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Letter from the Chair

Dear Delegates,

It is my pleasure to welcome you to the United Nations Children's Fund (UNICEF) at GW CIA XXX. My name is Mary Schickedanz, and I am incredibly excited to be your chair for this committee!

I am a Freshman at GW studying International Affairs with a concentration in Gender in International Affairs and Security Policy. I am a part of the GW Model UN team and have done both GA and crisis committees in the past. I am also a part of the Women's Club Lacrosse team and GW Democrats on campus, and am excited to participate in GW CIA for the first time this year! As someone who wasn't involved in Model UN until college, I get how it feels to be new and am ready to support you guys as much as you need.

Children are the future of our world, and the topics you will be discussing as UNICEF member states are at the forefront of guaranteeing a brighter future for children who have lived through violent conflicts, including providing immunisations, education, clean water, and more. UNICEF provides children with basic needs because local parties cannot, and often work in war-torn regions of the world. This is why your solutions must consider the dangers and importance at hand, and create creative solutions that look to the future of what aiding refugees could be. I am excited to hear all the innovative ideas you all will come up with to address these complex issues.

Please don't hesitate to reach out with any questions or concerns, and I look forward to serving as your chair.

All the best,
Mary Schickedanz
Chair of UNICEF
mary.schickedanz@gwu.edu

Topic 1: Addressing Inadequate Humanitarian Resources for Refugee Children

Over half of the world's refugees are children. Though crowded and unsanitary conditions in refugee camps around the world are harmful to people of all ages, children are the most vulnerable in these damaging environments. Children require nutritious food and water to avoid stunted growth and critical diseases, mental health services for common refugee issues such as anxiety and PTSD, and a consistent education that enables their future success in life. By the end of 2024, almost 50 million children had been displaced by conflict and violence, with many still living in refugee camps today. Despite global efforts to provide basic humanitarian resources to refugee children, millions continue to go without the programs and services they need to survive.

Clean Drinking Water and Nutritious Food

Undernutrition and a lack of clean drinking water are some of the largest issues plaguing refugee camps. Globally, around half of all deaths in young children under 5 years old are caused by undernutrition. Without adequate and nutritious food, children are more susceptible to serious diseases and face the worst effects of common illnesses. Children as a demographic are particularly reliant on external sources such as their parents, refugee camp officials, or aid organizations. However, most refugee camps are located in conflict-prone regions of the globe and therefore do not receive adequate supplies from the local government. Similarly, agriculture within the camps is often not possible due to harsh climate conditions and employment limitations preventing refugees from tending crops. Thus, international aid organizations are generally the only source of food and water for children inside refugee camps. According to the UNHCR, more than half of refugee camps around the world do not have sufficient water for their

tenants. Clean drinking water is essential for survival; contaminated water has been linked to waterborne illnesses such as cholera, which can be fatal for young children without developed immune systems.

Mental Health Services

Refugees hold one of the highest rates of mental health disorders in the world, with between 30-40% of refugees reporting an experience with mental trauma over the past several years. Anxiety, depression, PTSD, OCD, and chronic stress are the most common afflictions, often due to traumatizing conditions refugees flee from and uncertainty about the future. The lack of resources and housing in refugee camps worsens these issues, particularly for children who are reliant on their families and may be separated from their parents during their journey as a refugee. Refugees tend to hold this trauma throughout settlement in a new country due to legal boundaries, restrictive immigration policies, xenophobia, and lack of opportunity and security. Additionally, many of the countries that refugees flee from are considered low-income and therefore tend to lack mental health care programs due to a lack of infrastructure funding. Other refugee countries of origin often lean conservative and contain a lack of national support for the existence of mental health disorders. Due to these backgrounds, refugees often find themselves doubtful of their own mental health issues and dismiss the problem until it gets worse.

Educational Initiatives

The conditions in refugee camps often result in families prioritizing basic survival needs over secondary needs such as education. However, education serves as a critical pillar for a child's success in life and grants them the opportunity to make their own decisions

about their future. A major barrier to education in refugee camps for many families is cost. With barely enough money to cover simple living expenses, refugee parents cannot afford to pay the extra cash to send their children to school. Public schools in host countries often require payment for transportation, school lunches, uniforms, and other additional costs. Similarly, many refugee children work full-time in the camps or nearby to help their families. This not only harms their educational journey, but also contributes to child labor issues. Legal frameworks in host countries create additional barriers; many public education systems in top refugee host countries around the world are overburdened with students and cannot welcome new ones. Additionally, differences in education systems between countries leave refugee children struggling to resume their studies where they left off at home. Often believing that their situation is temporary, many refugee families keep their children out of school by choice under the assumption that they will return to their normal lives soon. These beliefs and their underlying factors make it much more difficult for refugee children to return to school once they have resettled. It is critical to understand the core issues that prevent education in these camps in order to construct effective solutions.

Current Solutions

There are several ongoing programs to address these urgent humanitarian issues. UN agencies and partnering international organizations employ WASH, or water, sanitation, and hygiene, to provide critical water supplies to refugees in times of need. With a focus on Sustainable Development Goal 6, “clean water and sanitation for all,” this initiative includes upgrading water infrastructure and building sanitation facilities in camps. Additionally, international aid agencies help local communities assess the nutritional needs of refugees, provide treatment for malnutrition, and deliver food in

times of crisis. Mental health programs for refugees include training for budding local mental health specialists and integrated mental health care into primary healthcare packages. Finally, UNICEF and the UNHCR work in tandem to provide education for refugee children in camps, with programs such as Educate a Child and Accelerated Education focusing on children who have been out of school for an extended period of time. International organizations and local aid agencies offer reading and arithmetic lessons, digital literacy training, and other options to give refugee children a well-rounded education. These solutions in conjunction with others can solve the crisis of inadequate humanitarian resources for every refugee child.

Research Questions:

- What are the most important resources for children in refugee camps to have consistent access to?
- How do children's physical and psychological needs differ from those of adults?
- Why do children deprioritize education during their time as refugees?
- How might different regions of the world have differing food and water needs?

Topic 2: Limiting the Effects of Prominent Diseases among Children

The most common diseases among children under five years of age are infectious; malaria, pneumonia, diarrhea, HIV, and tuberculosis. In 2019, approximately 30% of global deaths among young children were caused by infectious disease. These illnesses are most prominent in the world's poorest areas, showing their highest rates in sub-Saharan Africa. In addition to these life-threatening diseases, millions of children suffer from more common infections such as the common cold and influenza.

Immunization, equitable access to hospitals, and health education are some of the most effective ways of addressing these issues and ensuring the health of children worldwide. However, many other solutions have not been explored; through careful analysis and international collaboration, UNICEF strives to reduce the effects of these diseases for every child.

Immunization

International immunization campaigns have been estimated to avoid about 4.4 million deaths yearly. However, as of 2024, over 20 million children globally remain under-vaccinated. In order to reach international disease elimination goals, 95% of children worldwide need to be vaccinated. Due to political turmoil, gaps in education, or financial barriers, millions of children cannot access vaccines or medical care on a regular basis. The highest concentrations of unvaccinated children in the world are found in sub-Saharan Africa and tropical regions of Asia, where populations are high and infectious diseases such as malaria are prevalent. Widely implemented vaccines cost on average less than 1 USD per child, but can prevent medical expenses of about 20 USD per child. It is critical to address the underlying reasons why vaccines are not universally

administered in order to craft successful policy solutions.

Healthcare Facilities

Additionally, much of the problem lies within children's lack of access to healthcare facilities. For example, in 2023, it was estimated that around half of the population of Asia and the Pacific region lived in remote areas. Rural hospitals are often poorly staffed, expensive to construct, and limited in their resources. Transportation costs of food, water, and equipment, as well as the costs of training future doctors and nurses in areas with limited access to education, often result in a lack of vaccines and basic healthcare for millions of rural children around the world. However, the issue is not limited to rural areas. Urban residents suffer from overcrowded hospitals, pollution and a heightened risk of chronic illness, and health inequality. Policies created to address healthcare issues must consider both rural and urban areas to ensure genuine and equitable progress.

Prevention Mechanisms and Education Programs

Many cases of pneumonia and other similar diseases in children are caused by malnutrition, air pollution, contaminated drinking water, and a lack of sanitation. Health education has been proven to be one of the most effective methods of reducing the spread of illness and disease among both children and adults. A CDC study in Cairo, for instance, discovered that a group of children educated on cleanliness and handwashing had 50% fewer influenza cases than the control group. Several experimental studies around the world in disease-prevalent areas have shown similar results. Implementation of these kinds of educational programs, with topics ranging from identifying safe drinking water to choosing nutritious food, has the potential to

save thousands of children's lives. Though education can be an effective tool for combatting disease, it is essential to pursue other prevention methods by targeting issues at their roots. Considering the root causes of malnutrition and inadequate resources for children in various regions of the world can assist in developing clear and thought-out solutions.

Current Solutions

The most common international solutions to help reduce the spread of illness among children include immunization campaigns, delivery of safe drinking water and nutritious food, sanitation and hygiene initiatives, delivery of vitamin supplements, and educational programs. UNICEF serves as one of the largest contributors to these initiatives; in 2021, UNICEF distributed over 93 million zinc tablets worldwide to at-risk children and delivered 22.1 million antibiotic treatments to infants the next year. In addition to these general solutions, international organizations have developed frameworks to address immunization requirements, hospital access, and gaps in health education. Immunization Agenda 2030, developed by the World Health Organization, identifies immunization as a "key contributor to people's fundamental rights to physical and mental health." The agenda creates equitable solutions that are tailored to each country's needs and establishes the measles immunization rate as an indicator of global vaccine reach to better track international progress in immunization. Furthermore, the internationally applied guidelines for hospital availability currently call for "one hospital of a certain size for each administrative unit." Though this increases healthcare access for millions of children across the globe, it is important to note that each area has different needs and may need more or fewer hospitals. Finally, UNICEF and similar international children's relief organizations work to provide nutrition and hygiene

education worldwide, with frequent investment into developing these programs to increase their effectiveness. Though these solutions have improved millions of lives, there is much more to be done in order to ensure the health and safety of every child.

Research Questions:

- How can the spread of disease be contained and managed effectively by authorities and hospitals?
- Where are diseases most prevalent and what additional protective measures should be implemented in high-risk areas?
- What topics should children receive education on to best fight both common and rare illnesses?
- How do these issues differ between rural and urban areas and how might solutions be implemented to address these differences?

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