WORLD HEALTH ORGANISATION (WHO)
Tackling organ trafficking and illegal transplantations
Study Guide

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2. Introduction to the topic

The purpose of the World Health Organization is to battle universal issues regarding global health. It deals with communicable diseases, diseases regarding reproductive health, food security, the recently arising antibiotic crisis as well as matters related with organ trafficking. Organ trafficking is an unfortunate fact in the criminology world of today. When individuals are tired of spending years on a medical waiting list, they sometimes purchase body parts for transplant on the black market. Organ trafficking has become a booming business in the 21st century on a global scale. It is a criminal offense to traffic body parts, or perform transplants from any source not legally affiliated with a medical facility, but legality doesn’t deter either side of these transactions.

Via your participation in this Committee you will have the chance to engage into a constructive debate and gain knowledge by puzzling yourselves with some of the aforementioned issues. The goal would be to find solutions on tackling organ trafficking and, thus, we prepared this Study Guide for you in order to help you and give you directions on how the issue will be discussed.

2. Definition of Key Terms

Detailed definitions of some key terms that are crucial to the topic under discussion can be found in the following lines.

2.1 Trafficking

Trafficking is defined as the action of dealing or trading something illegal. More specifically, organ trafficking is described as "The recruitment, transport, transfer, harboring or receipt of a living or deceased person’s 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." (Palermo Protocol) ¹.

2.2 Transplant

The term refers to a surgery that aims to transfer organs or tissues from one part of the body to another or from one person or animal to another ². More specifically, organ transplantation is the medical procedure in which human skin or an organ is removed from one’s body and placed in the body of a recipient, to replace a damaged, no longer working or missing organ.³ Organ transplantation is also part of an umbrella term in immunology called organ procurement (a surgical procedure that removes organs or tissues for reuse).⁴

- **Grafting**
  A surgical procedure where tissue is moved from one part of the body to another, or from another creature, without bringing its own blood supply with it.⁵

- **Xenotransplantation**

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A transplantation of living cells, tissues or organs from one species to another. These cells, tissues or organs are called xenografts or xenotransplants.\(^6\)

- **Allotransplantation**
  The term refers to the transplantation of organs between individuals of the same species.
  - **Syngeneic transplantation or isotransplantation**
    This term refers to the procedure where grafts are transplanted between two genetically identical individuals of the same species, like twin siblings.
  - **Autotransplantation**
    This procedure is the transplantation from one part of the body to another in the same person.

- **Organ donor**
  An organ donor is a person who donates an organ or organs from their body for transplantation to another human either during one's life or after their death.\(^7\)

### 2.3 Presumed consent

**Presumed consent** is the assumption that a particular action would have been approved by a person or party if permission had been sought (e.g., consent to organ donation\(^8\)). On the other hand, **informed consent** is the process in which permission is taken before conducting a healthcare intervention on a person, or for disclosing personal information.\(^9\)

There is also the option of refusing to donate one's organs (at times referred to as the “opt out” system \(^10\)) which has some legal implications that will be further mentioned in the “Legal Framework” section.

### 2.4 Transplant tourism

Part of the term “medical tourism”, is the act of a patient traveling abroad to receive an organ transplant surgery that cannot be otherwise performed in their country.

### 2.5 Body donation

Anatomical donation or body bequest. The donation of a whole body after death for research and education-related purposes.

### 2.6 Organ preservation

The process by which organs are kept viable outside of the organism from which they were removed (i.e. kept from decay by means of a chemical agent, cooling, or a fluid substitute that mimics the natural state within the organism).\(^11\)

### 2.7 Immunosuppressant

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\(^11\) Definitions.net. (2017). What does organ preservation mean?. [online] Available at: [http://www.definitions.net/definition/organ%20preservation](http://www.definitions.net/definition/organ%20preservation)
An agent that can suppress or prevent the immune response. They are used to prevent rejection of a transplanted organ and to treat autoimmune diseases.\textsuperscript{12}

\textbf{2.8 Renal failure}
Also known as kidney failure and renal insufficiency, is a medical condition in which kidneys fail to adequately filter metabolic wastes from the blood.\textsuperscript{13} Due to its frequency and inability to match the numbers of available donors to needing patients, illegal transplantations mainly involve kidney transplants.

\textbf{3. History of the Topic}
In the 16th century, Italian surgeon Gasparo Tagliacozzi – sometimes referred to as the father of plastic surgery – reconstructed noses and ears using skin from patients’ arms. Centuries later, European doctors in the early 1900s attempted to save dying patients by transplanting kidneys from various animals, such as monkeys, pigs and goats, though one of the recipients lived for more than a few days. Moving on, Ukrainian doctor Yu Yu Voronoy transplanted the first human kidney in 1936, using an organ from a deceased donor. The recipient died shortly thereafter as a result of the rejected organ. In 1954 a team of surgeons at Boston’s Peter Bent Brigham Hospital transplanted a kidney from Ronald Herrick into his twin brother Richard; since donor and recipient were genetically identical, the procedure succeeded. Not many years later, in the 1960s, the first successful lung, pancreas and liver transplants took place. In 1967, South African surgeon Christiaan Barnard performed the first ever human-to-human heart transplant. Lastly, in 2010, Spanish doctors conducted the world’s first full face transplant on a man injured in a shooting accident. A number of partial face transplants had already taken place around the world by then.\textsuperscript{14}

The issue of organ trafficking and illegal transplantations is not a recent one though. It has been a timeless phenomenon. The worldwide demand for donated organs and tissues has grown exponentially since the 1900s.\textsuperscript{15}

In early 1993, Bombay police exposed a kidney sale and transplantation operation run by a man known as Santosh Raut. In February 2008, 15 years later, another kidney transplant center, run by a man called Amit Kumar, was discovered by police in Delhi, again in India. Due to technological advances in fingerprinting, Kumar and Raut are now believed to be the same perpetrator, having gone by many aliases throughout years of illegal activity, which includes over 600 illegal kidney transplants and the involvement of at least two hospitals. In 2007, a man in the United Kingdom became the first ever person to be convicted under the Human Tissue Act 2004 after he tried to sell his kidney online for £24,000. In the years following the turn of the century, arrests by the Federal Bureau of Investigation (F.B.I.) revealed that illegal organ sellers had been active for at least a decade, with gains of at least $150,000 per kidney (vulnerable people gave up a kidney for $10,000 which would turn around and be sold for $160,000). Investigations also showed that several hospitals (sometimes owned by private companies) were also involved in illegal operations.

In 2014, an alleged member of the Mexican Knights Templar Cartel was arrested for kidnapping and murdering minors. Children were found wrapped in blankets and stuffed in a refrigerated container inside a van. Various accounts have stated the arrested man is part of a network that kidnaps and kills minors, after which their organs are removed.16

The Chair of the Department of Medical Ethics stressed out the fact that the increasing number of people living in poverty increased the chances of them getting exploited. While trying to find a way out of poverty they consent to selling a body part.

“Prevention, protection and prosecution.”; Those three words became the center of the UN’s effort to deal with the problem, given the information provided above, as well as WHO’s mandate.

4. Legal Framework
At first, the subject was not as important and somewhat subsequent and thus, the measures taken were mainly preventative, meaning that the international framework used to focused solely on how to provide more organs from donors to patients in need instead of battling the actual crime of organ trafficking. Later on, more straightforward measures were taken as a result of the rising of the so called “Red Market” 17 and of the rise in the numbers of missing people as a result of human trafficking for organ trade. In the following lines, you will find all necessary documents that refer to the matter under discussion, followed by a brief explanation of their content and purpose.

4.1 World Health Assembly (WHA) Resolutions
The World Health Assembly (WHA; the decision making body of WHO) Resolution WHA63.22 clearly states in its preambulatory clauses that “it is needed to be sensitive to the need for post-transplantation surveillance of adverse events and reactions associated with the donation, including long-term follow up of the living donor, processing and transplantation of human cells, tissues and organs as such and for international exchange of such data to optimize the safety and efficacy of transplantation.” 18

In Resolution WHA40.13, the World Health Assembly expressed its concern regarding trafficking in organs and the need for global standards for transplantation. The resolution was adopted by the 40th World Health Assembly in May 1987, while Resolution WHA42.5 that emphasizing on preventing the purchase and sale of human organs was adopted by the 42nd World Health Assembly in May 1989. In response to these resolutions, the World Health Assembly in 1991 adopted Resolution WHA44.25 endorsing a set of Guiding Principles on Human Organ Transplantation. These Guiding Principles – whose priorities include voluntary donation, non-commercialization, genetic relation of recipients to donors and a preference for deceased over living donors as sources – have considerably influenced professional codes, legislation and policies.

4.2 Uniform Anatomical Gift Acts
The first Uniform Anatomical Gift Act was created after the first successful heart transplant in 1967. In 1968 the Uniform Anatomical Gift Act of 1968 gave adults the right to become organ donors. In 1987, the Uniform Anatomical Gift Act of 1968 was revised so that there

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17 In 2011, Scott Carney coined the term “Red Market” to describe a broad category of economic transactions related to the human body. “Red Market,” encompassing a wide variety of transactions, from organ sale to organ thievery, ‘bone thievery,’ ‘blood farming,’ and even rented space in women’s wombs.

was a stable and well-performed way to obtain consent from adult individuals who wished to donate. The law has since been revised numerous times, to conform to other laws which outlawed the trade of organs, and most recently in 2007 to make it easier to become a donor by simply checking a box at the DMV when getting your driver’s license.\textsuperscript{19}

### 4.3 Regional legal frameworks

The U.S. enacted the **National Organ Transplant Act of 1984 (NOTA)**, which founded a national online registry for organ donors. It constrains organs from being bought or sold in. More specifically, NOTA created the Task Force on Organ Transplantation and the Organ Procurement and Transplantation Network to boost organ availability from deceased civilians and to coordinate the donation process on a nationwide level. NOTA also specified how organ, bone marrow, and blood donors could and could not be compensated for their donations.

Other countries have voted laws aimed at fighting illegal organ trade. For example, **South Africa** adopted the **Human Tissue Act of 1983**, which outlaws the transfer of tissue (including flesh), bone, organ, or bodily fluid in exchange for payment. In May 2007, **China** adopted the **Human Transplantation Act**, banning organ commercialism. A lot of **European countries** have a form of "presumed consent" or "opt out" system. This means doctors can remove organs from every adult who dies, unless a person has registered to opt out. In some countries, such as **Austria**, this applies even if relatives are aware that the deceased would object to donation but had failed to register during life. In others, like **Spain**, the relatives of the deceased should be asked for their consent. Some countries also exempt people who belong to certain groups that are defined by law as being against an opt out system - such as Muslims in Singapore.\textsuperscript{20}

The **Council of Europe**’s concern on the issue of transplantations became evident at 1978, when the Committee of Ministers adopted **Resolution (78) 29** on harmonisation of legislation of member states relating to removal, grafting and transplantation of human substances, which deals with substances from living and deceased persons, setting out certain principles for both. The Council of Europe’s **Convention on Action against Trafficking in Human Beings**, and the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children contain appropriate measures to combat trafficking in human beings for organ removal.

The first **International Summit on Transplant Tourism and Organ Trafficking** was held in Turkey, in 2008 by the Transplantation Society and the International Society for Nephrology. This memorable conference involved organizations from over 70 countries to specifically address the commercialism of the organ trade and the exploitation of poor populations for the purpose of harvesting organs for sale. The conference developed the **Declaration of Istanbul**, which condemns “victimizing the world’s poor as the source of organs for the rich” and seeks to “preserve the nobility of organ donation” by combating the threat to “the legacy of transplantation...by the organ trafficking and transplant tourism”. Moreover, the Declaration proposed a ban on advertising for illegal organ donors, called for legal repercussions for illegal organ trade brokers and solicitors, requested developing countries to establish organ donor registries, and asked countries with long waitlists for organs to create incentives for organ donation.


In the European Union, the Communication from the Commission’s “Action plan on Organ Donation and Transplantation (2009-2015)” concerns a six-year plan with ten priority actions addressing the three key challenges in organ donation and transplantation in Europe: improving the quality and safety of organs across Europe, increasing organ availability and making transplant systems more efficient and accessible. It will stimulate effective collaboration amongst member states based on the identification and development of common objectives, guidelines, indicators and benchmarks and on identification and sharing of best practices. On the basis of these actions, member states should develop their own sets of national priority actions.

5. Discussion of the Topic
Varied portrayals of illegal organ trafficking are often depicted through television and the Internet. The fact that organ trade is depicted as an urban myth, distracts attention from the subject. This calls for increased research and fact gathering on illegal organ trade, so that organ trafficking legends can become real to the public opinion. This way, the role of education and of awareness-raising through relevant media or other campaigns is being highlighted. Currently, about 10% of all transplants are said to occur illegally, while, since 1999-2000, Iran is the only country in the world in which organ trade is legal. According to the World Health Organization the search for organs has intensified around the world because of an increase in kidney diseases and not enough available kidneys. A 2005 WHO study estimated that 1 in 10 kidneys are sold illegally. It is also estimated that in China for example, at least 4000 prisoners were executed in 2006 to supply kidneys and livers. Moreover, in the United States, roughly 5,000 people die while waiting to receive an organ transplant. Sidestepping the legal process is often the only option to survive. Additionally, an illegal kidney exchange bypasses the average 3-5 years on the waitlist (in some cases upwards of 10 years).

Bearing these in mind, one can say that the rising demand for organs, poverty and long waiting lists for a donation, have been some factors of the expansion of the illegal organ trade. Moreover, better anti-rejection medications as well have the unintended consequence of increasing illegal transplants, as such procedures can now be facilitated without many risks that existed earlier.

Concerning poverty, unfortunately, people will rather sell a kidney, than starve or be unable to afford the basic goods and services like housing and education. In fact, poverty has been characterized as the main incentive to sell organs. Pakistan, India, Iraq, Egypt, Kosovo, Mozambique, Israel, Moldova, China, Bangladesh and many other states deal with illegal trafficking of organs due to poverty. Poverty’s role as a driving force for the rise of illegal transplantations and organ trafficking highlights the need to address the root causes of poverty and the need to tackle it through relevant governmental measures, international organisations’ as well as NGO’s initiatives or foreign investments.

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In addition, there is no one in control of both the donors and the traffickers. The traffickers abuse the rights of the donors by paying them less or not paying them at all. Sometimes donors even give up an organ unknowingly. There is no one to inform the donors on what their actions will mean, to give them medical assistance or defend their rights. 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. There are several solutions we can consider in order to battle the problems with illegal organ trade. Firstly, appropriate laws could be synced with the existing Protocols and principles of the United Nations. These laws aprioristically need to concern the help victims of traffickers should receive. Health centres should be available to all, just as any other services or goods the victim might need. For this, good law enforcement agencies and judiciary system is needed, for there to be people to take care of the well-being of the victims. In addition, focus should also be placed upon the role of research; the use of mechanical organs is starting to grab the attention of the public more and more. This might perhaps be an expensive option and does not immediately solve the issue raised; however, it is an interesting option to consider.

6. Questions to be addressed
Following are a number of questions, posed while inside the committee, that will serve the purpose of allowing you to speak and voice your country’s opinion and policy regarding the according inquiry.

- What is the best and desirable result? Should we strive for complete ban and prosecution of offenders or for controlled trade with national and international laws and protection of donors? What are the pros and cons of each solution?
- How can we raise awareness on the importance of the issue, bearing in mind that a lot of people are out of reach of NGOs, do not have access to mass media, the internet or even education?
- How can we ensure that no organs are sold in the black market?
- How can an everyday citizen contribute in combating this crime?
- How can Member States ensure that the rights of the donors are not being abused?
- How can we utilize continually advancing technologies on medical research towards successful and affordable artificially manufactured organs?
- What are some possible measures that Member States can take in order to efficiently prosecute offenders and protect potentially unregistered donors?
- How can governmental and non-governmental organizations cooperate in order to address the issue under question?

7. Conclusion
The topic of organ trafficking is multifaceted and consists of several subsidiary issues, while in the meantime it has severe consequences. It has been noticed countless times that people who have stated to be organ donors after death, go missing, as victims of human trafficking for the purpose of organ trafficking. As morbid as it may sound and as many times as it is denied, specifically in developing countries this is a common occurrence. Organ trafficking is an egregious violation of human rights and only with international cooperation will the problem be addressed exhaustively. Prospective solutions should consist of a comprehensive and feasible framework within the purview of the World Health Organization, addressing the gaps in current international policy pertaining to organ...
This particular topic, therefore, without putting aside other crucial health related problems the World Health Organization has to deal with, is in need of immediate action and intervention.

‘Is this why we began as transplant surgeons?’ US surgeon Francis Delmonico, asked. ‘Are we comfortable with this? Is this fair? Do we want to participate in this?’

These questions posed by a US surgeon are questions that the WHO and the whole international community has to immediately address.

8. Bibliography

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