Thank you, Chair, for the opportunity. MMI would like to address agenda item 13.2. Our statement is supported by PHM.

We commend WHO’s efforts in developing principles for governing donation and management of medical products of human origin. However, we are concerned about certain oversights in the report. The report deals with institutional, technological and regulatory issues at a very general level. It does not sufficiently acknowledge the challenges LMICs face in implementing these principles. WHO should clearly articulate the design principles guiding the establishment of the necessary structures and capabilities.

The report focuses on national-level regulatory arrangements. In view of the globalisation of supply chains, including the illegal trade in organs, we believe that this issue requires a legally binding international instrument.

Donation of blood and organs has gender, social and class dimensions and donors may be forced to “choose” medical procedures that violate their fundamental rights and freedom. We urge the WHO to acknowledge this when notions of choice and informed consent are discussed and to give special attention to the development of norms and principles in relation to this.

The ethical principles may not adequately protect the rights of women donors involved in assisted reproductive technologies. The principles do not cover surrogacy, which involves donating the use of an organ (typically for payment) while it remains in the donor’s body. The principles also give no guidance on the ethics of new procedures, like uterus transplants, that are not life-saving.

We also want to emphasise that unless public health institutions are strengthened, the receivers of donations will mainly be those who can afford private health care.

In the context of growing global inequality WHO must address these critical issues in order to protect the dignity, human rights, and health of the poorest and most vulnerable populations.

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