Comments and Proposal to the Public Review of the
Draft WHO Global Strategy on the Donation and Transplantation
of Human Cells, Tissues and Organs

Education as a Foundation for Sustainable Donation and Transplantation

Public Consultation | 21 July – 31 August 2026

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Submitted by

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WORD FROM THE PRESIDENT

For nearly twenty years, Chain of Life has been guided by a simple conviction: education has the power to transform understanding, and young people have the power to become agents of change. Organ donation and transplantation offer a unique opportunity to engage them in questions of life, health, science, ethics, solidarity and informed decision-making, before these questions arise in a moment of crisis. It all began in 2006, when Josianne Sirois, a 16-year-old student from a secondary school in the Bas-Saint-Laurent region of Quebec, Canada, was deeply moved by the testimonial of a 14-year-old boy from Toronto waiting for a liver transplant. From that encounter came a simple dream: to create a website to raise awareness about organ and tissue donation.

With a team of education professionals, we first turned Josianne's dream into reality. But we knew we had to go further. We brought together experienced teachers with the ambition of creating an educational programme that would genuinely engage both teachers and students and find a meaningful place in the classroom. This required years of trial and error, experimentation, development and continuous improvement, along with the crucial collaboration of Transplant Québec, which helped ground the programme in the realities of organ and tissue donation and transplantation. The Chain of Life education programme was officially launched in April 2014. In 2022, a renewed visual identity and a new digital platform marked another important step in its development, expanding access to educational resources and strengthening its capacity to reach teachers, students and communities.

Over time, what began with one young person's dream grew into much more than an educational programme. Chain of Life became a recognized non-profit organization and an educational movement, carried forward by teachers and young people and continually enriched by research, collaboration and experience. This journey has also been made possible by the generous support of many partners over the years — including Desjardins, the Fondation Famille Léger, IBM, TELUS and Canadian Blood Services — and by the generosity of the public through our annual Défi Chaîne de vie. We have seen how learning can travel beyond the classroom: young people bring knowledge home, open conversations within their families and communities, promote healthier lives and inspire others to reflect and engage.

These comments and proposals are offered to WHO in that spirit. They are an invitation to recognize the power of education, to recognize young people as agents of change, and to use WHO's unique international reach to bring us together around a shared educational vision for donation and transplantation.

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PART I
FOUNDATIONS

The development of WHO's Global Strategy on Donation and Transplantation represents an important opportunity to consider what sustainable donation and transplantation systems will require from society, not only from healthcare systems. We welcome the World Health Organization's (WHO) initiative to develop a Global Strategy on Donation and Transplantation, recognizing it as an important milestone in strengthening ethical, equitable and sustainable donation and transplantation systems worldwide. Of particular relevance to this paper is the Strategy's inclusion of donation and transplantation within health education curricula.[1] This creates a timely opportunity to explore the broader contribution that curriculum-based education could make to the future of donation and transplantation.

The twenty-first century is reshaping donation and transplantation at an unprecedented pace. Scientific innovation — including artificial intelligence, machine perfusion, regenerative and precision medicine, and xenotransplantation — is expanding what transplantation can achieve, while systems face population ageing, chronic disease, organ shortages, inequities in access and organ trafficking.[1] Transplantation must therefore also be understood within the public-health continuum that precedes organ failure. WHO places prevention and management of noncommunicable diseases at the centre of its public-health agenda, and the EASL–Lancet Liver Commission illustrates the need to move from predominantly managing end-stage disease toward prevention, earlier detection and treatment. Chronic disease, however, reflects biological, behavioural, social, environmental and commercial determinants, and not all organ failure is preventable. Donation and transplantation can therefore provide an educational context through which young people understand the continuum from health and prevention to chronic disease, organ failure, transplantation and donation, while connecting health literacy with human experience.

This transformation is occurring within an equally complex information environment. Public understanding and trust are influenced by healthcare institutions and scientific developments, but also by social media, misinformation and disinformation, AI-generated content, traditional media, films and television, ethical controversies, cultural and religious beliefs, historical experiences with healthcare systems, family experiences and evolving debates surrounding death determination and donation practices. Access to information alone is therefore insufficient. People need to evaluate sources, distinguish evidence from misinformation, understand uncertainty and engage with questions that are simultaneously scientific, medical, ethical, philosophical, psychological, social, cultural, religious, legal and political. Preparing people for such complexity requires education that develops critical judgment, ethical reflection and intellectual agency.

Within the United Nations system, WHO and UNESCO offer complementary foundations for this educational response. WHO brings health literacy, prevention, participation and informed decision-making while increasingly recognizing young people as active partners in shaping healthier societies. The WHO Youth Council's 2024 Youth Declaration on Creating Healthy Societies places health education

1. World Health Organization. Global Strategy on Donation and Transplantation: Draft 1 (26 June 2026). Geneva: World Health Organization; 2026. https://www.who.int/publications/m/item/global-strategy-on-donation-and-transplantation---draft-1-%2826-june-2026%29

and literacy and youth leadership and engagement among its priority areas, emphasizes trust and calls for youth participation in decision-making. Importantly, it calls for health education and promotion to be "interwoven into all aspects of a young person's life," beginning in early childhood and continuing across the life course. It goes beyond public awareness by calling for health literacy to be embedded within national curricula, with the explicit aim of empowering young people to take action in their communities.[2] WHO's 2025 Global Standards for Quality Health Care Services for Adolescents reinforce adolescent empowerment and participation alongside family and community engagement.[3] In 2026, WHO further described its Youth Council as fostering meaningful youth engagement and using young people's expertise to help shape health policies and strategies.[4] At WHO/Europe, Dr Hans Kluge's 2025–2030 vision connects this direction to prevention and education through NCD Vision 2050, Youth4Health and stronger collaboration with educational institutions to transform curricula and prepare students for current and future health challenges, including social participation, behavioural insights, artificial intelligence, NCD risk factors, multimorbidity and interdisciplinary approaches balancing clinical care with prevention.

Theory of Change

WHO's use of Theory of Change is particularly relevant: it focuses on the causal pathway through which activities are expected to produce outcomes within a given context.[5] Applied to donation and transplantation education, it moves beyond the assumption that information alone produces understanding or change. Authentic human experiences can create engagement; scientific knowledge can strengthen understanding; reflection can develop judgment; learners can acquire agency; and that agency can extend through family dialogue and community participation. Theory of Change therefore provides a conceptual bridge between education and societal impact: not only what young people should learn, but how learning can progressively contribute to meaningful change.

THEORY OF CHANGE

From learning to agency — from agency to family, community and societal impact.

This also changes how young people are understood. They are not merely future donors, transplant recipients or healthcare users, but present members of families and communities, interpreters of health information and participants in conversations about health and illness. Education can help them understand organs, disease, prevention, transplantation and donation while examining how evidence, ethical questions and personal values intersect. Their role is not to persuade others or carry predetermined messages, but to bring knowledge, questions, reflection and dialogue into the environments in which they already participate. Young people are not simply the health decision-makers of tomorrow; they can contribute to healthier and better-informed families and communities today.

2. WHO Youth Council. Youth Declaration on Creating Healthy Societies: Building Well-being, Resilience, and Trust. Geneva: World Health Organization; 2024. https://www.who.int/publications/m/item/youth-declaration-on-creating-healthy-societies
3. World Health Organization. Global Standards for Quality Health Care Services for Adolescents. Geneva: World Health Organization; 2025. https://www.who.int/publications/i/item/9789240114012
4. World Health Organization. Call for Expressions of Interest to Serve WHO Youth Council (2026–2028). Geneva: World Health Organization; 12 June 2026. https://www.who.int/news-room/articles-detail/call-for-expressions-of-interest-to-serve-who-youth-council-2026-2028
5. World Health Organization. Behavioural Insights Glossary for Public Health Practitioners. Geneva: World Health Organization; 2026. https://www.who.int/publications/i/item/9789240123120

Education at the Heart of Human and Societal Development

UNESCO complements this public-health perspective by placing education at the heart of human and societal development. Its vision extends beyond acquiring knowledge to preparing learners for complexity, uncertainty and an interconnected world. This is particularly evident in the work of Edgar Morin. In *Seven Complex Lessons in Education for the Future*, prepared for UNESCO, Morin argues against the fragmentation of knowledge and calls for education that helps learners understand the complexity of the human condition.[6] In *A New Way of Thinking*, published in The UNESCO Courier, he further argues that citizens must not only access information but learn to connect, organize and contextualize it while confronting uncertainty.[7] At the heart of Morin's philosophy of complexity is the recognition that major human challenges cannot be understood through isolated disciplines: science cannot be separated from ethics, health from citizenship, medicine from the humanities, or knowledge from the human condition.

Education and the human condition

Connecting knowledge · Understanding complexity · Educating for health · Preparing informed citizens

World Health Organization

Promoting health, preventing disease, and building healthier populations through knowledge, science and collaboration.

unesco

Building peace in the minds of men and women through education, science, culture and communication.

Edgar Morin's thought provides a bridge between education, complexity and the human condition – a perspective that resonates with the missions of WHO and UNESCO.

In a complex and interconnected world, education is the key to understanding, solidarity and responsible action.

6. Morin E. *Seven Complex Lessons in Education for the Future*. Paris: UNESCO; 1999. https://digitallibrary.un.org/record/456508
7. Morin E. *A New Way of Thinking*. The UNESCO Courier. Published May 7, 2019; updated April 20, 2023. https://courier.unesco.org/en/articles/new-way-thinking

Donation and Transplantation as an Educational Context

Donation and transplantation provide a compelling educational expression of this interconnectedness. They bring together biology and medicine with ethics, philosophy, psychology, sociology, literature, communication, culture, religion, law, public policy, health education and responsible citizenship. Literature and storytelling are especially valuable because they allow learners to enter the human experience of illness, waiting, transplantation, donation, loss, recovery and family decision-making in ways scientific information alone cannot. Through novels, short stories, poetry, memoirs, testimonies and other narratives, students can encounter different perspectives, explore moral complexity, develop empathy, question assumptions and connect knowledge with lived experience. Literature can therefore become a bridge between science and the human condition, enabling young people to learn not only about donation and transplantation, but also about life, death, health and our responsibilities toward one another.

LITERATURE AS A BRIDGE

Between scientific knowledge and the human condition.

A global educational movement should not depend upon a single programme or pedagogical approach. Education can begin early and evolve with the cognitive, emotional and ethical development of the learner. This developmental continuum gives practical expression to the WHO Youth Council's call for health education to begin in early childhood and continue across the life course.[8] For younger children, imaginative characters, storytelling and age-appropriate exploration of the human body can introduce organs, health, care and human interconnectedness; The Orgamites illustrate the potential of this approach in primary education. As learners mature, education can progressively introduce scientific complexity, literature, ethical reflection, critical thinking, informed decision-making and family dialogue. Chain of Life contributes to this later developmental stage, particularly during adolescence, when young people are increasingly able to examine uncertainty, consider different perspectives and form autonomous judgments. The opportunity is not to choose between educational models, but to connect complementary approaches across the educational life course.

To become agents of change, students must first be treated as agents in their own learning.

This educational purpose is fundamentally different from persuasion. Education should neither seek a predetermined decision about donation nor manufacture trust in donation and transplantation systems. Trust must be informed and earned. By providing scientifically accurate information while preserving transparency, questioning, multiple perspectives and freedom of decision, education can support informed trust and autonomy. The WHO Youth Council similarly calls for environments in which young people are empowered to "tackle and discuss complex health issues without fear."[9] For donation and transplantation, this is particularly important: meaningful education must create space for scientific uncertainty, ethical questioning, diverse perspectives and informed personal judgment rather than predetermined conclusions.

8. WHO Youth Council. Youth Declaration on Creating Healthy Societies: Building Well-being, Resilience, and Trust. Geneva: World Health Organization; 2024. https://www.who.int/publications/m/item/youth-declaration-on-creating-healthy-societies
9. *ibid.*

Education can Also be Understood as a "Boost," Rather than a "Nudge"

In WHO's 2026 *Behavioural Insights Glossary for Public Health Practitioners*, a boost is distinguished from approaches that influence behaviour through choice architecture: it seeks to strengthen people's competencies and capacity for autonomous decision-making.[10] This distinction is particularly relevant to donation and transplantation education. The purpose of education should not be to steer young people toward a predetermined decision, but to develop the knowledge, health literacy, critical judgment and reflective capacities that enable them to understand complexity, consider different perspectives, discuss these questions with their families and ultimately exercise informed agency. Education therefore strengthens the capacity to choose rather than seeking to shape the choice itself.

Agency develops when students can encounter human experiences, ask difficult questions, consider evidence, examine diverse perspectives, reflect on values and reach informed conclusions. From there, learning can extend through family dialogue, peer relationships and community engagement; the desired outcome is not uniform behaviour, but informed participation.

Theory of Change in Practice

Chain of Life brings a practical dimension to this convergence. Over twenty years, it has embedded donation and transplantation within curriculum-based learning, including language and literature education, connecting authentic human stories, science, health, ethics, critical thinking, informed decision-making, family dialogue and community engagement. Its experience illustrates Theory of Change in action: stories and literature create engagement; structured learning develops knowledge and health literacy; reflection strengthens judgment; students retain the freedom to reach informed decisions; and learning can extend beyond the classroom. Teachers are central as educational leaders who guide inquiry while preserving autonomy and can become Teacher Champions who sustain the movement within schools and communities. What began as a curriculum-based programme has thus progressively evolved into a teacher-led educational movement: learning → reflection → agency → dialogue → community engagement → societal impact.

Within this pathway, Honouring Life bridges health and donation by helping students understand both the possibilities of transplantation and the value of protecting health before transplantation is ever needed, without suggesting that all organ failure is preventable or placing responsibility for illness on individuals. It connects health literacy and prevention with respect for people living with chronic and end-stage disease and appreciation of the human solidarity upon which transplantation depends. The Developmental Educational Framework proposed in this paper builds on these twenty years of experience. It brings together human dignity and values, authentic stories, scientific knowledge, Honouring Life, informed decision-making, youth agency, family dialogue and community engagement. Together, these elements provide a practical means of translating the complementary perspectives of WHO, UNESCO and Morin into an educational process extending from classrooms to families and communities. This also aligns with the WHO Youth Council's call for prevention-focused healthcare and investment in young people, recognizing that prevention can improve long-term health outcomes, reduce inequalities and avoid future costs.[11]

10. World Health Organization. Behavioural Insights Glossary for Public Health Practitioners. Geneva: World Health Organization; 2026. https://www.who.int/publications/i/item/9789240123120
11. WHO Youth Council. Youth Declaration on Creating Healthy Societies: Building Well-being, Resilience, and Trust. Geneva: World Health Organization; 2024. https://www.who.int/publications/m/item/youth-declaration-on-creating-healthy-societies

Education through donation and transplantation can therefore become a catalyst for healthier, better-informed and more compassionate societies. The opportunity is not simply another educational programme or awareness campaign, but a global educational movement connecting health and education institutions, teachers, young people, families and communities around one of the most profound intersections of science and the human condition. Chain of Life's twenty years of experience provide one practical starting point for exploring how such a movement could be adapted and shared across educational, cultural and national contexts.

PART II

A GROWING INTERNATIONAL CONVERGENCE AROUND EDUCATION

The educational vision outlined in this paper does not emerge in isolation. Across different countries and institutional contexts, research, public policy, transplantation expertise and bioethical deliberation are increasingly converging around several of the same principles: education rather than promotion alone; engagement beginning early in life; informed family dialogue; health literacy and prevention; youth agency; and the importance of building and preserving public trust. These developments do not establish a single model for donation and transplantation education. Rather, they suggest that education is increasingly being recognized as part of the long-term social and public-health foundations upon which sustainable donation and transplantation systems depend.

Tunisia — Education, Knowledge and Trust[12]

Tunisia provides particularly relevant experimental evidence. In a randomized controlled trial involving university students, Fourati and Hauser (2026) evaluated an educational intervention designed to strengthen institutional trust and understanding of organ donation. The intervention combined information about the medical and legal framework with transplantation experience and opportunities for discussion. It increased knowledge and institutional trust and also produced an increase in deceased-donor registration. Importantly, the findings highlighted the role of students' social environment, with family support strongly associated with their actual choices. For the educational model proposed here, the importance of this study lies not in registration as the desired educational outcome, but in the mechanisms it helps illuminate: knowledge, trust and social context interact. Informed decision-making does not occur in isolation; families, peers and the wider institutional environment matter.

Spain — Information and Family Dialogue[13]

Spain offers a complementary population-level perspective. A major national study presented on 3 June 2026, initiated by the Fundación Mutua Madrileña and Spain's Organización Nacional de Trasplantes (ONT) and conducted by researchers from the Universidad Pública de Navarra and Universidad

12. Fourati M, Hauser CS. 2026. Fostering Institutional Trust and Organ Donation: Evidence from a Randomized Informational Intervention in Tunisia. https://www.researchgate.net/publication/404763557_Fostering_Institutional_Trust_and_Organ_Donation_Evidence_from_a_Randomized_Informational_Intervention_in_Tunisia

13. Fundación Mutua Madrileña; Organización Nacional de Trasplantes (ONT). 2026. Estudio sobre las actitudes de la población hacia la donación y el trasplante de órganos en España. Universidad Pública de Navarra and Universidad Autónoma de Madrid. Madrid; 3 June 2026. https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/sanidad14/Paginas/2026/030626-informe-donacion-organos.aspx

Autónoma de Madrid, found that 80.1% of the Spanish population supported donating their organs after death. Yet 57.4% did not know that donation levels were insufficient to meet transplantation needs, and only 7.2% had formally registered their wishes, despite almost 70% saying they would be willing to do so. Most strikingly, when families knew that the deceased wished to donate, 90.1% authorized donation. The study led to the national Dilo en Casa initiative encouraging people to discuss their wishes at home. Even in one of the world's most successful donation systems, therefore, favourable attitudes do not eliminate the need for knowledge, communication and family dialogue.

France — Trust, Prevention and Education[14]

France provides an important link between education, trust, prevention and public policy. The 2026 États généraux de la bioéthique took place in a context of rapid scientific innovation and concern about public trust in science. The synthesis identifies recurring expectations concerning information, consent, transparency, preservation of the human relationship in care, equity and prevention. Importantly, this document represents a synthesis of contributions rather than an official opinion of the CCNE. Nevertheless, it provides a significant picture of contemporary societal expectations: scientific progress must be accompanied by the conditions necessary for people to understand it, deliberate about it and participate meaningfully in decisions affecting them. France is also confronting the question of where organ donation education should occur. On 30 June 2026, a formal question was submitted to the French National Assembly[15] concerning organ donation and transplantation in school curricula. French law already provides for information about organ-donation legislation in high schools and higher education, yet the parliamentary question notes that implementation remains insufficient and asks whether explicit teaching about donation and transplantation should be restored in lower- and upper-secondary science curricula. This distinction is fundamental: making information available is not the same as embedding sustained learning within education.

The Paradox of Prevention

Prevention also deserves a distinct place within the broader donation and transplantation response.[16] In June 2026, the French Parliament's evaluation of the 2021 Bioethics Law made this explicit. **Recommendation 3 calls to "give priority to health prevention and early detection efforts in order to curb the continuing increase in the need for donor organs."** This matters to donation and transplantation education because the challenge is not only how societies respond once organ failure occurs, but also how they invest upstream in health literacy, prevention, early detection and the social determinants of chronic disease.[17] Hagai Boas, Nadav Davidovitch and Michael Yudell argue in *Ethical Challenges of*

Prevention is less visible than treatment because, when it succeeds, the crisis may never occur.

14. Comité consultatif national d'éthique (CCNE). 2026. États généraux de la bioéthique 2026 - Rapport de synthèse. France; June 2026. https://www.ccne-ethique.fr/fr/rapports/etats-generaux-de-la-bioethique-2026-publication-du-rapport-de-synthese?taxo=0
15. Assemblée nationale française. 2026. Question écrite no. 16539: Enseignements au don d'organes et à la greffe dans les programmes scolaires. Yannick Neuder. Journal officiel; 30 June 2026. https://questions.assemblee-nationale.fr/dyn/17/questions/QANR5L17QE16539
16. Office parlementaire d'évaluation des choix scientifiques et technologiques (OPECST). 2026. *Évaluation de l'application de la loi n° 2021-1017 du 2 août 2021 relative à la bioéthique.* Rapport n° 798 (2025–2026); 25 June 2026. https://www.senat.fr/rap/r25-798/r25-798_mono.html
17. Boas H, Davidovitch N, Yudell M. Considering the Role of Public Health: Organ Shortage, Global Justice, and the Paradox of Prevention. In: Hansen SL, Schicktanz S, eds. Ethical Challenges of Organ Transplantation: Current Debates and International Perspectives. transcript Verlag; 2021. https://www.transcript-open.de/doi/10.14361/9783839446430-020

Organ Transplantation: Current Debates and International Perspectives that transplantation should be considered not only through the traditional clinical and bioethical lens of organ scarcity and allocation, but also through public health and prevention.

The authors describe what they call the "paradox of prevention." Prevention can improve quality of life, reduce inequalities and prevent or delay chronic disease, yet it is often less visible and politically compelling than treatment. A successful transplant produces an immediate and identifiable outcome; successful prevention is harder to see precisely because, when it works, the crisis may never occur. It also requires sustained investment today for benefits that may become visible only years later. For these reasons, the authors argue, prevention can be marginalized despite its potential long-term impact.

This paradox has important implications for the way societies think about organ shortage. The response cannot be limited to increasing the supply of organs. Where medically and socially possible, it must also include reducing the future burden of diseases that lead to organ failure. This does not imply that all organ failure is preventable, nor should responsibility for illness be placed on individuals. Rather, it calls for attention to the broader biological, behavioural, social, environmental and economic determinants of health. It therefore reinforces the educational continuum proposed in this paper: health → prevention → chronic disease → organ failure → transplantation → donation should not be understood as separate subjects, but as interconnected dimensions of public health and human experience.

Canada — From Primary to Secondary Education[18]

Canada demonstrates what such an educational continuum can begin to look like in practice. In a letter dated 29 November 2024, written on behalf of the Canadian Blood Services Organ and Tissue Donation and Transplantation Public Education and Awareness Committee, Peggy John, Director of Organs & Tissues Donation & Transplantation, identified youth education as a key priority and recognized Chain of Life as contributing to "a trusted and caring culture of donation" by equipping young people and their families with facts, enabling family conversations and supporting informed decisions that are right for them. Referring to The Orgamites Education Programme, originally developed in England and subsequently adapted and implemented in Canada for elementary school students, alongside Chain of Life, developed in Quebec for students aged 15–17, the letter stated that "Canada is becoming the world leader in organ donation education for our youth." Canadian Blood Services is now supporting the development and expansion of Chain of Life across Canada. Together, these initiatives illustrate the emergence of a complementary educational continuum, from primary education through later adolescence. The letter also emphasized that educating young people means reaching future doctors, nurses and healthcare professionals.

United Kingdom — Educate, Not Just Market[19]

This Canadian experience finds a striking international echo in the 2026 UK Organ Donation Joint Working Group report, A Bolder, Braver Approach for Organ Donation in the UK. Drawing upon national and international expertise, the report emphasizes public education beginning in primary and secondary schools and calls for a focused strategy to "educate (not just market to) the public (via youth)". It recognizes the uniquely powerful voice of student ambassadors and observes that educating students

18. Peggy John. 2024. *Letter on behalf of the Canadian Blood Services Organ and Tissue Donation and Transplantation Public Education and Awareness Committee to Chain of Life*. Canadian Blood Services, Ottawa; 29 November 2024.

19. Organ Donation Joint Working Group. 2026. A Bolder, Braver Approach for Organ Donation in the UK. NHS Blood and Transplant / Department of Health and Social Care; 21 January 2026. https://www.kidney.org.uk/news/a-bolder-braver-approach-for-organ-donation-in-the-uk

also means educating the next generation of policy-makers, doctors, nurses and donors. Significantly, it identifies the two Canadian programmes as complementary educational pillars: The Orgamites for primary education and Chain of Life for secondary and more advanced education. It further recognizes that learning about bodies, health and kindness can support broader health and well-being and may be understood as foundational to public health.

Clinical Voices — From Belfast to a Broader Societal Vision

Following Chain of Life's presentation at the 2018 All Ireland Transplant Congress, two Belfast clinicians reflected on the broader educational and societal potential of this work.

"An inspiration to all of us working in transplantation — a powerful example of how thinking outside the box can take an idea from a nascent beginning and create something much bigger than any of us could achieve alone."

— Mr Tim Brown, Consultant Transplant Surgeon, Belfast City Hospital

"Chain of Life gives students and their families knowledge about health and organ donation while nurturing a lifelong altruistic outlook. Just think of what a society like this could accomplish!"

— Professor Damian Fogarty, Consultant Kidney Physician, Belfast

These statements are professional testimonials rather than research evidence, but they illustrate that the potential societal role of education has long been recognized from within clinical transplantation itself.

What these Different Signals Tell Us

Taken together, these developments represent different forms of evidence pointing in a remarkably similar direction. Tunisia provides experimental evidence concerning knowledge and trust; Spain demonstrates the continuing importance of information and family communication; France connects education, informed participation, prevention and societal trust; Canada demonstrates a developing primary-to-secondary educational continuum; and the UK translates many of these principles into a strategic recommendation to educate rather than simply market to the public. Their significance lies not in proving that one programme or one country has found the answer, but in revealing an emerging international convergence.

Education offers the possibility of beginning before the crisis, before the decision and before the hospital — while young people have the time and freedom to learn, question, reflect, discuss and form their own judgments. Donation and transplantation education can therefore contribute to something broader than donation awareness: health literacy, prevention, critical thinking, family dialogue, informed trust, social solidarity and meaningful participation in increasingly complex health systems.

Education as the First Link in the Donation and Transplantation Continuum

Education as the First Link in the Donation and Transplantation Continuum

Watch the Video:
The Chain of Life - From Education to Transplantation

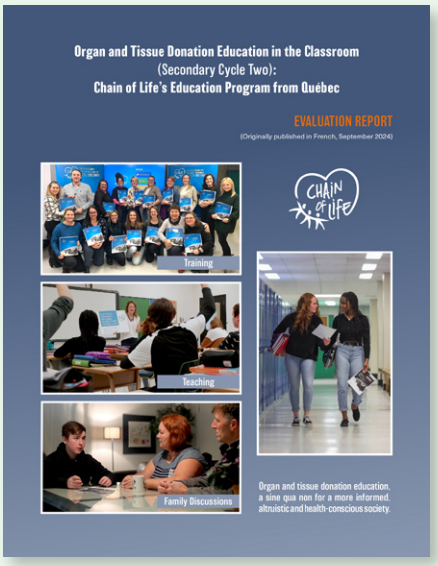
PART III

FROM EDUCATIONAL FRAMEWORK TO EDUCATIONAL MOVEMENT

Chain of Life: a Case Study in Educational Development

The experience of Chain of Life demonstrates that donation and transplantation education can develop beyond a classroom programme into a broader educational movement. Over nearly two decades, its approach has progressively connected curriculum-based learning, teacher professional development, authentic human stories, scientific knowledge, health and prevention, ethical reflection, student agency, family dialogue and community engagement. This experience is not presented as a universal model to be reproduced elsewhere, but as a case study from which transferable principles can be identified and adapted to different educational systems, cultures and social contexts. It demonstrates that education can begin in the classroom while progressively creating connections among teachers, students, families, communities, researchers and institutional partners.

Importantly, this experience has been independently examined. The Evaluation Report — *Organ and Tissue Donation Education in the Classroom (Secondary Cycle Two): Chain of Life's Education Program from Québec*, published in 2024 by Johanne Bédard, Ph.D., Université de Sherbrooke, and Sherri Bisset, Ph.D., Université de Montréal, used a utilization-focused evaluation involving an online questionnaire completed by 91 teachers, individual interviews with 15 teachers and a focus group with four donation and transplantation specialists. The findings provide important evidence about the feasibility and educational relevance of curriculum-based donation and transplantation education: 95.6% of participating teachers considered the educational toolkit essential; 97.8% considered that students were equipped to make an informed decision; 78.0% reported effects extending to family discussions; and 74.7% supported integration of this education into the Québec curriculum for Secondary Cycle Two. The evaluation also highlighted the quality of the programme, its alignment with educational objectives and the importance of equipping teachers with high-quality, ready-to-use resources. These findings do not establish that one programme should become a universal model; rather, they demonstrate that donation and transplantation can be meaningfully integrated into formal education and that learning can extend from the classroom into families and society.



Evaluation Report — *Organ and Tissue Donation Education in the Classroom*

The Chain of Life Educational Model

The model illustrates a developmental educational pathway beginning with Dignity, Values and Responsibilities, progressing through Literature, Human Stories and Other Texts, Knowledge and Understanding, Honouring Life, Youth as Agents of Change, Family Dialogue & Community Engagement, and ultimately Societal Impact. The levels are interconnected rather than prescriptive. The pyramid is not a pathway designed to lead students toward donation. It illustrates how education can progressively connect values, human experience, scientific knowledge, health and prevention, youth agency, family and community engagement, and wider societal outcomes. Its purpose is not uniform behaviour, but informed participation within a more knowledgeable, compassionate and trusting society.

Family Dialogue & Community Engagement plays a particularly important role, recognizing that learning can move beyond the individual student through family dialogue, shared reflection, school activities and community participation. The desired endpoint is therefore not uniform behaviour, but informed participation.

A strong educational model alone does not create a movement. Sustainability requires an ecosystem around the learner. Curriculum-based resources provide educational legitimacy and continuity; teachers transform those resources into meaningful learning; students bring questions and knowledge into their families; family and community engagement extends learning beyond school; research and continuous evaluation allow educational approaches to evolve; and institutional and international collaboration makes it possible to share experience while adapting programmes to different educational and cultural environments. These elements reinforce one another and allow education to move progressively from an individual classroom experience toward a broader educational community.

Teachers as Educational Leaders

Teachers are central to this process. They are educational leaders, not campaign representatives, and their role is to create a space in which students can encounter scientific evidence, human stories and ethical questions while retaining complete freedom to question and decide. Over time, teachers who wish to become more involved can become Teacher Champions, sharing experience, mentoring colleagues and helping sustain the movement within schools and communities. Participation, however, should remain voluntary. The objective is not to impose a prescribed programme on teachers, but to make participation sufficiently valuable, accessible and supported that educators choose to become involved.

A sustainable movement should therefore grow through engagement rather than obligation. Governments and educational authorities can strongly encourage donation and transplantation education, recognize its relevance to health literacy, science, ethics, citizenship and prevention, and create the conditions that make participation easy and attractive, while preserving teacher autonomy. This balance — institutional encouragement without educational coercion — is essential. Governments need not control the movement; they can enable it by recognizing its educational value, supporting professional development, facilitating curriculum integration and helping ensure equitable access to high-quality resources.

Supporting teachers strengthens education and empowers young people.

The professional development experience accumulated through Chain of Life could progressively be transformed into short, simple and accessible online learning modules, allowing teachers to learn at their own pace and become comfortable addressing the scientific, human and ethical dimensions of donation and transplantation. The objective should be simplicity: educators should be able to discover the programme, complete an introductory module, access classroom-ready resources and begin teaching without unnecessary administrative or training burdens. Those wishing to become more involved could continue learning, exchange experiences and eventually become Teacher Champions. The pathway could be as straightforward as Discover → Learn → Teach → Share → Connect.

The digital environment should therefore become more than a repository of teaching materials. It could support a living educational community of teachers and students, connecting classrooms while maintaining appropriate teacher mediation and safeguards. Teachers could exchange practices, questions, resources and innovations, while student projects and reflections could allow young people to discover how peers in other communities and countries are exploring questions of health, life, illness, donation, transplantation, solidarity and responsibility. Participation would remain flexible: no teacher, school or student would be expected to contribute in the same way. The strength of the community would come from voluntary participation, shared purpose and the freedom to contribute at different levels.

Technology would therefore not become the centre of the movement. It would be an enabler of accessibility, connection and continuity. It could also make international collaboration much more realistic: instead of requiring educators and students to travel, teachers and classrooms in different regions or countries could share experiences and learn from one another while remaining rooted in their own curricula, cultures and communities.

Youth Engagement Across Borders: the Experience of Doroti Polgár

The experience of Doroti Polgár provides a concrete example of how an educational movement can already begin to cross borders. In May–June 2026, Doroti, an English Literature student and Laidlaw Scholar at the University of St Andrews in Scotland, chose Chain of Life for a six-week international Leadership in Action placement in Quebec, with the purpose of contributing her skills and experience to its educational development. Her connection to transplantation is deeply personal: fifteen years earlier, when her younger brother Kristóf was only three years old, he received a life-saving liver transplant.

Working alongside Chain of Life teachers and students across several Quebec communities, Doroti helped develop, adapt and test new activities for the emerging English Language Arts programme. Poetry, literature, media analysis and student writing became pathways for exploring organ donation and transplantation, family refusal, trust, health and prevention. Students were encouraged to question, reflect and express different perspectives, and their poems, letters, discussions and creative proposals helped inform the programme's continuing development.

Her journey from St Andrews to classrooms across Quebec illustrates a broader possibility. Young people need not remain recipients of education; they can become contributors to its development, dialogue and international collaboration. Doroti brought her personal experience, academic discipline and creativity into dialogue with teachers and students. This reciprocal model shows how teachers and young people can learn from one another across countries, cultures and disciplines.

Watch the Video:
Doroti Polgár — Joining Chain of Life: A Journey into Organ Donation Education

From Educational Ecosystem to Global Movement

The experience of Chain of Life suggests that the transition from programme to movement depends on several interconnected conditions: curriculum-based learning, prepared and supported teachers, student agency, family and community engagement, accessible professional development, digital connection, research and continuous evaluation, institutional support and international collaboration. No single component is sufficient. Educational materials without prepared teachers may remain unused; knowledge without reflection may not produce agency; individual decisions without family dialogue may remain unknown when they matter most; and programmes without evaluation and exchange may fail to learn, adapt and improve.

Chain of Life provides one practical case study of this evolution, while Orgamites and the international developments described in Part II demonstrate that different educational pathways can coexist and complement one another. A global approach should therefore not seek to export one programme or impose one curriculum. It should support transferable principles: scientific accuracy, age-appropriate learning, teacher preparation, health literacy and prevention, ethical reflection, student agency, family dialogue, cultural sensitivity, respect for autonomy, continuous evaluation and a clear separation between education and persuasion.

The foundations presented in Part I, the international convergence documented in Part II and the practical experience examined in Part III point toward the same opportunity: to establish donation and transplantation education as a recognized field of health, educational and civic learning, capable of connecting young people, teachers, families, communities and health systems while respecting the diversity of educational systems and cultures. The question is therefore no longer which programme the world should adopt. It is:

How can education help shape a global vision for learning about donation and transplantation?

What is emerging, therefore, does not need to be invented from the ground up. Its foundations already exist across countries, disciplines and educational approaches. WHO is uniquely positioned to recognize this convergence, connect the actors already advancing it, strengthen the evidence, establish shared principles for ethical and age-appropriate education, encourage international evaluation and knowledge sharing, and help transform promising national experiences into a coherent global educational movement.

From Learning to Family and Community

Education does not end at the classroom door. Students bring knowledge and questions into their families and communities, creating a pathway from individual learning to family dialogue, community engagement and societal understanding.

Education alone cannot create trustworthy institutions or eliminate health inequities. It can, however, strengthen knowledge, health literacy, critical thinking, dialogue and informed participation. It is therefore a long-term investment in public trust, equity and the sustainability of donation and transplantation systems.

From Classroom Learning to Family Conversation: The Chain of Life Educational Journey

① ENGAGE

Opening minds and hearts

Students are introduced to organ donation and transplantation with stories that spark curiosity, empathy and reflection.

② EXPLORE

Building knowledge and understanding

Through discussion, activities and evidence-based resources, students deepen their understanding of key concepts and processes.

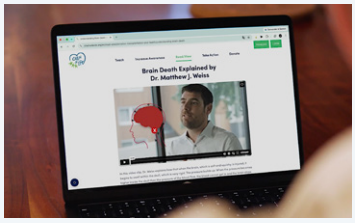
③ REFLECT

Making informed decisions

Students reflect on ethical, medical, social and personal dimensions, and express their own informed viewpoints.

④ INFORM

Accessing trusted information



Students access clear, age-appropriate videos and resources that explain complex topics in a trustworthy and respectful way.

⑤ EMPOWER

From informed choice to personal agency

Students consider their values, make informed decisions about donation and transplantation, and feel empowered to communicate them.

Watch the Video:
Organ Donation | When Young People Lead

Through donation and transplantation education, young people explore the value of life, health and informed decision-making — and discover their capacity to become agents of change.

PART IV

BUILDING A GLOBAL EDUCATIONAL COMMUNITY

Globally Connected, Locally Adapted

The next step is not to create a single global curriculum, but to connect teachers and young people across the world through donation and transplantation education. Educational systems, cultures, languages, health systems and donation practices differ, and these differences must be respected. The guiding principle should therefore be globally connected, locally adapted. International organizations and governments can recognize and strongly encourage this education, provide enabling conditions and facilitate access to reliable resources, while teachers retain leadership over how learning takes place in their classrooms and students retain complete freedom over their own views and decisions.

This movement would not begin from zero. The Orgamites Education Programme, developed in the United Kingdom and adapted and implemented in Canada for younger students, and Chain of Life, developed in Quebec for older secondary students and now being developed beyond Quebec with the support of Canadian Blood Services, illustrate complementary approaches across the educational continuum. Other countries, organizations, researchers and educators bring their own experiences, resources and cultural perspectives. The objective should not be to determine which programme becomes the international model, but to connect what already exists, encourage new locally developed initiatives and create opportunities for reciprocal learning.

A Developmental Continuum for Preparing Society

CHILDHOOD (Primary School)	ADOLESCENCE (Secondary School)	PREPARED SOCIETY (Society)
ORGAMITES	**CHAIN OF LIFE**	**SOCIETAL IMPACT**
• Kindness • Empathy • Generosity • Our Amazing Organs • Healthy Living • Respect for Life	• Ethics & Critical Thinking • Literature, Human Stories and Other Texts • Scientific Knowledge • Disease Prevention • Youth as Agents of Change • Family Discussions • Community Engagement	• Informed Decision-Making • Healthy Lifestyles • Responsible Citizenship • Public Trust • Equity & Solidarity • Community Engagement • Sustainable Donation and Transplantation Systems

Preparing society begins with values, develops through education and ultimately strengthens communities and sustainable donation and transplantation systems.

At the heart of this vision is a Global Educational Community in which teachers can access simple professional-development modules, adaptable educational resources, current scientific information, research and examples of classroom practice, while also exchanging experiences with educators in other regions and countries. Participation should remain voluntary and accessible. Teachers could enter the community at different levels — discovering resources, learning, teaching, sharing and eventually connecting with colleagues internationally. Some may naturally become Teacher Champions, but participation should never depend upon assuming such a role.

The movement would be internationally connected while remaining rooted in individual classrooms and communities.

Young people would also have a place within this community, with appropriate teacher mediation and safeguards. Student projects, reflections and locally developed initiatives could be shared across classrooms, allowing young people to discover how peers in different societies explore questions of human dignity, science, health, prevention, transplantation, donation, ethics, solidarity and family dialogue. The purpose would not be to create young advocates for a predetermined position on donation, but to recognize young people as informed participants capable of questioning, creating, exchanging and contributing to society.

Such a community would transform international collaboration from an occasional institutional activity into an ongoing educational relationship. A teacher in Quebec could learn from a classroom in British Columbia, Scotland, Spain or Tunisia, while educators elsewhere could adapt ideas to their own curricula and cultures. The digital environment would make these connections possible without removing local ownership.

From the Chain of Life Movement to a Global Educational Community – a Shared Ecosystem for Action

Over nearly two decades, Chain of Life has evolved from an educational programme into an educational movement, progressively connecting curriculum-based learning, teachers, young people, families, communities, researchers and institutional partners. Building on this experience, this paper proposes opening and extending that movement internationally — connecting teachers, young people, existing educational initiatives, researchers and institutions around a shared educational purpose, while preserving local ownership, cultural adaptation and the independence of participating organizations.

This international development would not require a single curriculum, programme or organizational structure. Rather, it could create a Global Educational Community in which complementary initiatives contribute their experience and resources while remaining distinct. Chain of Life, The Orgamites Education Programme and educational approaches developed in other countries could participate alongside one another, learn from one another and support the emergence of new locally developed initiatives. What connects them would not be institutional ownership, but a shared commitment to education, health literacy, informed decision-making, teacher leadership, youth agency, family dialogue and responsible participation.

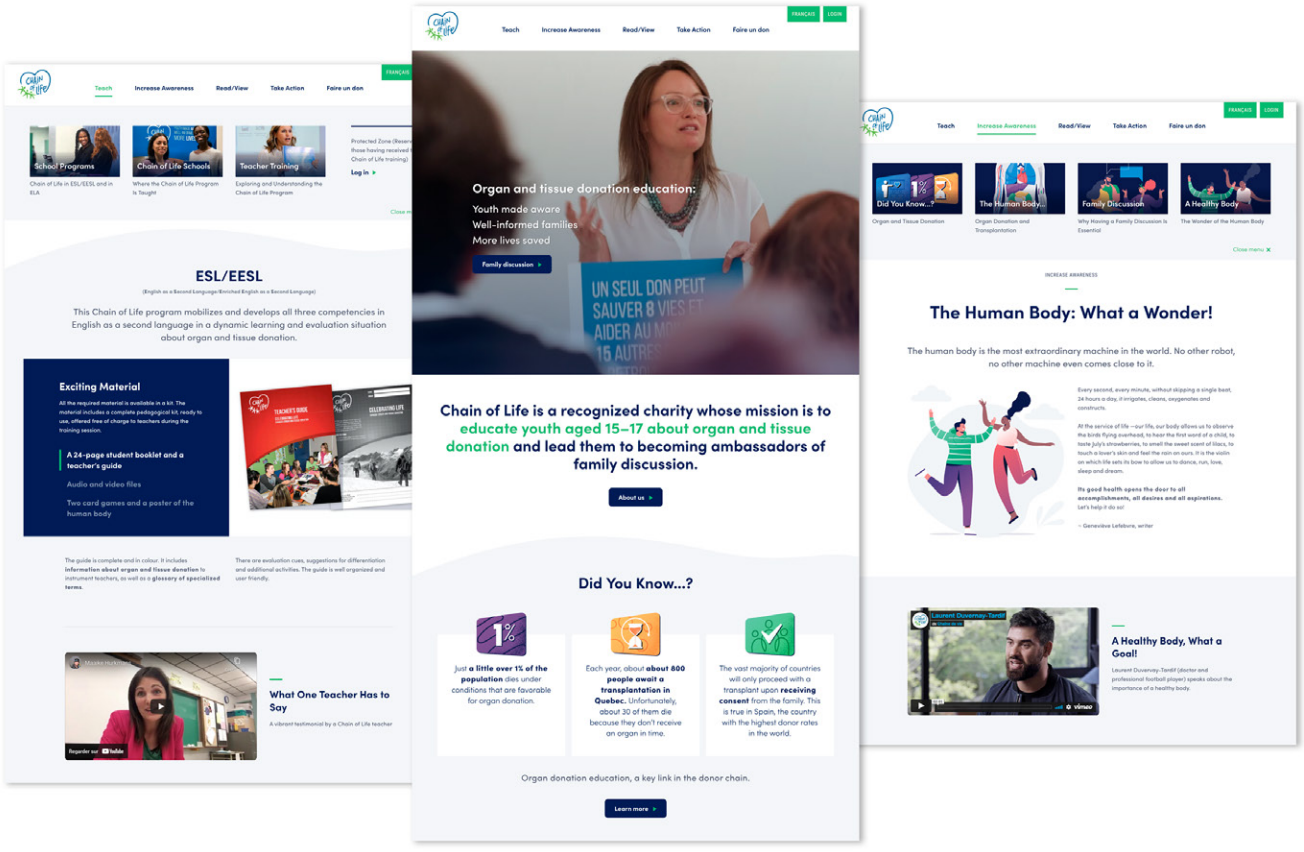
A global educational community requires shared leadership. WHO can provide international recognition and convening power; UNESCO can strengthen the educational dimension; governments and educational authorities can create enabling conditions; donation and transplantation organizations can contribute scientific and clinical expertise; and researchers can strengthen the evidence. At its heart, however, are teachers and young people. Teachers lead learning, students participate actively, and families and communities extend dialogue beyond the classroom.

A Shared Educational Ecosystem

The practical first step is not to build everything at once, but to connect and strengthen what already exists: identify educational initiatives, share adaptable resources, develop simple teacher professional-development opportunities and progressively connect educators and young people across borders. Countries and educational systems could then develop or adapt approaches appropriate to their own contexts, supported by research, evaluation and continuous exchange.

The digital environment could provide important infrastructure for this connection. Rather than becoming the centre of the movement, technology should serve as an enabler of accessibility, connection and continuity. A multilingual digital home could provide adaptable educational resources, simple professional-development opportunities for teachers, research and scientific information, student projects and opportunities for teachers and classrooms to connect across countries. International collaboration could therefore grow without requiring educational approaches to become standardized or detached from local curricula, cultures and communities.

The Digital Home of the Global Educational Community



PART V

FROM VISION TO RECOMMENDATIONS

The evidence, experiences and educational principles presented throughout this paper point toward a practical opportunity: to recognize education as a foundational component of sustainable donation and transplantation systems and to connect the people already working to advance it. Building on the experience of Chain of Life as an educational movement, the following recommendations propose conditions through which that movement can open internationally and contribute to a broader Global Educational Community.

These recommendations are not intended to prescribe a single curriculum, transfer one programme across countries or establish centralized ownership of an international movement. They propose enabling conditions for a locally adapted, teacher-led and youth-engaged educational movement, strengthened through international collaboration, independent initiatives, research, evaluation and shared learning.

Recommendations

1. Recognize Education as a Foundational Pillar of Sustainable Donation and Transplantation Systems

Recognize curriculum-based education, alongside public awareness, clinical excellence and scientific innovation, as an essential component of sustainable donation and transplantation systems.

2. Integrate Donation and Transplantation into Existing School Curricula

Support age-appropriate, evidence-informed education within existing curricula rather than creating additional curriculum requirements.

3. Promote Developmental Educational Approaches

Connect human dignity, authentic stories, literature and other texts, scientific understanding, health literacy and prevention, ethics, critical thinking, family dialogue and responsible citizenship through progressive educational pathways.

4. Recognize, Support and Honour Teacher Champions

Provide teachers with curriculum resources, accessible professional development, scientific expertise, recognition and opportunities for national and international collaboration while preserving teacher leadership and educational autonomy in the classroom.

5. Preserve Student Agency and Empower Young People as Agents of Change

Enable students to question, reflect, examine different perspectives and reach their own informed decisions while recognizing their potential as ambassadors for meaningful family discussions and promoters of healthy lifestyles.

6. Strengthen Family Dialogue and Community Engagement

Create opportunities for learning to extend beyond the classroom through dialogue, shared understanding and informed participation, recognizing young people as active members of families and communities today.

7. Embed Research, Evaluation and Continuous Improvement

Integrate independent evaluation, educational research, knowledge translation and continuous improvement into educational development and encourage multi-site and international research capable of strengthening the evidence base.

8. Build a Global Educational Community

Build on the experience of the Chain of Life movement by connecting Teacher Champions, young people, schools, researchers, healthcare professionals, donation and transplantation organizations, and health and education authorities internationally, fostering collaboration. Existing initiatives such as Chain of Life and The Orgamites Education Programme, as well as initiatives developed in other countries, can share their experience and resources while retaining their independence, distinct identities and approaches.

9. Strengthen International Educational Collaboration

Encourage co-development, reciprocal learning, cultural adaptation, classroom exchanges and collaborative research rather than transferring a standardized educational model across countries. International connection should strengthen local educational capacity rather than replace it.

The International Education Day creates visibility and momentum.

10. Establish an International Donation and Transplantation Education Day

Support the creation of an annual International Donation and Transplantation Education Day, proposed for the last Friday of the second full week of October, connecting schools, teachers, young people, families and communities through locally led educational activities.

The Day would celebrate education, health, informed decision-making, family dialogue, youth participation and international exchange rather than promote a predetermined decision about donation. It could recognize Teacher Champions, showcase student initiatives, connect classrooms across countries and give educators and young people an international voice.

11. Develop the Digital Home of the Global Educational Community

Develop a multilingual digital environment providing adaptable educational resources, accessible teacher professional development, research, scientific information and opportunities for teachers and classrooms to connect across countries.

The platform should facilitate connection rather than centralize control, allowing participating initiatives, teachers and educational communities to preserve their own identities and approaches.

12. Create the Enabling Conditions for a Teacher-Led Global Movement

Health and education ministries, donation and transplantation organizations and international institutions should provide recognition, resources, expertise and professional development while preserving teacher leadership, student agency, voluntary participation and local educational autonomy.

Supporting teachers while preserving their autonomy.

The Catalytic Role of WHO

The movement should grow from the ground up, while institutions create the conditions that allow it to grow. The vision proposed in this paper becomes significantly more achievable if WHO recognizes and supports the international development of an educational movement already taking shape. WHO would not create a global curriculum, manage educational programmes or own the movement. Its contribution could be to recognize, convene, connect and amplify.

By recognizing education as a foundational component of sustainable donation and transplantation systems, WHO could help bring together health and education authorities, UNESCO, donation and transplantation organizations, researchers, existing educational initiatives, teachers and young people. Its international legitimacy and convening capacity could help connect efforts that are currently dispersed while allowing the movement itself to remain teacher-led, youth-engaged and locally rooted.

The experience of Chain of Life provides one foundation from which this international development can grow, but international expansion should not mean reproducing Chain of Life as a standardized global programme. The Orgamites Education Programme and initiatives from other countries would retain their independence while contributing complementary expertise, resources and approaches. New initiatives could emerge locally. The objective would be to connect these contributions around a shared educational vision while preserving their diversity.

World Health Organization

WHO could also help give international visibility to two complementary dimensions of this development: a year-round Global Educational Community connecting teachers, young people and educational initiatives, and an annual International Donation and Transplantation Education Day creating visibility and momentum.

WHO would therefore not create or own the movement. Its catalytic role could help an educational movement that has already begun to grow beyond its original context connect with complementary initiatives and develop internationally while preserving teacher leadership, youth agency, organizational independence and local ownership.

WHO can give this movement international recognition and visibility, connect those advancing it, and amplify its reach worldwide.

CONCLUSION

A SHARED VISION

We envision a future in which every young person, regardless of where they live, has the opportunity to learn through organ donation and transplantation as part of high-quality, curriculum-based education; where students become informed and autonomous decision-makers who understand the connections among health, prevention, chronic disease, organ failure, transplantation and donation; where human stories, literature, science and ethical reflection help them engage with the complexity of the human experience; where young people promote healthier lives and inspire meaningful family discussions; where teachers are recognized and honoured as Teacher Champions; and where classrooms across the world can connect through a Global Educational Community.

The experience of Chain of Life demonstrates that an educational programme can progressively become something larger: a movement connecting curriculum, teachers, young people, families, communities, research and collaboration. The opportunity now is not simply to reproduce that programme elsewhere, but to open the movement outward — connecting it with complementary educational initiatives and enabling teachers and young people in different countries to contribute according to their own educational, cultural and social contexts.

The goal is therefore not to promote one programme, impose one educational model or encourage one predetermined decision about donation. It is to connect teachers across the world through donation and transplantation education and empower them to engage young people in building more informed, healthier and more compassionate societies.

chainoflife.org