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Editorial Desk

Transplant Coordinators: A Key Link in the Donation-to-Transplant Journey

Impact of MOHAN Foundation's Trained Transplant Coordinators

Sujatha Suriyamoorthi, Associate Director - Courses, MOHAN Foundation

Every successful organ transplant is the outcome of the coordinated efforts of a multidisciplinary healthcare team, with transplant coordinators serving as one of the key links in the donation-to-transplant journey. Acting as a bridge between healthcare professionals, hospital administration, regulatory authorities, donor families, recipients, and other stakeholders, transplant coordinators must bring compassion, effective communication, sound clinical knowledge, meticulous coordination, and the ability to manage emotionally and physically challenging situations while upholding ethical and legal standards.

Recognising their importance, the 2011 amendments to the Transplantation of Human Organs Act made it mandatory for every hospital in India seeking registration as a transplant centre, retrieval centre or tissue bank to appoint a trained transplant coordinator. Even before this legal provision was introduced, to address the need for skilled transplant coordinators, MOHAN Foundation initiated comprehensive, structured training programmes in 2009. The training curriculum covers the medical, legal, ethical and religious aspects as well as grief counselling and transplant coordination.

Between December 2009 and June 2026, MOHAN Foundation conducted 127 Transplant Coordinators' Training Programmes of varying durations, including 73 face-to-face and 54 online programmes. The face-to-face training programmes were conducted across multiple states in India and one in Bangladesh, with a total of 5,054 individuals trained. The Foundation's flagship week-long Transplant Coordinators' Training Programme was later adopted by the National Organ and Tissue Transplant Organization (NOTTO) and 28 such programmes were conducted under the aegis of NOTTO. In addition to NOTTO, the training programmes were also conducted in collaboration with bodies such as Armed Forces Organ Retrieval & Transplantation Authority (AORTA), Fortis Organ Retrieval & Transplant (FORT) and Society of Transplantation, Bangladesh. The one-year online programme, Post-Graduate Diploma in Transplant Coordination and Grief Counselling, was recognised as one of the top three finalists for the BMJ South Asia Award in 2018.

In December 2025, MOHAN Foundation was recognized as a training provider by the CPD Standards Office, United Kingdom and its short-term and long-term online training programs for transplant coordinators received CPD accreditation.

In 2010, MOHAN Foundation signed a pilot project with Rajiv Gandhi Government General Hospital (RGGGH), Chennai, to strengthen the hospital's deceased organ donation programme by placing trained transplant coordinators at no cost. These coordinators worked closely with the intensive care team, counselling grieving families and coordinating deceased organ donation.

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Between February 2010 and January 2020, 299 patients were certified as brainstem dead at RGGGH. When approached, 198 out of 291 families consented to donate their loved ones' organs with an impressive 68% consent rate (Image 1). A total of 136 multi-organ donations were coordinated, resulting in the retrieval of 854 organs and tissues. The inclusion of transplant coordinators led to successful outcomes, with the hospital contributing 11% of Tamil Nadu's deceased organ donations during the period.

This success led to the placement of transplant coordinators in other government hospitals in Tamil Nadu as well as at various public and private hospitals in seven other states including some in the Northeast. Many other trained transplant coordinators were subsequently employed by transplant centres across the country. Follow-up data from February 2010 to March 2026 indicate that these transplant coordinators contributed to the donation of more than 16,900 organs and tissues, saving thousands of lives and improving the quality of life of recipients (Table 1).

Beyond deceased donation, these coordinators also play a vital role in creating awareness, coordinating living donor transplant programmes, facilitating legal documentation and approvals, counselling recipients, coordinating transplant procedures and post-transplant follow-up.

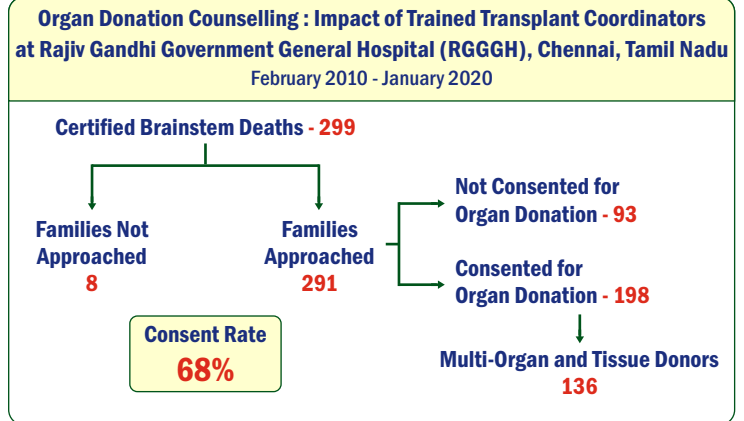


Image 1 - RGGGH, Chennai - Organ Donation Conversations

It is evident that transplant coordinators are integral to the success of every transplant programme. Working closely with patients, families, and multidisciplinary healthcare teams, they serve as a vital liaison throughout the donation and transplantation process. Structured training that emphasizes clinical knowledge, communication skills, empathy, and ethical practice equips transplant coordinators to support patients and families effectively, foster trust in the healthcare system, and contribute to improved donation rates and transplant outcomes.

Table 1 - Organ and tissue donations facilitated by MOHAN Foundation's transplant coordinators deputed to government hospitals and collaborating private hospitals, and by the transplant coordinators employed by transplant centres across the country

Year	Kidney	Liver	Heart	Lungs	Pancreas	Intestine	Heart Valves	Corneas	Skin	Bone	Hand
2010	107	53	9	0	0	0	74	124	0	0	0
2011	184	85	8	2	0	0	140	190	0	0	0
2012	144	70	11	12	1	1	65	206	0	0	0
2013	200	99	11	11	0	0	84	264	0	0	0
2014	309	167	32	10	4	0	138	477	3	0	0
2015	377	193	38	20	2	1	106	422	8	0	0
2016	538	268	76	34	16	0	84	599	25	0	0
2017	429	209	81	45	4	3	12	680	38	0	0
2018	405	207	61	47	1	1	30	854	40	21	2
2019	378	176	50	45	3	0	36	1184	43	55	0
2020	170	75	29	43	1	1	20	422	14	29	2
2021	125	60	21	26	5	0	6	583	4	5	0
2022	128	50	19	17	8	0	4	773	5	0	0
2023	79	36	10	7	3	0	4	1075	3	0	0
2024	103	33	6	6	15	0	4	830	11	0	0
2025	69	29	7	4	3	0	23	556	17	0	0
2026 (till March)	14	6	1	1	0	0	0	80	4	0	0
TOTAL	3759	1816	470	330	66	7	830	9319	215	110	4
16,926 Organs and Tissues Retrieved and Transplanted											

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Living Donation and Minors: Balancing Policy and the Best Interests of the Child (Discussing with Recent Judgements)



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Introduction

Organ donation by a minor is one of the most legally sensitive corners of transplant medicine in India. The statute permits it only in exceptional circumstances, the rules impose strict conditions, and Authorisation Committees — the bodies actually empowered to decide such cases — have, in practice, developed a strong institutional reluctance to grant permission at all.

In this article, three provisions that govern the field are discussed — Section 2(hb), Section 9(1B) of the Transplantation of Human Organs and Tissues Act, 1994 (THOTA), and Rule 5(3)(g) of the Transplantation of Human Organs and Tissues Rules, 2014⁽¹⁾ — along with how courts have actually applied them, and why the common belief that "courts decide" these cases needs correction.

The Three Provisions

1. Section 2(hb) — Definition of "minor"

The THOTA Act defines the term plainly: a minor is "a person who has not completed the age of eighteen years." This definition was inserted by the 2011 amendment to the Act and is the threshold that triggers every other protective provision discussed below.

2. Section 9(1B) — The substantive bar

Section 9 of THOTA deals broadly with restrictions on removal and transplantation of organs. Sub-section (1B), inserted by the same 2011 amendment, is the operative clause for minor donors. In substance, it prohibits removing any organ or tissue from a living minor for transplantation, "except in the manner as may be prescribed" by Rules. In other words, the Act does not impose an absolute prohibition — it delegates the actual conditions of permission to subordinate legislation, which is where THOTA Rules 2014 Section 5(3)(g) comes in.

3. Rule 5(3)(g) of the 2014 Rules — The operative test

This is the provision that Authorisation Committees, hospitals, and courts actually apply while examining a minor's case. It provides that living organ or tissue donation by a minor is not permitted "except on exceptional medical grounds to be recorded in detail with full justification," and — critically — this exception requires prior approval not merely of the Appropriate Authority but also of the State Government concerned. This dual sign-off requirement makes minor-donor cases procedurally heavier than ordinary near-relative donations, which need only Authorisation Committee approval.

Read together, these three provisions create a narrow, tightly conditioned gateway: a minor can be a living donor only when (a) no adult near relative is medically suitable, (b) the medical case is genuinely exceptional, (c) the reasoning is documented in detail, and (d) both the Appropriate Authority and the State Government have signed off — not the Authorisation Committee alone.

The Practical Problem:

Authorisation Committees Choose to Say No

On paper, Rule 5(3)(g) is an exception clause, not a prohibition. In practice, many Authorisation Committees across India treat it as a prohibition. Faced with a minor-donor file, many committees either reject the application outright or — more commonly — simply record that "donation under 18 is not permitted," without engaging with whether the specific medical facts before them qualify as an "exceptional ground" under the Rules.

This is not a hypothetical concern. It was the subject of considerable discussion at a transplant-law conference following a High Court ruling on organ donation involving a minor, where practitioners repeatedly framed the issue as one of "getting the High Court to decide" a minor's case — a framing, this article specifically wants to correct.

The reasons for this institutional caution are understandable: Authorisation Committees operate under the shadow of Sections 19 and 19A of the Act, which criminalise commercial dealings in organs, and members are conscious that any error in a minor's case — medical or otherwise — carries reputational and legal exposure for the committee itself. But caution has, in a meaningful number of cases, curdled into a blanket refusal to even examine whether "exceptional medical grounds" are met — which is itself an abdication of the discretionary function Rule 5(3)(g) actually vests in these bodies.

What Courts Actually Do — And What They Do Not Do

This is the point that most needs to be said plainly to medical professionals following these cases through media coverage: **High Courts and the Supreme Court do not, as a rule, decide minor organ donation cases on facts.** Their constitutional function is to interpret the law — Section 9(1B), Rule 5(3)(g), and related provisions — and then examine whether the Authorisation Committee's order, when tested against that interpretation, can stand. In the overwhelming majority of reported cases, the result of a successful writ petition is that the impugned order is set aside and the matter is sent back to the very same Authorisation Committee, now directed to decide afresh, in light of the law as clarified by the Court, and usually within a fixed timeline.

Two illustrations from recent unrelated-donor jurisprudence (governed by a parallel provision, Section 9(3), but decided on the same institutional logic) make the pattern clear:

- In *Sudha Mathesan vs The Authorisation Committee* on 30 May, 2024⁽²⁾, the Madras High Court did not itself approve the kidney donations in question. It "directed the Authorisation Committee to scrutinise the applications within four weeks" — the Court corrected the legal approach the Committee was required to take, and then returned the decision to the Committee.

Donation by Minor in India

— THE LEGAL PERSPECTIVE —

A Comparative Analysis of 5 Landmark Judgments

Exploring how Indian courts have interpreted the capacity of minors to donate – across time and law.

WHAT THE ARTICLE COVERS:



5 Important Judgments Compared



Legal Principles on Minor's Capacity to Donate



Judicial Interpretations & Evolution



Impact on Living Donation & Transplant Law



Insights for Legal Practitioners & Policy Makers

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- In *Dr. J. Kaja Moinudeen vs The Authorisation Committee* on 9 October, 2023⁽³⁾, the Madras High Court similarly declined to grant the NOC. It "directed the Authorisation Committee to either approve the application or reject it" under the statutory sub-sections governing that decision.

This is the ordinary pattern for minor-donor cases as well: the Court interprets Section 9(1B) and Rule 5(3)(g), examines whether the Committee's reasoning (or absence of reasoning) is legally sustainable, and — in most cases — remits the file back to the Committee rather than substituting its own judgement on the medical facts.

In a case where the proposed living donor was a minor and did not fall within the definition of a 'near relative', and the Authorisation Committee had rejected the application without providing reasons, the Court directed the Appellate Authority to consider and determine the matter in accordance with law.

- In *Arvind Subash Singh vs Director of Health Services*⁽⁴⁾, the Bombay High Court rejected the KEM Hospital's first response — "a cryptic report without furnishing any reasons," merely reproducing statutory text, which directed the Appellate Authority under Section 17 of the Act to hear the petitioners and report back within twenty-four hours. The Appellate Authority reversed the rejection, describing its approval as "a special and rare case," valid for six months; the writ petition, the Court noted, had thereby "worked itself out." The Bench made no independent finding on donor fitness or risk — it policed the process and enforced compliance once the Act's own appellate mechanism had ruled.

This reinforces a point worth stating plainly: the Court does not take away the Authorisation Committee's (or Appellate Authority's) power to approve or reject a case. It only requires that body to

decide the case correctly — applying the right interpretation of the law to the actual facts before it — rather than substituting its own judgement for theirs.

The rare exception.

Only in a limited category of cases — typically where a life is at immediate risk, the medical evidence of "exceptional grounds" is undisputed on record, and a remand would itself cause fatal delay — does a court invoke its extraordinary writ jurisdiction under Article 226 (or Article 32) to grant permission directly, effectively stepping into the shoes of the Authorisation Committee. Two recent examples show this rare exception in action:

- In *Pratik Shaw vs Union of India*, 2026⁽⁵⁾, the Delhi High Court permitted a 17-year-old to donate part of his liver to his father directly, rather than remitting the matter, because the medical urgency was undisputed, the State Government and Appropriate Authority had already granted approval by letter dated 29 June 2026, and further delay could "lead to loss of the petitioner's father's life."

Both are exceptions that prove the rule: courts step into the decision-making seat only when remand itself would be an empty formality that risks a life. The default constitutional posture remains interpretation of law followed by remand the statutory body entrusted by the Parliament with making the decision — the Authorisation Committee.

- In *Minor Atonu Saha vs The State of Tamil Nadu* on 29 May, 2026⁽⁶⁾, the Madras High Court set aside a Tamil Nadu Authorisation Committee order refusing a mother's donation of her kidney to her minor son, holding that the Committee's reasoning "suffered from misdirection in law and non-application of mind," and directed immediate grant of permission rather than sending the matter back — again because the medical urgency and documentary proof of relationship were not seriously in dispute.

Both are exceptions that prove the rule: courts step into the decision-making seat only when remand itself would be an empty formality that risks a life. The default constitutional posture remains interpretation of law followed by remand the statutory body entrusted by the Parliament with making the decision — the Authorisation Committee.

Why This Distinction Matters for Medical Professionals

Media coverage of these judgements tends to compress a careful, often lengthy judicial reasoning process into a headline — "Court allows minor to donate organ." This flattens an important distinction that this article wants to underline: in most cases, the Court is not pronouncing on whether this particular child should donate; it is pronouncing on whether the Committee's legal approach to Section 9(1B) and Rule 5(3)(g) was sound, and then handing the actual medical-and-equitable judgement back to the Committee.

Several of these judgments are, frankly, substantial pieces of legal reasoning — written by some of the finest legal minds sitting on



Indian High Courts — that trace the legislative history of the 2011 amendment, the WHO Guiding Principles that influenced it, and the constitutional balance between individual autonomy, parental consent, and the State's protective interest in a minor's bodily integrity. Reading only the headline, or a two-line media summary, does a disservice both to the Court's reasoning and to the practitioners who will need to rely on that reasoning the next time a similar file crosses an Authorisation Committee's desk.

Medical professionals, hospital legal teams, and Authorisation Committee members are strongly encouraged to read the full text of judgements such as *Pratik Shaw vs Union of India* and *Atonu Saha vs State of Tamil Nadu* — not merely the press summaries — to properly understand both the narrow circumstances in which "exceptional medical grounds" under Rule 5(3)(g) were found to be made out, and the far more common circumstance in which a court's role begins and ends with correcting the Committee's legal approach and returning the file for a reasoned decision.

Conclusion

The statutory architecture — Section 2(hb)'s definition, Section 9(1B)'s substantive bar, and Rule 5(3)(g)'s conditional exception — is deliberately narrow and deliberately discretionary. That discretion was vested in Authorisation Committees, not in courts. When Committees decline to exercise that discretion at all, or treat the exception as a nullity, they invite exactly the kind of judicial

correction seen in the cases above. But that correction, in the ordinary course, sends the decision back to where the law placed it — not to the High Court. Only genuine, undisputed urgency moves a court to decide the case itself. Practitioners who understand this distinction will be far better placed to prepare a minor-donor file that actually engages with what Rule 5(3)(g) requires, rather than treating a High Court petition as an alternative pathway to a decision the Authorisation Committee itself should have made.

This article is intended for general informational purposes for medical and legal professionals working with the Transplantation of Human Organs and Tissues Act, 1994, and the Transplantation of Human Organs and Tissues Rules, 2014. It does not constitute legal advice. Readers handling an actual minor-donor case should consult the full text of the Act, the Rules, and the judgments cited, and take independent legal counsel.

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MOHAN Foundation's Online Learning Programmes Earns International CPD Accreditation, Strengthening Transplant Education in India

Poonam Sharma, Curriculum Coordinator, MOHAN Foundation

MOHAN Foundation's online learning programmes on organ donation and transplant coordination have earned Continuing Professional Development (CPD) accreditation from the CPD Standards Office (United Kingdom). This is a major step in bringing India's transplant education to international quality standards. With this globally recognized accreditation, MOHAN Foundation joins a growing group of organizations offering healthcare education that meets international benchmarks.

The accreditation ensures that each course undergoes a rigorous review of its structure, delivery, and content quality, providing high-quality, innovative, and practical learning that can be immediately applied in the workplace.

CPD accreditation ensures that the transplant coordinator, counsellor, and other allied health professionals gain internationally recognised credit hours and certificates. It assures learners that the course material meets quality standards and is clinically relevant. For the hospitals and transplant centres, the CPD accreditation assures that their staff is undergoing training programmes that have international standards.

MOHAN Foundation has been part of the CPD Standards Office since 2025. The organisation says this accreditation "sets us apart as a trusted provider of CPD accredited training," and helps participants stay up-to-date with their skills, keep their professional focus clear, and maintain strong credibility in a field that never stops changing.

To cite : Sharma P. MOHAN Foundation's Online Learning Programmes Earns International CPD Accreditation, Strengthening Transplant Education in India. Indian Transplant Newsletter. 2026 Apr-June; 25(2):p5.

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Expanding to Nagaland: Strengthening Organ Donation and Transplantation Across Northeast India

Pallavi Kumar, Executive Director-cum-Program Manager (Northeast), MOHAN Foundation



Consultative Meeting at the Directorate of Health & Family Welfare, Government of Nagaland

Building on the success of its public-private partnership model in Manipur, MOHAN Foundation expanded its work to Tripura last year and, in 2026, initiated a new programme in Nagaland with support from the Azim Premji Foundation.

Nagaland currently has no organ transplant programme and no eye bank, making it one of the few states in India without access to these essential services. Recognising this critical gap, MOHAN Foundation has begun working closely with the Government of Nagaland to lay the foundation for a sustainable organ and tissue donation and transplantation programme.

Following a series of meetings with the Directorate of Health & Family Welfare, Government of Nagaland, under the leadership of Mr. Anoop Khinchi, IAS, Commissioner & Secretary, Health & Family Welfare, and Dr. Mereninja Senlem, Principal Director, Department of Health & Family Welfare, a Memorandum of Understanding (MoU) was signed to implement interventions in the field of organ and tissue donation across the state. The programme

will be implemented in close coordination with the Department of Health & Family Welfare and its affiliated institutions.

The primary focus of the initiative is the Naga Hospital Authority Kohima (NHAK), the state's premier government hospital. A separate MoU has also been signed with NHAK to support the development of a comprehensive transplantation programme. The partnership aims to facilitate the procurement of a renal transplant licence, strengthen systems for both living and deceased donor transplantation, build the capacity of healthcare professionals, create awareness within the hospital and the community, and establish linkages with the appropriate government and regulatory authorities. Together with key stakeholders, a phased roadmap has been developed to guide the implementation of these activities.



Group photo of Consultative Meeting at the Directorate of Health & Family Welfare- April 29, 2026



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Nagaland is a small state in the northeastern region of India, covering an area of approximately 16,579 square kilometers and is home to a population of around 2 million people. Although it became the 16th state of the Indian Union in 1963, its developmental progress has been constrained by several factors, including its geographical remoteness, landlocked hilly terrain, and decades of insurgency. These challenges have inevitably affected the growth of the healthcare sector.

The lack of adequate healthcare infrastructure has placed a significant burden on the people of the state. It is only in recent years that Nagaland established its first medical college, marking an important milestone in strengthening medical education and healthcare services. However, when it comes to advanced, life-saving procedures such as organ

transplantation, patients are still compelled to travel to major cities across India, often at tremendous financial, logistical, and emotional cost.

In our efforts to overcome these challenges, we were fortunate to connect with the MOHAN Foundation, an organisation with a distinguished record of promoting organ donation and supporting the development of transplant programmes across the country. We express our sincere gratitude to Dr. Sunil Shroff, Ms. Pallavi Kumar and the entire team at the MOHAN Foundation for their generosity, guidance, and willingness to partner with us in developing organ donation and transplantation services in Nagaland.

With their invaluable support, we have initiated the process of establishing transplant programmes beginning with corneal and renal transplantation. This marks the beginning of a significant journey toward improving access to advanced healthcare for the people of our state.

We remain hopeful that, through the collective efforts, dedication, and commitment of all those involved, this endeavour will soon bear fruit, bringing renewed hope and saving countless lives in the years to come.



The initiative began with public awareness programmes on organ donation and transplantation, a Knowledge, Attitude and Practice (KAP) study to understand community perceptions and guide future communication strategies, and groundwork for establishing the state's first eye bank. Simultaneously, efforts are underway to support NHAK in securing its renal transplant licence, a milestone that will pave the way for transplant services to become available within the state for the first time.

Each successive initiative in Northeast India demonstrates that sustained government partnerships, strategic capacity building, and community engagement can bridge longstanding gaps in transplant care. The Nagaland initiative represents another significant step towards ensuring that patients no longer have to travel thousands of kilometres in search of life-saving transplant services.

A Second Chance at Life: Mr Mhiesirovi Sophi's Kidney Transplant Journey

"I am grateful to my brother for donating his kidney and giving me a second chance at life. Today, I am healthy and able to support myself through my business. Having experienced the challenges of seeking transplant care outside the state, I hope that Nagaland will one day have its own organ transplant centre and related services, making treatment and long-term follow-up care more accessible for patients and families. Organ donation is truly the gift of life, and I encourage more people to learn about its life-saving impact."

Diagnosed with chronic kidney disease in 2019, Mr Mhiesirovi Sophi, a 30-year-old from Kohima, Nagaland, underwent haemodialysis before receiving a life-saving kidney transplant in 2020 at Shija Hospital, Manipur, after his brother selflessly donated one of his kidneys.

Today, he enjoys good health, runs his own small business, and continues to advocate for organ donation. His journey highlights not only the life-changing impact of living donation but also the need to strengthen transplant services within Nagaland so that patients can access life-saving care closer to home.



(R) Lirenthung N. Kithan Project Lead, MOHAN Foundation, Nagaland interacting with Mhiesirovi Sophi (transplant recipient)

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Building the Foundation for Deceased Organ & Tissue Donation in Jharkhand

Jaya Jairam, Project Director, MOHAN Foundation

Vinay Kumar Mishra, State Head, Jharkhand, MOHAN Foundation

For decades, families in Jharkhand facing end-stage kidney or liver failure have had to look beyond the state's borders for hope. Many have travelled more than 1,500 kilometres to the Christian Medical College (CMC), Vellore – one of India's most respected centres for organ transplantation and advanced kidney and liver care. Yet these journeys come at a considerable cost. Repeated travel for investigations, dialysis, transplant evaluation, surgery and lifelong follow-up impose an enormous financial, physical and emotional burden on patients and their families.

The need for a robust deceased organ donation programme in Jharkhand is therefore both urgent and compelling. A well-functioning deceased organ donation programme is an integral component of a modern healthcare system. It promotes equitable access to life-saving organ transplantation while strengthening intensive care services, brainstem death certification, multidisciplinary collaboration and hospital preparedness across the state.

Twenty-five years after becoming a separate state, Jharkhand had yet to witness its first deceased organ donor. The absence of an



organised deceased organ donation programme meant that the opportunity to save multiple lives through a single donor remained unrealised. With India's deceased organ donation rate still below one donor per million population, building institutional capacity and public awareness in emerging states such as Jharkhand is imperative.

Recognising this unmet need, MOHAN Foundation established its presence in Ranchi in early 2026, with a vision to help build the state's deceased organ and tissue donation programme. Working



Honourable Chief Minister Shri Hemant Soren sharing the inspiring story of Baby Allen, youngest deceased organ donor from Kerala who became a beacon of hope and gave others a second chance at life.



Dr. Irfan Ansari, Honourable Minister for Health, Medical Education and Family Welfare, addressing the gathering on the need to strengthen organ donation initiatives in Jharkhand.



Shri Ajay Kumar Singh, Additional Chief Secretary, Department of Health, Medical Education and Family Welfare, Government of Jharkhand, sharing his thoughts on the importance of organ and tissue donation.

in partnership with the State Organ and Tissue Transplant Organization (SOTTO), government departments and healthcare institutions, the Foundation initiated a series of awareness and capacity-building efforts aimed at creating an enabling ecosystem for deceased organ and tissue donation. These efforts marked the beginning of a coordinated movement to build institutional preparedness, strengthen healthcare systems and foster public trust in organ donation.

A major milestone in this journey was the one-day workshop on "**Best Practices in Organ and Tissue Donation**," organised in June 2026 at Ramada, Ranchi, under the aegis of SOTTO Jharkhand and in collaboration with Manipal Organ Sharing and Transplant (MOST). The workshop brought together 105 participants, including policymakers, senior government officials, transplant experts, clinicians, hospital administrators, nurses, transplant coordinators, grief counsellors, and representatives from government and private healthcare institutions across the state.

The workshop was inaugurated by the Hon'ble Chief Minister of Jharkhand, **Shri Hemant Soren**, and the Hon'ble Minister for Health, Medical Education and Family Welfare, **Dr. Irfan Ansari**. In his inaugural address, Shri Hemant Soren highlighted the importance of sustained public awareness and stronger healthcare systems in advancing deceased organ donation. Dr. Irfan Ansari reaffirmed the state's commitment to adopting successful organ donation models from across the country. **Shri Ajay Kumar Singh**, Additional Chief Secretary, Department of Health, Medical Education and Family Welfare, Government of Jharkhand, also addressed the gathering, underscoring the need for institutional collaboration to strengthen the state's transplant ecosystem.

The keynote address was delivered by Dr. (Col.) Avnish Seth, Director, Manipal Organ Sharing and Transplant (MOST) and Country Lead – Best Practices, MOHAN Foundation, who outlined strategies for strengthening hospital-based deceased organ donation through early donor identification, brainstem death certification and coordinated multidisciplinary care.

The scientific programme provided a comprehensive overview of the deceased organ and tissue donation pathway, covering organ and tissue donation, eye and skin banking, neurocritical care, brainstem death identification and certification, donor management, grief counselling and donor selection. The faculty included experts from across India, including Mrs. Lalitha Raghuram, Dr. (Col.) Avnish Seth and Ms. Jaya Jairam (MOHAN Foundation); Dr. B.P. Kashyap and Dr. Nishi Kashyap (Kashyap Memorial Eye Hospital, Ranchi); Dr. Sunil Keswani (National Burns Centre, Mumbai); Dr. Anant Sinha (Devkamal and Devanika Hospitals, Ranchi); Dr. Shruti Tandan (Jaslok Hospital, Mumbai); Dr. Vijay Kumar Mishra (Manipal Hospitals, Ranchi) and Dr. Vijay Kumar Singh (Medanta Hospital, Ranchi).

The workshop culminated with an interactive panel discussion on strengthening organ and tissue donation in Jharkhand, moderated by Dr. (Col.) Avnish Seth and Mrs. Lalitha Raghuram. The panel featured Shri Ajay Kumar Singh, Additional Chief Secretary, Department of Health, Medical Education and Family Welfare, Government of Jharkhand, along with representatives from Rajendra Institute of Medical Sciences (RIMS), SOTTO Jharkhand, Medanta Hospital, Manipal Hospitals, Raj Hospitals, Orchid Hospitals and other private hospitals in Ranchi.

Discussions focused on strengthening collaboration between government and private healthcare institutions, streamlining donor referral pathways, building multidisciplinary teams and enhancing institutional preparedness. The panel underscored that a coordinated, state-wide approach is essential to establishing a sustainable organ and tissue donation programme.

The workshop concluded with a collective commitment from the Government of Jharkhand, healthcare institutions, and partner organisations to work together towards establishing a robust organ and tissue donation programme in Jharkhand.

To cite : Jairam J, Mishra V K. Building the Foundation for Deceased Organ & Tissue Donation in Jharkhand. Indian Transplant Newsletter. 2026 Apr-June; 25(2):p7-8.

Amplifying Voices: An International Conference on Organ Donation

Lalitha Raghuram, Country Director, MOHAN Foundation



Conference inaugural ceremony

On April 3–4, 2026, “Amplifying Voices: An International Conference on Organ Donation,” was hosted by MOHAN Foundation in partnership with Indian Institute of Management Ahmedabad (IIMA), bringing together healthcare leaders, policymakers, NGOs, researchers, transplant coordinators, and youth advocates from India and across the Commonwealth. Supported by the Tata Trusts and the Commonwealth Tribute to Life initiative, the conference was inaugurated by Prof. Satish Deodhar, Dean (Faculty), IIMA, alongside Dr. Sunil Shroff, Managing Trustee, MOHAN Foundation, Prof. Rajesh Chandwani (IIMA), Prof. Viswanath Pingali (IIMA), and Mrs. Lalitha Raghuram (MOHAN Foundation). The inaugural addresses collectively emphasized that organ donation is not merely a medical intervention but a social movement rooted in empathy, ethical responsibility, systemic coordination, and collective action to bridge the widening gap between organ availability and transplants.

Sessions focused on innovation, technology, and global learning were moderated by Mr. A.K. Viswanathan and led by Dr. Arun Shroff, Dr. Sunil Shroff, Ms. Pallavi Kumar, and Mr. Sundeeep Kumar demonstrated how Artificial Intelligence, multilingual AI helplines, structured prompt engineering, digital storytelling, and design platforms can strengthen outreach while safeguarding data privacy.

International experts including Dr. Dale Gardiner (UK), Dr. Harun Ur Rashid (Bangladesh), Dr. Niroshan Seneviratne (Sri Lanka), and Dr. Vijayan Manogran (Malaysia) presented comparative Commonwealth data, highlighting donor-per-million rates, consent systems, specialist nurse involvement, national registries, and organ procurement units as key determinants of success.

Discussions underscored that robust infrastructure, trained transplant coordinators, and a strong consent culture are critical to improving deceased donation rates.

The conference also explored creative and academic pathways for awareness generation. Sessions on performing arts, traditional arts, sports initiatives, and architectural memorials demonstrated culturally contextual strategies to engage communities. Screening of award-winning documentary ‘God, Vulture and Human’, directed by Rishiraj Agarwal and supported by Prof. Rajesh Chandwani (IIMA), illuminated the pivotal yet often unseen role of transplant coordinators and the deeply human dimensions of organ donation. Hospital-based strengthening models, including ICU coordination systems and standardised operating procedures, were presented as practical mechanisms to enhance family consent and streamline the donation process. Across discussions, ethical communication, behavioural change strategies, and transparent organ allocation emerged as central themes.

The conference also emphasized leadership development and grassroots advocacy. The immersive ‘Vision in the Dark’ experience at the Blind People's Association, fostered empathy by allowing participants to navigate environments simulating blindness.

The session on ‘Self-Development – The Golden Ladder’ by Mr. Vijay Parthasarathy highlighted personal growth, purpose-driven leadership, and inner transformation as essential qualities for sustained social impact. In ‘Engaging Volunteers and Measuring Impact,’ Mr. A.K. Viswanathan underscored the importance of structured volunteer management, accountability, and outcome-based evaluation in scaling organ donation initiatives.

The SODA (Student Organ Donation Ambassador) Club Model and Ambassador Training Programme, demonstrated how structured training, institutional partnerships, and faith-based engagement can convert awareness into measurable pledges.

The NGO and Community Voices panel reinforced the indispensable role of civil society in addressing policy barriers, administrative challenges, and public mistrust. The conference concluded with a valedictory session recognizing key contributors and reaffirming a collective commitment to building a stronger, transparent, technology-enabled, and collaborative organ donation ecosystem in India and across the Commonwealth.



Award-Winning Documentary ‘God, Vulture and Human’ - Rishiraj Agarwal, Director (L) & Prof. Rajesh Chandwani, Co-Producer (R) at the conference



Prof. Satish Deodhar, Dean (Faculty), IIM Ahmedabad, addressing the delegates



Ms. Shazia Ilmi, renowned politician, at the conference



Hands-on session on Using social media to promote organ donation

To cite : Raghuram L. Amplifying Voices: An International Conference on Organ Donation. Indian Transplant Newsletter. 2026 Apr-June; 25(2):p9.

Rare Quadruple Organ Transplant Gives Young Woman a Second Chance at Life

After living with cystic fibrosis since childhood, 28-year-old Jasmine Jones from Chicago received her second chance, through a rare quadruple organ transplant at the University of Chicago Medicine. During the intricate 36-hour procedure, surgeons replaced both lungs, the liver, and a kidney after the disease caused irreversible damage to these organs. It was the first quadruple-organ transplant performed in Illinois and only the sixth reported in the United States.

Though Jones managed cystic fibrosis her whole life, things started sliding in her late teens. Recurrent chest infections and worsening lung damage became more difficult to control. Over time, the condition also affected her liver and kidneys, further complicated by cystic fibrosis-related diabetes. Her transplant team concluded that replacing all four organs (lungs, kidney and liver) was the best path towards survival. The decision to transplant both lungs felt especially crucial, as her lungs carried drug-resistant bacteria that could, once immunosuppressive therapy began, threaten the transplanted organs.

Jones is recovering through rehabilitation and regaining her strength. She is deeply grateful to her donor and the donor's family for giving her a future she once thought impossible.

To cite : Sharma P, Suriyamoorthi S. Rare Quadruple Organ Transplant Gives Young Woman a Second Chance at Life. In the news. Indian Transplant Newsletter. 2026 Apr-June; 25(2):p10.

Vatican Supports Ethical Use of Animal-to-Human Transplantation

According to the Vatican, xenotransplantation (transplanting animal organs, tissue and cells to humans) can be morally right when conducted in an ethical manner and with required safety measures taken into account. More importantly, the document states that receiving an organ from an animal does not influence the spirituality and humanness of a person. The news highlights the intersection of faith and science, stating that this provides a moral foundation to the field of transplant medicine that could help address the global shortage of donor organs.

The statement is extremely important since people die while waiting for an organ transplantation and recent achievements in genetic engineering provide a better opportunity to use pig organs. At this point, there are already some experiments with modified kidneys and livers of pigs. However, at the same time, the Vatican has emphasised the importance of moral conduct of the procedure and mentioned that it should include informed consent, infection control, concern about animals' well-being and proportionality of using animal organs in relation to saving human life.

To cite : Sharma P, Suriyamoorthi S. Vatican Supports Ethical Use of Animal-to-Human Transplantation. In the news. Indian Transplant Newsletter. 2026 Apr-June; 25(2):p10.

New Trial Explores Safer Approach to Immunosuppression After Liver Transplantation

A clinical trial by researchers at the University of Pittsburgh Medical Center (UPMC) and the University of Pittsburgh marks a significant step towards reducing lifelong immunosuppression after liver transplantation. Published in Nature Communications (April 2026), this study was the first to demonstrate the success of an immune-priming approach in living donor liver transplant recipients. Launched in 2017, the clinical trial included 13 patients who received an infusion of specialized immune cells known as regulatory dendritic cells (DC), one week before their transplantation. Derived from the donor's blood, these cells are intended not to suppress but rather to prime the immune system of the patient and encourage recognition of the donor liver.

The results were encouraging as eight patients were found to be eligible to discontinue anti-rejection medication. While four successfully stopped immunosuppressive drugs completely, three have remained medication-free for more than three years. As lifelong immunosuppression is associated with kidney damage, infections, diabetes, cancer risk, and other complications, this approach could significantly improve long-term outcomes.

More randomized studies are needed before this technique becomes standard. If successful, it could enable carefully selected liver transplant recipients to use fewer immunosuppressive drugs.

To cite : Sharma P, Suriyamoorthi S. New Trial Explores Safer Approach to Immunosuppression After Liver Transplantation. In the news. Indian Transplant Newsletter. 2026 Apr-June; 25(2):p10.

NASA Study Explores Drones for Faster Organ Transport

Could drones help deliver organs more quickly for transplantation? A recent NASA-led study in Virginia suggests they may have an important role to play.

Scientists have succeeded in transporting two human kidneys using a drone, which is beyond the operator's visual line of sight. The organs were flown on June 5, 2026 over NASA's Langley Research Center test range, 7.5 miles from their starting point, in two 15-minute flights. Laboratory examinations carried out before and after the flights have proven that the organs were not damaged.

Conducted jointly with LifeNet Health and the United Network for Organ Sharing (UNOS), this study focused on the possibility of improving the 'first-mile' and 'last-mile' segments of the transport process. While drones may not replace conventional methods, they can support existing methods by providing faster transportation of organs in difficult-to-reach areas and dense urban areas.

The study used organs donated for research and further research and approval would be required before drones can be used in transplant logistics.

To cite : Sharma P, Suriyamoorthi S. NASA Study Explores Drones for Faster Organ Transport. In the news. Indian Transplant Newsletter. 2026 Apr-June; 25(2):p10.



GMCH Nagpur Performs Maharashtra's First Liver Transplant in a Government Hospital

A major milestone has been achieved by Government Medical College & Hospital (GMCH), Nagpur, with the first ever liver transplant in a government hospital in the state of Maharashtra. The transplant was conducted at the Super Speciality Hospital of GMCH, on a 46-year-old farmer suffering from end-stage liver disease.

The transplant was led by GMCH Dean Dr. Raj Gajbhiye, alongside liver transplant expert Dr. Ravi Mohanka and his team from Reliance Hospital, Mumbai. The seven-hour surgery was made possible by the donor family's generous decision to donate their loved one's organs after brainstem death. The transplant was performed under a collaborative programme in which specialists from Reliance Hospital supported GMCH in providing liver transplant services and developing its local transplant programme.

GMCH has once again made history in Maharashtra's transplant programme, having earlier performed the state's first kidney transplant in a government hospital in 2016. This latest achievement marks another important step in expanding advanced transplant care within the state's public health system.

To cite : Sharma P, Suriyamoorthi S. GMCH Nagpur Performs Maharashtra's First Liver Transplant in a Government Hospital. In the news. Indian Transplant Newsletter. 2026 Apr-June; 25(2):p11.

Osmania General Hospital Performs Landmark Five-Organ Transplant

Doctors at Osmania General Hospital (OGH), Hyderabad, performed what is recognised as India's first simultaneous five-organ (multivisceral) transplant in a government hospital. The 36-hour surgery was carried out on a 30-year-old engineer from Rajanna Sircilla district who had a rare intestinal disorder that prevented him from digesting food or absorbing nutrients.

After years of treatment and prolonged dependence on intravenous nutrition, transplantation was his only option. He had been admitted to OGH six months earlier and placed on the Jeevandan waiting list. The blood group compatibility and a favourable lymphocyte cross-match made it challenging to finding a suitable donor.

Led by Dr. CH Madhusudhan, the transplant team successfully transplanted the stomach, duodenum, pancreas, small intestine, and right colon donated by a 35-year-old woman following brainstem death caused by a pregnancy-related brain haemorrhage.

The patient was successfully weaned off ventilator support and remained metabolically stable. The National Organ and Tissue Transplant Organization (NOTTO) described the surgery as a landmark achievement, recognising it as the first five-organ transplant of its kind in an Indian government hospital. The milestone highlighted the growing expertise of public-sector transplant programmes and offered new hope for patients requiring complex multivisceral transplantation.

To cite : Sharma P, Suriyamoorthi S. Osmania General Hospital Performs Landmark Five-Organ Transplant. In the news. Indian Transplant Newsletter. 2026 Apr-June; 25(2):p11.

Ayushman Bharat Digital Mission Crosses 100 Crore Linked Health Records

India's digital health ecosystem has crossed a major milestone, with over 100 crore health records linked to Ayushman Bharat Health Accounts (ABHA) through the Ayushman Bharat Digital Mission (ABDM). As per the Ministry of Health and Family Welfare, there had been a doubling of the number of connections from 50 crore to over 100 crores in just 15 months since February 2025 owing to the fast adoption of digital health facilities all around the country.

ABHA provides a unique digital health ID, enabling people to securely access and share health records across hospitals, laboratories, clinics, and other healthcare facilities. The consent-based system gives individuals control over their health data while ensuring privacy and security.

To cite : Sharma P, Suriyamoorthi S. Ayushman Bharat Digital Mission Crosses 100 Crore Linked Health Records. In the news. Indian Transplant Newsletter. 2026 Apr-June; 25(2):p11.



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I, Sunil Shroff, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Sd/-
Sunil Shroff
Date: 30th June 2026


Signature of Publisher



Breathing Again: Nine Years of a Second Chance at Life



Rashmi Raj
MOHAN Foundation
Patna

It has been almost nine years since I received my kidney transplant. The journey has been a roller coaster—filled with uncertainty, pain, hope, and countless challenges—but every moment has been worth it. Even today, I never take a single breath for granted. My transplant gave me not just a new kidney, but a new beginning.

I was a young woman with dreams of becoming an Assistant Professor. During the second semester of my Master's programme, my life changed completely. On 8th March 2014, at just 22 years of age, I was diagnosed with Stage V Chronic Kidney Disease (CKD). The diagnosis came as a complete shock because I had experienced no alarming symptoms—only occasional nausea, swelling in my feet, and low haemoglobin levels.

Within days of my diagnosis, I began dialysis. My life, soon revolved around hospital visits, medications, dietary restrictions, and uncertainty. With transplant as only hope, the wait lasted around three years and tested me and my family in every possible way. In 2015, my condition became critical, and I was placed on life support before being rushed to Sir Ganga Ram Hospital, New Delhi. Looking back, I believe it was my determination to live, along with the unwavering support of my family and the dedication of my medical team, that carried me through those darkest days.

To cite : Raj R. Breathing Again: Nine Years of a Second Chance at Life. Indian Transplant Newsletter. 2026 Apr-Jun; 25(2):p12.

Finally, in July 2017, I received a matching kidney. The first morning after the transplant was painful, but it also brought the immense relief of knowing I was free from dialysis.

Receiving a transplant marked the beginning of a new journey. Lifelong medications, regular follow-ups, and vigilance against rejection are a routine.

Over the past nine years, I have regained my strength, completed two Master's degrees, qualified for the post of Assistant Professor, and am now pursuing a Ph.D. Every milestone reminds me that organ donation does not just save lives—it restores dreams.

My heartfelt gratitude goes to my 26-year-old donor and the donor's family, whose selfless decision gave me a second chance at life. Today, I work with MOHAN Foundation, creating awareness about organ donation and encouraging people to pledge their organs.

Every person I reach, every conversation I have, and every life touched reminds me that one selfless decision has the power to spread hope for many others. If my journey inspires even one person to become an organ donor or gives hope to someone waiting for a transplant, I will feel that I have truly honoured the incredible gift I was given.

*"I am happy for the sufferings,
I am happy for the healings,
You say I made it,
But, it was the generosity of the donor who did all of it."*

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