Dartmouth Model United Nations

WHO

April 7 – 9, 2017

DARTMOUTH MODEL UNITED NATIONS CONFERENCE

Twelfth Annual Conference • April 7 - 9, 2017

Dartmouth College • Rockefeller Center • Hanover, NH 03755

E-mail: dartmun@dartmouth.edu • DartmouthMUN.com

William Tremml
Secretary-General

Emily Choate
Director-General

Bill Kosmidis
Chief of Staff

Jessica Campinile
Chargé d'Affaires

Clayton Jacques
Undersecretary-General of General Assemblies

Makisa Bronson
Undersecretary-General of Special Committees

Scott Okuno
Undersecretary-General of Current Crisis Committees

Lauren Bishop
Undersecretary-General of Historical Crisis Committees

Zainab Molani
Director of Public Relations

Michelle Wang
Director of Technology

Eva Wang
Director of Finances

January 11, 2017

Dear Delegates:

On behalf of the entire Dartmouth Model United Nations staff, I would like to welcome and thank you for registering for the twelfth annual Dartmouth Model United Nations conference this April 2017. We have been working relentlessly since the end of last year's conference to provide a better and more worthwhile Model U.N. experience for this winter's delegates. We are optimistic about this winter's conference and Dartmouth Model U.N.'s future.

DartMUN is a unique conference. We pair world-class delegations and dais staff members in smaller, more-interactive environments to facilitate an enriching experience for delegates of all skill levels. We believe DartMUN's active, small committees ensure delegates feel comfortable immersing themselves in a competitive but supportive environment that encourages trial by error and participation. Furthermore, DartMUN's well-trained staff is excited to work with your delegates this winter in committee to equip the next generation of college students with the skills to tackle complex global problems.

With this said, Model United Nations is only meaningful when delegates are thoroughly prepared. To aid in your research preparation, your committee staff has spent hours researching, writing, and editing this Background Guide. The Background Guide serves as an introduction to your respective committee and an overview of the topics that you will be debating over the course of the conference.

The Background Guide is intended to be a starting point for your research and is not, in itself, an adequate exposure to the complexities of your committee's topics. To be prepared, each delegate should do further research and focus on processing information through the lens of their respective country or position. If you are having trouble digesting all the information, the Background Guide contains relevant discussion questions that break down the topics. Also, as questions or ideas arise, do not be shy in contacting your committee staff via e-mail. Committee staff are knowledgeable and can help you better understand a particular topic or how your country fits into a larger international debate. More often than not, discussing the problem with another person can open up more paradigms and viewpoints that may guide you throughout the brainstorming process.

As in years past, all delegates are expected to write a brief position paper before the conference to synthesize all of their preparatory research and analysis. Please see the position paper guidelines on the conference website for specific information about content, format, etc. Committee staff will collect position papers at the beginning of the first committee session on Friday evening, so be sure to bring a hard copy because delegates who do not submit position papers will not be eligible for awards.

Sincerely,

William Tremml
Secretary-General
DartMUN XII

DARTMOUTH MODEL UNITED NATIONS CONFERENCE

Twelfth Annual Conference • April 7 - 9, 2017

Dartmouth College • Rockefeller Center • Hanover, NH 03755

E-mail: dartmun@dartmouth.edu • DartmouthMUN.com

January 11, 2017

Dear Delegates:

Welcome to the twelfth annual DartMUN conference and this year's World Health Organization! I am confident that your participation in this year's simulation of the WHO will be one of the most rewarding experiences during this conference. As we discuss our two main topics, Organ Trafficking and Emergency Response, we will challenge you to make difficult decisions and think creatively about possible multilateral solutions. We hope to immerse you in your role within the WHO and offer you a deeper understanding of the difficulties involved in being a member of such a committee. Above all, we encourage you to have fun and meet new people, all while participating in an event that will hopefully have an impact on you that lasts much longer than the few short days you will be joining us.

During this conference, I will be working with you as the Assistant Director of the World Health Organization. A short background on me: I am originally from Salt Lake City, Utah, and currently in the middle of my first year at Dartmouth. I am planning on majoring in Biology modified with Math on the pre-med track. This is my first year working with DartMUN, but with how much fun I have had in preparing for your arrival, I know this will not be my last! Outside of DartMUN, I am on the Layout Team for the college's yearbook, a Global Issues Scholar, and spend most of my free time working in a microbiology lab.

Our Committee Director this year will be Anjali Peddanna. She is also a first year student, originally from Dayton, Ohio. She is planning a double major in Neuroscience and French. Anjali has extensive experience as a Model UN delegate, and hopes to use that experience to provide a rewarding experience for all members of this committee. She looks forward to meeting you!

Anjali and I have put together the following Background Guides on our topics to provide a broad overview of what we will be discussing. These background guides will work as a starting point for your continued research. Keep in mind that they do not contain complete information on either topic, and you will be required to spend some time obtaining further relevant information. I encourage you to look into the sources provided in the bibliographies, as well as consider the discussion questions found at the end of each guide. Work on developing your unique position. If you have questions concerning the Background Guides or your research, Anjali and I will be available to help. Our emails are Brittany.Critchfield.20@dartmouth.edu and Anjali.S.Peddanna.20@dartmouth.edu. Please do not hesitate to contact us regarding concerns or even just to discuss these complex topics.

I am so excited to meet all of you and to begin engaging with these topics. Get excited! This is going to be great!

Sincerely,

Brittany Critchfield

Topic 1: Organ Trafficking

History

Organ transplantation is an effective therapy for end-stage organ failure and is widely practiced around the world. In 1954, the kidney was the first human organ to be transplanted successfully. Liver, heart and pancreas transplants were successfully performed by the late 1960s, while lung and intestinal organ transplant procedures began in the 1980s. Medical advances in the prevention and treatment of rejection led to more successful transplants and an increase in demand. As a result, on March 21, 1984, UNOS was incorporated as an independent, non-profit organization, committed to saving lives through uniting and supporting the efforts of donation and transplantation professionals and through establishing an organ sharing system that maximizes the efficient use of deceased organs.[1]

Despite UNOS and similar endeavors to maximize the efficiency of organ transplantation, the shortage of organs has now become a virtually universal problem. In the US alone a new name is added to the transplant list every ten minutes.[2] The shortage of a "native supply" of organs has led to the development of the international organ trade, where potential recipients travel abroad to obtain organs through commercial transactions.

Previous UN Actions

In 1987, the Fortieth World Health Assembly (WHA), the primary decision-making body for the WHO, drafted what became the WHO Guidelines of Organ Transplantation. Consequently, in 1991, the guidelines were established and endorsed in resolution WHA44.25. In 1996 and 1997, the UN held two task force meetings in order to tackle these complexities of organ trafficking, including but not limited to its scientific, social, and ethical aspects. The task force recommended the creation of international donor surveillance committees. In 2000 the General Assembly adopted UN Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially in Women and Children which entered into force by 2003. [3] Following this protocol which set the foundation for a real resolution on the topic, officials from twenty-three countries representing all WHO regions met in Madrid and analyzed the issue of organ transplantation. These summits culminated in resolution 57.18. Then in 2004, WHA adopted resolution WHA57.18 which urged Member States to "take measures to protect the poorest and vulnerable groups from 'transplant tourism' and

1 "History." *UNOS*. United Network for Organ Sharing, n.d. Web. 07 Nov. 2016.
2 "Facts and Myths about Transplant." *American Transplant Foundation*. American Transplant Foundation, n.d. Web. 07 Nov. 2016.
3 "Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children." *United Nations Convention Against Transnational Crime*. United Nations, 2000. Web. 7 Nov. 2016.

the sale of tissues and organs".[4] In 2008, the guiding principles were revised to suggest acquiring legal consent for the extraction of any body part from corpses and permitted donations from the living if and only if donors were given the necessary care. This focus on some form of relationship between the donor and the recipient was aimed at decreasing the instances of "transplant tourism." Additionally, these guidelines banned the involvement of doctors and insurance companies in transactions involving organs obtained through exploitative means. In recent years (2010), the guiding principles were again changed by the sixty-third WHA. These new guiding principles preserved the main intentions of the 1991 resolution; however, the mounting issue amongst these resolutions was that they never directly addressed the safety concerns associated with organ transplantation and in no way provided any means to deter organ trafficking. Despite having one of the most heightened legal systems, it was not until 2011 that the United States arrested a single person for organ trafficking.

According to WHO, kidney transplants are carried out in 104 countries, representing nearly 90% of the worldwide population. Out of a total of 100,800 transplants, 69,400 kidney transplants, 21,000 liver transplants, 6,000 heart transplants, 3,400 lung transplants, and 2,400 pancreas transplants were performed globally solely in 2008. However, in conjunction with rapid advancements in medicine, technology and globalization, the illegal organ trade also continues to expand. WHO estimates that of these 69,400 kidneys transplanted worldwide each year about ten percent of kidneys from living donors are acquired illegally. This means that transplantation with an illegally acquired kidney occurs once every hour.[5]

Due to a continually growing demand for organs proportional to our rapidly expanding world population, organ trafficking has gained attention in the forefront of global issues. Organ trafficking is now one of the most lucrative trade industries in the world. The international organ trade has been recognized as a serious health policy issue in the international community. Not only does this practice endanger the lives of exploited donors, but also the recipients as the medical facilities in which these transplantations occur do not meet international standards. Often, after the desired organ is removed, organ donors' health is neglected. The international organ trade feeds upon the incapacity of national health care systems to meet the needs of patients and results in the

[4] *Resolution on human organ and tissue transplantation.* Geneva: WHO; 2004 (WHA 57.18). Available at:http://www.who.int/transplantation/en/A57_R18-en.pdf

[5] Siria.gastelum. "Trafficking for Organ Trade." *Trafficking for Organ Trade.* UNODC, 2016. Web. 07 Nov. 2016.

exploitation of vulnerable people across the globe.[6] Health authorities have been urged to update their legal frameworks in both organ-exporting and organ-importing countries while also trying to find new sources to satisfy the organ shortage. The difficulty lies in finding ethically acceptable sources to satisfy this need.

Furthermore, organ trafficking preys on global inequities through which an already large income disparity continues to grow between the rich and the poor on a global scale. The trade forces poor, vulnerable populations into selling their organs for a monetary benefit. In several instances, media reports have publicized the deaths of patients who went abroad for overseas commercial transplants and the abuse, fraud and coercion of the paid kidney donors.[5]

Organ trafficking also brings about the issue of whether or not people have the right to sell parts of their bodies. In some countries with religion-based legal systems it is often outlawed to commodify the body. Herein lies a balance between selling organs as a desecration of the sacred nature of the human body versus providing the recipient of the organ with the priceless gift of prolonged life. Varying opinions on these relevant issues has led to difficulties in attempting to unify nations on this worldwide issue.

Forms of Organ Distribution

Proliferation of Organs

There are several different sources that are used to obtain organs. Potential organ sources include live donors, deceased donors, and executed prisoners. There are three main methods through which illegal organ trafficking occurs: (1) Traffickers deceive the victims into giving up an organ; (2) 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; (3) Vulnerable persons are treated for an ailment, which may or may not exist and thereupon organs are removed without the victim's knowledge. The vulnerable categories of persons include migrants, especially migrant workers, homeless persons, illiterate persons, etc. Developing countries usually fall victim to providing donors populations and developed countries then become the recipients.[7][5]

"Transplant Tourism"

The most common way to trade organs across national borders is via potential recipients who travel abroad to undergo organ transplantation, commonly referred to as "transplant tourism". The Internet has increased as a major proponent used to attract foreign patients. Several web sites offer

[6] Endo F. Organ plan poses ethical issues; new RP scheme to allow kidney trading aims to close back market. *Daily Yomiuri.* 2007 Feb 3.

[5] Siria.gastelum. "Trafficking for Organ Trade." *Trafficking for Organ Trade*. UNODC, 2016. Web. 07 Nov. 2016.

all-inclusive "transplant packages" to attract the attentions of desperate patients in need of organs. Under the General Agreement of Trade in Service (GATS), governments may choose to trade health services to achieve their national health objectives. However, this has resulted in some governments allowing the illegal organ trade to continue as an instrument to their economic development.[7]

"Xenotransplantation"

The United States Food and Drug Administration defines xenotransplantation as "any procedure that involved the transplantation, implantation or infusion into a human recipient of either (a) live cells, tissues, or organs from a nonhuman animal source, or (b) human body fluids, cells, tissues or organs. The development of xenotransplantation is, in part, driven by the fact that the demand for human organs for clinical transplantation far exceeds the supply. Currently ten patients die each day in the US while on the waiting list to receive lifesaving vital organ transplants causing healthcare facilities to resort to extreme measures. Although the potential benefits may seem considerable, the use of xenotransplantation raises concerns regarding the subsequent infection and transmission of dangerous infectious agents into the general human population. This then becomes a matter of public health concern for the potential cross-species infection by retroviruses, which can remain latent and lead to disease years after the initial infection. Even more concerning, our technologies may not be advanced enough to deal with these mutant super viruses.[8]

Current Status

While it is commonly believed that human trafficking only takes place for commercial sexual exploitation or forced labor, trafficking is also a component of the organ trade. The illegal organ trade continues to ravage the world's poor and is an incredibly major human rights violation. Several organ trafficking issues must be prioritized on the agenda of this body. Despite the presence of health and safety issues organ trafficking continues to thrive. In fact, it was reported that there was a resurgence in organ trafficking between 2006-2007, which is especially concerning considering this was a period of time originally thought to have been in decline. Recently, The *New York Times* published a story revealing hospitals that participate in the illegal trade by working undercover in various under-resourced countries, such as India, Pakistan, and Turkey. These stories highlighted how a commendable act of service to society has been turned into organized rackets of duplicitous offers and tempting financial incentives upward of $5,000

[7] *WTO agreements and public health: a joint study by the WHO and the WTO secretariat.* Geneva: WHO, World Trade Organization; 2002.

[8] "Xenotransplantation." *Xenotransplantation.* Food & Drug Administration, n.d. Web. 07 Nov. 2016.

per kidney that exploit the disadvantaged into kidney donation.[9] The *New York Times* followed up with an additional article reporting an investigation of 17 Japanese tourists receiving kidney and liver transplants in China, paying $87,000 for each organ which included twenty days of treatment at a hospital in Guangzhou, China. This transaction occurred regardless of a reported ban on foreign tourists receiving kidneys in China.[10] Around the same time a *Newsweek* magazine article uncovered a similar trade practice in the United States. This trade worked its way through a network of brokers, clergymen, and surgeons involved in bringing "voluntary" donors as visitors from Brazil, South Africa, and other developing nations.[11] Similar networks have reportedly been unmasked in Israel and Brazil.[12] It is clear that the existing regulations, even in developed countries, leave room for such operations to flourish. The response to trafficking within the organ trade has more or less been lackluster. Considering the serious health implications and the severe human rights violations of the vulnerable victims, it is essential that this issue gets the desired attention. Beginning to solve this problem requires several steps including but not limited to the following: appropriate laws in sync with the UN protocols and principles; stringent law enforcement; training and orientation of law enforcement agencies as well as medical staff; awareness of vulnerable sections of the population; and others.[5] This committee will have to consider the multiple facets of this massive issue that has continued to plague nations worldwide in order to come to any semblance of an all-encompassing resolution.

Bloc Positions

Organ Exporting Nations

For the most part "exporting nations" include many developing countries, including but not limited to, India, Bolivia, Brazil, Iraq, Israel, Peru, Turkey, and the Republic of Moldova. India in particular is one of the most commonly known organ-exporting countries where organs from local donors are regularly transplanted to foreigners through sale and purchase. And although following the Human Organ Transplantation Act of 1994, a law banning the organ trade in India, the number of foreign recipients seems to have decreased but the underground market still exists. This drop in foreign recipients in India was accompanied by an increase in the number of foreign recipients in

[9] Gentleman A. Kidney thefts shocks India. *The New York Times*. January 30, 2008. http://www.nytimes.com/2008/01/30/world/asia/30kidney.html. Accessed July 9, 2009

[10] McDonald M. Beijing investigates transplants for tourists. *The New York Times*. February 17, 2009.

[11] Interlandi J. Not just urban leg end. *Newsweek*. January 10, 2009. http://www.newsweek.com/id/178873. Accessed July 9, 2009.

[12] Organ transplants. The gap between supply and demand. *The Economist*. October 9, 2008. http://www.economist.com/opinion/displaystory.cfm?story_id=12380981. Accessed September 30, 2009.

[5] Siria.gastelum. "Trafficking for Organ Trade." *Trafficking for Organ Trade*. UNODC, 2016. Web. 07 Nov. 2016.

other countries.[13] These states disapprove of the organ trade but due to corruption and lack of police enforcement, these countries are unable to adequately root out powerful organ trafficking rackets. Attempts to protect their populations from organ trafficking exist in the form of strict laws to curb the trade, but more still needs to be accomplished Some of these nations also benefit economically from "transplant tourism" and thus may commit willful blindness towards the trade.[14]

China

Around 12,000 kidney and liver transplants were performed in 2005. Even more concerning, most of the transplant organs were alleged to have been procured from executed prisoners, a practice which itself has been widely criticized by the international community.[15] Additionally, in 2014 a documentary called *Human Harvest* was filmed revealing the one-billion-dollar organ trafficking industry currently booming in China.[16]

Pakistan

Before outlawing organ trafficking in 2010, Pakistan was believed to be the third most popular destination for "transplant tourists." Evidence suggests that the largest number of patients came from Southeast Asia, but the U.S., U.K. and Saudi Arabia were also high on the list. Despite these efforts destitute Pakistanis continue to sell their kidneys in an effort to pay off loan sharks or buy their way out of bonded labor, a form of slavery that has existed in South Asia for centuries.[14]

Iran

Iran is a prime example of a state that has chosen to permit the organ trade. Although very few states look favorably upon a regulated organ trade and are willing to permit commodification of the human body, Iran has instituted a legalized and regulated version of the organ trade. 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.[17]

Philippines

In contrast to Iran, the Philippine government was one that tried moving towards the institutionalization of paid kidney donation and

[13] *Transplantation of Human Organs Act*, India; 1994, Act No. 42.
[14] Rizvi, A. *Pakistan: Legislative framework on transplantation. Second global consultation in human transplantation.* Geneva: WHO; 28–30 Mar 2007.
[15] Minhua J, Yingguang Z. Beijing mulls new law on transplants of deathrow inmates organs. *Caijing.* 2005 Nov 28.
[16] *"ABOUT." Human Harvest. Flying Cloud Productions INC, n.d. Web. 07 Nov. 2016.*

[14] Rizvi, A. *Pakistan: Legislative framework on transplantation. Second global consultation in human transplantation.* Geneva: WHO; 28–30 Mar 2007.
[17] Ghods AJ, Nasrollahzadeh D. Transplant tourism and the Iranian model of renal transplantation program: ethical considerations. *Exp Clin Transplant* 2005; 3:351-4.

acceptance of foreign patients.[6] Specifically, the Bataan Shipping and Engineering Co (BASECO), sold its holdings to the government several years ago. This region, now referred to as Baseco, is a dockside slum and notorious 'kidney-ville' in Manila.[18] Located in one of the most densely populated areas in the world, it is estimated that approximately 3,000 of Baseco's 100,000 or so residents have sold a kidney.[19] However, in 2008 the Philippines signed the UN Declaration on Organ Trafficking and Transplant Tourism in Turkey, making it illegal for foreigners to engage in the illegal organ trade. Despite these efforts to outlaw the practice, the problem persists.[20]

Organ Importing Nations

"Importing nations" here can be defined as countries of origin of the patients going overseas to purchase organs for transplantation. Contrary to "exporting nations", these countries are usually wealthy developed states that have low organ donation rates and thus have long waitlists for organs. A report by Organs Watch, an organization based at the University of California, identified Australia, Canada, Israel, Japan, Oman, Saudi Arabia, and the USA as major organ-importing countries.[21] For these nations there is less urgency to solve this problem since organ recipients generally receive proper follow-up treatment. Additionally, the illegal trade helps these states to reduce healthcare expenditures and waiting time for organs creating even less of an incentive for these countries to make changes to flawed regulation of this problem.

Questions to Consider

1. Do humans have complete autonomy over the rights to their bodies in that they have the authority to sell parts of it?
2. What role do doctors, medical professionals, healthcare facilities, and insurance companies play in the organ trade?
3. How can nations increase their own domestic organ supplies or in general increase the amount of legal organs in global circulation? What is the best, most efficient yet usable organ source?
4. How can nations help to deter the continuation of illicit organ trade practices? In what ways can nations' preexisting legal checks of black markets be strengthened?

[6] Endo F. Organ plan poses ethical issues; new RP scheme to allow kidney trading aims to close back market. *Daily Yomiuri.* 2007 Feb 3.

[18] Scheper-Hughes, Nancy. "Human Traffic: Exposing the Brutal Organ Trade." *New Internationalist.* Creative Commons, May 2014. Web. 07 Nov. 2016.

[19] Yea S . (2010), 'Trafficking in Part(s): The Commercial Kidney Market in a Manila Slum, Philippines', Global Social Policy, 10: 358–76

[20] Calonzo AC (2010) DOH issues 2 orders to fight organ trafficking in RP. GMA News, 25 June. Available at: www.gmanews.tv/story/194445/doh-issues-2-orders-to-fight-organ-trafficking-in-rp.

[21] Scheper-Hughes N. Prime numbers: organs without borders. *Foreign Policy* 200529-31.

5. How can we protect extremely vulnerable populations of people from falling victim to the deception of duplicitous doctors and organ brokers?

6. In the long-term, how can the UN be sure that a reoccurrence of mass organ trafficking does not occur in the future?

References

"ABOUT." Human Harvest. Flying Cloud Productions INC, n.d. Web. 07 Nov. 2016. www.humanharvestmovie.com

Calonzo AC (2010) DOH issues 2 orders to fight organ trafficking in RP. GMA News, 25 June. www.gmanews.tv/story/194445/doh-issues-2-orders-to-fight-organ-trafficking-in-rp.

Endo F. Organ plan poses ethical issues; new RP scheme to allow kidney trading aims to close back market. *Daily Yomiuri*. 2007 Feb 3. www.who.int/bulletin/volumes/85/1/06-039370/en/

"Facts and Myths about Transplant." *American Transplant Foundation*. American Transplant Foundation, n.d. Web. 07 Nov. 2016. www.americantransplantfoundation.org/about-transplant/facts-and-myths/

Gentleman A. Kidney thefts shocks India. *The New York Times*. January 30, 2008. www.nytimes.com/2008/01/30/world/asia/30kidney.html.

Ghods AJ, Nasrollahzadeh D. Transplant tourism and the Iranian model of renal. www.ncbi.nlm.nih.gov/pubmed/16417442

"History." *UNOS*. United Network for Organ Sharing, n.d. Web. 07 Nov. 2016. https://www.unos.org/transplantation/history/

Interlandi J. Not just urban leg end. *Newsweek*. January 10, 2009. www.newsweek.com/id/178873.

McDonald M. Beijing investigates transplants for tourists. *The New York Times*. February 17, 2009. www.nytimes.com/2009/02/18/world/asia/18organs.html

Minhua J, Yingguang Z. Beijing mulls new law on transplants of death row inmates' organs. *Caijing*. 2005 Nov 28. www.ncbi.nlm.nih.gov/pmc/articles/PMC2636295/

Organ transplants. The gap between supply and demand. *The Economist*. October 9, 2008. www.economist.com/node/12380981

"Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children." *United Nations Convention Against Transnational Crime*. United Nations, 2000. Web. 7 Nov. 2016. www.unodc.org/documents/middleeastandnorthafrica/organised-crime/UNITED_NATIONS_CONVENTION_AGAINST_TRANSNATIONAL_ORGANIZED_CRIME_AND_THE_PROTOCOLS_THERETO.pdf

"Resolution on human organ and tissue transplantation." Geneva: WHO; 2004(WHA 57.18). Web. http://www.who.int/transplantation/en/A57_R18-en.pdf

Rizvi, A. *Pakistan: Legislative framework on transplantation. Second global consultation in human transplantation.* Geneva: WHO; 28–30 Mar 2007. apps.who.int/medicinedocs/documents/s15437e/s15437e.pdf

Scheper-Hughes, Nancy. "Human Traffic: Exposing the Brutal Organ Trade." *New*

Internationalist. Creative Commons, May 2014. Web. 07 Nov. 2016. newint.org/blog/majority/2013/10/17/thailand-human-trafficking/

Scheper-Hughes N. Prime numbers: organs without borders. *Foreign Policy* 200529-31. foreignpolicy.com/2009/10/21/organs-without-borders/

Siria.gastelum. "Trafficking for Organ Trade." *Trafficking for Organ Trade*. UNODC, 2016. Web. 07 Nov. 2016. www.ungift.org/knowledgehub/en/about/trafficking-for-organ-trade.html

Transplantation of Human Organs Act, India; 1994, Act No. 42. transplantation program: ethical considerations. *Exp Clin Transplant* 2005;3:351-4. indiacode.nic.in/fullact1.asp?tfnm=199442

WTO agreements and public health: a joint study by the WHO and the WTO secretariat. Geneva: WHO, World Trade Organization; 2002. www.wto.org/english/res_e/booksp_e/who_wto_e.pdf

"Xenotransplantation." *Xenotransplantation*. Food & Drug Administration, n.d. Web. 07 Nov. 2016. www.fda.gov/BiologicsBloodVaccines/Xenotransplantation/

Yea S . (2010), 'Trafficking in Part(s): The Commercial Kidney Market in a Manila Slum, Philippines', Global Social Policy,10: 358–76. journals.sagepub.com/doi/abs/10.1177/1468018110379989

Topic 2: Organizing a Response and Funding Strategy for Health Emergencies

History of the World Health Organization:

The World Health Organization was founded in 1948 when it became the first specialized UN agency to be unanimously approved by all member states.[1] The foundational principle of this new organization was that "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."[2] Currently the WHO operates under a budget of $4.3 million to devote to initiatives which advance this belief, but has a wide variety of projects and policies to which it can choose to give funds.[3] This organization's responsibilities include acting as a global leader in critical health matters which require multilateral cooperation, directing research funds, and monitoring global health trends.[4]

The main governing body of the WHO is the World Health Assembly, which includes delegates from each member state. The main goal of the WHA is to determine financial policies and approve of the organization's budget. The Executive Board is composed of 34 members which decide the agenda for the WHA. Lastly, there is the Director-General, who is the public face of the WHO and oversees both the WHA and Executive Board.

While the WHO has completed many successful initiatives, including increasing tuberculosis and tobacco control in recent years, it is important to understand that they achieve these feats with little to no substantial power. The WHO is unable to demand action from member states as this would heavily infringe on national sovereignty. Any major decision must be made with special attention to the effects on each member, as any transgression on their rights could result in major losses concerning funds or political support for the organization. While the WHO can suggest initiatives for states to put in place, it is out of the scope of power to issue mandates.

History of the Problem:

The World Health Organization has faced problems concerning its structure since its founding. These problems – including a lack of accountability to the general assembly, decreased

1 Shimkin, Michael B., and Science27 Sep 1946 : 281-283. "The World Health Organization." The World Health Organization | Science. N.p., n.d. Web. 16 Jan. 2017.

2 WHO. "Constitution of WHO: Principles." World Health Organization. World Health Organization, 1 Sept. 2016. Web. 16 Jan. 2017.

3 "Programme Budget". Who.int. N.p., 2017. Web. 18 Jan. 2017. <http://www.who.int/about/finances-accountability/budget/PB201617_en.pdf?ua=1>

4 "The Role of WHO in Public Health." World Health Organization. World Health Organization, n.d. Web. 16 Jan. 2017. <http://www.who.int/about/role/en/>

analytical capability, and general bureaucratic inefficiency – were first addressed in a study by the Danish in the late 1980s, which found that the WHO possessed "Weak country-level performance as a result of insufficient capacity and authority and the effects of a politicized regional bureaucracy."[5] During the 1990s, under the directorate of Hiroshi Nakajima, these issues were repeatedly discussed within the executive board but no concrete action was ever taken, and inefficiency still plagues the WHO today.[6]

Current Status of the Issue:

The World Health Organization, which acts as the "directing and coordinating authority on international health within the United Nations' system,"[7] is currently working on a plan to renovate its response to health emergencies. Responses to disease outbreaks over the last half century have no doubt been effective. For example, the WHO was a major contributor to the eradication of smallpox, and continues to be a main player in the ever-closer eradication of polio. However, recent initiatives have brought to light serious flaws within the current response strategy. During the most recent Ebola crisis, for example, the WHO failed to respond to early risk signs of disease outbreak in Guinea, Liberia, and Sierra Leone, even with multiple warning from aid organizations such as Doctors Without Borders.[8] This failure of the system to respond to such warnings led to an ineffective response time and allowed the disease the spread further than should have been allowed under current WHO protocol. The WHO was aware there was a problem by March 2013, but put off declaring a public health emergency until that August.[9] The UN was forced to create a separate commission to deal with the crisis, which should have fallen under the WHO's jurisdiction.[10] Many attributed this failure to bureaucratic inefficiency, along with "poor communication, a lack of leadership and underfunding."[11] WHO director-general Margaret

5 Chatham House. "Global Health Research." 2013. Web. 16 Jan. 2017 <https://www.chathamhouse.org/sites/files/chathamhouse/public/Research/Global%20Health/0213_who.pdf>

6 Ibid.

7 "The Role of WHO in Public Health." World Health Organization. World Health Organization, n.d. Web. 16 Jan. 2017. <http://www.who.int/about/what-we-do/en/>

8 Boseley, Sarah. "World Health Organisation Admits Botching Response to Ebola Outbreak." The Guardian. Guardian News and Media, 17 Oct. 2014. Web. 18 Jan. 2017.https://www.theguardian.com/world/2014/oct/17/world-health-organisation-botched-ebola-outbreak.

10 Hayden, Erika. "Ebola Failures Prompt WHO Rethink". InFocus News 2017:Print.<http://ebola-honors210g.wikispaces.umb.edu/file/view/WHO%20rethink%202015.pdf/560011385/WHO%20rethink%202015.pdf>

11 Lauerman. "Ebola Spread Over Months As WHO Missed Chances To Respond". Bloomberg.com. N.p., 2017. Web. 18 Jan. 2017. <http://www.bloomberg.com/news/articles/2014-10-16/who-response-to-ebola-outbreak-foundered-on-bureaucracy>

Chen said in a speech following the crisis, "The outbreak revealed inadequacies and shortcomings in this organization's administrative, technical, and managerial infrastructures." [12] For example, an estimated $500,000 in aid was prevented from being used because of administrative hurdles alone.[13] The UN stepped in when it became clear that the WHO did not have the budget or an adequate strategy in place to respond to this crisis. The UN made this decision after the media coverage of the WHO's failures became widespread and the UN was facing criticism for the inaction. The WHO needs to reform its response policies in order to remain relevant and helpful on the global stage. If not, the organization faces the possibility of dissolution. In that case, member states would have great difficulty in coordinating health-related policies and global health would dramatically suffer.

Formulating a Response Plan:

According to Jayshree Balachander, a leading researcher in global health relations, there are six essential elements to formulating an emergency response plan.[14]

1. Outbreak Management: Outbreak management relies on the support of organizations outside of the UN, such as the Centers for Disease Control in the US. Management involves "isolation and quarantine of the persons…rapid laboratory testing…training of staff…[and] stockpiling of supplies."
2. Disease Surveillance: Balachander surmises that surveillance is both the first and weakest line of defense. In poorer countries, there are constraints in the reporting and diagnostic chains. These constraints mainly come from a lack of qualified and trained personnel, even within WHO-sponsored clinics. Providers must be trained in relevant reporting procedures. US Researchers have pushed the idea of real-time surveillance in order to create better modelling and increase effectiveness. [15] They propose this data should be made available across all member states.
3. National and Local Public Health Services: Although international assistance is effective in some situations, these emergencies will continue to happen unless adequate health infrastructure is built in these rural communities where epidemics are most likely to start. A WHO strategy

[12] Ibid.
[13] Ibid.
[14] "Diseases Without Borders: Coping with Communicable Disease" Jayshee Balachander 2006.
[15] "Strengthening Outbreak Management And Emergency Response Systems". Ncbi.nlm.nih.gov. N.p., 2017. Web. 18 Jan. 2017. <https://www.ncbi.nlm.nih.gov/books/NBK367950>

which accommodates for improving the healthcare capabilities of nations themselves will be more effective (and less costly) overall.

4. Health Providers: Health providers are the most important aspect of the healthcare infrastructure previously mentioned. If health care providers are not adequately trained, healthcare clinics and facilities will often be underused or misused. An effective WHO strategy will include policies which encourage competent health care staff. As discussed later, this is one of the areas which could be outsourced to other organizations.
5. Research and Development: The long-term goal of emergency response must be to prevent these emergency epidemics from occurring again in the future. Research and development is the most effective way of accomplishing this. Besides finding readily available cures, funds devoted to R&D often result in faster and more accurate diagnostic techniques, as well as preventative measures such as cheaper vaccines. Any type of development from R&D will have lasting impact on the scope of assistance the WHO can provide, and funds must be appropriated to accomplish this.
6. International Legal and Regulatory Framework: Diseases do not know borders, and therefore international cooperation is essential is creating an effective response strategy. Each country within the UN needs to be made responsible for monitoring disease and improving healthcare policy within in its borders to prevent deadly epidemics from spreading uncontrollably. An effective WHO response plan will encourage participation from all member states, without infringing on sovereignty.

Possible Solutions:

The WHO and other critics have suggested some possible solutions to the problems discussed. These could be incorporated into a Balachander-like response plan. Solutions put forth by the WHO following the epidemic include setting up a fund for sudden epidemics, increasing opportunities for outside groups to participate in WHO meetings (such as Doctors Without Borders), funding research for faster and more accurate diagnostics, and strengthening International Health Legislation rules, but no specific proposals have been addressed.[16] A *Lancet* editorial summarized this eloquently: "The strategy and actions required to manage an epidemic, even

[16] "Zika Donor Update". Who.int. N.p., 2016. Web. 18 Jan. 2017.<http://who.int/emergencies/zika-virus-tmp/Zika-donor-update.pdf?ua=1>

an Ebola epidemic, are relatively clear. But, as in any effective plan, essential details such as who (staff and organizations) and when (speed of implementation) cannot remain blank; unfortunately, these details are still missing from the WHO roadmap."[17] One radical proposal that has been gaining traction is to delegate or outsource some of the WHO's responsibilities to smaller and more "on-the-ground" organizations, such as Medicins Sans Frontiers (Doctors Without Borders) or other NGOs, so that the WHO can focus on a few core problems and improve its internal infrastructure.[18] This may be one of the lower cost solutions.

The major problem with implementing most of these solutions in the increased budget that would be needed. The WHO is quite limited by its budget. A recent 8% increase was approved, but many member states disapproved of this, citing that the WHO's budget was already too high. Chan argued it was still not enough.[19] This further escalates the problem because three-quarters of the WHO's budget comes from voluntary contributions from member states, which are not continually guaranteed year to year.[20] As of the 2016-2017 budget, only 75% of the voluntary contributions goal needed to maintain current projects was met.[21] The United States is a major contributor to this program, as they have greatly reduced their contribution in past years. In 2011, they reduced their contribution 23 percent, and their payments continue to decrease.[22] The WHO needs to find a strategy to increase either voluntary or UN-mandated contributions in order to expand and improve its influence.

Within the WHO's limited budget, there is debate among member states as to what areas the available funds should be devoted to. At the 2012 member states meeting, the following six categories were established to channel funds into: communicable disease, noncommunicable disease, promoting health through the life course, health systems,

17Phillips, Mit. "Ebola: A Failure Of International Collective Action". Thelancet.com. N.p., 2017. Web. 18 Jan. 2017. <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61606-8/fulltext?rss%3Dyes>

18 Grant, Harriet. "World Health Organisation Should Outsource Key Duties, Experts Say". the Guardian. N.p., 2017. Web. 18 Jan. 2017. <https://www.theguardian.com/global-development/2016/sep/12/world-health-organisation-should-outsource-key-duties-experts-say-british-medical-journal>

19Ravelo, Jenny. "WHO's Approved Budget Not A Walk In The Park". Devex. N.p., 2017. Web. 18 Jan. 2017. <https://www.devex.com/news/who-s-approved-budget-not-a-walk-in-the-park-86199>

20 "Programme Budget". Who.int. N.p., 2017. Web. 18 Jan. 2017. <http://www.who.int/about/finances-accountability/budget/PB201617_en.pdf?ua=1>

21 Ibid.

22Park, Alex. "Why The World Health Organization Doesn't Have Enough Funds To Fight Ebola". Mother Jones. N.p., 2017. Web. 18 Jan. 2017. <http://www.motherjones.com/politics/2014/09/ebola-world-health-organization-budget>

preparedness, and corporate services.[23] Although each of these categories is important, the broad range of categories may detract from the most pressing issue, emergency preparedness.

There are also major flaws with the WHO's medication distribution network in impoverished nations. These will become critical when outbreaks occur in these areas. The recent increase in AIDS/HIV outbreaks, particularly in African countries, has shown that under the current system, medicines are not readily available for the majority of the infected population, whether because of geographic or financial barriers. Only 300,000 patients in these AIDS-infected countries have access to the needed antiviral medications, but the total number infected exceeds one million.[24] The majority have no choice but to go without treatment, even though it is within the WHO's current budget and capabilities to pay for these medications. However, within the established budget there are also questions. Considering HIV outbreaks, for example, the WHO can use its budget to spread a small amount of medication to a large population (and therefore increase the life expectancy of each person by a small amount) or spread a larger amount of medication to a smaller population. The former may appear more democratic, but the latter also results in a lower cost per year of life extended.[25] The WHO needs to find a way to establish an infrastructure and work with these countries' governments to increase medication availability.

Ethical Concerns:

Revisions to the WHO's emergency response strategy must also consider ethical questions. For example, warring nations no doubt pose humanitarian crises, especially for civilians effected, but how should the WHO approach providing medical aid between two member states? The risk of defunding is a major consideration here. Intervening could be seen as a partisan move and could catalyze action against UN members. Furthermore, intervening in war zones has a greater risk to the lives of humanitarian workers. Susannah Sirkin, deputy director of Physicians for Human Rights, laments, "The intensity of attacks, especially in terms of doctors being threatened, has increased."[26] If the WHO is to intervene in war zone crises, it is imperative that they establish

[23]Chatham House. "Global Health Research." N.p., 2013. Web. 16 Jan. 2017<https://www.chathamhouse.org/sites/files/chathamhouse/public/Research/Global%20Health/0213_who.pdf>

[24]WHO. "World Health Organization Says Failure to Deliver AIDS Medicines Is a Global Health Emergency." World Health Organization. N.p., 22 Sept. 2003. Web. 22 Jan. 2017.

[25]"Scaling Up the 2010 World Health Organization HIV Treatment Guidelines in Resource-Limited Settings: A Model-Based Analysis"<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000382>

[26]"Strengthening Outbreak Management And Emergency Response Systems". Ncbi.nlm.nih.gov. N.p., 2017. Web. 18 Jan. 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3260586/>

relations with both sides before sending in healthcare workers.

Questions to Consider

1. How can the WHO decide where to devote funds? Should the established areas of concentration be disregarded in order to devote more to the pressing issue of emergency preparedness?
2. Discuss a strategy to increase funding from member states without infringing of state rights. How can more voluntary contributions be obtained?
3. Decide on a strategy for supply distribution in areas lacking infrastructure, particularly in cases of limited resources. Should one of the two proposed strategies be undertaken, or is there another solution to consider?
4. Discuss ethical considerations of these decisions. How should the WHO approach emergency response in the case of conflicts between two nations?

Further research should center on past WHO initiatives and response strategies have been most effective, and what made them effective. This research could include past responses to previous Ebola crises, malaria, polio, smallpox, and others.

Bibliography

Boseley, Sarah. "World Health Organisation Admits Botching Response to Ebola Outbreak." The Guardian. Guardian News and Media, 17 Oct. 2014. Web. 18 Jan. 2017.

Chatham House. "Global Health Research." N.p., 2013. Web. 16 Jan. 2017

Lauerman. "Ebola Spread Over Months As WHO Missed Chances To Respond". Bloomberg.com. N.p., 2017. Web. 18 Jan. 2017.

Grant, Harriet. "World Health Organisation Should Outsource Key Duties, Experts Say". the Guardian. N.p., 2017. Web. 18 Jan. 2017.

Hayden, Erika. "Ebola Failures Prompt WHO Rethink". InFocus News 2017: n. pag. Print.

Park, Alex. "Why The World Health Organization Doesn't Have Enough Funds To Fight Ebola". Mother Jones. N.p., 2017. Web. 18 Jan. 2017.

Phillips, Mit. "Ebola: A Failure Of International Collective Action". Thelancet.com. N.p., 2017. Web. 18 Jan. 2017.

"Programme Budget". Who.int. N.p., 2017. Web. 18 Jan. 2017.

Ravelo, Jenny. "WHO's Approved Budget Not A Walk In The Park". Devex. N.p., 2017. Web. 18 Jan. 2017.

Serle, Jack and Fiona Fleck. "Keeping Health Workers And Facilities Safe In War". N.p., 2017. Print.

Shimkin, Michael B., and Science27 Sep 1946 : 281-283. "The World Health Organization." The World Health Organization | Science. N.p., n.d. Web. 16 Jan. 2017.

"Strengthening Outbreak Management And Emergency Response Systems". Ncbi.nlm.nih.gov. N.p., 2017. Web. 18 Jan. 2017.

"The Role of WHO in Public Health." World Health Organization. World Health Organization, n.d. Web. 16 Jan. 2017.

Walensky, Rochelle P. "Scaling Up The 2010 World Health Organization HIV Treatment Guidelines In Resource-Limited Settings: A Model-Based Analysis". N.p., 2017. Print.

"WHO | World Health Organization Says Failure To Deliver AIDS Medicines Is A Global Health Emergency". Who.int. N.p., 2017. Web. 18 Jan. 2017. www.who.int/mediacentre/news/releases/2003/pr67/en/

WHO. "Constitution of WHO: Principles." World Health Organization. World Health Organization, 1 Sept. 2016. Web. 16 Jan. 2017.

WHO. "Programme Budget." N.p., 2016. Web. 16 Jan. 2017.

"Zika Donor Update". Who.int. N.p., 2016. Web. 18 Jan. 2017.