation and transplantation sector as there is no reliable information about organ sources and donation statistics across the country. *(See Appendix B)*

1. Lack of informed consent and risks of coercion

The ability of Uyghurs and other ethnic minorities in Xinjiang to provide free and informed consent for organ donation is compromised in the context of the ongoing human rights violations documented in the region. These violations include forced labor, arbitrary detentions, and systemic suppression of religious and cultural practices. Reports by organizations such as Human Rights Watch[4] and others have detailed the mass incarceration of Uyghurs and other Muslim

[1] https://wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml
https://web.archive.org/web/20250415070235/https://wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml
[2] https://chinatribunal.com/
https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=27167&LangID=E
[3] https://uhrp.org/insights/uhrp-analysis-finds-1-in-26-uyghurs-imprisoned-in-region-with-worlds-highest-prison-rate/
[4] https://www.hrw.org/report/2021/04/19/break-their-lineage-break-their-roots/chinas-crimes-against-humanity-targeting

minorities in "re-education" camps, where individuals are subjected to forced labor, indoctrination, and physical and psychological abuse.

Under such conditions, the concept of voluntary, informed consent becomes deeply problematic. Given the lack of personal freedoms and the systemic pressure on ethnic minorities, there is little possibility of consent free from coercion—particularly regarding decisions such as organ donation—therefore claims that donors are acting voluntarily should be viewed with extreme skepticism.

As highlighted by Uyghur Human Rights Project, forced labour[5] and other coercive practices are prevalent in Xinjiang, significantly limiting the autonomy of ethnic minorities and potentially undermining their ability to make free and informed decisions about organ donation.

2. Disproportionate Expansion

One of the most striking aspects of the 2024–2030 Xinjiang organ transplant institution plan is the disproportionate expansion of transplant facilities compared to other regions in China, given what we know about organ donation statistics, population and economic development.

Xinjiang reportedly has an organ donation rate of 0.69 per million people, which is significantly below the national average of 4.6[6]. Despite this, the region plans to increase its number of organ transplant institutions by 2030, including six[7] new facilities across various regions of Xinjiang. Voluntary organ donation systems typically take many years to establish, and in Xinjiang, this process is further complicated by widespread mistrust stemming from the persecution of Uyghurs and other ethnic minorities.

The transplantation facilities provided in Xinjiang are notably larger in scale than those in comparable provinces in China. Provinces with similar populations and similar or slightly higher GDP have fewer facilities than in Xinjiang, and no advertised plans for new facilities to be built in the near future. For example, Gansu Province has a population of approximately 25 million[8] (Xinjiang has 25.9 million) and a slightly lower GDP than Xinjiang. Gansu currently has 4 approved transplant centres[9]: Gansu Provincial Hospital, The First Hospital of Lanzhou University, Lanzhou University Second Hospital and Lanzhou General Hospital of Lanzhou Military Region. These facilities specialize in liver transplantation (2 facilities) and kidney transplantation (3 facilities).

---

[5] https://uhrp.org/report/fruits-of-uyghur-forced-labor-1/

[6] https://wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml
https://web.archive.org/web/20250415070235/https://wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml

[7] The article states that there will be 6 new transplant centres, but then describes what seems to be a total of 7 new facilities. The discrepancy is not explained.

[8] https://chinacensus.org/province/gansu-province-population-data-population-census-data-age-pyramid
https://www.stats.gov.cn/english/PressRelease/202105/t20210510_1817188.html

[9] https://zwfw.nhc.gov.cn/kzx/tzgg/yljgrtqgyzzyzgddsp_228/201910/t20191029_1298.html
https://www.chinaorganharvest.org/hospitals/gansu-provincial-hospital/
https://www.myhospitalnow.com/hospitals/gansu-provincial-hospital
https://www.chinaorganharvest.org/hospitals/the-first-hospital-of-lanzhou-university/
https://www.chinaorganharvest.org/province/gansu/

Jilin Province has a population of approximately 23.5 million and a slightly lower GDP than Xinjiang (see table below). Jilin Province has only 1 approved transplant centre, The First Hospital of Jilin University. China's National Health Commission states this approved facility caters for liver and kidney transplantation[10].

Shanxi Province and Guizhou Province both have a slightly higher GDP and approximately 10 million more people each than Xinjiang. Both provinces have fewer transplant facilities than Xinjiang. (See table 1)

Xinjiang Province

In comparison, Xinjiang currently has 3 approved transplant centres doing a wide range of transplants [11]:

- People's Hospital of Xinjiang Uygur Autonomous Region (heart, lung, liver, kidney)[12]
- First Affiliated Hospital of Xinjiang Medical University (lung, liver, kidney, pancreas, small intestine)[13]
- General Hospital of Lanzhou Military Region, Urumqi (kidney)[14]

The new expanded facilities 2025 – 2030 will include **"6 more human organ transplantation medical institutions in the region by 2030"**[1516], specifically 4 in Urumqi, 1 in Southern Xinjiang, 1 in Northern Xinjiang and 1 in Eastern Xinjiang. Between these centres, there will be varying capacity for different organs[17]:

---

[10] https://zwfw.nhc.gov.cn/kzx/tzgg/yljgrtqgyzzyzgddsp_228/201910/t20191029_1298.html

[11] https://wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml https://web.archive.org/web/20250415070235/https:/wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml National Health Commission's approved transplant center list (3 centres in Xinjiang) https://zwfw.nhc.gov.cn/kzx/tzgg/yljgrtqgyzzyzgddsp_228/201910/t20191029_1298.html

[12] https://wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml https://web.archive.org/web/20250415070235/https:/wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml

[13] https://wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml https://web.archive.org/web/20250415070235/https:/wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml

[14] https://en.nhc.gov.cn/2014-06/25/c_45634.htm https://zwfw.nhc.gov.cn/kzx/tzgg/yljgrtqgyzzyzgddsp_228/201910/t20191029_1298.html

[15] https://wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml https://web.archive.org/web/20250415070235/https:/wjw.xinjiang.gov.cn/hfpc/yljggl/202412/5dbccfdddae4449bac11e380e0481800.shtml

[16] The article states that there will be 6 new transplant centres, but then describes what seems to be a total of 7 new facilities. The discrepancy is not explained.

[17] "Among them, heart transplant hospitals: four are planned in the capital city, one in the southern and northern Xinjiang; lung transplant hospitals: two are planned in the capital city, and one in the southern Xinjiang; liver transplant hospitals: two are planned in the capital city, and one in the southern and northern Xinjiang; kidney transplant hospitals: two are planned in the capital city, and one in the southern, northern, and eastern Xinjiang; and small bowel and pancreas transplant hospitals: two are planned in the capital city, two in the southern, northern, and eastern Xinjiang; and two are planned in the capital city, two in the southern, northern, and eastern Xinjiang; and six new medical institutions are planned in the region. In terms of small intestine transplantation and pancreas transplantation hospitals: 2 hospitals are planned in the capital city, and 1 hospital each in the southern and northern Xinjiang."

- 6 will be able to do heart transplants
- 3 will be able to do lung transplants
- 4 will be able to do liver transplants
- 5 will be able to do kidney transplants
- 4 will be able to do small intestine/pancreas

This will bring the **total capacity of transplantation in Xinjiang Province,** across **9**[18] **transplant centres,** by 2030 to**: 7 heart transplantation, 5 lung transplantation, 6 liver transplantation, 8 kidney transplantation and 5 small intestine/pancreas transplantation.**

Table 1: Transplant capacity across comparable provinces in China

Province	National GDP Ranking (2023)	Total GDP (¥ Trillion)	Population (Millions)	Number of Transplant Facilities	Types of Transplants Performed at the Facilities
Shanxi[19]	23	2.57	35	4	1 heart, 2 liver, 2 kidney
Guizhou[20]	24	2.09	39	3	3 liver, 2 kidney, 1 pancreas/small intestine
Xinjiang (existing)	25	1.96	26	3	1 heart, 2 lung, 2 liver, 3 kidney, 1 pancreas/small intestine
+ Xinjiang (additional 2024 – 2030)				6 (TOTAL including existing centres, above, is 9)	6 heart, 3 lung, 4 liver, 5 kidney, 4 small intestine/pancreas
Jilin	28	1.39	23	1	1 liver, 1 kidney
Gansu	29	1.23	25	4	2 liver, 3 kidney

GDP[21] and population data[22] (for data on transplant facilities see previous sources)

There is no obvious reason why there is a need for this large expansion of transplant capacity in Xinjiang, given the existing transplant capacity, population and low official donation rates. In particular, this expansion raises questions when we compare capacity in Xinjiang to similar provinces.

3. Human Rights Concerns Including Forced Organ Harvesting

The expansion of organ transplant facilities in Xinjiang must be scrutinized in light of the ongoing human rights violations in the region and the lack of transparency regarding organ sources. One major concern is that of forced organ harvesting from prisoners of conscience (which entails killing

[18] The article states that there will be 6 new transplant centres, but then describes what seems to be a total of 7 new facilities. The discrepancy is not explained. This would bring the total transplant centres to 10.

[19] https://zwfw.nhc.gov.cn/kzx/tzgg/yljgrtqgyzzyzgddsp_228/201910/t20191029_1298.html

[20] https://zwfw.nhc.gov.cn/kzx/tzgg/yljgrtqgyzzyzgddsp_228/201910/t20191029_1298.html

[21] https://english.www.gov.cn/archive/statistics/202401/23/content_WS65afb65ac6d0868f4e8e36ae.html
https://www.chinadaily.com.cn/a/202401/22/WS65ae378ba3105f21a507dad6.html
https://en.wikipedia.org/wiki/List_of_Chinese_provincial-level_divisions_by_GDP

[22] https://chinacensus.org/province/guizhou-province-population-data-population-census-data-age-pyramid-2
https://www.shanxi.gov.cn/ywdt/sxyw/202402/t20240222_9505753.shtml
https://chinacensus.org/province/xinjiang-uygur-autonomous-region-population-data-population-census-data-age-pyramid
https://chinacensus.org/province/jilin-province-population-data-population-census-data-age-pyramid
https://chinacensus.org/province/gansu-province-population-data-population-census-data-age-pyramid

prisoners for their organs). There is credible evidence, assessed by independent legal and human rights experts, that prisoners of conscience from ethnic and religious minority groups, have been, and continue to be, killed for their organs in China[2324]. Given the disproportionate transplant capacity planned for Xinjiang, there are serious concerns that the proposed expansion relies on a covert source of organs, specifically organs harvested from imprisoned persons who are killed to meet the demand for transplants.

This concern is consistent with numerous testimonies from Uyghurs[25] who have been detained in Xinjiang which detail compulsory organ scans during their incarceration. In addition, Human Rights Watch reports[26] that "media reports and official implementing documents about *Physicals for All* outline a range of medical tests involved, including ultrasounds, electrocardiograms, and "routine blood works"; these reports are consistent with testing organ health and matching prior to transplant.

Further, according to Dr. Maya Mitalipova, a geneticist who testified before the U.S. Congress, there is potential use of DNA testing for reverse matching of organs[27]. Reverse matching allows for the identification of individuals who are compatible organ donors for specific recipients, through using genetic markers. In Xinjiang, where the state has access to genetic data from Uyghur populations, this practice raises alarms about the use of DNA testing to target specific individuals for forced organ harvesting.

The Government of China announced in December 2014 that, starting from January 1, 2015, they would stop sourcing organs from executed prisoners without their consent. There was no change in the law at the time. Prior laws both allowing and prohibiting sourcing organs from prisoners without their consent remained on the books. The December announcement addressed only the sourcing of organs from common criminals sentenced to death for serious crimes and not the sourcing of organs from prisoners of conscience. [28]

The proposed expansion of organ transplant facilities in Xinjiang raises serious concerns about human rights violations, including the potential for coercion, lack of transparency, the disproportionate nature of the plan compared to regional organ donation needs and the possibility that detained Uyghurs may be used as a living organ 'donor' bank.

---

[23] https://chinatribunal.com/final-judgment/ After 12 months of assessing all available evidence, the China Tribunal, chaired by Sir Geoffrey Nice KC, found that **"**Forced organ harvesting has been committed for years throughout China on a significant scale and that Falun Gong practitioners have been one – and probably the main – source of organ supply." The Tribunal also found that **"**Commission of Crimes Against Humanity against Falun Gong and Uyghurs has been proved beyond reasonable doubt."

[24] https://www.ohchr.org/en/press-releases/2021/06/china-un-human-rights-experts-alarmed-organ-harvesting-allegations?LangID=E&NewsID=27167
https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=26382

[25] https://endtransplantabuse.org/wp-content/uploads/2021/04/ETAC-China-Tribunal-Testimonies_Final.pdf

[26] https://www.hrw.org/news/2017/12/13/china-minority-region-collects-dna-millions

[27] https://chrissmith.house.gov/uploadedfiles/2024-03-20-_written_testimony_of_maya_mitalipova.pdf

[28] https://endtransplantabuse.org/wp-content/uploads/2025/06/Chinese-Transplant-Laws-by-David-Matas-June-2025.pdf

The region's human rights context, characterized by mass incarceration, forced labor, and cultural suppression, makes it imperative that any organ donation and transplant infrastructure be subject to strict scrutiny.

Without independent oversight, transparent practices, and genuine consent mechanisms, the expanded transplant facilities could facilitate unethical organ procurement, undermining the rights and dignity of individuals in the region.

It is crucial for international bodies and governments to question the Chinese government about the ethical implications of this plan and demand greater transparency and safeguards to prevent potential abuses.

APPENDIX A – Statement of Concerns

a. On Consent and Donors

- How are Uyghurs and other ethnic minorities being protected from coercion or exploitation in the organ donation process?
- How is informed consent verified in cases of organ donation in Xinjiang?
- Are incarcerated individuals eligible organ donors under this plan?
- How many of the 80,000 currently registered donors in Xinjiang are Uyghur or belong to other ethnic minorities?

b. On Transparency and Oversight

- Will international observers or independent bodies be allowed to inspect organ transplant practices in Xinjiang?
- Will organ source data and transplant recipient data be made publicly available, anonymized and disaggregated by ethnicity and incarceration status?
- What mechanisms exist to track the full chain of organ procurement, from donation to transplant?
- Is the transplant expansion in Xinjiang funded by the provincial government, or is it directly funded by the central government in Beijing**?** Are there any financial contributions from foreign or international organisations?

c. On Scale

- Why is there a need for expansion of organ transplantation facilities in Xinjiang given the population and low donor rate?

d. On Human Rights Protections

- Can China provide evidence that no organ transplants have involved detainees from re-education camps or prisons in Xinjiang?

- What role, if any, do the military, or security services, or paramilitary, play in organ procurement, especially in the context of regional detention centres?

APPENDIX B – Lack of Transparency and Violations of International Protocols

- **Lack of Transparency:** The lack of transparency surrounding organ procurement and distribution in China remains a serious and ongoing concern in transplantation medicine. In established ethical organ donation systems, countries typically report detailed data on donor activity, consent rates, and transplant rates. This information is made publicly available online or through reports, with more granular data accessible upon request, enabling independent review, research, and audit. Examples of such transparency include the reporting systems in the UK (https://www.odt.nhs.uk/statistics-and-reports/annual-activity-report/), the USA (https://www.srtr.org/reports/optnsrtr-annual-data-report/), and Australia/New Zealand (https://www.anzdata.org.au/anzdata/publications/reports/). In addition raw granular (anonymised) data can be requested through a formal process in the UK (https://www.odt.nhs.uk/statistics-and-reports/access-data/), Australia[29] and the USA[30]..

  In contrast, China does not offer open access to its data. Although the China Organ Transplant Response System (COTRS) exists (www.cot.org.cn), it is either inaccessible or provides no meaningful mechanism for external viewing or data retrieval.

  While China submits some summary figures to international registries like IRODaT (https://www.irodat.org/?p=database&c=CN&year=2021#data), it withholds the underlying raw data, making independent verification impossible. This lack of transparency raises significant doubts about the validity of the reported organ donor rates and transplant activity. Without access to detailed information, such as the regions, hospitals, or donor profiles involved, there is no reliable way to assess the credibility of China's reported figures — especially given existing evidence of data manipulation[31] and allegations of forced organ harvesting. For a transplantation system to meet ethical standards, raw data must be open to inspection and review by independent experts, a standard that China repeatedly refuses to meet.

[29] Data is accessed via a formal process to the Organ and Tissue Authority (OTA) and the ANZDATA Registry (for Kidney and pancreas)
[30] Data is accessed via a formal process to the Scientific Registry of Transplant Recipients (SRTR)
[31] https://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-019-0406-6

- This clearly **violates several key requirements of both the *WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation*[32] and the *Declaration of Istanbul on Organ Trafficking and Transplant Tourism*[33]**

WHO Guiding Principles violated

Principle 11: Requires transparent systems open to scrutiny and public accountability.

➔ *China's COTRS does not allow open access to data; no independent review possible.*

Principle 10: Requires traceability of organs through maintained, accessible records.

➔ *No verifiable traceability in China's system; source of organs is hidden.*

Declaration of Istanbul violated:

Article 3: Prohibits organ trafficking and demands voluntary, ethical donation.

➔ *Evidence suggests forced organ harvesting continues in China without voluntary consent.*

Article 5: Requires transparency, traceability, and independent oversight.

➔ *China provides no independent external audit of its transplantation practices; raw data remain inaccessible.*

[32] https://iris.who.int/bitstream/handle/10665/341814/WHO-HTP-EHT-CPR-2010.01-eng.pdf?sequence=1&isAllowed=y
[33] https://www.declarationofistanbul.org/