

COMMITTEE GUIDE

WHO



WORLD HEALTH ORGANISATION

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2022

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Presidents' Letter

Dear Delegates,

Your presidents this year welcome you to this year's CCBMUN XX and to the committee WHO. We are Manuela Cuartas and Sofia Coupland, from 10th and 11th grade respectively. We are both from the Colegio Colombo Británico and are honoured to be guiding you all throughout the model this year. Between us, we have had a lot of experience in different United Nations models, both as delegates and presidents. Consequently, we hope this will allow us to fulfil our roles as presidents this year in the best way we possibly can.

We have selected topics that we believe are vital in today's modern world which will allow us, as a committee, to create significant discussions and engaging debates. We urge you to remember that throughout the model you are representing the country you are assigned, not your own personal views, meaning that your research and participation in the model should follow this accordingly. We expect the delegates in our committee to be well-prepared for the upcoming sessions, feel open to communication and most importantly, have a respectful attitude toward others. We hope that by applying these steps, we can have an unforgettable and remarkable model.

United Nations Models are truly unique experiences that help us look at the world with a new perspective and mindset. We believe that it is an unmissable experience that allows us to learn in more ways than one and that through them, we are taking the next step to change the world for the better, together. We realise that debating in a mixed school committee can be challenging at times; therefore, if you have any doubts at all, please do not hesitate in contacting us in the email stated below. We will be actively looking at it to ensure we can help you in any way we can. We are excited to receive you in our committee and look forward to seeing you all soon.

Yours sincerely,

Manuela Cuartas and Sofia Coupland
WHO Presidents
Email:who@ccbcali.edu.co

Simulation Topic: *Access to Proper Healthcare for Refugees and Migrants in Europe*

I. History/Context

Europe has received the largest number of migrants since World War 2. To properly define what a migrant is, they are “someone who changes his or her country of usual residence, irrespective of the reason for migration or legal status.” (United Nations, n.d.).

Europe has always received a large number of migrants and refugees; in 2015, the European Union received 1.5 million people from countries who were suffering from either armed conflict, economic crises, or internal conflicts occurring in the country. (The public health dimension of the European migrant crisis, 2016). These countries included Syria, Afghanistan, Eritrea, Iraq, Nigeria, Pakistan, Somalia, as well as the Western Balkans. This large influx of individuals has had an enormous effect on the public health systems within the countries receiving these people.

The act of moving to a different country already has health implications. This could be due to the reason the person is moving, which may come from violence and traumas within the country they were living in. Also, the process of travelling may be arduous; people are placed in strenuous environments, have to deal with unpredictable weather and their transportation methods tend to be economically cheap and therefore not the safest, which may lead to unexpected injuries during the journey. Once they do arrive in the new country, they mostly resort to living in refugee camps, where they have to overcome language barriers and cultural differences, where their legal status is not clear and where, most importantly, the access they have to healthcare may not be the best.



Figure 1: United Nations. (n.d.). [Europe and the Refugee Crisis: A Challenge to Our Civilization]

A grave danger of this type of migration are the communicable diseases. Due to the lack of hygiene on these journeys, it can be common to develop illnesses such as salmonella, hepatitis and cholera. This could be due to unclean water, food or an insect or parasite. In addition, the precariousness of these people's mental health leaves them more vulnerable to disease.

There have been claims that migrants are linked to the widespread disease in the countries they travel to, however, it has been concluded by both WHO and the European Union that they pose the same threat as any international traveller, and therefore, it is of vital importance to protect these people's health.

It has been demonstrated that migrants' health tends to worsen throughout the stay in the host country; the main causes of this were discrimination, poor working conditions and lack of access to healthcare. (Lebano, et al. 2020)

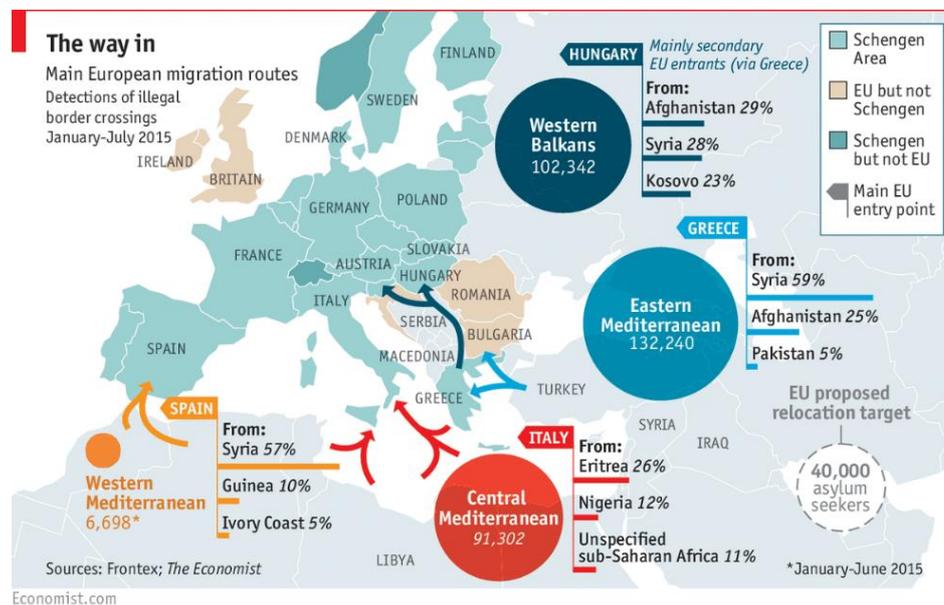


Figure 2: European Migration Routes (The Economist, 2015)

It was observed that refugees, once in the country where they have found refuge, tend to struggle more with their mental health than their European counterparts. In addition, in a study conducted on asylum seekers, the most common diagnoses were PTSD (Post-traumatic stress disorder) which was 31 percent, and depression, which was 20 percent. Though it was said these mental disorders were mostly due to their past circumstances in their homeland

and the journey itself, there was also evidence that in part the toll was due to the stay in the country they were currently living in.

It was also claimed that:

“Another study in France underlined the lack of clinical practice recommendations for the care of unaccompanied refugee minors as causing significant disparities depending on the department or region to which the young person arrived.” (Lebano et al, 2020)

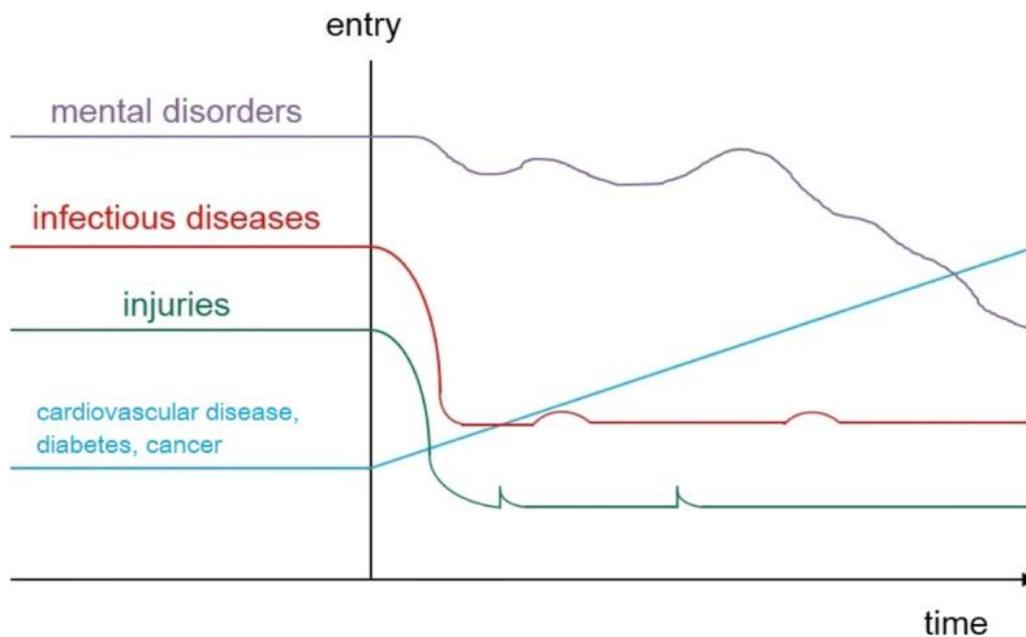


Figure 3: Hypothetical Scheme of Different Disease Entities (Krämer, 2018)

An Italian study was made in both Spain and Italy with regard to migrants' health and whether their needs were being met by the nations' healthcare system. It showed that the accessibility to healthcare and the attention to migrant health needs decreased between 2007 and 2012 in Italy.



Figure 4: (UNHCR, 2016)

II. Current Situation

Nowadays, the European Union has opened doors and opportunities to migrants, thus supporting them and creating new laws so migrants can have a health advantage in the nation where they settle. The European Union assumes that migrants are healthy; however, upon arrival they may suffer from different factors or develop a condition prior to their arrival in a foreign territory. Among these factors are mental and physical problems such as dehydration, anxiety, depression and exhaustion.

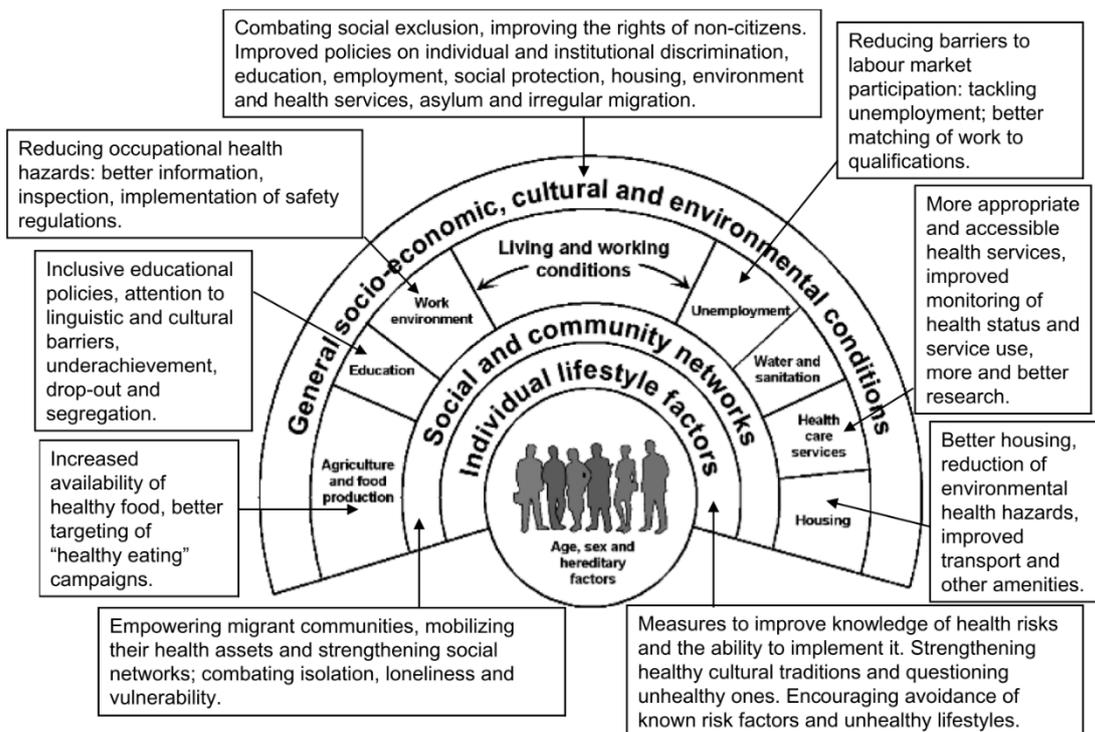


Figure 1.1 Policy measures tackling the determinants of health for migrants

Figure 5: Source: Adapted from WHO Regional Office for Europe (2010)

The European continent offers support due to its concern for the health of its migrants. The Health of the European Commission,

- *“Provides financial support to improve healthcare for vulnerable migrants, integrate them into national healthcare systems and train healthcare professionals.*
- *Supports the EU countries facing particularly high levels of migration in responding to health-related challenges and promotes the sharing of best practices on healthcare*

models.

- Coordinates the following activities through the Health Security Committee” (European commission, n.d.)

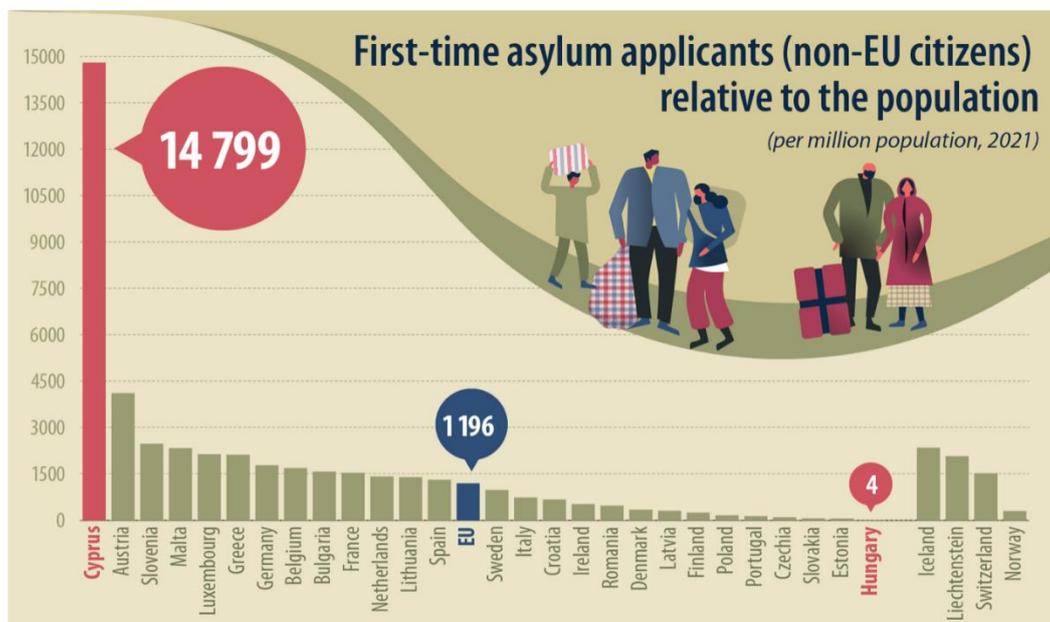


Figure 6: Eurostat. First-time asylum applicants up by a quarter in 2021. 2022

Later, in July 2016, the European Union accepted further reforms to promote the Common European Asylum System, which includes the laws in relation to healthcare:

- “The Asylum Procedures Regulation
- The Qualifications Regulation
- The Reception Conditions Directive” (European commission, n.d.)

“In September 2020, the Commission presented a New Pact on Migration and Asylum setting out a fairer approach to managing migration and asylum. The objective is to strike a new balance between the principles of fair sharing of responsibility and solidarity and to build confidence through a more comprehensive approach and modernised procedures. The Pact proposes to accelerate migration processes and strengthen the governance of migration and border policies. Health and healthcare of migrants is also included in the Pact through the introduction of health checks that will allow an early identification of migrant’s potential needs.” (European commission, n.d.)

“WHO believes that everyone, including refugees and migrants, should be able to enjoy the right to health and access to people-centred, high-quality health services without financial impediment, as expressed by our commitment to universal health coverage. Health systems should incorporate the needs of refugees and migrants in national and local health policies, financing, planning, implementation, monitoring and evaluation. In rapid and effective emergency responses, health care may sometimes need to be delivered in a parallel structure to the national health system, but in the long term, refugee and migrant health should be mainstreamed into existing services.” (WHO, 2022)

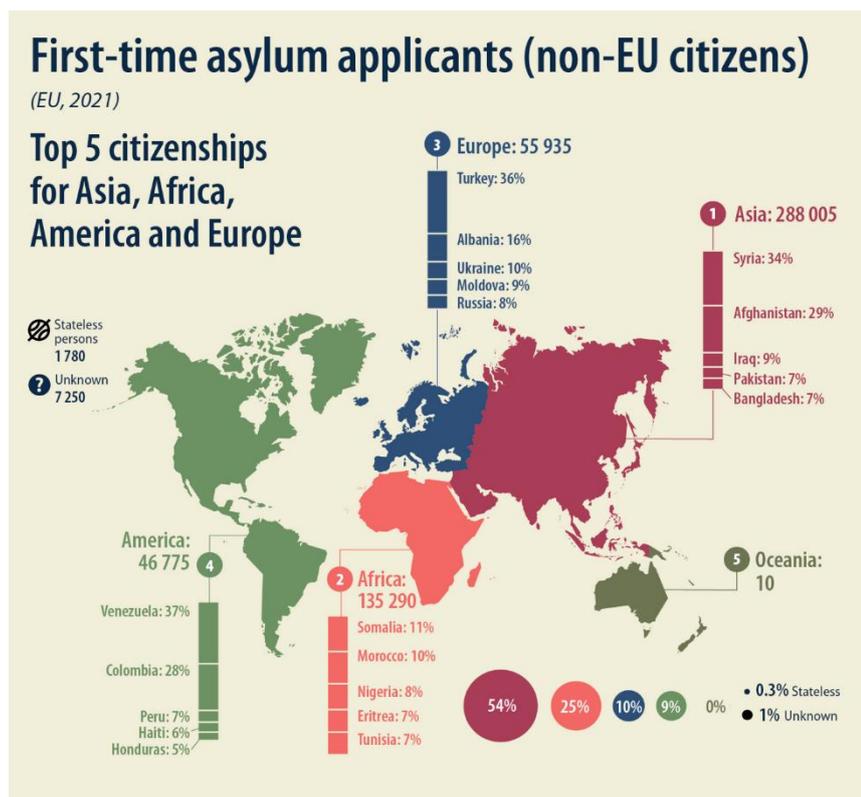


Figure 7: Eurostat. First-time asylum applicants up by a quarter in 2021. 2022

Healthcare problems for migrants to Europe

Despite all the legislation, the reality of healthcare for immigrants to Europe can be completely different. In many EU countries, migrants who do not have the correct documents are not always eligible for healthcare, and sometimes they might only have access to emergency care, which they have to pay for. However, it has been found that if refugees and illegal immigrants are not screened and provided with proper healthcare, ultimately the cost of their emergency treatment could be a lot higher. Furthermore, it was found that the

conditions in which some migrants live in Europe lead to healthcare problems, for example, living in poorly equipped asylum centres or earning too little to be able to live healthily. Migrants may also suffer from language and cultural barriers, which mean that they cannot express their health needs properly in the host country. In fact, one study found that conditions for migrants have not improved in the past few years, despite legislation giving these people the same rights as other European citizens (Nowak et al., 2022).

The cost of providing healthcare for refugees can be particularly overwhelming for the countries that receive them. Currently, Poland has been dealing with refugees from Ukraine and estimates that it must pay 50 to 70 million euros per month to look after one million refugees (at the time of writing there were 2 million Ukrainian refugees in Poland). Some countries simply do not have sufficient funds or healthcare systems to look after such a large influx of people.

III. Key points of the debate

- Healthcare needs for migrants in Europe
- Conditions or illnesses suffered by migrants arriving in Europe
- Cultural and language barriers to healthcare provision
- High cost of healthcare provision for refugees
- Reform or legislation to ensure the health needs of migrants and refugees are met

IV. Guiding questions

1. What are the most common healthcare issues that refugees face in/from your country?
2. What healthcare is available to refugees in/from your country, if any?
3. What problems does your country face when providing healthcare for refugees?
4. How has the international community reacted to the arrival of refugees in/from your country?
5. What can be done to improve healthcare access to refugees in Europe?

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Figure 1: United Nations. (n.d.). *Europe and the Refugee Crisis: A challenge to our civilization*. United Nations. Retrieved August 23, 2022, from <https://www.un.org/en/academic-impact/europe-and-refugee-crisis-challenge-our-civilization>

Figure 2: The Economist Newspaper. (n.d.). *Looking for a home*. The Economist. Retrieved August 23, 2022, from <https://www.economist.com/europe/2015/08/29/looking-for-a-home>

Figure 3: Matlin, S. A., Depoux, A., Schütte, S., Flahault, A., & Saso, L. (2018, September 24). *Migrants' and refugees' health: Towards an agenda of solutions*. Public Health Reviews. Retrieved August 23, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6182765/figure/Fig3/>

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Figure 5: WHO/europe intranet | news. (n.d.). Retrieved August 25, 2022, from https://www.euro.who.int/_data/assets/pdf_file/0019/161560/e96458.pdf

Figure 6: *First-time asylum applicants up by a quarter in 2021*. First-time asylum applicants up by a quarter in 2021 - Products Eurostat News - Eurostat. (n.d.). Retrieved August 24, 2022, from <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20220323-1>

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Topic 1: *The Exploitation of Workers' Health Rights in Developing Countries*

I. History/Context

The exploitation of workers' rights has been a prevalent issue over the past century, but only recently is it properly coming to light; with the rise of international economies and the striving of each country to become a developed nation, workers' healthcare rights are often forgotten.

According to the International Labour Organization (ILO), as cited in the U.S Department of Labour, workers' rights are "fundamental principles and rights at work" and they consist of the following:

- "freedom of association and the effective recognition of the right to collective bargaining;
- elimination of all forms of forced or compulsory labour;
- effective abolition of child labour;
- elimination of discrimination in respect of employment and occupation."

This organisation also looks over working conditions, fair pay, suitable working hours, safety and healthcare provision and is one of the main organisations that overlook this process in the world. Employees should work under fair, suitable conditions when performing their job; by applying these regulations, one can ensure that there is no violation of internationally regarded human rights. These established procedures are of utmost importance as they protect people, especially minorities, from being abused and discriminated against in the workplace. In addition, it is important to mention that "decent work" is considered part of the 17 United Nations sustainable development goals.

If suitable conditions are not being followed in the workplace, there is a direct correlation with the abuse of human rights; this can be especially noticed in developing countries which often lack the resources to enforce proper regulations. The International Trade Union Confederation (ITUC), whose mission it is to protect workers' rights worldwide, states that

the world has tripled the wealth it had 20 years ago, yet 70% of people are being refused universal social protection whilst 84% state that the minimum wage is not sufficient to sustain their lives. Despite the fact that systems are being put in place to protect workers' health, frequent abuses are occurring. ("ITUC Global Poll," 2017)

In a study of working migrants in Central Asia, nearly 50% of the participants said their health was "fair" or "poor" and stated they were not able to access medical aid when in need of it. Furthermore, around 6% were said to have clinical depression and 8% had symptoms of alcoholism. It was also said that female migrants tend to have a higher risk of suffering in terms of health and are more vulnerable toward physical and sexual abuse in the workplace. (Ismayilova et al., 2013).

In the past, there have been instances around the world that have demonstrated just how grave this crisis is. The following are some examples:

Rana Plaza Collapse, Bangladesh

The Rana Plaza in Bangladesh held 5 separate clothing factories, which produced garments for large companies in countries such as the United States, United Kingdom, Spain, Italy, Germany, and Denmark. In April 2013, a building collapsed and at least 1,132 people were killed and 2,500 people suffered from injuries due to this event. This had not been the only incident in Bangladesh, as some months earlier, the burning of the Tazreen Fashions factory on the Dhaka border caused the death of 112 workers.

This sheer number of deaths was due to unsuitable working conditions; the safety measures and security were not adequate for employees, as many factories did not meet the construction standards. Consequently, fires and collapses of infrastructure frequently occurred. Since this event, 109 more accidents have occurred, and these hazardous events have led to many deaths and injuries, where workers who are scraping by to sustain their families, have to deal with this constant, harsh abuse of rights.



Figure 1: Zaman, M. (2013). Rana Plaza Collapse (Photograph), New York Times

Qatar World Cup

Two million migrant workers, mainly from Africa and Asia, have worked on the World Cup by arranging security, transport, and various constructions such as working on the roads and metro. The “Kafala” system of sponsorship in Qatar, which has, since 2017, suffered various reforms, legally binds employees to their employer; this has led to long withstanding cycles of abuse, as the employee cannot leave the job or country without the employer’s permission.

Though reforms have been put into process, weak implementation by the Qatari government has led thousands of migrant workers working under unacceptable conditions that have significantly impacted their health. In fact, 6,500 migrant workers have died in Qatar since it won the World Cup contract. There are many causes of death and they are often related to inadequate working and living conditions in the country, such as being expected to work in extremely hot temperatures.

For example, in August 2017, the Domestic Workers Law enactment was supposed to ensure an adequate number of working hours and other fair protections, that would not lead to the overexertion of employees. However, even three years after this, workers continue to be physically abused.

An investigation was conducted by Migrant Workers Rights which reported the following:

“Ninety of 105 domestic workers contacted by Amnesty in the course of its research said they regularly worked more than 14 hours per day and 89 regularly worked seven days a week. Half of the women worked more than 18 hours per day, and most had never had a single day off at all. Some also reported not being paid properly, while 40 women described being insulted, slapped or spat at.” - (Section 4- Domestic Workers, paragraph 3)

What can be concluded from this is that throughout the process of preparation for the Qatar World Cup, workers have suffered greatly and have been exploited severely, despite regulations being put into place to mitigate this.

The Coronavirus Pandemic

The Coronavirus Pandemic has required a reevaluation of workers’ rights regarding their health and has shed light on the harsh consequences migrant workers have had to suffer because of it.

As stated by the International Labour Organization, (ILO, 2021), workers who were employed in low wage sectors, faced the worst of the economic shock due to Covid 19. They were either put on break, fired, or were not paid for the work they had done, which was against their contracts and therefore, illegal. Others were even deported from the country they were working in, the way this occurred did not follow protocols or regulations put into place; often when people were sent back to their own countries, they faced a lot of stigma as suspected carriers of the illness and had to face very long quarantines.

In many developing countries, migrant workers did not receive any social protection packages to protect them from the pandemic (this could include basic healthcare and security measures against wage reduction or job loss), contrary to nationals working there. This left these minorities even more vulnerable in terms of their well-being and economic situation.

Mineo (2020), highlights how the pandemic has portrayed weaker worker rights in the United States. There were 40 million people that applied for unemployment insurance benefits and yet it is believed that this figure does not encapsulate all those who applied, as the system itself requires further development. It is believed that more protocols need to be put into place to protect workers' rights in times of need.

II. Current Situation

2021 was a detrimental year for workers' rights due to the pandemic; although workers were the ones keeping the global economy moving, they were the ones under the most extreme abuse. Many employees were fired for being suspected carriers of COVID-19 in the workplace, and their overall privacy was fundamentally violated. (ITUC, 2021). The ILO estimates that around 2.7 million workers die every year around the globe due to unsafe working conditions, for example, by being exposed to toxic substances.

It is important to state that despite efforts to improve workers' healthcare rights around the world, the issue is still ongoing. Human Rights Watch claims that migrant employees and children are subjected to the most amount of abuse in the workplace. In 2022, according to ITUC, the countries with the most exploited employee rights are: Bangladesh, Belarus, Brazil, Colombia, Egypt, Myanmar, the Philippines and Turkey.

Fast fashion is an industry with one of the biggest problems of exploitation in the world. Although the clothing industry provides around 60 million jobs (primarily in Asia), the human rights violations are extreme. Studies have stated that nearly 89% of employees at H&M were underneath the international poverty line throughout the pandemic. Brands such as Shein have no formal contracts with factories, which is illegal, and therefore allows the company to avoid taking responsibility for violations in labour. Shein has been reported for having conditions such as "fifteen-hour days, cramped working conditions, and scorching-hot working environment."

Fast Fashion as a whole continues to be one of the biggest issues in the violation of workers' rights, and it is crucial to employ stricter regulations and take more extreme measures to ensure the safety of these workers.

According to the government in Northern Ireland:

“Your rights as an employee to work in a safe and healthy environment are given to you by law and generally can't be changed or removed by your employer. The most important of these rights are:

- *as far as possible, to have any risks to your health and safety properly controlled*
- *to be provided with any personal protective and safety equipment free of charge*
- *to stop work and leave your work area, without being disciplined if you have reasonable concerns about your safety*
- *to tell your employer about any health and safety concerns you have*
- *not to be disciplined if you contact the Health and Safety Executive for Northern Ireland (HSENI), or your local authority, if your employer won't listen to your concerns*
- *to have rest breaks during the working day*
- *to have time off from work during the working week*
- *to have annual paid holiday”*

(Employees' Health and Safety Responsibilities | Nidirect, 2015)

Despite the fact that most countries have similar lists of workers' rights, the reality is often quite different. Domestic workers are often the most affected as they often do not have contracts and thus get no time off, work long hours and may not be covered by any health policies, especially if they are migrant workers. Workers in general may be exposed to dangerous toxins or may not be given the correct protective equipment to do their jobs properly. Workplace accidents are far too frequent in some countries, as can be seen in the map below.

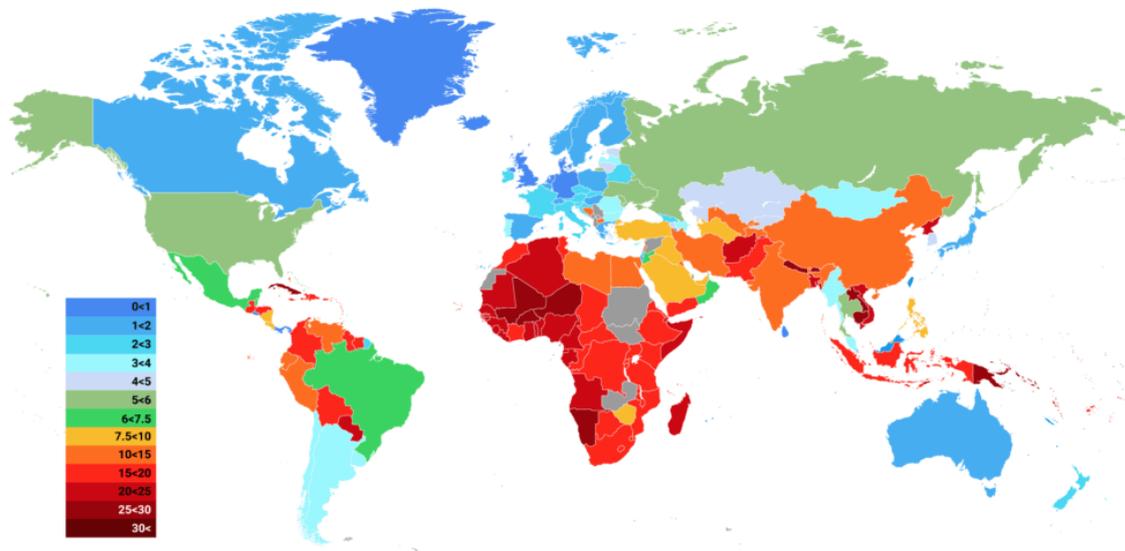


Figure 2: (Mirkowski, 2021)

Some countries are quite simply too poor to provide healthcare facilities for its citizens. An example of this is Sierra Leone, which suffered a terrible civil war in which most of the medical facilities were looted or destroyed. Although the people have rights to healthcare on paper, the country cannot actually provide this care, as there are only about 22 doctors per million citizens.

It is important to understand that caring for workers' health has financial benefits for companies as there will be fewer days lost through ill health. According to the Centers for Disease Control and Prevention (CDC) in the USA, a healthier workforce will be more productive, and workplace health schemes mean that fewer employees take sick leave. (CDC, 2020). It is important that all countries find efficient ways to protect the health and safety of their workers.

III. Key points of the debate

- Ensuring suitable conditions and safe workplace environments
- Effects of worker exploitation on the health of employees
- Healthcare provision for migrant workers in foreign countries
- Responsibility of buyers to check the health and safety provisions of their suppliers in other countries
- Regulation of working conditions to ensure the health and safety of workers

IV. Guiding questions

1. What are the general conditions workers are subjected to in your country? What is done to protect their health and safety?
2. How are the current working conditions affecting employees' health in your country?
3. How is the health of the workforce related to productivity in your country?
4. What are the biggest health issues that workers face in developing countries?
5. What has your country done, if anything, about workers' health rights?
6. What does your country do to ensure that workers' health rights are met in developing countries?

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Topic 2: Microplastics in Human Blood

I. History/Context

Plastics were first invented in 1856 and have gone through many changes since that time. During the Second World War, in 1939, thermoplastics were developed on an industrial scale to replace rubber. During the 1970s, plastic production expanded in a huge, reducing its cost and providing new materials for goods such as cars and personal products. Microplastics derive from this type of plastic.

Microplastics are derived from a variety of sources. *“Microplastics are tiny plastic particles less than five millimetres (0.2 inches) in diameter, they result from both commercial product development and the breakdown of larger plastics.”* (National Geographic, 2022). Microplastics come from things like the breakdown of plastic bottles, the washing of synthetic clothes and the breakdown of pharmaceutical materials.

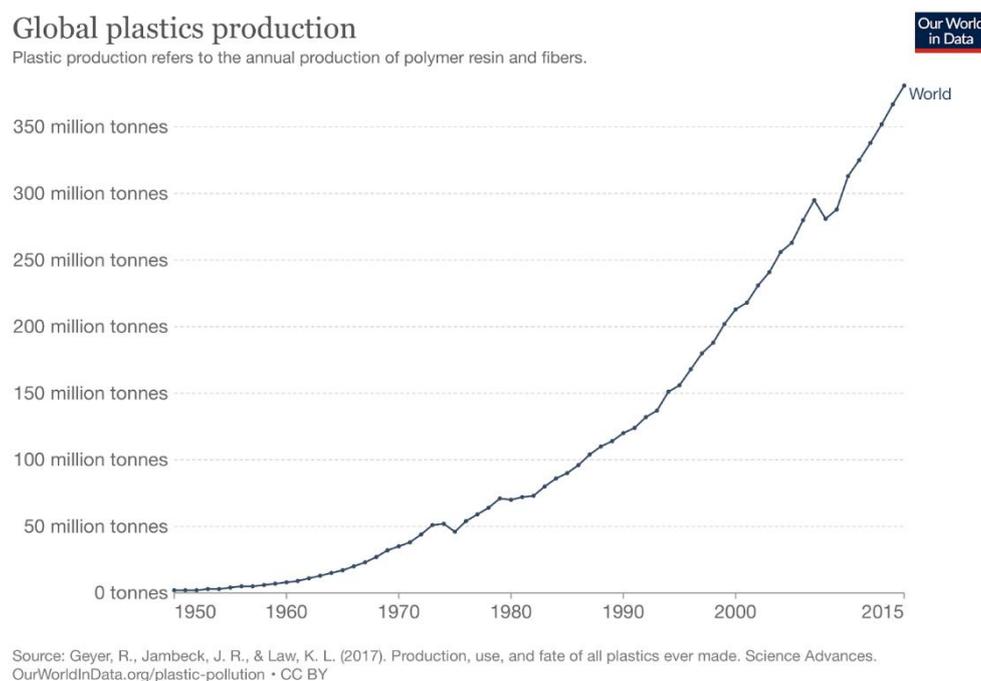


Figure 1: Hannah Ritchie and Max Roser (2018) - "Plastic Pollution"

The microplastics are too small to be removed by many water-treatment plants, and they may end up in lakes where they stay for hundreds of years. This pollutant material is extremely

unsustainable to the environment and may be dangerous to both animal and human health in the long term.

In 2017, a group of Belgian scientists announced that seafood lovers were consuming approximately 11,000 microplastics a year by eating mussels. This curious fact caused interest to the University of Plymouth in the UK; they made a study comparing eating contaminated wild mussels in Scotland or breathing air in a typical home. They found out that *“people will take in more plastic during a mussels dinner by inhaling or ingesting tiny, invisible plastic fibers floating in the air around them, fibers shed by their own clothes, carpets, and upholstery, than they will by eating the mussels.”* (Parker, L, 2022). This showed that eating mussels was not particularly harmful to human health.

In 2018, The World Health Organisation (WHO) performed its own investigations, and some studies revealed the presence of microplastics in numerous brands of bottled water, such as Nestlé and Danone, in France. According to Bruce Gordon, WHO's coordinator for Water, Sanitation, Hygiene and Health, *“in bottled water, plastic particle counts are slightly higher than tap water”* (Falk, P, 2019). In the same year it was found that *“based on a study, microplastics were found in the feces of eight people. Another study documented the presence of microplastics in the placentas of unborn babies.”* (Parker, L, 2022)

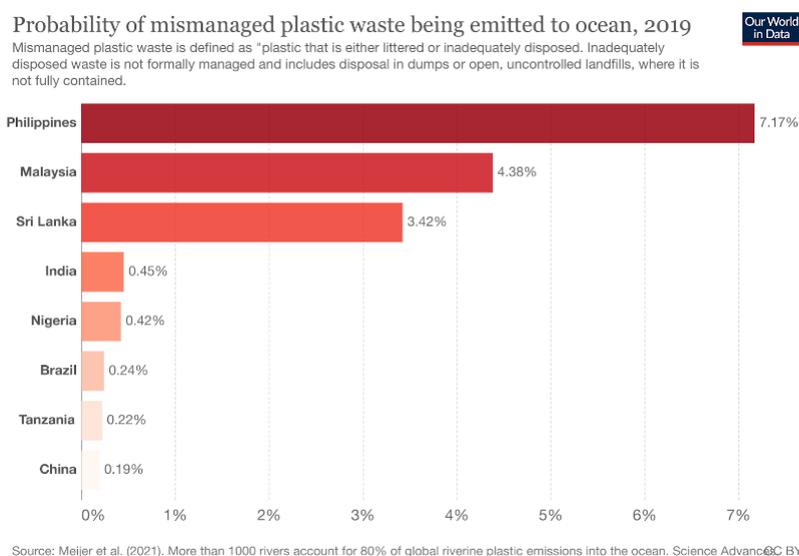


Figure 2: Hannah Ritchie and Max Roser (2018) - "Plastic Pollution".

The WHO stated that it was important to continue researching the presence of microplastics in the environment and possible effects on human health when these plastics were ingested.

The first case study where microplastics were found in human blood was on March 25, 2022, where *“a Dutch study published in the Environment International journal on Thursday examined blood samples from 22 anonymous, healthy volunteers and found microplastics in nearly 80% of them”* (Heather A, 2022). From this study, scientists concluded that tiny microplastics could be deposited in our organs little by little.



Figure 3: Heather A. Leslie et al, Discovery and quantification of plastic particle pollution in human blood, *Environment International* (2022).

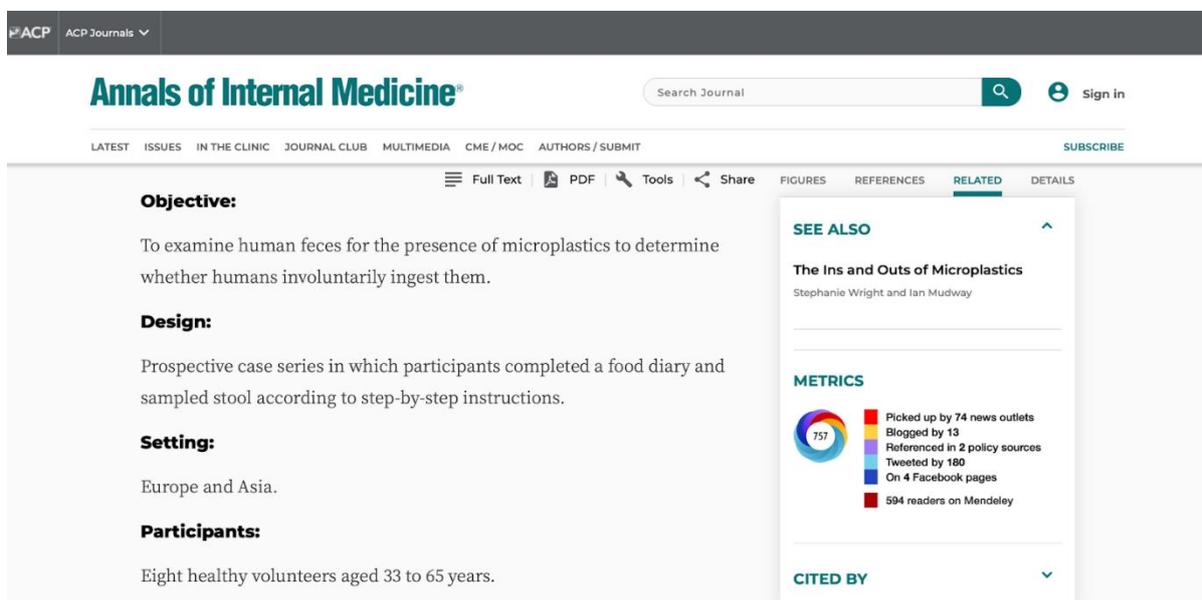
According to some scientists from Vrije Universiteit Amsterdam in the Netherlands, *“This pioneering human biomonitoring study demonstrated that plastic particles are bioavailable for uptake into the human bloodstream. An understanding of the exposure of these substances in humans and the associated hazard of such exposure is needed to determine whether or not plastic particle exposure is a public health risk,”* (Askew, K. 2022)

Although the issue is very recent, this does not mean that the WHO Committee is not concerned; it wants to do everything possible to reduce the quantities of plastics being used so that the world's citizens do not suffer the consequences.

II. Current Situation

This situation is very recent, therefore advances and solutions have not been implemented yet. However, the WHO Committee is concerned about their findings and the amount of plastic we consume; the worry is that today it is in our blood, but later it could affect our organs.

“The World Health Organization (WHO) today calls for a further assessment of microplastics in the environment and their potential impacts on human health, following the release of an analysis of current research related to microplastics in drinking-water. The Organization also calls for a reduction in plastic pollution to benefit the environment and reduce human exposure.”



The screenshot displays the Annals of Internal Medicine website interface. At the top, there is a navigation bar with the ACP logo and 'ACP Journals' dropdown. Below this is the journal title 'Annals of Internal Medicine' and a search bar. The main content area is divided into sections: 'Objective:', 'Design:', 'Setting:', and 'Participants:'. To the right, there is a 'SEE ALSO' section with a link to 'The Ins and Outs of Microplastics' by Stephanie Wright and Ian Mudway. Below that is a 'METRICS' section with a circular gauge showing 757 and a list of metrics: 'Picked up by 74 news outlets', 'Blogged by 13', 'Referenced in 2 policy sources', 'Tweeted by 180', 'On 4 Facebook pages', and '594 readers on Mendeley'. At the bottom right, there is a 'CITED BY' section.

Objective:
To examine human feces for the presence of microplastics to determine whether humans involuntarily ingest them.

Design:
Prospective case series in which participants completed a food diary and sampled stool according to step-by-step instructions.

Setting:
Europe and Asia.

Participants:
Eight healthy volunteers aged 33 to 65 years.

SEE ALSO
The Ins and Outs of Microplastics
Stephanie Wright and Ian Mudway

METRICS
757
Picked up by 74 news outlets
Blogged by 13
Referenced in 2 policy sources
Tweeted by 180
On 4 Facebook pages
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CITED BY

The screenshot shows the top navigation bar of the Annals of Internal Medicine website, including the ACP logo, search bar, and sign-in options. Below the navigation bar, the abstract text is displayed in a clean, white layout with a light gray background. The abstract is organized into sections: Participants, Measurements, Results, and Limitations. A small upward-pointing arrow icon is visible in the bottom right corner of the abstract area.

Participants:
Eight healthy volunteers aged 33 to 65 years.

Measurements:
After chemical digestion, Fourier-transform infrared microspectroscopy was used to analyze the presence and shape of 10 common types of microplastic in stool samples.

Results:
All 8 stool samples tested positive for microplastics. A median of 20 microplastics (50 to 500 μm in size) per 10 g of human stool were identified. Overall, 9 plastic types were detected, with polypropylene and polyethylene terephthalate being the most abundant.

Limitations:
There were few participants, and each provided only 1 sample. The origin and fate of microplastics in the gastrointestinal tract were not investigated.

Figure 4 and 5: Schwabl P;Köppel S;Königshofer P;Bucsics T;Trauner M;Reiberger T;Liebmann B; (n.d.)

Currently, this problem is gradually getting worse and preoccupying. During the month of September of this year 2022, more cases of microplastics in the digestive system were confirmed in a group of people from Asia and Africa aged 33 and 65 years. If microplastics reach the human digestive tract, in the future they could cross the lung barrier.

Doctors and scientists have to carry out further studies on the effects that microplastics could cause on the human system, however some have come to conclude logical consequences that could lead to a high risk for the organism.

Concerns associated with microplastic are:

- **“Toxic substances:** Microplastics can absorb toxic materials like pesticides, heavy metals, and cancer-causing chemicals. They can then transport these toxic materials into your body and cause health issues, Johnson-Arbor says.
- **Digestive issues:** Some research suggests that people with inflammatory bowel disease consume more microplastics than others. The microplastics may contribute to inflammation in the digestive tract.

- **Infections:** Harmful microbes like bacteria can grow on microplastics, so when we breathe in or ingest the specks, they can carry disease directly into our bodies, Vethaak says.
- **Build-up in your body:** Over long-term exposure, it's possible that microplastics could accumulate in your tissues and organs, causing damage, Vethaak says." (Kennedy, M. 2022. para. 16-19)

Ragas, a professor at Radboud University and a specialist in the consequences of chemical substances on the environment and humans, has compared this problem with nature which is being affected by contamination. He explains that we are experimenting the same issues that animals are currently dealing with. For example, it's like a small bird eating a piece of plastic thinking it is food; this leads to its gastrointestinal tract being affected since it becomes obstructed by the trash it is consuming. Raga states that *"On a smaller scale, you can imagine that particles block veins and cause vascular issues, which, for example, is the case when it comes to particulate"* (Nowee, M. 2022. para. 6)

Since 2019, the WHO has been concerned about this problem and is urgently calling for help before this situation escalates into critical situations which we will not be able to solve. All countries need to address the issue of the over-use and unnecessary use of plastics. India, for example, is one of the few nations that has implemented measures to counteract the problems of plastics in the environment. *"Elimination of Single Use Plastic: In 2019, the Prime Minister of India pledged to eliminate all single-use plastic in the country by 2022, with an immediate ban in urban Delhi and Global Partnership on Marine Litter (GPML): The GMPL was launched at the Earth Summit in 2012 in response to a request set out in the Manila Declaration"* (Microplastics in human blood. 2022). It promotes reducing plastic consumption and makes people conscious, not only of the environmental issues, but also of the dangers of microplastics ending up in our bodies.

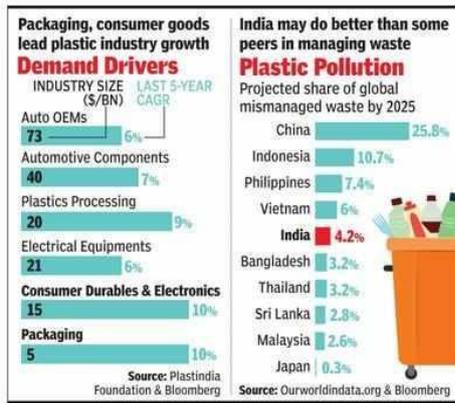


Figure 6: Sakar, J and Singh, N. 2019. How cos are gearing up for less plastic in the biz. Timesofindia.

Figure 7: Image: The Economic Times . 2018. India will abolish all single-use plastic by 2022, vows Narendra Modi. weforum.

According to research in 2021, the nations that have a better management of the environment, such as Canada, had taken a big step in declaring this material toxic and had planned to eliminate most single-use disposables by the end of the year. Rwanda has been one of the most radical and demanding countries; in 2008 it placed a ban on plastic bags, and since 2019 it has planned to eliminate all single-use plastics, in order to become the first plastic-free country. India, which is known for having high levels of pollution, had three key steps for the reduction of plastic; in 2021 it banned the use of plastic bags, in January 2022 it banned six categories of single-use plastic and in July of this year it banned disposable plastic food packaging.

Figure 1: hierarchy to reduce waste from single-use items

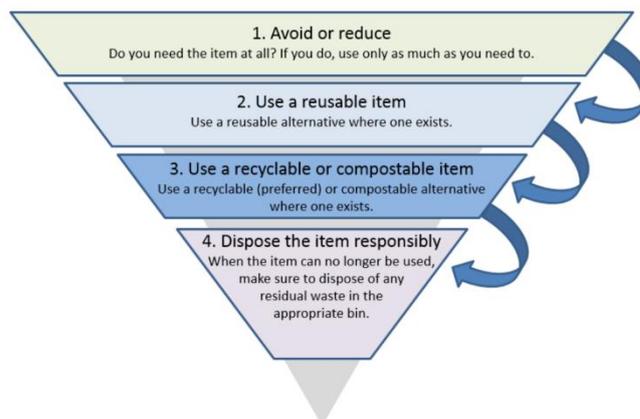


Figure 8: Treasury Board of Canada Secretariat. 2020. Guidance for the Reduction of Plastic Waste in Meetings and Events. canada.ca.



Figure 7: Few sampled twitter posts (@Rwandapolice) and website articles from Rwanda National Police reporting arrested smugglers who were caught in illegal selling of NBPB in Rustiro, Nyagatare , Gatsibo, Gicumbi, Nyabihu and Gakenke districts of Rwanda.



Figures 9 & 10: Hakuzimana, J. 2021. Break Free From Plastics: Environmental Perspectives and Lessons from Rwanda. longdom.

The current situation is of great concern, and it is necessary for international cooperation to ensure the health of citizens; without this, the highest mortality rate could begin to be microplastics.

For the moment, until more research can be done, the WHO Committee recommends “*WHO recommends drinking-water suppliers and regulators prioritize removing microbial pathogens and chemicals that are known risks to human health, such as those causing deadly diarrhoeal diseases. This has a double advantage: wastewater and drinking-water treatment systems that treat faecal content and chemicals are also effective in removing microplastics*” (WHO. 2019)

III. Key points of the debate

- Causes of microplastics in the blood
- Effects on health of having a high percentage of microplastics in the bodies
- Reducing the use of plastic, especially single-use plastic
- Ensuring products and food are eco-friendly
- Possible treatments for eliminating microplastics from the body

IV. Guiding questions

1. What is your country’s position regarding the use of plastic and its disposal? Are there adequate systems in place to ensure that microplastics do not get into the water system?
2. How could your country work towards reducing the amount of plastic used in general?
3. Is there any evidence from your country that microplastics are entering the human body system or food chain?
4. What processes should be put in place in order to ensure food product distribution is safe for consumers?
5. How could the study of microplastics and human health be funded at an international level?

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