



Yale Model  
United Nations  
Korea

# World Health Organization

Chair: HO KYEONG JANG  
Vice Chair:  
ANNA JO





## HISTORY OF THE COMMITTEE

The World Health Organization had truly global agenda since its founding. The constitution of the World Health Organization was signed by all 61 countries of the United Nations on July 22<sup>nd</sup> 1946, becoming the first specialized committee with participation from every member nation. It came into force on April 7<sup>th</sup>, 1948, the first World Health Day. Malaria, tuberculosis, and STIs (sexually transmitted infections) were designated as the organization's first target diseases, with improvements in maternal and child health, nutrition, and environmental hygiene also set as main goals.

Over the years, the WHO has successfully controlled the spread of various diseases such as tuberculosis, smallpox, and malaria. It also aimed to increase research efforts and bring them together, the International Agency for Cancer, founded in 1965 being one notable example. Global immunization projects, controlling the spread of AIDS/HIV while improving research efforts, and eradicating polio have all been important objectives of the WHO since the 1980s. Throughout the 1990s and 2000s, the committee celebrated its success in controlling the spread of diseases like smallpox and polio, but increased its focus on maternal and infant health. Notable successes since its founding include the last recorded case of smallpox in 1977 and the official declaration of smallpox eradication in 1980 . The WHO has also had tremendous effect on public health medicine, shedding new light on the importance of community engagement rather than government-based health services. Nowadays, the WHO influences not just health policy but environmental and social policies as well, working with other committees such as the United Nations Development Program and the United Nations Environment Program.



## TOPIC HISTORY: ORGAN TRAFFICKING

The ability to transplant human organs and tissues is no doubt a huge advancement in the medical and scientific technology. Through this advancement many people became able to save their lives and restore essential functions of untreatable and malfunctioning organs whether it is a developed or developing country. However, whenever there is a bright side there is always the negative facet. The transplantation of human organs and tissues has been a topic for ethical scrutiny and health care policy-making for several decades.

According to a report released by the World Health Organization, over 10,000 organs were sold just in the year of 2010, which also means that more than one organ has been sold every hour. While it is legitimate to donate an organ, making commercial acts with organs goes against the laws. The demand for organs is fairly higher than the current supply which is only provided by donors. Thus, it is an inevitable fact that the numbers of human organs being sold in the black market is in a rise<sup>1</sup>.

According to the World Health Organization statistics, nearly 65,700 kidney, 21,000 liver, and 6,000 heart transplants are carried out in a year<sup>2</sup>. Successful transplantations of organs have made people become more hopeful and, as a result, the demand for organs is increasing every day. It is not hard to tell that organ transplantations are carried out mostly in developed countries compared to developing countries due to better economic and technological condition. Therefore, the demand for organs in countries such as the United States and Australia is higher than in poor third world countries.

Also, economical benefits that come through illegal transactions are strong motives for the formation of a black market. Since selling of organs is illegal in most countries except for Iran, and almost no economic gains return to donors, destitute people become highly encouraged to sell their organs to wealthy countries. According to a data from World Health Organization, the price of organs in developing nations such as South Africa, India, and Manila was around \$700 to maximum of \$2,000 while in the United States the price of organ is above \$30,000<sup>3</sup>. Furthermore, many of those who are willing to sell their organs are illiterate and ignorant of health consequences of organ selling. Traffickers abuse the desperate situation of poor people and trick them by giving false information. A research shows that “most organ traffickers purchase a kidney for \$10,000 and sell it to the patient who is receiving the organ for \$150,000 (Havocscope Global Black Market Information)”<sup>4</sup>. The different prices in the organ trade show the inequality and exploitation of the poor in developing countries.

Refugees, prisoners, and children are some specific groups that are more vulnerable to organ trafficking. These people, especially refugees and prisoners, often stand on an insecure situation in the society where they have lack of rights and power. In the case of refugees, smugglers forcefully demand their organs especially when they are illegal migrants. Also, in some tragic cases, refugees’ bodies, including

1 Samadi, David, “Consequences of the Rise in Illegal Organ Trafficking,” FoxNews.com, May 30, 2012, <http://www.foxnews.com/health/2012/05/30/consequences-rise-in-illegal-organ-trafficking/>

2 “GKT1 Activity and Practices,” World Health Organization, <http://www.who.int/transplantation/gkt/statistics/en/>

3 Shimazono, Yozuke, “The State of the International Organ Trade: a provisional picture based on integration of available information,” *Bulletin of the World Health Organization*, December 2007, <http://www.who.int/bulletin/volumes/85/12/06-039370/en/> “FACTBOX: The who, what, where, and why of organ trafficking,” Reuters, August 5, 2007, <http://www.reuters.com/article/2007/08/05/idUSL01729419>

4 “Prices and costs of black market organs and kidney transplants,” Havocscope, last update October 9, 2013, <http://www.havocscope.com/black-market-prices/organs-kidneys/>



that of children, are found in trashes with some organs missing<sup>5</sup>. Furthermore, China would not be a good place to become a prisoner. According to Chinese law, the government forcefully removes the organs from executed prisoners, which accounts for an estimated of 65% of China's total organ donations<sup>6</sup>. Lastly, children are easy targets for organ trafficking as they are fragile and easy to be trapped. In Africa, parents even sell their children's organs for economical gains.

While the reason for illegal trafficking of organs is the lack of organs, there are also reasons for the insufficient number of organs. One of them is religious beliefs and cultural practices. Religions such as Christianity, Buddhism, and Hinduism encourage donation of organs since it is an act of love and charity. On the other hand, there are religions that do not encourage such action. For example, Islam is a religion that has its roots on Quran, the Islamic holy book which Muslims feel deep religious nature in. It doesn't essentially encourage the donation but rather mentions that it should be each individual's decision. It may be the reason for less supply of organs in Muslim countries such as Iraq and Saudi Arabia

In some cases such as in the U.S., individuals must take steps in order to become a donor. For those who are ambivalent about donations, these steps are enough to be called as a deterrent. Many do not know how to become a donor. One study, for instance, found that despite 90 percent of Americans support organ donation, only 30 percent knew the essential steps to becoming a donor<sup>7</sup>.

Trading of organs can cause negative effects especially in developing countries. Most of those who are selling their organs have the purpose of improving their economic status. However, they are only causing harm to themselves both in economic and health terms. As mentioned before, traffickers seek to take advantage of the poor by purchasing the organ in a low price than they sell, or simply do not pay the promised quantity. For example, the traffickers would promise to pay \$1200 to \$1000 for a kidney, but the sellers would only receive \$600. According to a study done in Pakistan, 93% of vendors sold their kidneys to repay a debt and 85% among them responded that there was no economical improvement in their lives<sup>8</sup>.

In terms of health, poor people in developing countries only become unhealthy after surgery, as they do not receive adequate medical treatments. They are often illiterate people who are little aware of medical procedures; perfect targets for traffickers. Recipients also stand on a vulnerable position. A recent analysis shows that illegally obtained organs have a higher risk to contract diseases such as hepatitis B or HIV than legally obtained ones<sup>9</sup>.

With the increasing demand of organs and low level of supply, there has always been a debate over whether organ selling should be legalized or not. Scientists and governments seek for alternatives to meet the current need of desperate patients; scientists keep developing new technologies, which could make it possible to replace human organs with that of an animal or even not use an actual organ. Governments pose an effort in controlling the donation and trafficking of organs by finding solutions, which do not violate the human rights and do not exploit the poor.

5 Pleitgen, Fred and Fahmy, Mohamed, "Refugees face organ theft in Sinai," CNN, November 3, 2011, <http://edition.cnn.com/2011/11/03/world/meast/pleitgen-sinai-organ-smugglers/>

6 Castillo, Michelle, "China to stop harvesting organs from executed prisoners," CBS News, August 16, 2013, <http://www.cbsnews.com/news/china-to-stop-harvesting-organs-from-executed-prisoners/>

7 Samadi, David, "Consequences of the rise in illegal organ trafficking," Fox News, May 30, 2012, <http://www.foxnews.com/health/2012/05/30/consequences-rise-in-illegal-organ-trafficking/>

8 Budiani-Saberi, D. A. and Delmonico, F. L. (2008), Organ Trafficking and Transplant Tourism: A Commentary on the Global Realities. *American Journal of Transplantation*, 8: 925-929. doi: 10.1111/j.1600-6143.2008.02200.x

9 Samadi, David, "Consequences of the rise in illegal organ trafficking," Fox News, May 30, 2012, <http://www.foxnews.com/health/2012/05/30/consequences-rise-in-illegal-organ-trafficking/>



In some countries, like India, the donation of organ is encouraged by offering rewards and gifts to the organ donors. Similarly, some other countries, like South Africa, maintain national organ donor register, where the people can register for organs, and the donor can include to whom they would like to donate their organs.

An act called The Uniform Anatomical Gift Act (UAGA or the Act) was passed in the U.S. in 1968 and its latest revise was in 2006. The Act was established to standardize state laws on the donation of organs and tissues from cadavers; it is based on the premise that an individual should be able to control the disposition of his or her own body after death. It also helps regulate body donations to science, medicine, and education. The Act was established as an attempt to unify the U.S. states regarding organ and tissue donation. Prior to the introduction of the Act, U.S. states all had different laws regulating property rights of the bodies of the deceased. All U.S. states adopted the 1968 UAGA within three years after the committee had approved it, and the states' Anatomical Gift Acts varied only slightly from each other.

Additionally, to address the nation's critical organ donation shortage and improve the organ matching and placement process, the U.S. Congress passed the National Organ Transplant Act (NOTA) in 1984. The act established the Organ Procurement and Transplantation Network (OPTN) to maintain a national registry for organ matching. The act also called for the network to be operated by a private, non-profit organization under federal contract.

In 1991, the World Health Organization (WHO) set of guiding principles on organ transplantation was approved at the 44th World Health Assembly. These guidelines emphasized voluntary noncommercial or "altruistic" donation and a preference for cadaver versus living donors and for genetically related over nonrelated donors. The principles prohibited commercial dealing in this field, but did not affect payment of expenditures incurred in organ recovery, preservation, and supply. On May 22, 2004, the 57th World Health Assembly adopted a slightly amended version of the resolution. These principles have served as a useful resource for establishing professional codes and legislation worldwide. However, the defined codes have not been forceful in condemning both the use of direct financial incentives to increase the number of organs for transplant and commercialized tissue operations, which continue in a number of countries.

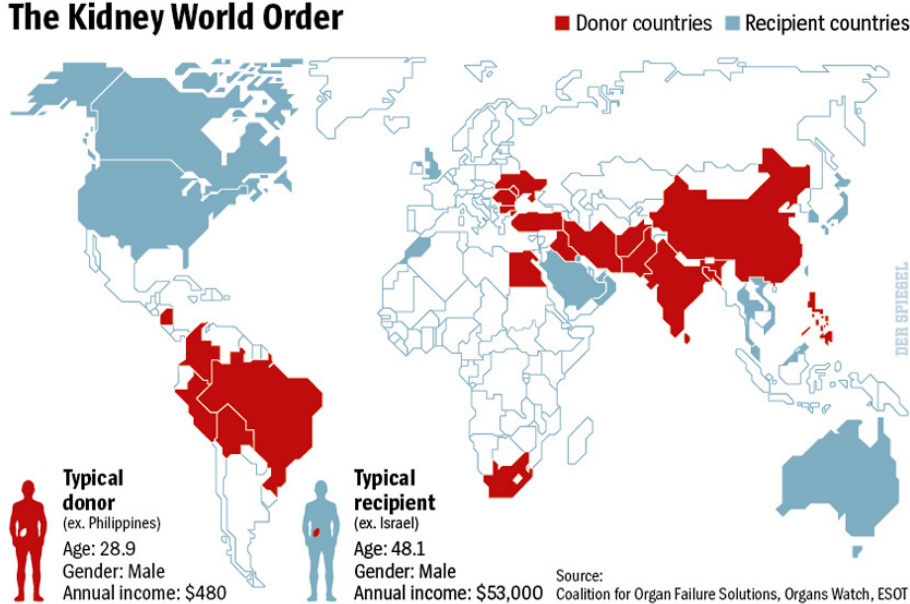
## CURRENT SITUATION

The 2008 Declaration of Istanbul, the first document established by the international transplant community regarding the illegal trade of organs, defines organ trafficking as "the recruitment, transport, transfer, harboring or receipt of living or deceased persons or their organs by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability, or of the giving to, or the receiving by, a third party of payments or benefits to achieve the transfer of control over the potential donor, for the purpose of exploitation by the removal of organs for transplantation." The United Nations Global Initiative to Fight Human Trafficking divides organ trafficking into three categories: cases where "traffickers force or deceive the victims into giving up an organ", cases where "victims formally or informally agree to sell an organ and are cheated because they are not paid for the organ or are paid less than the promised price", and cases where "vulnerable persons are treated for an ailment, which may or may not exist and thereupon organs are removed without the victim's knowledge."





### The Kidney World Order



The existence of the illegal organ trade is easy to understand. The main reason behind organ trafficking, like every other black market, is that there is a demand for it, even if it means breaking the law. The demand is strong enough to ignore all international guidelines and national laws because the annual demand for organs is far from being met, even when combining the number of legal and illegal transplants. The WHO estimates that the 106,879<sup>10</sup> solid organ transplantations in 95 member states in 2010 met only 10 percent of the global need. Organ transplantation itself is a universal practice, serving as an efficient final treatment for organ failure, and the majority of organ transplants are kidney transplants, taking up 68.5 percent of reported transplants in 2010. Organ availability varies globally depending on sociocultural and legal factors, but organ shortages are a universal problem. Some countries focus on incentivizing organ donations, others foster awareness of national organ shortage, while still others have legalized or push for legalization of organ trade. With no true consensus on how to effectively fight organ trafficking, a lack of internationally integrated data and enforced policies only contributes to the proliferation of the illegal organ trade, which is already estimated by Global Financial Integrity to generate annual illegal profit of between \$600 million and \$1.2 billion.

Though current efforts and guidelines include The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, The Optional Protocol on the sale of children, child prostitution and child pornography (2000) to the UN Convention on the Rights of the Child (1989), and The WHO's Guiding Principles on Human Organ Transplantation (1991) that all similarly condemn the commercialization of human organs as 'a violation of human rights and human dignity' and point to the prohibition of organ and tissue trafficking, we currently lack an internationally binding principle, and voices of legalization are often raised in various countries around the world. Though the WHO is fundamentally against the commercialization of organs, this topic guide will explore both sides of the debate in order to better illustrate the current global trend regarding organ trafficking. Then, ef-

<sup>10</sup> The Guardian, "Illegal kidney trade booms as new organ in sold 'every hour'": <http://www.theguardian.com/world/2012/may/27/kidney-trade-illegal-operations-who>

<sup>11</sup> American Journal of Transplantation, "A Criminological Perspective: Why Prohibition of Organ Trade Is Not Effective and How the Declaration of Istanbul Can Move Forward" <http://onlinelibrary.wiley.com/doi/10.1111/j.1600-6143.2011.03864.x/full#ss5>



forts to tackle the supply and demand gap will be addressed, followed by efforts to curtail the growth of the black market.

### Morals of Organ Trade and Its Legalization

Legalizing organ trade, as much as it may sound offensive, has long been an issue of debate. Proponents argue that legalization will be beneficial for all parties: the donor, the patient, and the government, as long as stringent laws and guidelines ensure safety and clarity. In that process, the black market for organs will naturally subside. On the moral front, proponents claim that an individual has absolute control over one's body, thus banning individuals from a safely managed practice they want to pursue is against the spirit of freedom.

Opponents argue against legalization on the same fronts. Though some concede that the supply and demand gap of organs will be significantly narrowed, many aim to come up with morally sound methods that leave no room for exploitation. Basically, since the rich buy the organs and the poor are the only ones who need to sell, organ trade is bound to take on a shade of exploitation. Furthermore, even with strict laws, setting bars of qualification could drive the desperate to sell their organs in the black market for an even cheaper price than the legal average, thus still fostering the growth of a black market for the unqualified donors. Clearly, legalization is an important point of discussion. Thus, examining Iran, the only country as of now with legal organ trading, and other countries' movements towards legalization would be helpful in understanding various aspects of the global fight against organ trafficking.

### Successful Cases: Iran

Iran is the only country in the world that does not suffer from a shortage of organs available for transplant. Iran is also the only country in the world with a legal payment system for organ donation<sup>12</sup>. Though opponents would be quick to argue the efficacy or ethics of their system, Iran's system is worth examining. Legalization does not mean organs are bought and sold like meat from your local butcher. Rather, patients who cannot find live or deceased donors willing to donate a kidney apply to the Dialysis and Transplant Patients Association (Datpa), a non-profit and volunteer-run organization. Datpa matches donors with recipients through medical evaluations by transplant physicians who have no connection to Datpa, just like the donors themselves who are not compensated by Datpa but by the government, charity organizations, and the recipients. The government pays donors \$1,200 and provides a year of limited health-insurance coverage, while recipients pay between \$2,300 and \$4,500. For recipients who are unable to pay, charity organizations step up in their place. Regulation is conducted by the Charity Association for the Support of Kidney Patients (CASKP) and the Charity Foundation for Special Diseases (CFSD), under control of the Ministry of Health. Through this system, Iran has neither a waiting list of patients nor a shortage of organs. Though criticisms include the fact that over 70 percent of donors are considered poor, the price of a kidney in Iran averages between \$2,300 and \$4,500, while prices in the global black market can reach up to \$190,000.

### Current Movements

The main idea of legalization is that it will be an improvement on the current state of organ trafficking and the global organ shortage. On a moral level, proponents argue that our understanding of what it means to be human and preserve our dignity can be constantly reshaped. On a practical level, legaliza-

12 The Economist, "Psst, wanna buy a kidney?": [http://www.economist.com/node/8173039?story\\_id=8173039](http://www.economist.com/node/8173039?story_id=8173039)



tion will control the current harms of the black market, such as undocumented exploitation of donors, unsafe operation conditions, and illegal profit that cannot be tracked. With the idea that enforcement can never be a guarantee of eliminating illegal markets and a moral recognition of commercializing organ donations, proponents work with experts in various fields ranging from criminology to economics to reevaluate the efficacy of prohibition. The consensus is, however, that the root cause of organ trafficking – the shortage of organs – should be the bigger goal in the efforts to tackle organ trafficking, and that promoting the sale of organs is not the intention.

### Efforts to Tackle the Supply-Demand Gap

At the root of organ trafficking lies the severe shortage of organs available for transplant. In 2007 there were 64,606 kidney-transplant operations in the entire world. In the U.S. alone, 83,000 people wait on the official kidney-transplantlist. But just 16,500 people received a kidney transplant in 2008, while almost 5,000 died waiting for one<sup>13</sup>.

It is evident that the global organ shortage is the primary cause behind organ trafficking. Thus, the ultimate goal of the WHO is to foster higher levels of donations around the world through providing various guidelines to convince live donors to agree to posthumous organ donations and live donations.

With no control over health policies in member nations, the WHO can only provide guidelines to and seek cooperation of member nations. Such guidelines include the World Health Assembly resolution 63.22 that endorse the updated WHO guiding principles and identify areas of focus<sup>14</sup>.

Apart from the guidelines of the WHO, actually implemented strategies include removing pieces of tissue from deceased patients for transplant without their, or their families', prior consent. This practice, called routine removal, is legal in countries like the U.S. However, few know of this practice, and perhaps that contributed to the rise of cornea transplants in the U.S.

While routine removal may seem like a desperate measure to increase cadaver organ donation rates, other regulations regarding the “living” status of patients present doctors with a grey area. The line required in deceased patient donations is one where the donor is dead, but the organs are still alive, or at least functional enough for transplant. The criteria for brain death in the U.S. was published in 1968 by Journal of the American Medical Association. However, the number of brain-dead patients has been slowly decreasing. Thus, doctors have turned to donation after cardiac death, when the heart stops beating spontaneously and does not beat again for five minutes. Though controversy surrounding cardiac death remains, such donations account for up to 20 percent of donations in some states<sup>15</sup>.

Another direction many countries are turning to is presumed consent. Presumed consent considers everyone a potential organ donor unless the patient has clearly rejected posthumous organ donation. This principle is common in Europe and has been known to raise donation rates, such as in Spain, when combined with other resources like transplant coordinators, trained organ-procurement specialists, and other investments in transplant infrastructure. England, Wales, and India are also moving towards a

<sup>13</sup> The Wall Street Journal, “The Meat Market”: <http://online.wsj.com/news/articles/SB10001424052748703481004574646233272990474>

<sup>14</sup> The Sixty-Third World Health Assembly, “Agenda item 11.21 Human Organ and Tissue Transplantation”: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA63/A63\\_R22-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R22-en.pdf)

<sup>15</sup> The Wall Street Journal, “The Meat Market”: <http://online.wsj.com/news/articles/SB10001424052748703481004574646233272990474>





presumed consent system.

Another method, employed by countries like Israel and Singapore, is nonmonetary incentivizing potential organ donations. In Singapore, those who opt out of the presumed consent system are placed on the bottom of the organ transplant waiting list. In Israel, agreeing to organ donations after death and having relatives who have done the same will grant an individual points that will place them higher on the waiting list when they need a transplant themselves.

Such methods are intended to raise the number of posthumous organ donations, since every year millions of organs are being burned and buried when they could be used to save additional lives. Other methods being researched are cross-species transplants, which means patients would receive animal organs. Pre-clinical studies are achieving steady success, with pig hearts and kidneys becoming more viable for transplant. Another method would be to come up with a better alternative for a kidney transplant, which takes up close to two-thirds of all transplants. Finally, to increase live-donation numbers, research into safer live transplants and better policies and practices to endorse live transplants are being conducted.

As Dr. Luc Noel of the WHO states, “There are two prevailing concepts of transplantation. One relies on money and leads to increased inequality, besides putting a price on the integrity of the body and human dignity. The second is based on solidarity and the donor’s sole motivation to save a life. We should seek a common global approach to donation and transplantation characterized by respect for the donors, so that they are proud of what they have done.”

### Stricter Laws and Enforcement

The main difficulty the WHO has with regards to stricter prohibition is the relative inability to create and enforce laws in member nations. Therefore, our emphasis lies on providing legislation guidelines to member nations. The problem is that despite our numerous guidelines, organ trafficking cases are not detected enough and we lack information regarding the organ trafficking route. Arrests have been made in regions like Kosovo and Bangladesh, but experts estimate that we are only detecting the tip of the iceberg<sup>16</sup>. Furthermore, often times the countries disagree on which party to punish: the recipient, donor, broker, or physician. Thus, clarifying and modifying existing laws, enforcing them, and properly educating law enforcement agencies and medical staff would be necessary steps to curb the growth of the existing black market.

<sup>16</sup> The New York Times, “5 are Convicted in Kosovo Organ Trafficking” [http://www.nytimes.com/2013/04/30/world/europe/in-kosovo-5-are-convicted-in-organ-trafficking.html?\\_r=0](http://www.nytimes.com/2013/04/30/world/europe/in-kosovo-5-are-convicted-in-organ-trafficking.html?_r=0)



## BLOC POSITIONS

### *China*

China was faced with criticism from the global society for its organ trade system; it is the only country that systematically takes organs from executed inmates for use in transplant operation. China revealed that by mid-2014 it will no longer allow hospitals to use organs from executed prisoners and only use voluntarily donated and allocated through a national system. However, except for the United Nations, China performs more transplants than any other country, and cutting the supply coming from dead inmates (which is a major source) means less balance in supply and demand. To amend the gap the Chinese government launched a volunteer organ donor programs in 25 provinces and municipalities since February 2013. There has been a significant change in the number of organ transplants using donated organs but it continues being less than half the number of organs from executed inmates.

### *United States*

The United States, along with Australia, Canada, Israel, Japan, Oman, and Saudi Arabia, is a major organ-importing country, despite the fact that the law prohibits trading of organs. Since organ transplant can only be done with donated organs, the number of people waiting for an organ far exceeds that of legally donated organs, making it inevitable for the formation of a black market. To deal with the high demand for organ transplants, the U.S. has been trying to find stable and ethical systems. In 1968, the U.S. implemented the Uniform Anatomical Gift Act (UAGA), which gave individuals the right to donate their organs after their death. Following, the U.S. enacted the National Organ Transplant Act in 1984, which established a national online registry for organ donors and prohibited the buying or selling of organs.

### *Singapore*

Singapore is one of the few countries with the opt-in and opt-out system. The Medical Therapy, Education and Research Act 1972 (MTERA) is the opt-in system, and the Human Organ Transplant Act 1987 (HOTA) is an opt-out system. MTERA alone could not meet the transplant needs of patients due to lack of voluntary donations. When HOTA had been enacted, there was a significant rise on the number of organ transplants. To give a better incentive, the government announced that people who have not opted out of HOTA will have a higher priority on the waiting list should they need an organ transplant. The government also made it legal for foreigners to sign up as donors under MTERA. Unlike many other countries with the opt-out system, Singapore also allows the donation of living donors; that is, it allows the removal of an organ of a living donor for transplantation. In 2009, living donors could receive payments for the loss of earnings and other costs, including medical care and insurance protection, incurred as a result of the donation.

### *Iran*

It is easy to see ads in public and even in private properties reading “kidney for sale” in Iran. Iran is the only country in the world where the selling and buying of kidneys is legal. The Charity Association for the Support of Kidney Patients (CASKP) and the Charity Foundation for Special Diseases (CFSD), two non-profit organizations, control the trade of organs with the support of the government. As a result, Iran does not suffer from a shortage of organs available for transplant since 1999. The case of Iran merits a special mention: paid kidney donation is practiced legally but there is a strict regulation of the allocation of organs to non-local citizens, thereby restricting the international organ trade. Currently, experts from Western countries such as the United States and the United Kingdom are considering the



successful case of Iran.

### *United Kingdom*

While organ and human trafficking is not common in the United Kingdom, lack of organs for thousands is a reality. In response to the high demands and long waiting times, the illegal trade has been increasing, with the Internet acting as a facilitator. With the number of people needing transplants rising by 8% every year, and three people dying every day while waiting, the UK needs a dramatic change of course if lives are to be saved. Currently, there are two key laws governing organ donation and transplantation in the UK: The Human Tissue (Scotland) Act 2006 and The Human Tissue Act 2004 (England, Wales and Northern Ireland). At present, in order to become an organ donor, a person must express a wish to be a donor. This system is commonly known as ‘opt-in’. There is also the ‘opt-out’ system which maintains the status quo as saying “yes” to organ donation after death. In the UK, Wales is the only country with an opt-out system. An opt-out system has the potential to close the gap between the demand and supply of organs. Some experts in the UK say it is time for the whole UK to pilot new legislations regarding organ transplant.



## QUESTIONS TO CONSIDER

To facilitate efforts to gather, centralize, and organize information on organ trafficking, what kind of an organization, structure, or policy would be most effective?

Since the WHO cannot enforce any policy, what sort of compromises could be made to ensure both ideological integrity and international cooperation, keeping in mind the possibility of certain nations opposing the ban on organ trade itself?

Though legalizing the sale of organs is not in line with the WHO's policies and the donation of live organs is deemed dangerous and inefficient compared to cadaver donations, what methods or advantages apart from monetary compensation could be implemented to promote live donations?

What would be the first necessary step: changing public opinion on post-mortem organ donations to encourage voluntary donations or incentivizing it?

What type of organization or governing body would be most effective in monitoring organ trafficking around the world, and how do we ensure organized cooperation from different government branches and fields?



## ROLE OF THE COMMITTEE

Though the WHO has achieved considerable success over the years in affecting health policies in most member nations, this progress has been possible through cooperation from member nations. In a positive light, the high level of cooperation observed for many decades points to a global willingness to progress towards better health for everyone. On a more problematic note, this means that the committee lacks methods to enforce certain policies.

Especially for issues like polio and organ trafficking that involve a wider range of considerations than simply “public health”, cooperation becomes harder to guarantee. For polio, the fact remains that only certain countries remain afflicted with the disease, thus the WHO cannot blackmail or invade governments unwilling to cooperate, as they have no obligation to provide support. The same principle applies to organ trafficking. As much as we would prefer cooperation from governments in abiding the WHO’s policies and guidelines, laws related to organ transplant remain a solely national issue. Regulations on organ trafficking and laws on organ trade are two different issues, and both need to be addressed by the committee. Thus, it would be sensible to avoid ideas like “sanctioning countries for lack of cooperation”, as no country is pro-organ trafficking. It comes down to the degree of participation each member nation is willing to show, thus the committee’s role is to foster more cooperation.

## STRUCTURE OF THE COMMITTEE

For this year’s conference, committee proceedings will start with opening speeches by all delegates. Once the committee has understood each member nation’s stance on the issues at hand, we will move on to a lengthy session of unmoderated caucus on the first topic, which will likely take up most of Committee Session I. During the unmoderated caucus, the delegates will gather to discuss and develop individual clauses that will be debated on during the moderated caucuses to follow. The chairs will go around helping delegates with any point they do not understand, and once several clauses have been formed and submitted for debate, we will enter moderated caucus, in which the delegates will be debating clause-by-clause to create one whole resolution on the topic. The point of the committee is to pass clauses of the highest quality and put them together to create a full resolution at the end of the conference. Submitters of each clause will be given credit, so there is no need to be pressured into becoming the main submitter on a resolution. Once the resolution has been voted on, we will repeat this process for topic two.

What will make delegates eligible for awards, however, are the position papers. All delegates are expected to show their dedication towards a meaningful committee experience by submitting position papers. Position papers should be about a page-long document consisting of three paragraphs. The first paragraph should summarize the topic, the second paragraph should reveal how the topic at hand affects their country, and the final paragraph should articulate the country’s stance on solving the issue. The deadline for position papers is May 1st, and delegates who submit the position paper before April 1st will be able to receive feedback from the chairs.





## SUGGESTIONS FOR FURTHER RESEARCH

For basic guidelines and official statements:

[www.who.int](http://www.who.int)

[www.who.int/gho/en/](http://www.who.int/gho/en/) (Global Health Observatory)

[www.declarationofistanbul.org](http://www.declarationofistanbul.org)

For various statistics on polio:

[www.polioeradication.org](http://www.polioeradication.org)

[polioinfo.org](http://polioinfo.org)

[www.cdc.gov/polio/](http://www.cdc.gov/polio/) (Centers for Disease Control and Prevention)

For information on organ transplants/trade:

American Journal of Transplantation

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

[cofs.org](http://cofs.org) (Coalition for Organ-Failure Solutions)

[ungift.org](http://ungift.org) (Global Initiative to Fight Human Trafficking)

[www.havocscope.com/](http://www.havocscope.com/) (Global Black Market Information)

For relevant news and editorials:

[www.bbc.co.uk](http://www.bbc.co.uk)

[www.theguardian.com](http://www.theguardian.com)

[www.wsj.com](http://www.wsj.com)

[www.theatlantic.com](http://www.theatlantic.com)

[www.economist.com](http://www.economist.com)

[www.reuters.com](http://www.reuters.com)