

MIGRANT-RIGHTS.ORG **REPORTS**

Allegations of organ trade and illegal harvesting are rife as GCC and African states fail to conduct autopsies



MIGRANT-RIGHTS.ORG

Published in 2025 By

Migrant-Rights.org

© 2025 Migrant-Rights.org All Rights Reserved

Follow us on Social Media:

Facebook: Migrant Rights

BlueSky: migrantrights.bsky.social

Linkedn: Migrant-Rights.org

Mastodon: newsie.social/@MigrantRights

Contact Us:

Website: www.migrant-rights.org

E-mail: info@migrant-rights.org

Terms of use:

For rights of reproduction or translation, application should be made to info@migrant-rights.org

Copyright:

Publications of Migrant-Rights.org enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts may be reproduced without authorization on condition that the source is indicated.

Disclaimer:

Nothing contained in the report is intended to be, and must not be taken to be irreverent, conspiratorial, seditious or otherwise counter to the laws that govern the land where the content may become suspect or considered contrary to national law. Migrant-Rights.org does not take part in, recommend, condone, authorize or endorse any form of violent, hateful, libelous, slanderous or otherwise illegal speech, action or behavior.

Contents

<u>Introduction</u>	4
<u>Context</u>	6
<u>Narrow Escapes</u>	7
<u>The Kenya Cases</u>	9
<u>Gruesome Returns</u>	10
<u>Saviours and Predators</u>	11
<u>Briefcase companies and rogue brokers</u>	14
<u>Organ Trading in Kenya</u>	15
<u>Urgent need for post-mortems</u>	17
<u>Lack of autopsies provide fodder for allegations</u>	18
<u>Saudi Law on Organ Donation</u>	20
<u>The Saudi Factor</u>	21
<u>Shortage of donors and the ethics of organ harvesting in Saudi</u>	21
<u>Financial Neutrality</u>	22
<u>The Declaration of Istanbul</u>	22
<u>Other Reported Cases</u>	24
<u>Conclusion</u>	25
<u>Recommendations</u>	26
<u>Editorial Note</u>	27

Allegations of organ trade and illegal harvesting are rife as GCC and African states fail to conduct autopsies

Kenyan migrants are returning from Saudi Arabia, both dead and living, with suspicious scars that may indicate organ harvesting. Under the Kafala system, migrant workers' agency is greatly limited, and control and consent over their bodies is poorly protected. The combination of these factors puts them at risk of various exploitative and sinister practices, including the illegal organ trade.

BY VANI SARASWATHI

Young, previously healthy migrants returning to Kenya and other African countries in body bags from the Gulf Cooperation Council countries (GCC), particularly Saudi Arabia, are subject not just to exploitation and abuse but something far more sinister, according to victims' families, survivors, and experts. The lack of credible post-mortems, both in the GCC and in home countries, seems almost like a deliberate attempt to diminish accusations of unethical harvesting of organs. Some cases appear to be live donations gone wrong and others 'brain-dead' donations without consent.

The interviews and cases reported in this investigation reveal a disturbing pattern of foul play resulting in the sudden deaths or unexplained illness of previously healthy migrants. In instances where the individual may have agreed to donate, the severe power imbalances and lack of familiarity with local language suggest that any consent was unlikely to have been fully informed.

The cases in this report highlight a host of red flags:

- Individuals finding themselves inexplicably in hospitals and receiving treatments they don't understand;
- Migrant workers coerced into giving consent for organ donations in order to pay for their return flights home;
- Families under pressure to give consent posthumously, as they are unable to bear the costs of repatriation;
- Kafeels/sponsors — who are often listed as next of kin for workers who travel without their families — granting consent for organ removal on their behalf.
- Bodies of young people return with signs of torture and surgical scars. While some of these scars are purportedly for post-mortems, the frequency and nature of these markings warrant serious scrutiny.

Chairs of the Declaration of Istanbul Custodian Group (DICG), speaking to Migrant-Rights.org, says “We have seen impressive numbers on transplants from some countries where donations from deceased are low, and live donors are primarily non-citizens/non-passport holders and you wonder how much is due to coercion. Some of these numbers raise suspicion of unethical practices.” [See sidebar on DICG and further comments.]

MR’s research also reveals that routine post-mortems are not conducted in the GCC. Of the 40+ cases reviewed (including interviews and case files of 36 deceased individuals, and four living), more than half of the migrant workers involved were under the age of 30, and all but one were under the age of 40. All migrants travelling to the GCC states undergo stringent medical tests before travel, and again upon arrival, before their work and residence permits are issued. Yet, deaths of individuals in their 20s and 30s are frequently attributed to natural causes or cardiac arrest.

One time-sensitive aspect of this issue is that the bodies are being returned in a state of decay. The families are often informed of the death too late, and the fight to bring back their loved ones’ remains can last months or even years. When the bodies finally return, they bear unexplained wounds and surgical scars, with eyes missing and torsos sunken in. As local customs dictate, the deceased must be buried without delay, and families see the scars only at the very last minute, when they are preparing the body for the last rites. When questions are raised, they are quickly shut down by agents and officials, saying it’s too late to do anything. Those who persist and demand a post-mortem give up soon after because they do not have the means to pay for it.

Time and again, one hears of the lure of ‘greener pastures’ from Kenyans wishing to go to the GCC. The refrain does not subside despite the stories of deaths and abuse that flood local media. Probably because, just as frequently, news on TV and radio sell ‘the Gulf dream’, with senior government officials talking ad infinitum about the great fortune that awaits the country and its citizens, with

migration leading to more remittances.

So every year thousands travel on an airline ticket – that ticket carries hope; but so many come back as cargo. In the last five years or so, stories of uninformed and involuntary organ harvesting of migrant workers in the Gulf states have made the rounds [*see sidebar*]. None of this has been taken seriously by authorities in countries of origin or at destination. With a lack of investigations, the cache of evidence tends to be in the form of testimonies from families of victims or victims themselves.

We do know that in Saudi Arabia and other GCC states, there is a dire need for organs as not enough donors register and families most often do not consent to donate. Notably, half of the donors are non-citizens. What remains unclear is how many of these donations were made with informed consent rather given the power dynamics at play. As a medical practitioner in Saudi points out, “Many migrants’ consent is not informed, hence coerced, because there is promise of some kind of compensation [*see section below for more on Saudi Arabia*].

Many of the established red flags for organ trafficking involving unrelated living donors are evident in all of the cases recorded in this report. These indicators include, but are not limited to: donors solicited via media appeals; subordinate relationship to the recipient; foreign nationals; documents in possession of a third party; absence of a common language; disparity in socioeconomic status between the donor and recipient; and potential donor coming from known organ trafficking hotspots.

Those like Jebrice and Francisca were fortunate to spot these red flags, albeit inadvertently. The former took a risk and ran away. The latter had a change of heart and managed to walk away from an arrangement that might have put her in a body bag. But then people like Gloria* were not so lucky, having gotten away alive but with an organ missing. They all bear invisible and visible scars.

Context

Global Financial Integrity (GFI) [reported in 2020 that international organ trade](#) generates approximately USD\$ 1.5 billion annually from selling roughly 12,000 illegal human organs and tissue. According to the UN, ethical transplants cover less than 10% of the global needs, with North Africa, followed by the Middle East, having the highest number of victims trafficked for organ harvesting. [A crime facilitated](#) by a complex network of surgeons, healthcare workers, and brokers, together with a lack of expertise in investigation, make organ harvesting an “exceptionally underreported crime.”

The 2020 UN Office on Drugs and Crime (UNODC) report says trafficking for the removal of organs is reported in the Gulf Cooperation Council subregion, with most of these victims being men.

In this report, Migrant-Rights.Org was able to speak to mainly female victims or their families. As per the UNODC, migration status can be used against victims, with those who do not have permission to work in the country facing an extra layer of vulnerability. “Migrants make up a significant share of the detected victims in most global regions: 65 per cent in Western and Southern Europe, 60 per cent in the Middle East, 55 percent in East Asia and the Pacific, 50 per cent in Central and South-Eastern Europe, and 25 per cent in North America. Even labour migrants who have the right to work can be vulnerable to exploitation. For instance, because they are unaware of their labour rights.”

According to GFI estimates, “[P]ayments for kidneys, for example, range from hundreds of dollars for individuals from less developed countries to as much as \$20,000 to \$30,000 for those from more developed nations. Organs are obtained through coercion, exploitation, or criminal means, including kidnapping and killing of the victims. This market thrives due to indigenous organ shortage, with some Middle Eastern countries having waiting lists up to 10 years.” GFI also underscores the fact that organ trade favours the affluent and disadvantages the financially challenged.

An investigation by [The Guardian on the global illegal organ trade](#) interviewed brokers, who did not think what they were doing was wrong, and instead blamed the doctors who knowingly performed illegal transplants. One such broker, Hakim, told the reporter that his uncle, an established organ broker, “took him under his wing.”

“They had connections to doctors and transplant units in Egypt and overseas, mainly in Saudi Arabia, Oman and the UAE. Hakim said that his uncle introduced him “to all the top guys, the doctors, and other mediators [brokers] who work with the clients.” The clients were transplant patients, some from Egypt, and others from across Europe, the Middle East and North America.”

Narrow Escapes

The majority of the allegations in this report involve Kenyan women, but a few emerge from other countries too. Awah Francisca Mbuli lives in the Eastern Region of Cameroon now but, some years ago, had a close shave with organ trade racketeers in Kuwait. In 2015, she travelled to Kuwait, desperate to make a living. She stayed there from May 2015 to August 2015. She was supposed to work as an English teacher but ended up in domestic servitude. She worked in three different households, each increasingly exploitative, and was desperate to get back to her country. That's when an announcement caught her eye.

"I used to bring the newspapers from the doorstep every morning and would skim through the English sections. One day, I saw an advertisement calling for kidney donation. I took note of the number and started communicating with some people who said they were the family of the person in need of a kidney. We communicated over two weeks, and they were desperate. If I match, they would give me KD10,000 (\$US32,000). I was desperate, but I negotiated and told them KD15,000. We agreed, and they told me they would come and get me from where I was staying and take me to the hospital for tests. They also asked me to share their number with other friends who may be interested."

Francisca had travelled to Kuwait with a friend who was equally in need of money and connected her as well. "The day they were supposed to come and get me, something clicked. I didn't believe they would just take my kidney and give me money. I felt they would take all my organs and dump me. Why do they need my friend too? I blocked their number and begged my friend to do the same. They had my location, so on the day we were supposed to meet, they came to the street I was in and were going up and down the whole day looking for me." She remembers there were two women, a young boy and the driver. Spooked by this experience, she sought refuge first in the Embassy of Togo and then with the Embassy of the Central African Republic, since there was no Cameroonian embassy in Kuwait. From there,



"The day they were supposed to come and get me, something clicked. I didn't believe they would just take my kidney and give me money."

Awah Francisca Mbuli

she was repatriated back to her country with help from a counter-trafficking organisation.

Francisca, who is the founding executive director of [Survivors' Network Cameroon](#), is sure that not many who succumb to the temptation escape. With impoverished circumstances back home, and low wages and exploitative working conditions abroad, these offers of money for an organ seem like an easy out.

More recently, her cousin, who worked in Dubai as a driver, returned home very ill and passed away. Only during his final days did he confide in her. "He was working in Dubai in 2022 when someone approached him with the promise of a lot of money if he would donate an organ. There were two

other parties involved – the kidney buyer and the middleman. They took my cousin's organ but duped him. He was too ill because he had no money for the post-operative care. His other kidney was also infected. He came back to Cameroon and passed away in 2023."

A male interviewee who prefers to remain anonymous worked in a poultry farm in Saudi and says his colleagues were routinely taken to the hospital and told they were being operated on for appendix removal. When it was his turn to go, he fought against it and to come back home, but he was not sure if others went willingly or not.

There are all kinds of coercive methods and invalid consent that are reported. Asha* spoke to MR in March 2024 from a shelter for trafficking survivors in Kenya, soon after she returned from Lebanon. The 32-year-old widow and mother of three children had travelled to Lebanon in 2022. She wanted to return home before the end of her contract, but the employers demanded a refund of their recruitment expenses or to barter her kidney instead. She donated her kidney for a return fare and came back to Kenya in late 2023. Within months she fell seriously ill without access to appropriate post-operative care. In December 2024, she passed away at the shelter.

Sharp-witted and quick to act, Jebrice (24) escaped a similar fate by the skin of her teeth, though she is still traumatised. In a one-room apartment on the fifth floor of a narrow building in Kilifi town on the Kenyan coast, Jebrice is helping her son with his homework as she recounts the narrow escape she had from a hospital in Madina, Saudi. She was just 20 when she went to the Kingdom in August 2020, "There was a couple and their 20-year-old son. I had to work there and also work in the madam's mother's house. The old lady was unwell. She had a kidney issue." When the son sexually harassed her, Jebrice told the madam, who in turn accused her of wanting to sleep with her husband too. "She was very angry with me. Then she became very sweet to me and said she wanted to take me to the hospital to make sure I was not pregnant. I had not had sex



"They made me sign a paper in Arabic, and I could not translate that. But I did record the conversation between the doctor and the family. They were saying I had agreed. They made me change into a hospital gown and said I would have to stay overnight in the hospital for the tests. I was also put on IV drips. I did not understand why all this was done for a pregnancy test."

Jebrice

with them, but she insisted. She said she didn't care if I slept with them."

Since Jebrice could not understand Arabic, every time she had an inkling they were speaking about her, she would record the conversation and translate it covertly. She first suspected there was something awry when she figured out the conversation between the madam and her sibling in the old lady's house. "They were speaking about kidney donation," she says.

When Jebrice was forced to go to the hospital and undergo a battery of tests, she knew she had to

run away. “They made me sign a paper in Arabic, and I could not translate that. But I did record the conversation between the doctor and the family. They were saying I had agreed. They made me change into a hospital gown and said I would have to stay overnight in the hospital for the tests. I was also put on IV drips. I did not understand why all this was done for a pregnancy test.”

A younger family member was staying the night to keep watch, but as he dozed off, Jebrice ripped out the IV line and escaped from the hospital. A passerby helped take her to the police, and he warned that she may be arrested. “I was willing to be arrested. But I didn’t want to go back. The police kept asking me who my employer was. I pretended to know nothing, pretended to be blank, not remembering the employer. When they told me the employer had come searching for me, I showed them the marks on my hand left by the IV and begged them not to send me back. The police kept me in a detention centre for a month, after which I returned in October.”

It’s a struggle to make ends meet now, but going abroad again is not on the cards for her, she says. Her friends have gone abroad to work, and some ask her to join them, but it holds no appeal. “I have heard of mistreatment, but this, to take my kidney, I had never heard of these things.”

Gloria was not as lucky and is resigned to a lifetime of medication and pain. Her case goes back a long way, but she will live with both the scars and the trauma for the rest of her life. She meets us near her house in a Nairobi suburb to share her story. In 2015, she travelled to Oman, having secured a job through an agent to whom she had paid some money. She worked for three weeks for a local family consisting of an older couple and their son and daughter-in-law. During the fourth week, out of the norm, the family served her lunch. “That is when I got sick. I started feeling unwell that evening. So I was taken to the hospital. I was unconscious. By the time I woke up, a week had passed, and I saw myself in the ICU. There were bandages on the side of my stomach.” Confused, she tried asking

questions in English. “I didn’t know I was operated on, I wanted to know. The doctors were so harsh. I confronted them, and they said they would tell me later. I stayed for two more days in that hospital. I knew something was not okay, but didn’t know what. They didn’t want to disclose anything to me. Did not even give me my medical documents.”

Her employer paid for all the hospital expenses, and she was discharged. Soon after, they terminated her contract and deported her, saying she was unfit to continue working.

On her return, Gloria started feeling ill and went to the KU Hospital (Kenyatta University Teaching, Referral and Research Hospital), and that’s when they told me one of my kidneys had failed, and the other was removed. She started dialysis, and her brother donated his kidney when things got worse. To date, she continues taking medication, and still bears scars from the dialysis near her collarbone and transplant surgery.

Though the hospital knew her organ was removed, no investigation was undertaken, she says. Stories like hers abound.

The Kenya Cases

Jane* has been vocal about the trade in human organs, and her advocacy is rooted in a case close to home. Her younger sister (name withheld) was trafficked to Saudi Arabia and is a survivor of illegal organ harvesting. Speaking to MR, Jane says, “Organ trade is a booming business now and that some of the agents are part of the trafficking cartel to enable this. Some agencies are run by high-profile people in the Kenyan government.”

She shares estimates based on her research and says the most expensive organs are from the deceased, and organs from live individuals are worth 10-15% less. The rate card, according to her, is: Kidney: US\$62,000; Heart: US\$130,000; Liver: US\$98,000; Lung: US\$150,000; Corneas: US\$30,000.



"The doctors in Kenya asked if they knew Pauline was missing a kidney as well. The only surgery she had before leaving for Saudi was when her third and last child was delivered through a cesarean section. There was no other surgery before she left."

Eunice, Pauline's sister

Gruesome returns

Eunice lives amidst tea plantations in a neat, small shack bordering her part of the farm in Kiambu county, neighbouring Nairobi. In gumboots and work clothes, she greets us in the middle of her workday and leads us to the sitting room. Until 2014, her sister, Pauline Muthoni, had also lived in the area. They grew up here, both working in the plantations as young women. In 2014, Pauline went to Saudi to fend for her three children, returning a shell of her former self in 2021. Very early in her stint in Saudi she had become undocumented, escaping one exploitative employer after another. Eunice takes out several folders, packed tight with documents. They are mainly medical documents

from Saudi, from various private clinics and hospital tests adding up to thousands of riyals. Not a single one of these documents were in Pauline's name. They were in the names of Mery and Mary Jozaeof, with two different iqama (residence permit) numbers. "She was very sick there, and because she did not have valid documents, her friend helped her get treatment with other people's valid Iqama." The same friend, Lucy, got someone to pay for all the clinic visits, she says.

The receipts are from several different centres in Riyadh, including Al Falah Hospital, King Saud Medical, Al Noon Medical Complex, and Safa Makkah Polyclinic Diagnostic Centre. Pauline was told that the surgery was conducted because she had an issue with her stomach, intestines, and oesophagus. However, none of the extensive stack of medical documents showed any relevant treatment.

Eunice says when her sister returned to Kenya in September 2021, she looked frail, but her stomach and legs were swollen, and there was fluid retention in her back. "We took her to KU hospital, and the fluid had to be drained from the spinal cord," Eunice says, not able to recall the exact treatment. A few documents from KU show that she was put on palliative care.

Lucy, on a call with Migrant-Rights.Org, said she met Pauline in 2018 and tried helping her. She said that most of her treatment was provided in a government hospital called Al-Shumaisi (King Saud Medical City), using different people's identity cards. Pauline had to return to Kenya, as the doctor in Saudi said she was too sick after her operation and could no longer stay – presumably to work – in the country.

Eunice says the doctors in Kenya asked if Pauline knew she was missing a kidney as well. "The only surgery she had before leaving for Saudi was when her third and last child was delivered through a cesarean section. There was no other surgery before she left."

Saviours and predators

There is a monetisation of trauma and poverty. Popular news influencers on YouTube and TikTok not only shed light on the abuses Kenyans are subject to abroad but also raise funds for the victims and their families to pay for the repatriation of the person or body, and for funeral arrangements, all of which costs more than what an average family can afford. There is no accounting for how much is collected and how much (if any) reaches the families. Every story and every victim has a price on it, but the proceeds don't reach the intended. While the aim of these programmes may be to help victims, they run parallel to preying on the bereaved or those that have lost contact with their family members.

Sophia Amimo, a survivor-activist, recognises the role of different TikTokers and YouTubers that shed light on these issues. But she is also sceptical about their intent. "They often gather funds, supposedly for the victims or their families, but nothing reaches them. See the state of Beatrice's family."

Feith Murunga, who now assists other survivors, says people speak to her and gain a lot from her story. "[But] I didn't get any help to move out from the situation that I was in. Instead, I was traumatised by telling the story again and again and again and again."

"Here in Kenya, you find that people are benefiting through the story of survivors and instead of survivor healing, they get more traumatised. And by the end of the day, you see survivors that commit suicide."

Feith Murunga and Sophia Amimo (both of [whom Migrant-Rights.Org had interviewed previously in 2022](https://migrant-rights.org)) are survivor-activists who had been with Pauline during her last days, helping her at the hospital. They confirmed what Eunice said. "The doctors informed us that her kidney had been removed. And Pauline was not able to tell us who paid for all those expensive tests in Saudi. But there were a few surgical scars on the body," says Feith. A post-mortem was out of the question, as the family had no money. Whatever savings Pauline had were spent partly by her children before her return and then fully for her treatment during her last months in Kenya, where she passed away in October 2022. Post-mortems in Kenya cost between KSH75000 (US\$580) and KSH100000 (US\$780).

The testimonies are fractured, and neither Eunice nor Feith believe even Pauline knew the entire truth. "Pauline told me that she had to donate an organ in order to fund her return to Kenya. Once she came back, she fell gravely ill and had to be taken to KU hospital. We were told there that her kidney was missing," says Sophia, who has recently registered an organisation, Domestic Workers Returnees of Kenya (DWRoK), to advocate for the rights of survivors, though her activism precedes her organisation.

The chain of custody, both in the GCC and in Kenya, is opaque at best. In the vacuum left by the government apathy, evidence-gathering is done informally by citizen journalists, activists, and families. In Kenya, calls from workers in distress first land on influencer social media channels and soon after are mired in controversy, with various parties trying to profit from the stories [see sidebar]. Almost weekly, there are cases of those who are severely abused or dead. One such is Emma,* who passed away in early February, and is yet to be returned. No one knows how she died, and the document issued by the Kenyan Embassy in Saudi gives authorisation for repatriation to someone named Ethan,* a name the family has never heard before. A reporter covering the news for a local channel in the sub-county says Ethan had asked the family if they were agreeable to donating her organs, as that might help



Beatrice Mwangi's twin Margaret and her mother Mercy hold on to a frayed folder of documents, with little hope for justice

cover the costs of repatriating the body. The family itself was unwilling to speak of the case.

The cost of repatriating bodies is exorbitant. Though Saudi law explicitly states that the employer bears the cost of repatriation, the Kenyan government expects families to bear the expense and puts the responsibility on grieving families without negotiating with Saudi authorities to respect contractual obligations. If there is no commitment to bring back their dead citizens, what is the commitment to conduct post-mortems, activists wonder, even if almost all of the victims are in their 20s and 30s. Even in extremely high-profile cases, government inaction is evident, though every case of death seems suspicious as the victims are mostly in their 20s and 30s.

Beatrice Waruguru Mwangi is now a household

name. Just about everyone has heard of her story. Sophia had taken her case to the Kenyan parliament. Beatrice died in Nariyah in the Eastern Province of Saudi Arabia. She was just 19 when an agent helped her forge her birth certificate and get a passport to go to Saudi. Her physical abuse began almost immediately on landing, and she had reached out to her boyfriend for help. Within days all communication stopped, and Beatrice had gone missing.

Beatrice's twin sister Margaret and their mother Mercy live in a tiny tin cabin in Dandora, an area known for being a solid waste dump, neighbouring Mathare, one of the largest slums in the country. There is a for sale sign on the cabin, and Mercy is anxious that they will soon be homeless as the landlord wants them to evacuate. Like many such families in residences that are falling apart, there is always a folder of precious but frayed documents that they hope could provide some justice for their beloved. Tucked into Beatrice's passport is the business card of someone from the Association of Skilled Migrant Agencies in Kenya (ASMAK).

Mercy lives with guilt. "I had heart disease, ok, I live in poverty, see," she gestures to the cramped space around her. In this space live Mercy, her two surviving children, including Margaret, and her grandchild. "She was my breadwinner. My child went there so that I can be given medicine. She went there so that I can be OK."

But no one knew of her plans, and even Margaret, who was pregnant then, was informed by her twin only on the eve of her departure.

Mercy clutches the plastic folder to her chest and recounts how she found out about Beatrice's death. She had been going in and out of hospital for treatment, and during one such stay she overheard a conversation, "I heard the doctor saying there is a little girl who came to see her mother here [in the hospital] and she went to Saudi Arabia, and she's in danger. So me, I asked, how is the girl? And who she was, and I see, on the phone they showed me, she's my daughter."

She is inconsolable as she recounts her search for her daughter, running pillar to post begging the police, the agent, and the government to bring her daughter back before finally being told Beatrice was no more. "The agent used to abuse me very badly. The agents used to tell me 'you are murogi', that I am a witch. The police turned me away, saying the case is in a different country. I was getting news of my daughter from the media. I was so sick, and I was homeless." The memories are recounted with tears, prayers, meditative silence, interspersed with a refrain of 'no, no, no', and Mercy says she cannot sleep. She closes her eyes, and all she sees is the remains of her once beautiful and almost unrecognisable daughter. She points to Margaret, Beatrice's identical twin, as if to make her point.

Beatrice did speak to Margaret before she left. "She left Kenya on 20 February 2021. She was already having second thoughts and did not want to leave. She realised everything was forged, from her birth certificate to medical tests, and was scared. A man from the NADESCO agency pretended to be her father to get the paperwork done. But her choice was taken away, she was forced to leave." As soon as she landed, the abuse began, and the first severe attack was her employer burning her arms with a clothes iron, at which point Beatrice called her boyfriend, pleading for help. Within a few days, all communication stopped, and the family began putting out calls for help. Confirmation of her death happened only two years later, with her remains returning home in 2023.

Mercy had tried appealing to the female employer, having acquired her number somehow, pleading with them to return her daughter's body at least. "She said she had already forgotten about that story because she had already sent back the body. She threatened me, saying she can even buy the Kenyan president."

Cultural taboos prevented Margaret from seeing her twin, but the charred, decomposed and badly mutilated body of her daughter is seared in Mercy's memory. "How is this my daughter? Her body was empty. No stomach inside. Her breasts were cut, and her neck was almost severed. You get

someone's daughter and you do this to her? What has she done big that you do this to her? This man that killed my daughter, I wish I get that man..." she cries. "Me, I asked, is this my daughter's body! I want my heart to die."

The family and Sophia, the activist who supported them, all confirm that Beatrice's eyes and her organs were missing.

NADESCO, the agency, was putting pressure on the family to stop their campaign for justice and demand a postmortem. Sophia had battled with the government and agencies to bring back Beatrice. "Mr G (name withheld) from Kisumu had reached out to me after my own return and saw my fight for justice. When Beatrice was not getting the government action she deserved, he then guided me on how to file a petition and take a case to the Kenyan parliament. So that's what I did. He was with us throughout. Because of the petition, they were able to bring back Beatrice. Meanwhile, the agent was threatening me and the girl's family. ASMAK was defending him, and they are powerful."

[See sidebar on agents]

With Beatrice's family too distraught to understand the process, Sophia and a few others led the fight. "We went to the Nyayo house (a highrise in Nairobi which houses government departments) where the immigration offices are, and a guy there helped us reach the labour minister and other agencies." It took seven months for the Kenyan embassy in Riyadh to be notified of her death, and another year and a half for her body to be returned. Sophia says the last voice notes from Beatrice to her boyfriend, which she was privy to, were of the young woman begging for help and expressing her fear that she was in great danger and would not survive.

Sophia was one of the handful allowed to see the body in the mortuary. "Her body had been opened. No eyes, her inside was empty. Her private parts were sewed up. Her body had decomposed beyond recognition, and only the tattoo on her hand helped identify her. I was frozen by the side of the gurney. I could not move. They had to push me out. That night I could not sleep alone, I was terrified by

Briefcase companies and rogue brokers

A senior Officer Commanding Station [a police designation] in a country neighbouring Nairobi says the only time they receive any complaints around migration or trafficking is if the agent has taken money and not delivered a visa.

The OCS and his team are part of a group that undergoes extensive anti-trafficking training. "The crimes that happen abroad are not in our jurisdiction. We can't help them, and maybe that's why people don't approach us." However, he feels it may be more helpful if the recruitment process mandated that the police vet the companies before they start sending people abroad. "Most of them are briefcase companies working out of hotels. They work in hiding. Why can't they be in an open place? There is no transparency even if they are a business."

Sophia Amimo believes that brokers and rogue agencies are actively involved in the trafficking, encouraging young women to run away from home (in Kenya) with the promise of jobs abroad (in KSA) and then selling their organs. "The government needs to regulate the role of brokers who facilitate trafficking, and agents must recruit directly and not use these brokers."

what I saw. A friend stayed with me. I've never been traumatised by a case like this one. I would get off the bed and feel like the floor was opening up and swallowing me."

Not all cases garner national attention. Most are buried quietly while families grapple with unanswered questions. Bakari's wife Miraji travelled to Saudi in February 2023 to work as a domestic worker, while their six children were in his care in Ukunda, on the Kenyan coast. She was frequently taken to Egypt, against her wishes, to work for the employer's household there, he says. Her passport shows two multi-entry visas to Egypt and several entry and exit stamps. The last visa was issued in February 2024, valid until May of that year. "She was not treated well, but she at least spoke regularly to us. But all communication stopped sometime in early June."

The Kenyan embassy in Cairo informed the family on 4 July that she had died on 1 July, the date mentioned in the death certificate as well. In documents dated 24 July, the Kenyan embassy confirmed transport of the body, and Egyptian authorities issued an embalming certificate. While mentioning the procedure undertaken for embalming, the document also adds: "Important note: The cause of death is natural and not due to the emerging coronavirus (COVID-19)."

Bakari contests this claim. "Her eyes were missing. We think she died long before 1 July. Maybe around the time she stopped communicating with us. And how can it be a natural death? She was just 41 and in very good health. But she came with eyes missing, and her body was not in good condition, as she was not kept in the mortuary immediately after death."

The employer told officials she was found dead in her room, but she was not accepted in the Cairo government mortuary as she did not have valid documents. "The Saudi embassy had to intervene to protect their own citizens who were the employers. But no one is being held responsible."

Bakari insists it is the responsibility of both the Kenyan and Saudi governments to find out why

Organ trading in Kenya

Kenya has been plagued with accusations of organ trade and transplant tourism for many years now, and is considered a hotspot for trafficking for this purpose.

According to [an investigation by the EU-funded project ENACT](#) (Enhancing Africa's Response to Transnational Organised Crime), "Youths are lured by the prospect of cash, with some being paid as much as US\$5,077 (KES 750,000) for a kidney. However, with the increase in youth seeking to donate their kidneys, the price has decreased to around US\$2,000 (KES 300,000). This is despite one kidney on the international illicit market costing, on average, US\$85,000."

The organs are not only used for domestic transplant; the ENACT report talks about selling to the Indian black market, but doesn't mention other regions. "Clinics and private hospitals in Eldoret are allegedly key nodes in the illicit harvesting and supply of kidneys to recipients in India. At the clinics and rented properties where the surgeries are performed, Indian doctors are brought in to carry out the surgery and post-operative care. Minders also play a critical role in escorting victims and organising travel and accommodation in cities. The owners of these clinics further serve the value chain by supplying the harvested kidneys through the black market in India."

The [Kenya Renal Association, in a press statement](#) on 3 May 2024, said "Recent activities at [Mediheal Hospital, Eldoret](#), have raised serious ethical concerns [...] Evidence gathered over the past two years from donor testimonies and recipient accounts suggests significant ethical breaches, including exploitation of vulnerable donors from local communities."

The spouse of a doctor in Mediheal, a physician herself, spoke to MR about the domestic violence she was subject to, and the details of illegal organ

harvesting she was privy to. "A senior executive of the hospital travels around different countries, selling these organs. The hospital also lures people through Facebook advertisements offering financial assistance and when people come in they negotiate organ donation." The doctor, who was rescued after a particularly horrendous episode of violence and returned to India with the help of activists, says apart from transplant tourism, the hospital also sold organs to people outside the country.

Another scandal that shook the East African country is the 'Shakahola Forest Massacre' which saw the unearthing of mass graves of 21 followers of a religious Christian cult. The autopsies revealed that many were missing organs, [leading to speculation of illegal organ harvesting](#).

"Miraji went to Saudi in good health to work and returned dead from Egypt. We had no money for post-mortem and we were under pressure to bury her soon."

There was also further confusion around the paperwork. MR reviewed two separate documents the family received, both signed by the same sanitary inspector on the same day. One stated that her ashes were being permitted for international transport, while the other reported that her body was sent back after embalming.

So many questions and so few answers, just like the case of Esther, whose sister, Mona,* is still angry about the lies and half-truths peddled to the family.

Mona works as a prison officer in one of the sub-counties on the Kenyan coast. After Esther left for Saudi in early 2022, Mona was the guardian for her nieces and nephews. "I would speak to her at least every two weeks, and she expressed her frustrations all the time. Her male boss was sexually assaulting her, and when she reported it to the madam, the quarrels began, and she was being attacked. I spoke to her last on 7 December, after which there was complete silence. Only on 26 January 2023 we heard she had died."

Someone from the Ministry of Foreign Affairs in Nairobi called Esther's mother, who was registered as the next of kin, but it was her young daughter who was in eighth grade who spoke to them. "She called me, 'my aunty, there is a call from Nairobi foreign affairs telling us Esther is dead,' and it is when I took the phone number and called them. They told me it was reported to the embassy there that she was found dead in Jeddah. I asked them why was she found there when she was working in Riyadh."

They said she had escaped from the house, and the officials there claimed it was a suicide. In February 2023, Mona went in person to the Foreign Affairs office for help, and they asked her to go to the Labour office. "They asked me to go to the agent to get money to bring her back. The agent and we contributed some money and brought her back. The government office said they can't help. Her



"Especially from Saudi I have women calling me and telling me their employers are negotiating saying they will give money if they will donate an organ. About half a million shillings."

Sophia Amimo, survivor-activist

body was finally received on 20 March.

"But when the body came, her hand was broken, and injuries on the forehead. How is that possible? And there were long incisions on her body, and we thought maybe they did post-mortem. There was a long cut from neck to the stomach. There were no intestines inside, and other organs were missing too. The stomach was fully sunken." [Saudi does not routinely conduct autopsies even when the cause of death seems unclear or suspicious, and tends only to do so if ordered by the court — a point most cases never reach. Esther's death was labelled as 'natural'.]

When Mona kept pushing for answers, the people in the mortuary told her "to leave the story and take the body."

Mona says the family could not afford a post-mortem independently, and that, “the process of bringing the body from Saudi itself wasn’t easy. Our family is too low, and to follow all those procedures was not easy for us. I was the only person following the procedures, and I also had my work.”

Feith understands this frustration all too well. “Because the family does not have the money to do further investigation. They have to let it go. They have to bury their loved one and just forget everything... What I know is that the bodies I have witnessed were tortured and were in a lot of pain. You can’t tell me this was a natural death or suicide.

Sophia dedicates the bulk of her time to listening, advising, and helping those in distress, including helping families bring back their loved ones. “How do I manage, you ask? Faith... I am a born-again. I am protected.” A deep religiosity seems to be the crutch of many who have no faith in the government to do the right thing, or that even immediate family could step in. Mercy, even in her distress, sitting in the decrepit home she may lose any day, throws into a prayer every few minutes. Having seen Beatrice and listened to Pauline, Sophia is particularly attuned to the risks of organ harvesting when she receives distress calls, mainly from Saudi, Oman, and Iraq. “Especially from Saudi I have women calling me and telling me their employers are negotiating, saying they will give money if they will donate an organ. About half a million shillings.” That is roughly US\$40,000 (SAR140,000). That’s a lot of temptation for those in abject poverty.

“What’s the guarantee that they will get the money? Or that they will survive? It’s a trap, and I warn them repeatedly. Last year alone, three women reached out to me from Saudi as they were being pressured to donate.”

“They are hiding something from us. The reports from there always say three things, either heart attack, either suicide, either cardiac arrest...You ask yourself how someone dies of cardiac arrests and have scars on their head, on their body, there are bruises. It’s not making any sense. We need more

investigations to be done. Families need to speak up too. I don’t believe in those reports,” says Feith, who is of the firm belief that many people have gone through this ordeal, but they fear coming out and speaking about it.

“I think they are being threatened. I believe the authorities would rather have a case of someone who is dead than someone who is missing organs. Because that is a stronger case. So the victims are threatened. There is fear of talking, and there is no protection of victims.”

Urgent need for post-mortems

KiKo* concurs that there are more cases than what comes out. “There is fear of sharing such information. We never know what will follow you. Someone benefits from what you are fighting. The people who are benefitting are superior to you. So you keep quiet.”

KiKo works in the Kwale country on gender equality and child welfare, and during the course of their work, stumbles upon migrants in distress all the time. “The neglected children we help often have a parent, usually the mother, working abroad. And the father or relatives they are left with stop taking care of them.” They come to the legal clinic talking about the women who have died abroad and are not able to return. As per the cultural and ritual practices of the communities in the region, the bodies have to be cleaned and buried immediately. In many cases, the women who do this report surgical incisions, even if the death certificates say natural causes. Any request for post-mortems then has to be taken to the Chiefs, but the cost would still be borne by the family.

“Time and again, families are told by the brokers and the community, ‘What will you do knowing why she was operated? She is already dead,’ and they are convinced that immediate burial is the best course.” The Chiefs give burial permits, and KiKo also hears from them that bodies come back hollowed out with organs missing. Even getting bodies from the airport to their homes is difficult, and covering post-mortem expenses is almost impossible.

Lack of autopsies provide fodder for allegations

Compounding the legal barriers, socio-cultural perceptions contribute to the low rate of autopsies conducted in the country, and consequently the lack of knowledge and infrastructure for the practice. [A 2022 study involving 234 Saudi physicians, residents, and interns](#) at one Saudi institute found that though many physicians in the institution surveyed believed autopsies to be important — with emphasis on investigating sudden cardiac arrest. About 82% believed current autopsy rates were too low and that obtaining consent from families presented a significant challenge.

This reluctance to consent to autopsies is informed largely by religious beliefs, “which urge immediate burial to comfort the relatives and to help in the post-mortem journey of the deceased.” The study argued that these perceptions endure despite advancements in autopsy procedures that preserve the integrity of the body, as mandated by Islamic teachings.

According to the paper, the reported rates of clinical (used to understand the cause and mechanism of death, diagnose diseases, improve medical knowledge, and potentially prevent future deaths) and medico-legal autopsies (used to determine the cause and manner of death for legal investigation) are low, risking local competencies

in autopsy procedures and medico-legal expertise. Of the sample size of interns and physicians (234 of the total 596 in the institution), 98% had not taken part in an autopsy. Almost all (96%) claimed that attendance at autopsy sessions had not been offered to them.

The lack of autopsies and investigations into suspicious deaths has for long presented a contentious issue in the region. When the high rate of mortality amongst young [Nepali migrants in Qatar](#) was reported, calls for autopsies were made by rights’ organisations, but no action was taken. [Saudi recorded almost a death a day of Nepali workers](#), yet there has been no commitment to investigate these abnormal rates of mortality.

For those who are vocal about foul play, their pleas fall on deaf ears, so there is no incentive or hope for others to do so. They are wary of the police and lack faith in the government. For civil society organisations as well, there is a huge challenge in recording the cases. “They tell us, ‘You keep asking us for these stories. How do we benefit?’ And it is a very valid question.”

Post-mortems would answer a lot of questions, yet they are not carried out even in the most blatant instances of abuse.

DWRoK and the Centre for Domestic Training and Development (CDTD) which also runs a shelter for victims and helps with cases, shared details of 31 cases of suspicious deaths just in the last four years. Of these, five victims were under the age of 25; eight under the age of 30; five under the age of 40; and though the exact age is not on record for the rest, they all are mothers of very young children. On average, it took between two months to nearly a year for the deaths to be reported or communicated to the families and up to two years for the bodies to be repatriated. All of the bodies were returned with clear signs of physical injuries.

The most common causes attributed to these deaths are falls or cardiopulmonary arrest. Causes that the families don’t buy. In the case of one victim, Saudi health authorities attributed her demise to a “brain freeze” resulting from a fall. At least five of them were admitted to hospitals under the pretext of treatment for conditions they were not aware of and had passed away shortly after. Most of them were treated in the Al-Shumaisi hospital.

“The delay in reporting deaths—ranging from weeks to over a year—and the consistent citing of vague causes like cardiac arrest or accidental falls raises serious red flags. In nearly all cases we documented, families were left in the dark, struggling for answers and justice. Many expressed deep suspicions about the circumstances, especially given the prolonged timelines for repatriation and lack of transparent postmortems. These patterns suggest more than negligence—they point to the urgent need for deeper

investigations into possible trafficking and organ harvesting networks,” says Chrispin Kimani, Lead Decent Work and Labour Migration at CDTD.

In fact, a 2018 study [\[Death certificate errors in one Saudi Arabian hospital\]](#) examined documents in one major Saudi hospital over a 20-year period and found “no errors of incompleteness or missed contributors to death. However, in all certificates (100%), the cause of death was either incorrect or absent; 75% provided no cause of death.” This places a huge question mark over the causes of migrant deaths as put forward by the Kingdom.

Paul Adhoch of Trace Kenya, an NGO that works on counter-trafficking, says there have been enough allegations that it’s past time the governments took them seriously and started conducting autopsies.

He says they’ve received over a hundred bodies, mainly women, from Saudi and other Gulf states the past year alone. “The previous year it was 83. Saudi does not provide proper documents and only says cardiac arrests. Families do not take further review and just bury the body. As civil society organisations, we ask questions and don’t get answers. We ask what is ‘cardiac arrest’ as it could apply to any deaths.”

Adhoch says the bodies do not come in a good state, as in Saudi there seems to be an absence of appropriate preservation and embalming practices within morgue facilities, since local burials are generally done immediately and do not require storage facilities. “Many of the deceased are barely 30 years of age. How do so many young turn up dead? Their cause of death needs to be determined,” he says, stressing that merely attributing it to cardiac arrest does not cut it.

“We also have cases of people – previously of good health – falling sick suddenly and taken to hospital. And they would have gone through some procedure they are not aware of. Then there are those who just disappear. [The Kenyan government has opened up labour export space](#) and is planning to send tens of thousands to the region. Illegal organ harvesting is a legitimate concern that must be raised at this juncture,” he says.

Saudi Law on Organ Donation

In 2021, Saudi Arabia [passed a law on organ donation](#).

The 27 articles of the law detail the procedures for moving, transplanting and preserving human organs and protecting the rights of the donor and recipient. The law also puts in place mechanisms for granting licences to medical facilities for this purpose.

The Saudi Center for Organ Transplantation (SCOT) has the authority to issue the above mentioned licenses.

The legal requirements to be a donor are stipulated as below:

A donor is defined as a person who grants permission when he/she is alive to move any of his/her body organs while alive or after death. Before obtaining his/her permission, the law stipulates that the minimum age of donor is 18 years, and must be a legally competent person to be eligible for donation.

The law has also banned organ donation from a living person who lacks competency, and the approval of his/her guardians or curators in this case shall not be considered.

As part of approvals required for organ donation, the law has permitted the movement of human organs from a dead person subject to the approval of a close heir. If none of the heirs are identifiable, then the approval of the closest relatives, who are not heirs, shall be obtained.

Article 5 of the law states that the donor shall undergo a test by psychiatrists and social specialists to verify that there is no reason that could affect the donor's decision-making ability to donate their organs.

The law states that the donor must be clearly informed of all the confirmed or potential consequences of removing the human organ.

Article 12 bars financial or in-kind consideration for donations, and those guilty of doing so would be subject to a jail term of two years and a penalty of SAR 1 million.

In order to encourage donors, the law has authorised the Saudi Health Council "to prepare a special manual of regulations and requirements whereby donors could receive financial, in-kind, moral benefits, or encouraging rewards."

There are 29 accredited organ transplant centers and over 150 donor hospitals across the kingdom.

The Saudi factor

A nurse who worked in Saudi for nearly a decade told MR that while she cannot attest that organs are harvested coercively, she does know that Saudi nationals rarely donate. And in her experience, almost all donors, except when it comes to liver transplants, have been non-Saudis, including migrants from other GCC states. "If Saudis do not donate, what is the incentive for others to do so?"

According to data published by the Saudi Center for Organ Transplantation (SCOT), half of all donations are from non-Saudis, but the data is not disaggregated by organ. Neither does it mention the nationality of the recipients. But those interviewed from the medical fraternity say organ donations are done only for Saudi nationals.

"Liver donation is not so much of an issue as that can be done safely with a live donor, but the challenges are with heart and kidneys."

Donor information was not forthcoming, nor was it needed for transplants, the nurse says. "I am not sure who and at what point consent was given, but the majority of the donors were from India, Pakistan, and the Philippines."

Most deaths were of construction workers who died in motor vehicle accidents or on the road, the nurse adds, which the SCOT data corroborates – motor vehicle accidents and falling from heights are in the top three leading causes of brain deaths.

"On donations from deceased, the next of kin have to give consent. And this is where opportunity for coercion presents itself. If the family are not registered, it's usually the sponsor whose name is on the records of the individual, and they are in a place to give consent. We have also heard that the average compensation promised to the family was SAR50,000." [See compensation debate.]

The nurse says that people do donate organs for compensation, and there is a black market. She says these practices are not carried out in the larger hospitals in Saudi's major cities but in the smaller ones. "Horrors happen, but the systems are good at covering it up."

A medical professional who practised in Saudi for several years says there's a severe shortage of organs and believes it's not unlikely that there's coercion. "Many migrants' consent is not informed, hence coerced, because there is a promise of some kind of compensation. Compensation for care is acceptable, but not for buying an organ."

The doctor also says the terminology of 'natural cause' can be abused. "Cardiac arrest may be the root cause for some. But why do young people have cardiovascular disease? It's likely the result of some kind of abuse. After stringent pre-departure medical tests, how can this happen if not due to abuse?" They attribute the low number of autopsies to both cultural and religious beliefs of not wanting to be examined medically after death. And even if one wishes to do so, it is not affordable.

Examining the high mortality rates and deterioration of health of migrant workers in the GCC, the [Vital Signs Project](#) found that, "Whereas a heart attack is something that physicians can diagnose as an underlying cause of death and can appear on a properly formulated death certificate, 'cardiac arrest' provides no information on the underlying cause of death and should not appear on a death certificate."

Shortage of donors and the ethics of organ harvesting in Saudi

As per the 2022 statistics shared by SOTC, more than half of the Donation after Brain Death (DBD) donors were non-Saudis, though the historical data from 1986-2022 places it at little less than half [pg 7]. Analysis of the causes of death among possible Donation after Brain Death (DBD) donors in 2022 showed that the majority of traumatic causes of death were due to Motor Vehicle Accidents (MVA): 143 and Fall From Height (FFH): 31. The historical data (1986-2022) for both causes are MVA: 6263 and FFH: 900.

Organ-wise donation data is not disaggregated by nationality. The list of organs harvested and transplanted are Kidney, Liver, Heart, Lungs, Pancreas, Cornea, Intestines, and Bone banking.

As per data from the [National Registry of Organ Failure Patients](#), more than 18,000 people [as of 2024] in the Kingdom of Saudi Arabia suffer from kidney failure, the most common type of organ failure in the Kingdom. "A living person can donate part of their liver, one of their kidneys, or bone marrow. A brain-dead donor can save and improve the lives of more than nine people by donating organs such as kidneys, liver, heart, lungs, pancreas, intestines, and tissues like heart valves, corneas, and bones."

Official statistics from the centre are as follows:

- Total organs transplanted from living and deceased people in 2023: 2091+
- Total number of living and post-mortem transplant patients in 2023: 2,037+
- Organ Transplantation from Living Donors: 1,662+
- Organ Transplantation by Donation After Death: 425+

According to the latest statistics, there are 130 patients waiting for a heart transplant. SCOT states that donor shortage is the biggest challenge facing the Kingdom.

Financial neutrality

An article in the [Journal of Philosophy, Ethics, and Humanities in Medicine](#), on compensation and Islamic ethics on organ donation and sale, highlights that scholars do not condone "[L]imited and fixed financial benefits as the rewards for receiving organs are expressing an appreciation and honor to altruistic donors." Similarly, a 2024 paper titled '[Dilemma of commercial organ transplant in the Middle East](#)' discussing bodily autonomy and ethics of organ donation, states: "In Islam, humans are considered stewards of their bodies, with a strong emphasis on preserving life and avoiding harm. Selling organs may be deemed harmful, particularly if it exploits or endangers the seller's health. However, Islam encourages organ donation without financial gain as an act of charity. Regulations in Islamic countries often aim to prevent the commercialisation of organ transactions to protect vulnerable individuals from exploitation."

The Declaration of Istanbul

The Declaration of Istanbul (<https://www.declarationofistanbul.org>) was developed in 2009 in response to the growing problem of human trafficking and tourism for the purpose of organ transplantation. Some key facets of the 11 principles are that the donation must be a financially neutral act; that all residents of a country should have equitable access to donation and transplant services; and that legislation must be consistent with international standards.

Indicators of organ trafficking include, the removal of organs without valid consent, soliciting or recruiting donors for financial gain, and attempting to aid or abet any of these acts.

The Declaration of Istanbul Custodian Group (DICG) was created in 2010 to advance the goals established in the 2009 meeting and to respond to new challenges in organ trafficking and transplant tourism. In an interview with MR, DICG co-chair Dr Thomas Müller said "There is no country free of trafficking or tourism for illegal organ transplants, and those seen as hotspots like Kenya are probably because there is more reporting there. There are many doctors and hospitals who are ethical, but a few bad actors give the whole country a bad name. What is important is how countries respond to these allegations and act on it, instead of denying it happens. There are some countries where questions are not well received.

"We are not a policing authority, we can collaborate with doctors and governments to ensure ethical organ transplants. In many cases, including the region you are reporting on, our evidence is only indirect. The best way to deal with suspicions is to detect, report, investigate and prosecute. There needs to be strong protocols and best practices in place."

In 2019, the permanent committee of a supreme Islamic Judicial Authority in Saudi Arabia issued a ruling that “there is nothing wrong with accepting it (an amount of money as a gift), without you (the recipient) longing for that, and you can respond in kind if you are able to with an appropriate gift, or you can supplicate for him, because the Prophet Muhammad (PBUH) is reported to have said that “Whoever does you a favour, respond in kind, and if you can’t find the means of doing so, then keep praying for him until you think that you have responded in kind.”

Academic debates on ethics and Islamic jurisprudence apart, awareness around organ transplantation continues to be low. A study conducted in 2022, [Awareness, Attitude, and Beliefs Regarding Organ Donation Among the General Public in Saudi Arabia](#), only 24% of the 3507 individuals surveyed knew of the legislative body for organ donation; 58.5% believed that organ donation should be promoted; and 66.1% had a

positive attitude toward donating body organs. Yet, less than 11% of respondents had an organ donor card, and about 53% stated religious reasons for refusing to donate an organ. Only 2.4% were willing to donate unconditionally, over 40% said under special circumstances and nearly a third said they would not donate. Nearly 70% of the respondents were between 18 and 30 years old. [A study conducted in 2023](#) similarly found that regard for organ transplant and awareness of Islamic regulations regarding donations did not translate into registration rates.

Conclusion

Despite the growing body of evidence that, at minimum, indicates foul play in migrant deaths, and, at worst, illegal organ harvesting, there remains a troubling lack of investigations by governments on both ends of the migration chain. Human trafficking for the purpose of organ donation is a globally acknowledged problem and not exclusive to this region. What makes the GCC situation unique is the interplay of the Kafala system and labour agreements that accentuates vulnerabilities of migrant workers.

Testimonies from victims and families, alongside the unmet need for human organs in Saudi and lack of transparency surrounding consent, calls for immediate scrutiny. Some of the recommendations presented below require no major legislative changes, but rather better implementation and adjusting of existing processes. However, a critical and urgent need — one that will require an allocation of resources — is routine post-mortems in case of deaths of young migrants. Classifications such as ‘natural causes’ or ‘cardiac arrest’ are not a good enough explanation.

Taken together, the available evidence and the persistent lack of answers for victims and their families point to a disturbing pattern of coercion and unethical organ harvesting that demands immediate and sustained attention.

Other Reported Cases

An increasing number of reports on alleged organ trade have been making the rounds in the local media of some African countries. There has been no move to investigate these claims or bring justice to the victims. Neither has there been any kind of reporting in the GCC media. Below is a non-comprehensive list of reported cases collated by Migrant-Rights.Org

UGANDA

Sharifah Birungi

The family of a young woman who recently died in Saudi Arabia are questioning the circumstances of her death because they suspect she was killed to have her organs harvested. Sharifah Birungi allegedly died in a car accident on July 27, but her family was only informed about her death on August 12, 2022, two weeks later. Soon after, they were promised money if they consented to have Birungi's organs donated.

[Ugandan media showed](#) a supposed WhatsApp exchange between a Saudi Ministry of Health employee, Abdul Aziz asking for consent for organ donation, paying SAR50,000 riyals and a 'cargo' ticket. The consent was sought only on 12 August, a good two weeks after her death. Her family question how her organs were still viable and said there was no proof of an accident.

Judith Nakintu

In 2021, Judith Nakintu returned home in a serious condition after a year spent working in Jeddah, Saudi Arabia. Medical examinations at Mulago National Referral Hospital revealed that the [38-year-old's right kidney had been removed](#) and that she had suffered other injuries, including pelvic fractures and bruising to her liver.

"Nakintu lodged criminal and civil suits before the high court's international crimes division in Kololo, Kampala, against Nile Treasure Gate, the company that brokered her migration to Saudi Arabia, and her employer Saad Dhafer Mohammed Al-Asmari. The government suspended Nile Treasure Gate

operations, and five employees were arrested and charged with aggravated trafficking in human organs. In February 2023, they were granted bail, and the case has yet to be scheduled for hearing. Two months after her arrival, her employer informed her family that she had suffered an accident and was injured, though no further details were provided. Her family then lost contact with her. In March 2020, her employer told them that Nakintu was in critical condition and would need to be repatriated. Nakintu returned in October 2020 and went for a check-up. The doctors revealed that Nakintu's right kidney had been surgically removed without her consent. Her medical documents from Saudi Arabia indicated that she had suffered a kidney rupture as a result of a car accident, however, her family allege that the car-accident was a cover-up for doctors to harvest her kidney. A police investigation found that Nakintu had been taken for a COVID-19 test, only to wake up on life support, unable to move her arms or legs. It was revealed that her employer had falsified her medical records, claiming she was in a road accident and that her organs were intact. Nakintu sued her employer and Nile Treasure Gate for illegal organ harvesting and has been awarded USD\$73,702 as compensation."

KENYA

Edward Gathungu

Edward Gathungu left for Saudi Arabia in October 2021 after landing a job at a leading hotel. He had been in touch with his family regularly until October the next year, when they were informed that he was in a traffic accident and in a bad condition. The following day they were informed that he was 'brain dead', and the hospital was putting pressure on the family to donate his organs.

Local media reports:

"By the time they were asking for his organs I was already overwhelmed, they kept calling telling me if I don't give them consent he might die anytime," the wife [Esther Wangari] claimed.

When the pressure from the hospital became too much, Wangari sought assistance at the Ministry of Foreign Affairs on October 11 where she was instructed to make a formal request through the embassy stating that Gathungu's organs should not be removed and he be left to survive on the ventilator.

In an unexpected twist, Wangari discovered that someone had already used her personal details at the Ministry and instructed the hospital to remove Gathungu's organs for donation.

Wangari obtained a falsified letter at the Ministry of Foreign affairs stating that she was among those who had signed consent allowing the hospital to go ahead with their request and arrange for transportation of Gathungu's remains. The letter reads in part, "We hereby give our consent to the concerned authorities of Saudi Centre for Organ Transplant in Kingdom of Saudi-Arabia for donation and without any force from anyone, we undertake that we shall never in future raise any disputes against the concerned authorities accepting all organs and cornea (no bone)."

"We are authorising the company and Kenyan Embassy to take steps and make all arrangements for the transportation of the body of Edward Gathungu to Jomo Kenyatta International Airport, Nairobi Kenya," the document added.

The letter indicated that one person will receive a financial settlement and honorarium from the Ministry of Health or any other organisation from Saudi Arabia on behalf of the family.

Recommendations

KINGDOM OF SAUDI ARABIA

- Investigate the deaths of young migrant workers, and conduct autopsies in all suspicious cases to rule out foul play.
- Ensure full transparency in the process of obtaining consent for organ removal. All relevant documentation must be translated into the donor's native language.
- Provide pre-donation counselling for live donors in their native language, and ensure it takes place in the presence of a family member or embassy official.
- Enforce the legal requirement that the costs of repatriation of deceased workers' bodies are borne by the sponsor.
- The Saudi Center for Organ Transplantation (SCOT) must publish nationality-disaggregated data for all categories of organ removal and donation, including the nationalities of both donors and recipients.
- In cases where a worker donates to a sponsor or a sponsor's family member, the consent process must be subject to enhanced scrutiny and safeguards.

KENYA

- The Kenyan government must maintain official records of all pre-departure medical tests for migrant workers.
- In cases of suspicious deaths, post-mortems must be conducted upon return of the body. The cost should be covered by the government, not the family.
- The cost of repatriating deceased migrant workers must be borne by the employer. The Kenyan government must insist on strict enforcement of this obligation in its bilateral negotiations with Saudi Arabia and other GCC states.
- The government must investigate possible links between the domestic organ trade and reported allegations involving Kenyan nationals in destination countries.
- The Kenyan embassy must be notified of any instance in which a Kenyan citizen is involved in a live organ removal or donation while abroad, and this must be made a mandatory reporting requirement.

Editorial Note

Migrant-Rights.Org has been following allegations of illegal organ harvesting and coerced donations for several years now. Officials who have confirmed this trend off the record do not want to speak on record. One East African government official in a closed-door meeting expressed grave concerns about the number of deaths by natural causes of their citizens reported in the UAE and Saudi. They also stressed the need for mandatory post-mortems of all repatriated bodies and said that their government was committed to doing so. Five years later, no move has been made to this end, as African countries continue to push for jobs in the GCC.

In 2023, [speaking to MR from Ghana](#), Dr Nansata Yakubu, who works on transitional justice and is very familiar with the risks of human trafficking in fragile communities in West Africa said, “It’s a cartel connected all the way to the top. Security, medical, maritime, immigration. Most of them are being trafficked for sex work [...] But increasingly we are hearing about organ harvesting,” she says.

“Girls are coming back with scars [...] One of the girls said the other in the house had two scars, and both kidneys were removed, and she died. The girl mentioned that she was taken to an operation theatre in the hospital.”

A Ghanaian immigration officer, Deena, who spoke to MR, also mentions cases of organ harvesting. “Nothing is investigated, but we see women coming back with surgical scars.”

For the purpose of this report, over the last 12 months, MR spoke to several families and victims in Kenya, both on and off the record. Medical and post-mortem reports, where available, and other identity documents were examined to corroborate the testimonies.

Unless mentioned otherwise, the names are the official recorded ones. While absolute proof of illegal organ harvesting, including convictions, is rare, the fact that so many deaths were attributed to natural causes or suicide, and families unconnected to each other all cite similar descriptions of their loved ones – missing eyes, hollowed out torsos, unexplained surgical marks, and other injuries – needs urgent investigation.

The desk research for this investigation includes:

- Aggregation of other alleged cases published in the different African media platforms.
- Published research on the high demand for organ donors, the challenges in acquiring organs, and lack of awareness on human organ donation.
- Data from the Saudi Organ Transplant Committee
- International guidance on organ transplants

Response Sought

Migrant-Rights.Org had reached out to the Kenyatta University Teaching, Referral and Research Hospital and the Kenya Renal Society for their inputs for this report. No response received so far.

This report was conducted with inputs from Aidah Muli

MR thanks Centre for Domestic Training and Development, FairSquare, Trace Kenya, Global Justice Group, Domestic Workers Returnees of Kenya, and Azaadi Kenya, for their support and insights for this investigation.