



Tamil Nadu

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India's organ donation programme falling short amid funding and staffing crises, says government report

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India's organ transplantation programme is crippled by insufficient funding, a shortage of specialised doctors, and procedural delays, especially in its public hospitals, according to an official report.¹

The review by the National Organ and Tissue Transplant Organisation (NOTTO), a part of the Ministry of Health and Family Welfare, was published 4 June.¹ It found that while 13 476 kidney transplants were performed in 2024, an estimated 175 000 patients are still on the waiting list, with an average waiting time of 3-5 years.²

The report highlighted disparities among government hospitals that impeded nationwide progress of organ transplantation goals. It noted that some government institutions did not perform any transplantations, despite having the infrastructure and licence.

The report noted a lack of dedicated facilities, infrastructural deficiencies, and workforce constraints. It stressed the need for policy changes, financial investment, and capacity building to bridge the demand and supply gap, especially in government run hospitals.

One way to build a more equitable system is to strengthen public health infrastructure and develop transplantation programmes, said Sanjay Nagral, director of the department of surgical gastroenterology at Jaslok Hospital in Mumbai. "Take, for instance, the city of Mumbai," he said, "It has a population the size of many countries but does not have a single viable liver transplant facility in the public sector."

"Our public health facilities are also understaffed and very strained," he said, forming an obstacle to tackling such problems. One solution would be for the federal government to audit and control the costs of transplants in the private sector.

Nagral says that around 95% of transplants—especially of organs such as livers and hearts—currently take place in the private sector where costs range from Rs 2 000 000 to Rs 2 500 000 (£17 019 to £29 784; €19 866 to €34 774; \$23 313 to \$29 137).

This structural inequity allows organs donated in the public interest to go to those who can afford them, rather than those who need them the most, he says. "This scrutiny by NOTTO is important because it honestly tackles why public hospitals are unable to develop transplantation programmes. Transplants largely take place in private sector hospitals and are prohibitively expensive and out of reach for ordinary Indians."

Nagral suggested that subsidised beds could be reserved in private hospitals for transplant patients

and that every fifth or tenth transplant should be done at low cost. "After all, private hospitals get many subsidies from the state and a donated organ is a public good."

One nation, one policy needed

The NOTTO report recommends policy and financial interventions, including that the government add the lifelong cost of immunosuppressants to the government funded healthcare insurance scheme, the Ayushman Bharat.

A lack of guidelines across different states in India is also a problem, leading to wide variation in policies and protocols, said Noble Gracious, executive director cum member secretary of the Kerala State Organ and Tissue Transplant Organisation. "States like Maharashtra established their guidelines as early as 1999, and Kerala in 2012. Other parts of India are lagging in terms of training and manpower."

Efforts to create "one nation, one policy" have not been fully successful, he added. "What we need most are national guidelines and a nationwide registry for donors."

In March the government flagged concerns³ that hospitals weren't sharing transplant data. Gracious says there is a lack of data to follow up recipients in order to evaluate the outcomes of transplant surgeries. "By establishing these norms and gathering these data, we also create more trust for donors," he told *The BMJ*.

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