Subject:

In light of new alliances with crime mafias, gangs involved in the trafficking of human organs have increased in various countries of the region including Egypt, Sudan, Libya and Morocco, to name a few. The trafficking network includes university professors, doctors, members of nursing staff, and owners of medical centers and labs as well as intermediaries and brokers with prior records, and those impersonating security officials. It is a soft cross-border trade, in light of various unstable security situations, the fronts of internal Arab conflicts, and the terrorist organizations' urgent needs for income. Other factors include pressing economic conditions, the financial profits generated by the organ trade, and a lack of deterrent legislation. The trafficking of human organs in the Middle East is referred to as a "silent crime," as it occurs outside the bounds of accountability and control. Iran is the only country in the region that allows for organ donation from living donors, in exchange for 300 pounds. Since the trade is regulated in Iran but absent in the remainder of the region's countries, this activity is diverted directly into the black market. There are no statistics confirming the impact of this phenomenon in public hospitals or private clinics, but a lack of evidence does not indicate that the phenomenon does not exist. The secrecy shrouding such invisible practices makes it difficult to determine the extent of activity on the black market and the number of organs that are being illegally traded each year all over the world. According to World Health Organization estimates for 2015, more than 10,000 sales of human organs take place on the black market each year. Around 5 to 10% of all kidney transplants worldwide are accomplished through trafficking and cross-border smuggling operations, raking in annual profits ranging between $600 million and $1.2 billion, while other estimates suggest an annual profit of $8 billion. There are several patterns that dominate the organ trade, such as kidney, liver lobe, cornea, bone marrow, skin and hair transplants in some of the region's countries, and are often acquired as follows: 1. Theft: In some public and private hospitals around the region, certain mobs actively try to steal organs without the knowledge or consent of the donors. The unwilling donors are usually targeted when travelling to conduct medical tests are considered to be "spare human body parts" by the mobs. 2. Extraction: ISIS recruits organ doctors in the hotbeds of Arab armed conflicts. The recruitment is not limited to their killed soldiers, but also from the abandoned injured and from individuals they have abducted. 3. Abduction: Children or homeless children are often abducted with the goal of stealing their organs. This has occurred in several Egyptian, Jordanian, Iraqi, Syrian and Sudanese provinces. The bodies are found a period of time after their disappearance with hearts, livers, kidneys and spleens missing. For example, in eastern Sudan, some children have been kidnapped from the desert and other remote areas for their organs to be sold. Refugees are also subject to the same type of abduction, such as Eritreans in asylum camps along the Sudanese border. 4. Marriage: Under-privileged girls who demonstrate willingness to selling their organs are married off to wealthy Arab men. They get divorced instantly after the extraction, which indicates that they were victims of a scam. 5. Demanding written consent: Some traffickers in the region have refugees sign a form declaring their consent to sell their organs in order to grant the process legitimacy. The phenomenon of organ trafficking in the region can be linked to a number of factors: 1. The increasing number of organ traffickers: a large number of brokers who actively work as intermediaries in the black market often pose as journalists, relief aid workers, or activists working with NGOs. They can be found either online, in medical institutions, or in popular coffee shops. Some may be specialized in dealing with certain organs. Their role is comprised of preparing donors, carrying out all the necessary compatibility tests, booking travel tickets (if needed), paying off the agreed upon remunerations, and getting the necessary consent forms signed. Conflict zones: 2. Escalating internal Arab conflicts: The human organs trade has increased dramatically in hotbeds of Arab armed conflicts. This is most prominently evident on the Turkish-Syrian border as well as the borders separating Iraq and Syria, Turkey and Iraq, Syria and Lebanon, and Syria and Jordan. By operating within a common location, in this case Syria, trading can occur across borders easily. In an effort to fight against illegal organ harvesting, the Assad regime's supporting troops have refused to hand over the bodies of the dead and prisoners, and instead have only agreed to hand over their identification cards. According to the statement made by Dr. Hussein Nofal, head of the forensic medicine department at the University of Damascus and the head of the General Authority for Forensic Medicine, given to various media outlets in early 2016, about 20,000 organ trafficking operations have been conducted since the beginning of the war in Syria. The operations mainly took place in remote locations, far from areas under official surveillance and control. He added, "The majority of these operations were conducted in refugee camps in Lebanon, Turkey and other neighboring countries to Syria." Lax geography: 3. Loose Borders: Some countries in the region have been subjected to complex territory-related threats which can be linked to the internal transformations that have swept the region following the Arab revolutions, especially in light of officials' weakening grip on border control and on limiting gatherings by any border-invading groups linked by a common destructive interest. With the emergence of the fragile, fractured and non-controlling state after many nations' central governments were weakened, several outlawed groups have found the chance to thrive, particularly armed cross-border groups. As a consequence, these groups have become focal points of jihad and smuggling. Organ trafficking groups come at the forefront of these unauthorized groups. For example, the Moroccan mafia dominates human organ trafficking in North Africa through its main route, the Strait of Gibraltar, and possesses centers on the Moroccan, Tunisian and Algerian borders. The sea is utilized as...
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doctors, judges, and representatives of civil society to take over the supervision of such operations in hospitals and licensed clinics

protecting donors, and allowing them to donate in special cases to protect their lives and safety. 4. Developing frameworks for

citizens to register their names as postmortem donors. 3. Developing legislative frameworks and legal umbrellas: Confronting organ

network of organ trafficking in Egypt on Dec. 6th, 2016. 2. Promoting a social culture of postmortem organ donation: Social media

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brokers. Policies to Fight Organ Trafficking: Some policies that may contribute in varying degrees to the reduction of the human

organ trade within the region are as follows: 1. Continuous coordination between state agencies to keep track of human organ

trafficking: Following in the steps of the security, surveillance and health agencies in Egypt who busted the largest international

network of organ trafficking in Egypt on Dec. 6th, 2016. 2. Promoting a social culture of postmortem organ donation: Social media campaigns have proven to be effective in this regard, with Morocco as a strong example. A campaign was launched bearing the name "Humanitarian Morocco," in order to consolidate the values and culture of donation among Moroccans, and to encourage citizens to register their names as postmortem donors. 3. Developing legislative frameworks and legal umbrellas: Confronting organ trafficking in the vein of the Moroccan parliament by approving a law regulating the donation of human organs and tissues, protecting donors, and allowing them to donate in special cases to protect their lives and safety. 4. Developing frameworks for domestic control in treatment institutions: By forming a board of medical and social ethics, whose members include specialized doctors, judges, and representatives of civil society to take over the supervision of such operations in hospitals and licensed clinics specified by the law, and observing their commitment to implementing the requirements of predetermined technical specifications. 5. Relying on civil society organizations to raise awareness of the importance of a comprehensive fight: especially after receiving complaints from citizens affected by the loss of those organs, such as the role of the Doctors Against Corruption movement in Tunisia. Overall, bodies in some countries of the region have become commodities. Moreover, the above factors have helped to address some of the obstacles standing in the way of legalizing organ transplants and transfers. The increased availability of organs offered for donation or sale in a legitimate way will lead to the establishment of a more positive relationship with the organ transplant market, converting this trade into an official international market, whose prices are determined according to supply and demand, and whose participants are safeguarded by law.