



**BruinMUN XXVI**  
November 3-4, 2018

# **Novice WHO**

## **Background Guide**

## **Novice World Health Organization**

### **Letter from the Chair**

Dear Delegates,

It is my pleasure to welcome you all to BruinMUN 2018 and the World Health Organization!

My name is Ariyana Chowdhury, and I am looking forward to being your chair during the conference and seeing you debate and engage with the chosen topics. I am currently a junior at UCLA, and I am majoring in Political Science and double minoring in Entrepreneurship and Philosophy. I was born in Bangladesh, but I have lived in over seven countries over the course of my life. In addition to that, I have traveled to over 35 countries. As a result of my international upbringing, I am incredibly interested in conversations pertaining to issues with an international dimension. As a result of that interest, I have been involved with MUN in some capacity since my freshman year of high school. In particular, I have been a part of BruinMUN since my freshman year at UCLA. Apart from BruinMUN, I am engaged in other clubs and activities around campus such as UCLA Radio, Cheese Club, and Bruins Beyond Borders. Outside of the classroom and away from extracurricular activities I enjoy exploring LA, watching all sorts of movies and shows, and spending time with friends. I am very passionate about cute brunch places (and brunch food in general), so if you have any suggestions please let me know.

This year, the Novice WHO will explore topics with a wide reach and impact. Looking at issues of illicit healthcare and black market organ trade will ideally inspire you as delegates to explore issues of national and international security. Furthermore, the legal and financial implications associated with the topic will hopefully lead to substantive conversations, caucuses, and resolutions. The topic of improving sanitation standards in developing nations and in refugee camps will theoretically stimulate debate and discussion regarding current refugee crises around the world. Additionally, analysis of this topic will allow you to experience the breadth of the work done by the WHO.

As a BruinMUN chair, I am incredibly excited to go on this journey with you. Chairing a Novice committee is a special honor in particular, as I get to accompany some of you on your first ever foray into the world of MUN! That being said, my experience with BruinMUN and MUN at UCLA has set the bar high. I expect high-quality debate and dedication. I look forward to seeing the enthusiastic defense of nations and their stances, an active interest in crafting innovative resolutions and diplomatic exchanges. I am thrilled to see to what lies ahead and hope that all of you are just as excited as I am to create a space where it is possible to delve into the intricacies of some very complex and controversial issues. If you have any questions or concerns, please feel free to reach out via email.

See you at BruinMUN!

Ariyana Chowdhury | Chair  
**nwho@bruinmun.org**

### Committee Background

Every year, on the 7th of April the world celebrates World Health Day, and in turn commemorates the anniversary of the establishment of the World Health Organization (WHO). The creation of the WHO was the result of the ideas introduced by the delegates of China and Brazil in 1945 at the founding conference of the United Nations. The ideas put forth by these delegates called for the formation of an international health organization that worked within the United Nations. As World War II ended, it became even clearer that there was a need for a “single worldwide intergovernmental health organization, within the general framework of the United Nations, which would not only assume responsibility for the work of the earlier bodies but have an extended role necessitated by the new problems [that accompanied] war.”<sup>1</sup>

Since its inception in 1948, the WHO has welcomed 193 member-states into the fold— making it possible for nations across the world to work towards the attainment of global health initiatives and objectives. It is important to note that the WHO accommodates all the current, existing member-states of the United Nations— giving each nation the key ability to enjoy the benefits of representation in regards to discussing and dealing with issues of global health.

Initially, the WHO dealt with specific tasks related to epidemic control, quarantine measures, and drug standardization. Currently, the WHO is a specialized agency of the United Nations that works under broader mandates. A core goal of the agency is to “further international cooperation for improved public health conditions.”<sup>2</sup> The WHO works towards promoting the procurement of the “highest possible level of health” by all individuals “without distinction of race, religion, political belief, economic or social condition.”<sup>3</sup> It is crucial to note that the WHO defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>4</sup> As the directing and coordinating authority on international health within the system set forth by the United Nations, the WHO provides leadership, shapes research agendas, sets norms and standards, articulates policy options, and monitors trends and situations across the globe. The WHO actively plays a role in the regulation and structuring of health systems. It also deals with combating both non-communicable and communicable diseases. Additionally, the WHO has a stake in enhancing health response and surveillance protocol so that nations are more prepared when it comes to coping with epidemics and pandemics. Based on this information, it is abundantly clear that the WHO is a major global force.

Over the years, the WHO has been successful in developing over 50 programs that help tackle health education, humanitarian health assistance, and the eradication of disease— with more programs being worked on and implemented around the clock. That being said, more work still needs to be done in order to reach global health and in order to combat major health-related issues.

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<sup>1</sup> *World Health Organization*, World Health Organization. Accessed 6 July 2018. [www.who.int/about-us](http://www.who.int/about-us).

<sup>2</sup> Britannica, The Editors of Encyclopaedia. “World Health Organization.” *Encyclopædia Britannica*, Encyclopædia Britannica, Inc., 27 Oct. 2017. Accessed 6 July 2018. [www.britannica.com/topic/World-Health-Organization](http://www.britannica.com/topic/World-Health-Organization).

<sup>3</sup> “World Health Organization, Our Mission, Our Work.” *World Health Organization*, World Health Organization, 8 July 2017. Accessed 6 July 2018. [www.searo.who.int/about/mission/en/](http://www.searo.who.int/about/mission/en/).

<sup>4</sup> “Constitution of WHO: Principles.” *World Health Organization*, World Health Organization, 1 Sept. 2016. Accessed 6 July 2018. [www.who.int/about/mission/en/](http://www.who.int/about/mission/en/).

## Topic A: Black Market Healthcare and Illicit Organ Trade

### I. Key Terms

- a. Organ Transplantation: Refers to an “effective therapy for end-stage organ failure.” It is widely practised around the world.<sup>5</sup>
- b. Illicit: Activity that is either classed as being illegal or not permitted within the confines of a particular territory.
- c. Black Market: Refers to illicit trade in goods or commodities that is in violation of official regulations (such as rationing protocols and specific laws).<sup>6</sup> The black market also can reference the physical place where such trade is carried out.
- d. The Declaration of Istanbul on Organ Trafficking and Transplant Tourism: The first document to define organ trafficking. “The Declaration is promoted, implemented and upheld by the Declaration of Istanbul Custodian Group and endorsed by the World Health Organization.”<sup>7</sup>
- e. Organ Trafficking: “Trafficking in persons for the purpose of organ removal is the recruitment, transportation, transfer, harbouring, or receipt of persons, 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 or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of the removal of organs.”<sup>8</sup>
- f. Transplant Tourism: Travel for transplantation is “the movement of persons across jurisdictional borders for transplantation purposes.”<sup>9</sup> “Travel for transplantation becomes transplant tourism, and thus unethical, if it involves trafficking in persons for the purpose of organ removal or trafficking in human organs, or if the resources (organs, professionals and transplant centers) devoted to providing transplants to non-resident patients undermine the country's ability to provide transplant services for its own population.”<sup>10</sup>
- g. Self-sufficiency in Organ Donation and Transplantation: Refers to meeting the transplant needs elucidated by a nation through the use of “donation and transplant services provided within

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<sup>5</sup> Shimazono, Yosuke. "The State of the International Organ Trade: A Provisional Picture Based on Integration of Available Information." World Health Organization. March 04, 2011. Accessed 6 July 2018. <http://www.who.int/bulletin/volumes/85/12/06-039370/en/>.

<sup>6</sup> "Black-market." Merriam-Webster. <https://www.merriam-webster.com/dictionary/black-market>. Accessed 6 July 2018.

<sup>7</sup> "Organ Trafficking." HOTT Project. 2008. Accessed 6 July 2018.

<http://hottproject.com/about-the-crime/other-crimes/trafficking-in-organs.html>.

<sup>8</sup> The Transplantation Society, and International Society of Nephrology. "Declaration of Istanbul on Organ Trafficking and Transplant Tourism." 2018 Edition of the Declaration of Istanbul. 2018. Accessed 6 July 2018. <http://www.declarationofistanbul.org/>.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

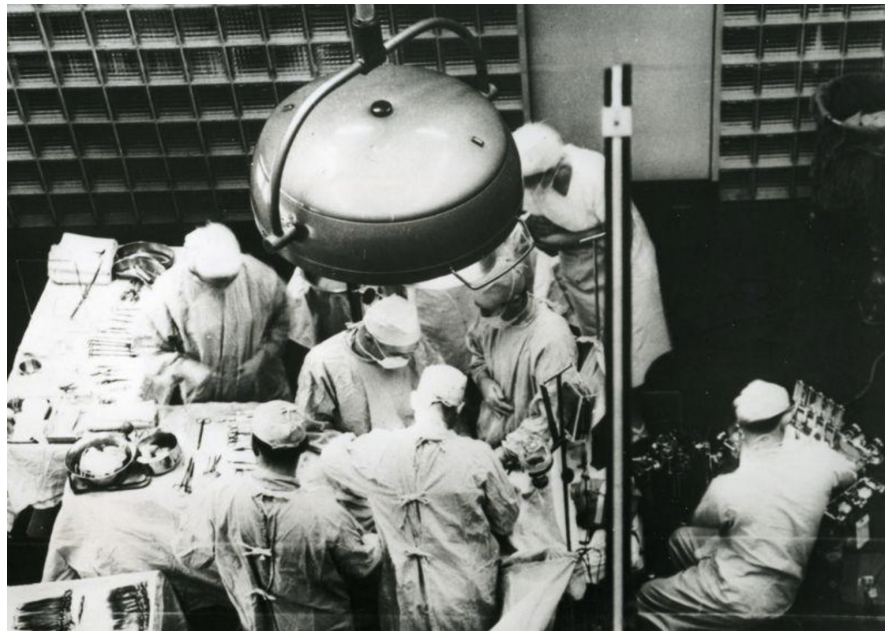
the country and organs donated by its residents, or by equitably sharing resources with other countries or jurisdictions.”<sup>11</sup>

h. Financial Neutrality in Organ Donation: Refers to the situation where donors and recipient families maintain a neutral situation financially— no gains or losses are made.

i. Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (UN Palermo Protocol): Provided a clearer protocol in regards to dealing with the trafficking of humans and human organs. Encouraged that states cooperate and work together in order to combat issues of trafficking and protect victims.<sup>12</sup>

## II. Background

In 1954, the medical world changed forever as the first human organ was transplanted successfully. The first organ to ever be transplanted, the kidney, set the medical world on a new path. Eventually liver, heart, and pancreas transplants followed in the late 1960s. In the 1980s further progress was made as lung and intestinal organ transplants became a reality. Over the past few decades, organ transplantation has been utilized by countless medical professionals in numerous medical facilities across the globe in order to save an unimaginable number of lives— enshrining the procedure as one of the greatest medical discoveries in all of human history.



<sup>11</sup> The Transplantation Society, and International Society of Nephrology. "Declaration of Istanbul on Organ Trafficking and Transplant Tourism." 2018 Edition of the Declaration of Istanbul. 2018. Accessed 6 July 2018. <http://www.declarationofistanbul.org/>.

<sup>12</sup> General Assembly. "Protocol to Prevent, Suppress and Punish Trafficking in Persons." OHCHR | Convention on the Rights of the Child. 2000. Accessed 6 July 2018.

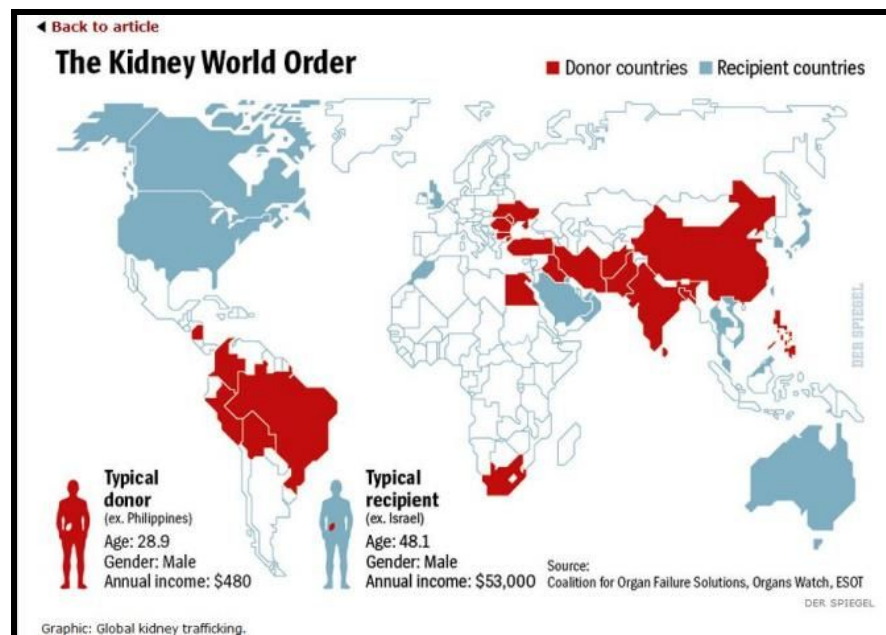
<https://www.ohchr.org/EN/ProfessionalInterest/Pages/ProtocolTraffickinginPersons.aspx>.

Image: Bailey, Michael J. "Dr. Joseph E. Murray, Who Performed First Successful Organ Transplant, Dies at 93 - The Boston Globe." BostonGlobe.com. November 27, 2012. Accessed July 14, 2018.

<https://www.bostonglobe.com/2012/11/27/joseph-murray-who-performed-first-successful-organ-transplant-dies/IvEei0foncsE3IIZAoag5J/story.html>.

Human organs for transplants have two sources, deceased donors and living donors. Unfortunately a large number of patients across the world are unable to receive transplants due to a lack of organ availability. While this is a global problem, it is important to note that the access of patients to organ transplantation “varies according to their national situations, and is partly determined by the cost of health care, the level of technical capacity and, most importantly, the availability of organs.”<sup>13</sup> The current shortage of viable organs can also be attributed to the difficulty associated with finding donors that are capable of donating, and the strict regulations often associated with organ donation procedures. “Even in developed countries, where rates of deceased organ donation tend to be higher than in other countries, organs from this source fail to meet the increasing demand.”<sup>14</sup> The consequence of this organ shortage is increased living donation, black market organ trade, illicit healthcare practices, and the increasing use of international organ trade. The development of the international organ trade refers to the situation where individuals engage in the practice of transplant tourism. Transplant tourists are patients who travel abroad in order to obtain organs (or an organ transplant) through commercial transactions. This increase in international organ trade is often cause for concern as the commodification of organ trade often leads to unsafe and unregulated practices. International organ trade often blurs the lines for those transplanting organs and those receiving organ transplants.

Upon understanding the current situation surrounding organ transplants, it is important to understand more intricate details in regards to the topic. For example, according to data collected by the WHO, the most common type of organ transplant is kidney transplants. Of the total kidney transplants undertaken across the globe, it is estimated that up to approximately 10% can be attributed to black market or illicit trafficking activity.<sup>15</sup> This is a huge percentage considering that other organs do not count for this amount. Furthermore, the nature of the black market and illicit trafficking makes it likely



<sup>13</sup> Shimazono, Yosuke. "The State of the International Organ Trade: A Provisional Picture Based on Integration of Available Information." World Health Organization. March 04, 2011. Accessed 6 July 2018. <http://www.who.int/bulletin/volumes/85/12/06-039370/en/>.

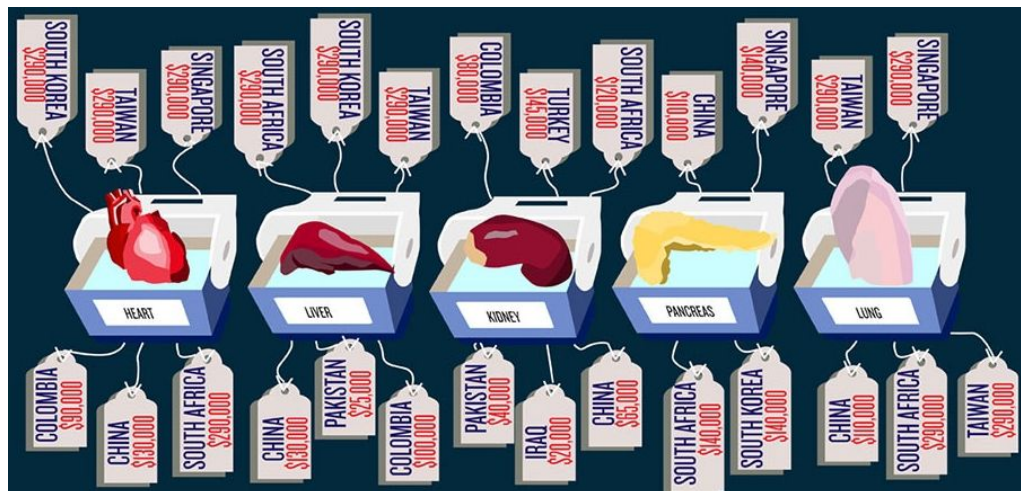
<sup>14</sup> Ibid.

<sup>15</sup> Wilson, Dana. "Organ Trafficking: More Than Just a Myth." S.J. Quinney College of Law. July 6, 2014. Accessed September 24, 2018. <https://www.law.utah.edu/organ-trafficking-more-than-just-a-myth/>.

that the percentages presented are in reality much higher due to a lack of reporting and available data. As a result, the financial gains reaped as a result of the illegal organ trade is immense. This is the case as illicit activities associated with the organ trade can generate more than a billion dollars each year.<sup>16</sup> The financial gains associated with black market organ trade are so high due to the increasing demand for organs and as a result of the fact that desperate patients are often willing to pay exorbitant sums of money in order to obtain the organs that they need. This desperation also further fuels the black market organ trade industry— emboldening traffickers and harvesters around the globe.

Organ trafficking and black market organ trade falls under the umbrella of organized crime. However, despite this fact, the international nature of organ trafficking makes it difficult to control and legislate issues associated with organ trafficking. Every WHO member-state, with the exception of Iran, has made the commercial trade of organs illegal. Every nation has also taken an ardent stance against black market activities. However, no nation has been able to enact policies that punish recipients of black market organs— creating a legal loophole for those desperate enough to procure organs through illicit means. It is important to note that the value and cost of organs fluctuates from nation to nation. As a result, poorer nations tend to export organs, while

wealthier nations tend to import them. Recipients of black market organs may pay anywhere between \$2,000 and \$200,000 for a kidney.<sup>17</sup> That being said, regardless of the price paid recipients often



pay high prices as they are extorted by black market vendors. In the world of illicit organ trade, both donors and recipients suffer in the gambit to either sell their organs or buy new ones.

It is important to understand that the nature of organ harvesting is complex and nuanced. There are certain established methods and procedures through which organs are harvested. Individuals

<sup>16</sup> Ibid.

Image: Scutti, Susan. "Organ Trafficking: An International Crime Infrequently Punished." *Medical Daily*. July 09, 2013. Accessed July 15, 2018.

<https://www.medicaldaily.com/organ-trafficking-international-crime-infrequently-punished-247493>.

<sup>17</sup> Ibid.

Image: "Essay on Black Market Organ Trade - Black Market Organ Trade –

Stagejd.client.cosmicdevelopment.com." *Black Market Organ Trade Image*. Accessed July 14, 2018.

[http://stagejd.client.cosmicdevelopment.com/wp-content/themes/twentyseventeen/assets/css/07-2010.essay-on-black-market-organ-trade\\_3108.php](http://stagejd.client.cosmicdevelopment.com/wp-content/themes/twentyseventeen/assets/css/07-2010.essay-on-black-market-organ-trade_3108.php).

who have their organs harvested for sale on the black market or via other illicit mediums are undoubtedly victims of a number of crimes including extortion. In the world of organ harvesting, victims are often coerced into giving up an organ. This is usually done through the use of brute force, meaning that consent is not obtained. This first method is often regarded as being the most violent and abrasive. The second method utilized by harvesters relies on individuals who are willing to sell their organs. These individuals often belong to impoverished families or communities and are therefore, in desperate need of money. As a result, they are often willing to sell their organs for relatively low prices. These individuals often need money both desperately and quickly— making it easy for harvesters to obtain their organs at low price values. The third method relies on corrupt medical facilities and medical professionals. This method usually involves stealing an organ from an unsuspecting individual who believes that they are being treated for another condition. It is evident that all of these methods rely on the sheer desperation of the poor.

All in all, it is evident that illicit activities and networks surrounding organ trade are complex and elaborate. As a result, it is crucial to grasp the sheer magnitude of the problem when attempting to tackle it. Due to the multifaceted nature of the issue, solutions in regards to the problem must be comprehensive and detailed.

### III. Recent Developments

#### a. *UN Palermo Protocol (2000)*

The UN Palermo Protocol defined the crime of trafficking human beings, and in doing so outlined the definition of the crime of trafficking human organs. The definition set forth by the Palermo Protocol and the initiatives introduced are widely accepted as being the international legal framework used to combat issues of trafficking. The Palermo Protocol has defined many other policies and has structured a number of other resolutions associated with the trafficking of humans and the trafficking of human organs. It is important to understand the importance of the Palermo Protocol. This is the case as a grasp of the importance of the document informs a greater understanding of other policies and definitions that followed the UN Palermo Protocol.

#### b. *2008 Declaration of Istanbul on Organ Trafficking and Transplant Tourism*

The 2008 Declaration of Istanbul on Organ Trafficking and Transplant Tourism came into being. Since then, this document has been and continues to be regarded as the first official document to clearly define the term organ trafficking. The declaration outlines fully the issues associated with organ trafficking and makes it a point to completely explain the phenomenon of transplant tourism. The 2008 Declaration was published and created following a “summit convened by The Transplantation Society (TTS) and the International Society of Nephrology (ISN) in response to growing concerns about international trafficking in human organs.”<sup>18</sup> Since 2008, “more than 135 professional societies have formally endorsed the Declaration.”<sup>19</sup> Most importantly, the

<sup>18</sup> "2018 Edition Declaration of Istanbul." Organ Tourism, Organ Trafficking, News and What You Need to Know. Accessed July 5, 2018. <http://www.declarationofistanbul.org/>.

<sup>19</sup> Ibid.



WHO has formally endorsed the 2008 Declaration of Istanbul on Organ Trafficking and Transplant Tourism. It is crucial to note that the 2008 Declaration of Istanbul on Organ Trafficking and Transplant Tourism has been updated in 2018 in order to reflect global changes.

*c. Commercialization of the Organ Trade in Iran (1997 - Present)*

Iran is the only country in the world where the commercial trade of kidneys is currently possible. The commodification of kidneys became a reality in Iran in 1997 when the Iranian Board of Ministers approved the “Rewarded Gifting” act.<sup>20</sup> Two years later, in 1999, the “waiting list of kidney transplants [virtually] disappeared.”<sup>21</sup> The commodification of kidneys is highly controlled in Iran. A government foundation is responsible for registering buyers and sellers it matches donors and recipients together and sets a fixed price of “\$4,600” per kidney.<sup>22</sup> Donors and recipients are screened and consent is obtained. However, the commercialization of organ trade in Iran has become complicated in recent years. This is the case as there is now higher supply of kidneys than there is a demand for them within the nation. As a result, the regimented system is failing Iranian citizens. Many Iranian individuals in a bid to sell their kidneys have begun advertising on walls across the city.



*d. Increasing Globalization and Internet Use*

Increasing globalization means increasing interconnectedness amongst people and nations.



Unfortunately, this increased level of connectedness also makes it possible for traffickers to form stronger networks with one another as international transplant tourism increases. The increasing use of the internet also makes it possible for traffickers to communicate with one another rapidly. Making it possible to better organize the black market trade. Globalization does not only blur the lines separating traffickers, it also removes barriers between victims and

<sup>20</sup> Bengali, Shashank. "Kidney for Sale: Iran Has a Legal Market for the Organs, but the System Doesn't Always Work." Los Angeles Times. October 15, 2017. Accessed July 6, 2018.

<http://www.latimes.com/world/middleeast/la-fg-iran-kidney-20171015-story.html>.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

Image: Bengali, Shashank. "Kidney for Sale: Iran Has a Legal Market for the Organs, but the System Doesn't Always Work." Los Angeles Times. October 15, 2017. Accessed July 6, 2018.

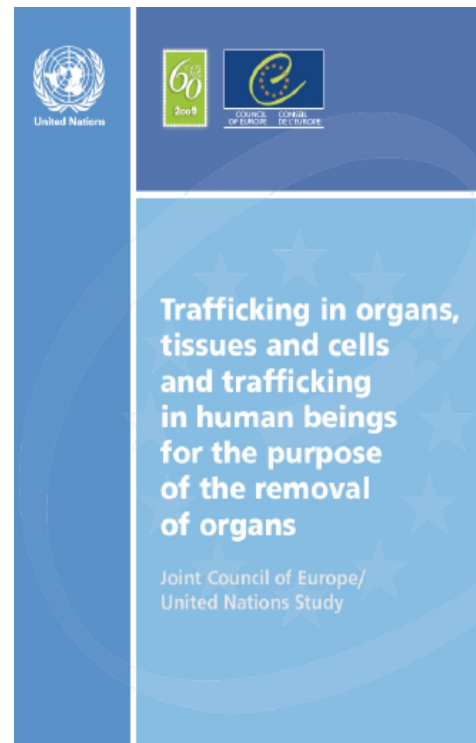
<http://www.latimes.com/world/middleeast/la-fg-iran-kidney-20171015-story.html>.

traffickers. It makes it easier for traffickers to find and groom potential victims through social media and other platforms. As a result, taking into consideration the role of globalization and internet use is imperative when attempting to remedy the problems created by illicit organ trade.

#### IV. Past International Involvement

##### a. *The Council of Europe Convention against Trafficking in Human Organs*

In 2008, the Council of Europe and the United Nations worked towards preparing a joint study that focused on the trafficking of “organs, tissues and cells and trafficking in human beings for the purpose of the removal of organs.”<sup>23</sup> This study was published by the two bodies in 2009 and identified a number of issues related to the topic of organ trafficking and illicit organ trade. The joint study eventually lead to the creation of an ad-hoc Committee of Experts on Trafficking in Human Organs, Tissues and Cells. This committee was given the responsibility of drafting criminal law conventions that worked against black market organ trade and organ trafficking. The ad-hoc committee eventually created a draft Convention against Trafficking in Human Organs. This draft was then finalized in 2012 by the European Committee on Crime Problems. This finalized draft, known as the *The Council of Europe Convention against Trafficking in Human Organs* was “adopted by the Committee of Ministers in Strasbourg, on 9 July 2014.”<sup>24</sup> Currently, the *The Council of Europe Convention against Trafficking in Human Organs* is the “only international treaty that specifically deals with trafficking in human organs, seeking to prevent and combat trafficking in human organs, to protect the rights of victims and to facilitate cooperation at both national and international levels.”<sup>25</sup>



##### b. *2008 Declaration of Istanbul on Organ Trafficking and Transplant Tourism*

As stated prior, the *2008 Declaration of Istanbul on Organ Trafficking and Transplant Tourism* is an important document that pertains to the issues of illicit and black market organ trade. It is important to recall that even though the *2008 Declaration of Istanbul on Organ Trafficking and*

<sup>23</sup> UNODC. "Trafficking in Persons for the Purpose of Organ Removal." UNODC. 2015. Accessed July 14, 2018. [https://www.unodc.org/documents/human-trafficking/2015/UNODC\\_Assessment\\_Toolkit\\_TIP\\_for\\_the\\_Purpose\\_of\\_Organ\\_Removal.pdf](https://www.unodc.org/documents/human-trafficking/2015/UNODC_Assessment_Toolkit_TIP_for_the_Purpose_of_Organ_Removal.pdf).

<sup>24</sup> Ibid.

Image: De Miguel Beriain, Iñigo. "Council of Europe Convention against Trafficking in Human Organs." Council of Europe Convention against Trafficking in Human Organs. Accessed July 14, 2018.

<https://thbregionalimplementationinitiative.files.wordpress.com/2015/07/rii-2015-ppp-rt-organ-inigo-de-miguel-coe.pdf>.

<sup>25</sup> Ibid.

*Transplant Tourism* is a prominent show of international cooperation, it is not a legally binding document.

c. *DOI Custodian Group (DICG)*

In order to help uphold the morals and ideas put forth by the *2008 Declaration of Istanbul on Organ Trafficking and Transplant Tourism*, the DOI Custodian Group (DICG) was established with the task to “promote and uphold the DOI principles in every possible way.”<sup>26</sup> The DICG helps to create transparency within the world of organ transplantation. The DICG creates incentives for nations to adhere to the practices suggested by the DOI. For example, the DICG may “withhold academic recognition from transplant professionals who do not adhere to the DOI principles.”<sup>27</sup> The DICG has been “instrumental” in the process of initiating and implementing “major changes in organ donation and transplantation policy and practice” in areas previously regarded as being “trafficking hubs.”<sup>28</sup>

## V. Bloc Positions

a. **Western Bloc:** The Western bloc refers to nations such as the United States, the United Kingdom, and Australia. In the United States, a lack of available organs is a major problem. This is the case as thousands of people are currently on the waiting list for organ transplants. Many of these individuals are in dire need of functioning, healthy organs. The major discrepancy in organ supplies results in a large number of American citizens engaging in the practice of transplant tourism. In fact the United States is regarded as being a major organ-importing nation.<sup>29</sup> Australia and the United Kingdom are also classified as major organ-importing countries.<sup>30</sup> Black market organ sales are illegal in the Western Bloc nations. That being said, the United States, Australia, and Great Britain do not have measures to punish recipients of black market or illicit organs. However, it is important to note that Australia has tried to enact policies that compensate live organ donors in hopes of increasing legal organ donation practices.

b. **European Bloc:** The European bloc refers mostly to nations that comprise the European Union. The European Bloc has laws and practices in place that make black market organ sales illegal. In regards to general organ donation and transplantation, European nations have put in place stringent regulations and practices in order to ensure safe medical practices. Members of the European Union have been working to combat the ever-increasing organ shortage since 2007.

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<sup>26</sup> Policy Department. "Trafficking in Human Organs." Directorate-General for External Policies. July 2015. Accessed July 14, 2018.

[http://www.europarl.europa.eu/RegData/etudes/STUD/2015/549055/EXPO\\_STU\(2015\)549055\\_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2015/549055/EXPO_STU(2015)549055_EN.pdf)

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Shimazono, Yosuke. "The State of the International Organ Trade: A Provisional Picture Based on Integration of Available Information." World Health Organization. March 04, 2011. Accessed 6 July 2018.

<http://www.who.int/bulletin/volumes/85/12/06-039370/en/>

<sup>30</sup> Ibid.

Image: "Globalization and Jingoism Always Coexist." The Shining Gem. February 14, 2018. Accessed July 24, 2018. <https://theshininggem.wordpress.com/2017/07/09/globalization-and-jingoism-always-coexist/>.

c. Asian and African Bloc: The Asian and African bloc refers to the majority of Asian and African nations. In regards to both continents, most nations act as organ-exporters. This is often the case due to higher levels of poverty in many parts of both continents. China and other nations where religious beliefs tend towards notions of reincarnation often have lower rates of organ donation— this is the case as reincarnation often depends on the body remaining wholly intact.<sup>31</sup> In India and other South Asian nations organs are often harvested at low costs and sold for high prices.<sup>32</sup> Poor African nations suffer from similar problems. Enforcement of laws across Asia and Africa differs due to vastly different cultures, socioeconomic conditions, and general practices.

d. Arab Bloc: The Arab Bloc is very similar to the Asian and African bloc. That being said, it is important to keep in mind that the Arab bloc contains the nation of Iran. Iran is an interesting case because Iran is the only country that has legalized the commodification of human organs.<sup>33</sup> Iranian laws thus far only allow for the commercial trade of kidneys. This has helped to completely eliminate the waiting list for kidney transplants in Iran. There are strict conditions in place to ensure safe donation procedures. Furthermore, commercial transactions are organized by specific organizations. Currently, Iran is the only nation that does not suffer from an organ shortage.<sup>34</sup> Instead, Iran is currently coping with an overabundance of available organs.<sup>35</sup>

e. Latin and Central American Bloc: The Latin and Central American bloc functions similar to most of the other blocs. Laws are in place that prevent the commercial trade of human organs. Illicit organ trade and black market practices are also illegal. Brazil and Bolivia are major organ-exporting nations.<sup>36</sup>

## VI. Concluding Remarks

When examining the issue of illicit organ trade, it is evident that the issue is incredibly complicated. This is due to a myriad of different reasons. The lack of prior international mandates and laws makes it difficult to combat the issue. The differing laws, customs, and socioeconomic conditions in nations across the world also make the subject trying to contemplate as it means that different problems have different priorities in tackling the black market organ trade. Questions of commodifying organ trade also pose an interesting issue.

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<sup>31</sup> "China to Stop Using Executed Prisoners' Organs in Transplants." ABC News. December 04, 2014. Accessed July 05, 2018.

<http://www.abc.net.au/news/2014-12-04/china-renews-pledge-to-stop-using-prisoner-organs-in-transplant/5945490>.

<sup>32</sup> Vora, Priyanka. "The Illegal Organ Trade Thrives in India – and It Isn't Likely to End Soon." Scroll.in. August 15, 2016. Accessed July 09, 2018.

<https://scroll.in/pulse/813993/the-illegal-organ-trade-thrives-in-india-and-it-isnt-likely-to-end-soon>.

<sup>33</sup> Muzi, Francesco Alesi and Luca. "Kidneys for Sale: Iran's Trade in Organs." The Guardian. May 10, 2015.

Accessed July 09, 2018. <https://www.theguardian.com/society/2015/may/10/kidneys-for-sale-organ-donation-iran>.

<sup>34</sup> Ibid.

<sup>35</sup> Dehghan, Saeed Kamali. "Kidneys for Sale: Poor Iranians Compete to Sell Their Organs." The Guardian. May 27, 2012. Accessed July 09, 2018. <https://www.theguardian.com/world/2012/may/27/iran-legal-trade-kidney>.

<sup>36</sup> Shimazono, Yosuke. "The State of the International Organ Trade: A Provisional Picture Based on Integration of Available Information." World Health Organization. March 04, 2011. Accessed 6 July 2018.

<http://www.who.int/bulletin/volumes/85/12/06-039370/en/>.

Overall, attempting to create a comprehensive solution to the problem of black market organ trade is not something that can be done easily.

*Questions to Consider*

1. Is there any scenario wherein the commercialization of organs is the ethical and rational choice? If so, how would this scenario be enacted and implemented?
2. Are there any means by which the international community can tackle the issue of transplant tourism? Is it possible to control and monitor transplant tourism without potentially profiling travellers and infringing on privacy?
3. Medical tourism is a commonplace practice. When does transplant tourism cross the line? Is it possible to establish a standardized limit internationally?
4. How can organ-exporting nations and states prevent illicit activity?
5. Is there any way to hold organ traffickers accountable? Is there a necessity for cooperation between the WHO, the UN, and member-states to initiate programs and policies that ensure that organ traffickers are dealt with properly?
6. Through what methods and modes can global monitoring of black market activity be increased? Is there any technical means through which the WHO and the UN can gain more information on traffickers?

## Topic B: Sanitation Standards and Healthcare Systems in Refugee Camps and Developing Nations

### I. Key Terms

a. Sanitation: Refers to the development and application of measures “for the sake of cleanliness, protecting health, etc.”<sup>37</sup> Sanitation measures are often implemented as a means of preventing disease and upholding health standards within a particular area or community. Sanitation standards differ from area to area and from community to community. According to the WHO, sanitation “refers to the provision of facilities and services for the safe disposal of human urine and faeces” and “to the maintenance of hygienic conditions, through services such as garbage collection and wastewater disposal.”<sup>38</sup>

b. Internally Displaced Person (IDP): Internally displaced persons (IDPs) are people or groups that have been “forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized border.”<sup>39</sup> They are different from refugees in the sense that they remain in their own country and therefore remain under the protection of their government. As a result, IDPs are not protected by international law or eligible to receive many types of help/aid.

c. Refugee: Refugees are individuals who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have crossed an internationally recognized border. They are protected by international law.

d. Refugee Camp: A refugee camp is meant to be a “temporary accommodation for people who have been forced to flee their home because of violence and persecution.”<sup>40</sup> They are created in times of crisis. Refugee camps are “practical during emergencies for delivering lifesaving aid, but many refugees displaced are often living through protracted situations.”<sup>41</sup> Currently, over “2.6m refugees live in camps.”<sup>42</sup> There are “millions more [who] live in urban areas and informal dwellings.”<sup>43</sup>

e. Developing Nation: A developing nation is a nation where on average, the income is much lower than industrial nationals. “In many developing nations, rapid population growth threatens

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<sup>37</sup> "Sanitation." Dictionary.com. Accessed July 25, 2018. <https://www.dictionary.com/browse/sanitation>.

<sup>38</sup> "Sanitation." World Health Organization. October 05, 2017. Accessed July 25, 2018. <http://www.who.int/topics/sanitation/en/>.

<sup>39</sup> OHCHR | Questions and Answers about IDPs. Accessed July 25, 2018. <http://www.ohchr.org/EN/Issues/IDPersons/Pages/Issues.aspx>.

<sup>40</sup> "What Is a Refugee Camp? Definition and Statistics | USA for UNHCR." Definition and Meaning | USA for UNHCR. Accessed July 25, 2018. <https://www.unrefugees.org/refugee-facts/camps/>.

<sup>41</sup> Ibid.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

the supply of food.”<sup>44</sup> Standards of living in developing nations tend to be lower when compared to their more developed counterparts.

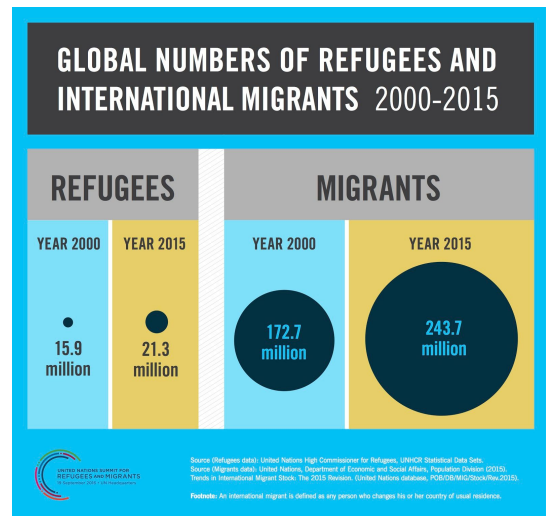
f. Sustainable Development Goals: The Sustainable Development Goals are the “blueprint to achieve a better and more sustainable future for all.”<sup>45</sup> “They address the global challenges we face, including those related to poverty, inequality, climate, environmental degradation, prosperity, and peace and justice.”<sup>46</sup> The target is to achieve the goals by the year 2030.

g. Refugee Crisis: A refugee crisis refers to movements of large groups of individuals who have been displaced. Often a refugee crisis involves individuals fleeing their home to seek asylum in another nation. However, a refugee crisis can also include internally displaced persons who are fleeing within the confines of their nation.

h. Asylum Seeker: An asylum seeker is a person who flees their own country to seek “sanctuary” in another country.<sup>47</sup> Upon arriving in their new chosen country, individuals apply for asylum which is the “right to be recognized as a refugee” and the right to “receive legal protection and material assistance.”<sup>48</sup> Asylum seekers often have to prove that their “fear of persecution” in their “home country is well-founded” in order to gain asylum.<sup>49</sup>

## II. Background

Establishing health care settings that are safe and sanitary is a challenge in any given context— but this challenge increases tenfold when attempting to ensure that health and safety standards are implemented in refugee camps and in the poorest parts of developing nations across the world. Refugee camps across the world are home to thousands upon thousands of refugees. These individuals have been displaced by war, violence, economic turmoil, and discrimination. Based on the strife endured by refugees it seems logical that refugee camps should provide those residing within them with much needed health, safety, and sanitation. Unfortunately, the opposite is often true. In many cases, refugees



<sup>44</sup> "Developing Nation." Dictionary.com. Accessed July 25, 2018. <https://www.dictionary.com/browse/developing-nation>.

<sup>45</sup> "About the Sustainable Development Goals - United Nations Sustainable Development." United Nations. Accessed July 25, 2018. <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>.

<sup>46</sup> Ibid.

<sup>47</sup> "What Is a Refugee Camp? Definition and Statistics | USA for UNHCR." Definition and Meaning | USA for UNHCR. Accessed July 25, 2018. <https://www.unrefugees.org/refugee-facts/camps/>.

<sup>48</sup> Ibid.

<sup>49</sup> Ibid.

Image: "Infographics | Refugees and Migrants." United Nations. Accessed July 25, 2018. <https://refugeesmigrants.un.org/infographics>.

have poor access to basic sanitation. Improper access to hygiene and unclean environments often endanger refugees—exposing them to disease and further hardship. The same is true for those living below the poverty line in many developing nations.

Since 2015, over 65 million people worldwide have identified as being either refugees, IDPs, and asylum seekers.<sup>50</sup> This ever-increasing number is cause for concern. The millions of individuals, are often faced with only three options “repatriation, local integration, or resettlement.”<sup>51</sup> Regardless of the choice made by refugees, asylum seekers, and IDPs it is evident that “providing healthcare to refugees comes with its own unique challenges due to the extreme poverty, limited resources, over-crowdedness and remote settings of refugee camps.”<sup>52</sup>

Firstly, it is important to recall that refugees are often fleeing persecution, violence, war, or economic strife. As a result, refugees and other individuals of similar status often have to leave their homes with the bare minimum. Upon leaving their homes, refugees usually make long journeys to nations they hope can provide them with a home. Treacherous journeys via sea and land often mean that refugee populations have “poorer health indicators than the communities from which they came.”<sup>53</sup> Furthermore, refugees as a group “usually have the highest risk of mortality immediately after reaching their country of asylum, as they frequently arrive in poor health and are completely dependent on foreign aid.”<sup>54</sup>

According to data, “refugee camps present even greater barriers to care than most other settings in the developing world because they tend to be remote, poorly accessible by road, and have a limited power supply.”<sup>55</sup> Additionally, the refugee camps are considered to be highly mobile. This is the case as these camps experience large and constant inflows and outflows of people. This presents itself as a complex scenario for maintaining sanitation, health, and safety as it is difficult to provide sustained care for individuals. Essentially, long term care and maintenance of health and sanitation within a refugee camp is unlikely due to the transient nature of the camps themselves.

It is crucial to take note of the fact that refugees and individuals of a similar identification are not only impacted by physical illness. Mental illness is also an issue faced by many. This is because the prolonged trauma that refugees are often exposed to is incredibly damaging to the psyche. That being said, most refugee camps are not equipped with the knowledge or resources to treat mental illness and deficits. The same is true in many developing nations as these nations tend to have less funding dedicated to mental health research.

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<sup>50</sup> "What Is a Refugee Camp? Definition and Statistics | USA for UNHCR." Definition and Meaning | USA for UNHCR. Accessed July 25, 2018. <https://www.unrefugees.org/refugee-facts/camps/>.

<sup>51</sup> "Unite For Sight." Introduction to Poverty. Accessed July 25, 2018. <http://www.uniteforsight.org/refugee-health/module1>.

<sup>52</sup> Ibid.

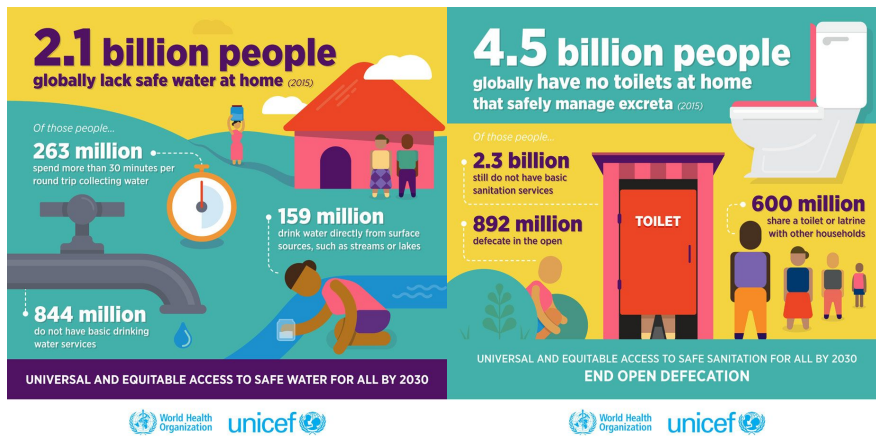
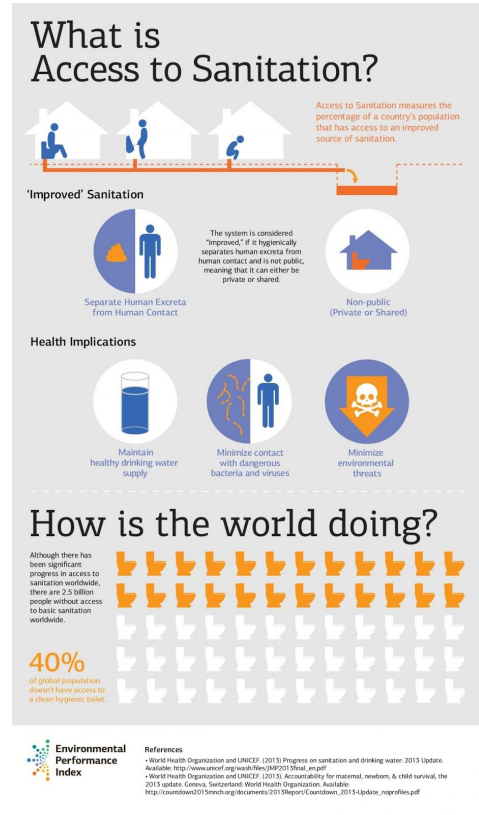
<sup>53</sup> Ibid.

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.



In order to uphold and create sanitation standards within refugee camps and across developing nations, one must understand the different facets of sanitation. First and foremost, refugee camps and communities in developing nations must “have adequate waste disposal services or latrines.”<sup>56</sup> This provision within camps ensures greater standards of healthy and dignity as it prevents the spread of a number of diseases. For example, a study conducted in refugee camps in Bangladesh “found that camps that provided sanitation facilities had cholera rates of 1.6 cases per 1,000 people, while camps that had no such facilities had cholera rates that were almost three times greater.”<sup>57</sup> In order to uphold sanitation standards access to clean water is also required. The ability to drink clean water means the ability to stay healthy. A lack of water and a lack of clean water can lead to a number of diseases and problems within refugee camps and in impoverished communities. The ability to procure water easily is also essential in ensuring sanitation. This is the case as the easily available water ensures that individuals take part in routines that promote cleanliness and hygiene. If the burden of collecting water is too great, the individuals are likely to forgo a number of hygienic practices. High sanitation standards also rely on the provision of food and proper shelter. Shelter that is



unventilated and overcrowded is a breeding ground for illness. Therefore, shelter within refugee camps and in developing nations must adequately house individuals. Clean, fresh, and healthy food also ensures that sanitation standards are upheld. This is the case as nutrition

<sup>56</sup> "Unite For Sight." Introduction to Poverty. Accessed July 25, 2018. <http://www.uniteforsight.org/refugee-health/module3>.

<sup>57</sup> "Unite For Sight." Introduction to Poverty. Accessed July 25, 2018. <http://www.uniteforsight.org/refugee-health/module3>.

Image: "What Is an Access to Sanitation Indicator?" Visual.ly. Accessed July 25, 2018. <https://visual.ly/community/infographic/environment/what-access-sanitation-indicator>.

Images: "Progress on Drinking-water, Sanitation and Hygiene, 2017: Infographics." World Health Organization. July 27, 2017. Accessed July 25, 2018.

[http://www.who.int/water\\_sanitation\\_health/monitoring/coverage/jmp-update-2017-graphics/en/](http://www.who.int/water_sanitation_health/monitoring/coverage/jmp-update-2017-graphics/en/).

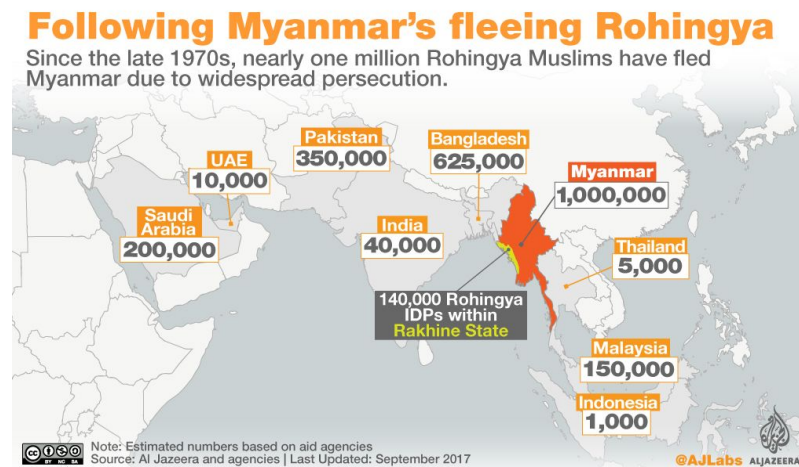
allows individuals to build immunity and therein avoid disease and illness.

Overall, there are a number of ways to heighten levels of sanitation within refugee camps and in developing nations. The problem lies in constructing tools that allow for the maintenance of these high levels of sanitation. Furthermore, a system must be created that measures the success of efforts in refugee camps and in developing nations.

### III. Recent Developments

#### a. *The Rohingya Conflict and Ensuing Refugee Crisis*

The Rohingya people live within the Rakhine state of Myanmar. Due to the influx of Indian and Bengali Muslims during the colonial period, many Rakhines felt threatened by the possibility of



the Rohingya competing to create the only Muslim-majority state in the country, creating resentment towards the Rohingya residing within the Rakhine state. Violence, some shocking incidents, and rising tensions over the years have culminated in a refugee crisis. There has been a mass exodus of Rohingya Muslims from Myanmar into Bangladesh, India, Malaysia, and many other nations. In Bangladesh alone, the international donor

community has made more than US\$344 million available to the 600,000+ refugees within the nation currently.<sup>58</sup> Rohingya Muslims in refugee camps can escape the ethnic cleansing currently taking place in Myanmar, but are unable to escape the overcrowding and lack of resources within refugee camps. As a result, many Rohingya Muslims are deprived of proper health and sanitation standards, making life in refugee camps less than ideal.

Furthermore, the majority of Rohingya refugee camps are located in the developing nations of India and Bangladesh. Both, as a result, have their own problems regarding sanitation due to a large portion of the population living below the poverty line. This makes resources for proper

<sup>58</sup> "Persecution Path: Following Myanmar's Fleeing Rohingya." GCC News | Al Jazeera. Accessed July 25, 2018. <https://www.aljazeera.com/indepth/interactive/2017/03/persecution-path-myanmar-fleeing-rohingya-17031412533337.html>.

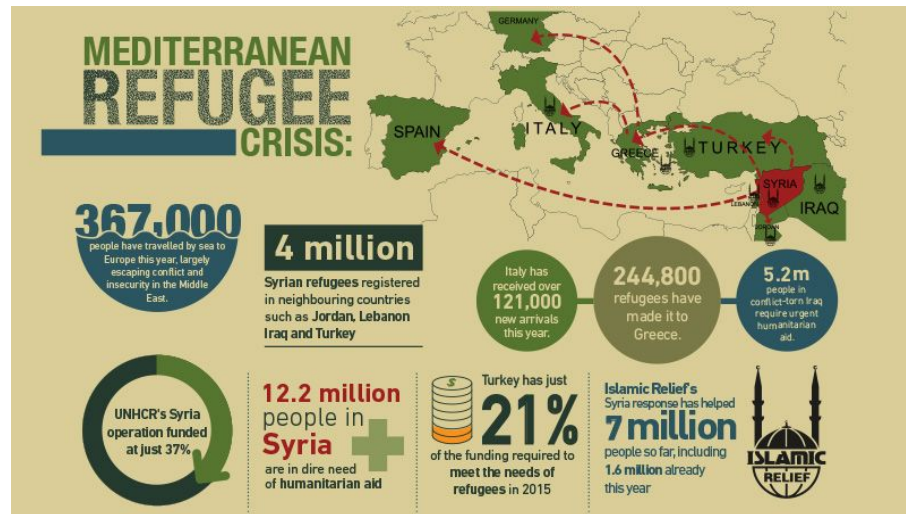
Image: "Persecution Path: Following Myanmar's Fleeing Rohingya." GCC News | Al Jazeera. Accessed July 25, 2018.

<https://www.aljazeera.com/indepth/interactive/2017/03/persecution-path-myanmar-fleeing-rohingya-17031412533337.html>.

hygiene scarce amongst the populace of these developing nations and refugees currently residing within them.

### b. *The Syrian War and Refugee Crisis*

The Syrian civil war officially began on the 15th of March, 2011.<sup>59</sup> Since then, families have suffered immensely as a result of brutal conflict. Scores of people across Syria have been killed, while millions of other have been forced to flee their home. In fact, “more than 5.6 million



Syrians have fled the country as refugees, and 6.1 million are displaced within Syria — as internally displaced people (IDPs).<sup>60</sup> Syrian refugees have faced many hurdles throughout their journey. For example, in recent years border walls have been erected in Europe to prevent their entry into the continent. For those residing in refugee camps within Europe, sanitation has been limited. Once again due to overcrowding and a sheer lack of resources.

### c. *Yemen Refugee Crisis*

The Yemeni civil war has been raging for over four years, and as a result has severely impacted Yemeni nationals. The refugee crisis within Yemen is often regarded as being “the world’s worst humanitarian emergency.”<sup>61</sup> The war has generated over 2 million refugees and has endangered over 22 million people. This means that “three out of every four” Yemenis are in need of life saving assistance.<sup>62</sup> The experiences in refugee camps are similar for those fleeing Yemen. It is also important to note that cholera outbreaks have plagued those still residing in Yemen as water and sanitation is hard to come by within the nation. As a result, an “urgent scale-up of aid is

<sup>59</sup> "Syrian Refugee Crisis: Facts, FAQs, and How to Help." World Vision. September 10, 2018. Accessed July 25, 2018. <https://www.worldvision.org/refugees-news-stories/syrian-refugee-crisis-facts>.

<sup>60</sup> Ibid.

<sup>61</sup> "Help Children in Yemen." Save the Children. Accessed July 25, 2018. [https://www.savethechildren.org/us/what-we-do/where-we-work/greater-middle-east-eurasia/yemen?cid=Paid\\_Search%3AGoogle\\_Paid%3ALP\\_WhereWeWork%3ANonbrand%3A032918&gclid=Cj0KCQjwufdBRDMARIsAPpBmVWjdu9rqyG1yFY7QNTaJybZwA5Md9yX5\\_7E2MRF\\_AcICJ3-dCHooaAuQnEALw\\_wcB](https://www.savethechildren.org/us/what-we-do/where-we-work/greater-middle-east-eurasia/yemen?cid=Paid_Search%3AGoogle_Paid%3ALP_WhereWeWork%3ANonbrand%3A032918&gclid=Cj0KCQjwufdBRDMARIsAPpBmVWjdu9rqyG1yFY7QNTaJybZwA5Md9yX5_7E2MRF_AcICJ3-dCHooaAuQnEALw_wcB).

<sup>62</sup> Ibid.

Image: Islamic Relief. Accessed July 25, 2018.

<https://www.islamic-relief.org/mediterranean-refugee-crisis-agenda-for-action/>.

needed” in order to remedy Yemen’s cholera outbreak.<sup>63</sup> “The disease is spread by contaminated water, so water and sanitation activities are particularly vital to tackle the problem at source.”<sup>64</sup>

*d. Other International Refugee Crises and Individuals Residing in Developing Nations*

The experiences of refugees in refugee camps across the world are often similar— maimed by a lack of sanitation and clean water. Poor people in developing nations also face similar experience. Other crises to be aware of include cases in Venezuela, South Sudan, and Somalia.

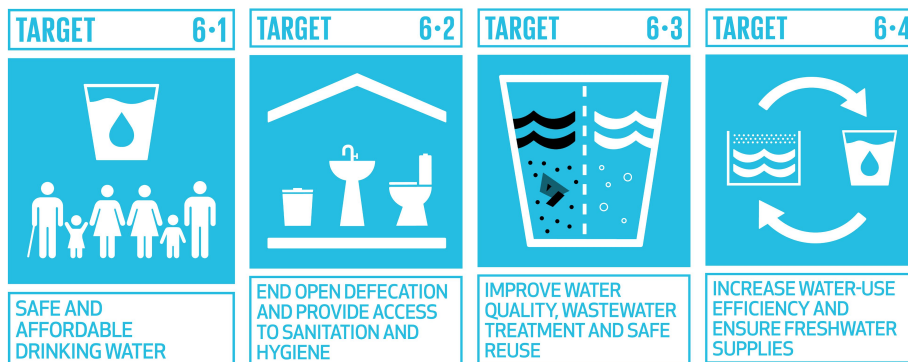
**IV. Past International Involvement**

*a. International Covenant on Economic, Social, and Cultural Rights; the Convention on the Rights of the Child; and the Convention to Eliminate All Forms of Discrimination Against Women*

All of these treaties have been created within the international sphere through the collaboration of countries and various international groups and bodies.<sup>65</sup> All of these documents contain stipulations that regard access to sanitation and water as being a basic human right. That being said, it is important to recognize that none of these treaties are dedicated wholly to the issue of sanitation and water rights. Furthermore, none of these international treaties focus solely on health and sanitation standards in refugee camps, or in developing nations.

*b. Sustainable Development Goal 6: Clean Water and Sanitation*

According to the United Nations, “3 in 10 people lack access to safely managed drinking water services and 6 in 10 people lack access to safely managed sanitation facilities.”



As a result, improving sanitation and access to drinking water is imperative. This need for improved sanitation and access

<sup>63</sup> "Yemen: Urgent Need for Improved Water and Sanitation to Curb Cholera." Médecins Sans Frontières (MSF) International. Accessed July 25, 2018.

<https://www.msf.org/yemen-urgent-need-improved-water-and-sanitation-curb-cholera>.

<sup>64</sup> Ibid.

<sup>65</sup> "Sanitation." World Health Organization. October 05, 2017. Accessed July 25, 2018.

<http://www.who.int/topics/sanitation/en/>.

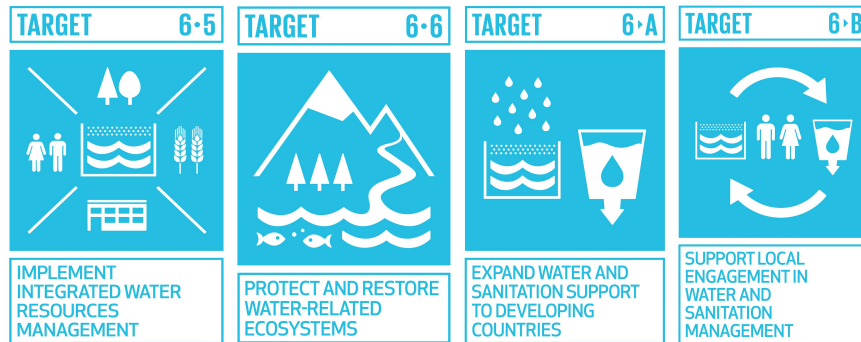
<sup>66</sup> "About the Sustainable Development Goals - United Nations Sustainable Development." United Nations. Accessed July 25, 2018.

<https://www.un.org/sustainabledevelopment/sustainable-development-goals/>.

Images: "Goal 6: Clean Water and Sanitation." The Global Goals. Accessed July 25, 2018.

<https://www.globalgoals.org/6-clean-water-and-sanitation>.

to clean water lead to the creation of Goal 6 within the framework of the Sustainable Development Goals. These goals proposed by the United Nations give countries goals to work towards by 2030. Furthermore, the Sustainable Development Goals unite all the nations of the world under one common banner, making it possible for nations and other international bodies to



cooperate with one another. Sustainable Development Goal 6 gives nations an incentive to work towards improving conditions in developing nations and within refugee camps.

## V. Bloc Positions

a. Western and European Bloc: Most Western and European nations are not facing a refugee crisis currently. Furthermore, the majority of Western and European countries fall into the category of developed nations. There are many refugee camps located across Western and European nations, but the international community has criticized many nations in this bloc for not hosting a proportionate amount of refugees. Conditions faced by refugees in these nations must be examined and looked at carefully, this is because refugees in camps often face poor living conditions. Furthermore, increasing xenophobia in specific countries across this bloc limits refugee prospects and livelihood, which in turn can limit health and safety. This only serves to lower standards of sanitation. Western and European nations must take an active role in innovation and facilitation of proper sanitation standards. Western and European countries on the whole consist of wealthy developed nations with the financial ability to provide aid.

b. Asian and African Bloc: The Asian and African bloc consists of many developing nations. Furthermore, both continents are home to countries currently facing refugee crises. For example, Asia hosts Myanmar—a nation where Rohingya Muslims are fleeing the harsh reality of ethnic cleansing. As a result, countries within this bloc must work with other nations to obtain aid and assistance to remedy issues of sanitation within refugee camps.

d. Arab Bloc: The crises in both Syria and Yemen have led to an immense number of refugees fleeing their homes and seeking asylum and refuge in other nations. These individuals have been victims of poor conditions in refugee camps across the world. To improve the standards of living for refugees, this bloc must work with more developed nations in order to improve sanitation conditions within refugee camps.

e. Latin and Central American Bloc: The refugee crises within this bloc are fewer when compared to nations in other regions. That being said, economic crises across the region threaten to make many individuals refugees. As a result, the Latin and Central American bloc will likely

have to work with nations with the capability to provide aid in order to improve sanitation standards across both countries and refugee camps.

## **VI. Concluding Remarks**

The issue of sanitation standards in refugee camps and in developing nations is broad and unique. In order to achieve high sanitation standards in both refugee camps and in nations across the world, a large amount of cooperation is needed amongst international bodies and countries alike. Countries that fall into the category of being wealthy and developed, with the capability to provide aid must spearhead operations that help to improve sanitation standards across the board. Other developing nations must work with the aid and assistance provided by implementing it responsibly and properly. Countries must cooperate with one another to develop some form of legal framework that helps to move initiatives forward.

### *Questions to Consider*

1. What incentives do developed nations have to provide aid to developing nations and to nations with a large number of refugee camps?
2. How can sanitation levels be measured throughout refugee camps and in areas of developing nations?
3. Is it possible to classify countries with high GDPs and low standards of living as developing nations? If so, how can more developed nations lend aid?
4. What are the main obstacles that limit and impede increased levels of sanitation?
5. What are the main obstacles that limit and impede widespread access to sanitation? What are the means of removing these barriers so that individuals across the globe are able to live in healthier and safer conditions?
6. Why are there no existing international treaties that combat such a pressing and important issue? Are the existing treaties that merely mention the issue enough to inspire change?
7. How do existing international organizations play a role in aiding/hindering this issue?
8. Is there a need for a new international organization that will deal specifically with this given issue considering the recent increase in refugee crises across the globe?
9. Is there any way to develop international sanitation standards? How will these standards suit different cultures and communities? Are flexible standards more likely to work or fail?
10. Is it more critical to pay attention to the physical health of refugees or their mental health?