Helsedirektoratet
Norwegian Directorate of Health

Minutes of meeting

Meeting: 31st meeting of the Nordic Transplant Committee

Time: 29th October 2026 at 13:00-16:00

Venue: Radisson Blu Airport Hotel, Gardermoen, Norway

Present

HEALTH AUTHORITIES:

- Estonia: Siim Suutre, Republic of Estonia Agency of Medicines
- Sweden: Marica Ekström, National Board of Health and Welfare
- Norway: Ragnhild Marie Sørensen, Norwegian Directorate of Health

MANAGING DIRECTOR:

- Ilse Duus Weinreich, Managing Director of Scandiatransplant

BOARD MEMBERS OF SCANDIATRANSPLANT:

- Allan Rasmussen, Copenhagen
- Marko Lempinen, Helsinki
- Michael Perch, Copenhagen
- Árni Sæmundsson, Reykjavik
- Virge Pall, Tartu
- Are Martin Holm, Oslo

1. Welcome

Allan Rasmussen welcomed all attendees.

2. Election: Leader of meeting and writer of minutes

Allan Rasmussen was elected to chair the meeting, while Ragnhild M. Sørensen was appointed as the writer of minutes.

3. Presentation of attendees

A brief round of introductions was conducted.

4. Ask for issues for any other business

No additional items were proposed.

5. Minutes of the previous meeting

There were no comments.

6. Annual request for data from ONT to CAs and Scandiatransplant Office

Scandiatransplant has provided figures for several years and helps with filling out forms on behalf of Competent Authority (CA) for Organs. Finland has forwarded the request to Scandiatransplant. Denmark wants to do the same. Norway uses figures from Scandiatransplant and Oslo University Hospital HF (citing sources) but completes the survey itself. Estonia will complete the survey by themselves.

Iceland and Sweden are kindly asked to report back to the Scandiatransplant office whether they will complete the survey themselves, or they would like Scandiatransplant to do it on their behalf.

7. Status on Scandiatransplant's exclusive rights to deceased donors

The Board deliberated on Scandiatransplant's assumed exclusive rights to all deceased donors within member countries. While this arrangement functions in practice, it might lack formal documented confirmation in some countries. The Board has set out current practice in a document.

Oslo University Hospital, which owns Scandiatransplant in Norway, is the appropriate body to assess this issue in Norway. Oslo University Hospital sees no legal obstacles to the hospitals participating in Scandiatransplant, even though the organization stipulates as a condition that all organ donation from deceased donors and all organ transplantation in the country must take place within the framework of this collaboration.

It was pointed out in the meeting that all transplantation services in a member country must automatically become members of Scandiatransplant. If Latvia and possibly Lithuania become members, this must be clarified.

8. Updates from each country: CA supplemented by Board member

DENMARK by Helle Haubro Andersen, Danish Center for Organ Donation and Camilla Krogh, Danish Health Authority

1. Trends in Registrations in the Organ Donor Registry

As of 1 October 2026, approximately 1.9 million citizens aged 15 and over have registered in the Organ Donor Registry, corresponding to 38 % of the eligible population. Following the legislative change to the organ donor registry in Denmark, there has been an increase in the proportion of citizens registering a refusal ("no") to organ donation, now totalling 14 % compared to a historical annual average of 5 %. However, the vast majority continue to register full or limited consent, amounting to 86 %.

The number of new registrations increased by nearly 0.5 million during the public communication campaign launched in connection with the legislative amendments but has subsequently more or less returned to the baseline levels observed in previous years.

2. Next-of-Kin Consent for Organ Donation

In Denmark, the next-of-kin are only required to provide consent if the deceased has registered a consent that is explicitly conditional upon family approval, or if the deceased has left no written or oral indications of their wishes.

The family refusal rate is monitored in the national clinical quality database. Over the past few years, the refusal rate has remained stable at 27–29 %.

3. Trends in Deceased Donors – Successful Implementation of DCD

The introduction of Donation after Circulatory Death (DCD) in Denmark has led to a significant increase in the number of deceased donors and, consequently, the overall donor rate. Currently, DCD is performed exclusively at four university hospitals. From implementation ultimo 2023 until 1 July 2026, 98 DCD procedures have been completed, resulting in 206 organs donated for transplantation (183 kidneys, 10 lungs, and 13 livers). Preliminary data also indicate that DCD has expanded the total donor pool without reducing the number of donations after brain death.

4. National Status on DCD

The Danish Health Authority is in the process of preparing a comprehensive status report on the implementation of DCD. The report highlights that while the implementation of DCD has been a success, initial experiences reveal clear areas for development.

The key future areas of focus are:

- **Enhanced identification and transfer** of potential DCD donors from regional hospitals to university hospitals.
- **Expanding the capacity** for liver and lung procurement following DCD across all university hospitals.
- **Establishing DCD heart donation programmes.**
- **Potential revision of the national DCD guidelines**, including a possible adjustment of the age limit for DCD donors to include individuals under the age of 18, as well as discussions regarding broader implementation across more intensive care units nationwide**.**

5. Studies on Next-of-Kin and Staff Experiences with DCD

The Danish Center for Organ Donation (DCO) is currently finalizing a study on next-of-kin experiences with DCD pathways. Furthermore, in 2027, the DCO plans to conduct a study mapping hospital staff knowledge, attitudes, and experiences related to DCD.

6. Follow-up on the National Action Plan – Assessment of Donor

Potential and Proposed Initiatives: The Danish Center for Organ Donation has completed a nationwide assessment aimed at strengthening the utilization of the donor potential across Danish hospitals. Conducted during the autumn and winter of 2025/2026, the assessment identifies five types of institutional and clinical barriers and proposes 10 strategic initiatives to enhance organ donation workflows. The full report is available in Danish on the DCO website (Organdonation.dk): hovedrapport_forslag-til-initiativer.pdf

NORWAY by Ragnhild M. Sørensen, Norwegian Directorate of Health

Donation rates in 2025 (2024)[1]

- Realized donations by Donation after Brain Death (DBD) was **110** (95).
- Realized donations by Controlled Donation after Circulatory Death (cDCD) was **9** (10).
- **429** (401) organs were transplanted to **420** (393) patients.
- **80 %** (86 %) were multi-organ donors.

Controlled Donation after Circulatory Death (cDCD) in 2025 (2024)

All (29) of the donor hospitals have approved the cDCD procedure, but only **20** (15) have so far completed the procedure.[2]

According to the evaluation report from Oslo University Hospital (2024),[3] the implementation of cDCD (2021 -) has been successful. The method has been used in all health regions, by large and small hospitals. The number of completed cDCD courses has been within the estimated increase of 10-15 %. cDCD donation has not been carried out at the expense of the DBD rate. The method has proven to be technically feasible with good care for relatives and sufficient support for the treatment personnel involved. No controversies have been reported regarding the diagnosis of death. Organ

[1] Oslo University Hospital, Department of Transplantation Medicine, Annual report 2025
[2] Summary from annual reports 2025 from donor hospitals.
[3] Oslo University Hospital, 2024. evalueringsrapport-for-organdonasjon-id2017_100.pdf

quality in cDCD has been like that in DBD. cDCD has revealed a lack of routines and uniform practice regarding withdrawl of life sustaining treatment.

Children as donors

According to the report "Organ donation in infants in Norway" by the Norwegian Paediatric Association (2024),[4] special anatomical and physiological conditions in children, especially up to the age of two, make current methods for determining brain death less suitable in children than in adults. The report states that donation of infant organs for use in transplantation almost exclusively occurs from other cooperating countries.

The Norwegian Paediatric Association has funded a project to establish a framework for a supplementary organ donation protocol for children.[5] In parallel, a nuclear medicine protocol for brain scintigraphy in children under two years of age are near completion, and this is expected to be incorporated into Oslo University Hospital's protocols (2026).

Reported activities for 2025

Several donor hospitals have an organ donation committee, an interdisciplinary donor committee or resource groups with personnel from *different* departments. More departments are receiving training in donor identification.

Donor hospitals consistently report participation in national professional days organized by the Norwegian Resource Group for Organ Donation (NOROD), and NOROD's educational programs I and II. They also report on internal professional days, professional evenings and lunch meetings.

Several donor hospitals systematically review all deaths after intensive care to identify potential donors.

Local/regional differences in donation rates

In September 2025, the government[6] approved the establishment of a national competence service for organ donation (2026-2031), a quality register and a professional council with participation from all health regions. The national competence service is intended to increase the competence at the donor hospitals. It should provide expertise related to the identification of potential organ donors, organ preservation treatment of donors, death diagnostics and handling of relatives.

European cooperation

Norway participates in meetings by the European Commission, and is a member of the Council of Europe's:

- European Committee on Organ Transplantation
- National Focal Points on transplant-related crimes
- Committee of the Parties - Convention against Trafficking in Human Organs
- An expert group that audits "Guide to the quality and safety of organs for transplantation" (10th ed.)

[4] Norwegian Paediatric Association, 2024. rapport-organdonasjon-hos-spedbarn-endelig-versjon-06-09-2024.pdf

[5] Oslo University Hospital, The National Treatment Service for Organ Transplantation, Annual report 2025

[6] The government, 2025. Ny ordning skal øke antall organdonorer - regjeringen.no

ESTONIA by Siim Suutre, State Agency of Medicines

Commission Proposal for European Biotech Act

Among other measures, this proposal includes amendments to the Organs Directive 2010/53/EU, notably by introducing new conditions governing organ processing (link). Some discussions have focused on how organ-processing activities should be authorised without making the regulatory framework unnecessarily restrictive. One issue under consideration is whether processing should be permitted only with CE-marked devices or medicinal products holding a marketing authorisation.

Poland's questions concerning liver allocation

Poland requested information on the legal basis and principles governing the allocation of livers for transplantation in Estonia. The information gathered will be used for comparative analyses and further conceptual work on national solutions for organ allocation for transplantation.

In our response, we also referred to the relevant Scandiatransplant allocation rules.

Estonian Preparations for SoHO Regulation (2024/1938)

Estonia is preparing for the implementation of Regulation (EU) 2024/1938 on standards of quality and safety for substances of human origin intended for human application, which will apply from 7 August 2027.

For the purposes of the Regulation, solid organs are excluded from the definition of substances of human origin (SoHO). In Estonia, it is currently envisaged that SoHO activities will be governed under a single legislative framework, while solid organs will be regulated by separate legislation.

SoHO Coordination Board (SCB) Position paper for the activities related with the repurposing of organs as SoHO

https://circabc.europa.eu/ui/group/bb2191ee-effb-440f-9242-71e5511eac9b/library/d275e240-4ccf-4f3d-b46a-8c3d0070a3e2/details

The aim of this document is to guide professionals on how to find appropriate technical guidance to manage and organise the activities related with organs donated under Directive 2010/53/EU (Organs Directive') when they transition to Regulation (EU) 2024/1938 ('SoHO Regulation').

32nd Congress of the Scandinavian Transplantation Society

The 32nd Congress of the Scandinavian Transplantation Society was held in Tartu, Estonia, from 20 to 22 May 2026. The congress was organised by the Scandinavian Transplantation Society in cooperation with Tartu University Hospital.

SWEDEN by Marica Ekström, National Board of Health and Welfare

More transplanted organs, despite fewer organ donors. A greater number of organs were recovered per donor.

The total number of heart, liver, and lung transplants in Sweden increased in 2025, with shorter waiting times for liver, lung, and heart transplants alike.

The number of corneal transplants rose by 20 % compared to the previous year; however, there is still a need for more corneas. There remains a persistent shortage of small-sized heart valves.

The six forensic medicine units increased the number of recovered tissues by nearly 20 %, even though the total number of donors did not rise. Instead, each donor provided a greater number of tissues (multi-tissue donors).

The number of new registrations in the National Board of Health and Welfare's Donation Register declined during 2025. As of early January 2026, a total of 1,887,718 individuals were registered in the Donation Register, corresponding to 18 % of the population.

FINLAND by Marko Lempinen, Board member

The number of donors decreased from 2024 to 2025 but has picked up again in 2026.

ICELAND by Árni Sæmundsson, Board member

Regarding the current transplant situation in Iceland, things remain stable. Iceland continue their close collaboration with Sahlgrenska University Hospital in Gothenburg, Sweden.

Iceland implemented donation after circulatory death (DCD) in 2025, and the program is progressing well. Iceland had two DCD donors during the year 2025.

Given Iceland's relatively small population of approximately 400,000, donor numbers can fluctuate considerably from year to year. In 2025, they had 15 deceased donors, which was above the annual average.

They are continuing to perform kidney transplants in Iceland using organs from both living and deceased donors.

9. Update on Scandiatransplant Congress (STC)

The conference will take place May 22nd - 24th 2028 in Gothenburg. The program committee has held one meeting. Previously, the congress committee was personally responsible for the conference now Scandiatransplant bears the financial responsibility for the conference. It serves as a suitable venue for PhD students to present their research, as well as an arena for networking.

10. Next meeting

In Sweden, Stockholm, week 43, 2027