



NHSMUN

UNICEF

BACKGROUND GUIDE

Secretary-General
Terry Wang

Director-General
Jordan Baker

Delegate Experience
Nastasja Vásquez

Global Partnerships
Daniela Maciel
Sebastian Jimenez

Under-Secretaries-General

Nachiketh Anand
Alina Castillo

Seonghyun Chang
Naina Dhawan
Ximena Faz

Kellie Fernandez
Grace Harb

Adiva Ara Khan
Anshul Magal

Analucia Tello
Sofia Velasco

Renata Venzor

Dear Delegates,

I'm beyond thrilled to welcome you to the United Nations Children's Fund Committee (UNICEF)! My name is Andrés Luna de la Garza, and I will be your Director for Session I of NHSMUN 2025. This is my second year being part of the NHSMUN staff, and I'm excited to get to know you all, hear your ideas, and help you develop new skills!

I was born and raised in Monterrey, Mexico, better known as the city of mountains. I'm currently a sophomore at Universidad de Monterrey studying an engineering degree in mechatronics. After graduating, I plan to keep enrolled in STEM to pave my way to becoming an astronaut or being part of a space agency. At the same time, I like to get involved in many activities on campus and create unforgettable experiences. Outside of school, my hobbies include spending time with my family, watching TV series, movies, and NBA games, playing basketball with my friends, listening to music, and hitting the gym.

I have been involved in Model United Nations (MUN) for the past eight years in many local and international conferences, either physically or virtually, as a delegate or staff. Throughout these years, I've developed many skills such as public speaking, teamwork, inclusion, communication, and leadership which have opened many doors for me like this one, thanks to MUN. Just like me, I know that you'll be able to develop if not polish, skills that will be essential for your future.

For your preparation, dive into the Background Paper to understand the topics fully. Each topic counts with their subtopics which is worth understanding and considering while researching! Remember to stay informed and updated with all recent activities regarding the topics and prepare for the conference properly. Good luck, and I'm looking forward to meeting you and hearing all your amazing contributions!

Best,

Andrés Luna de la Garza

Director, United Nations Children's Fund

Session I

nhsmun.unicef@imuna.org



Secretary-General
Terry Wang

Director-General
Jordan Baker

Delegate Experience
Nastasja Vásquez

Global Partnerships
Daniela Maciel
Sebastian Jimenez

Under-Secretaries-General

Nachiketh Anand
Alina Castillo

Seonghyun Chang
Naina Dhawan
Ximena Faz

Kellie Fernandez
Grace Harb

Adiva Ara Khan
Anshul Magal
Analucia Tello
Sofia Velasco
Renata Venzor

Dear Delegates,

I'm excited to welcome you to NHSMUN 2025! My name is Ana Lucía Urzúa and I couldn't be happier to be your Session II Director for UNICEF. Both Andrés and I have prepared this background guide so you can have an initial approach to what we think are amazingly important and interesting topics.

I first joined NHSMUN during my sophomore year of high school and continued to do it for two more years. As a delegate, I participated in DISEC, UfM, and UNTOC. In these committees, I realized that no matter the topic, I always enjoyed learning more about the world we live in. I believe this has always influenced me to pursue other interests, no matter how difficult they are initially. Besides learning about important world issues, I had a lot of fun and made friends with similar interests. This will be my second year in NHSMUN staff, and it has been an amazing experience. Besides NHSMUN, I love to read, go hiking, and do indoor climbing. I also enjoy volunteering whenever I can. I'm in my second year of medicine at Universidad Anáhuac in Mexico City.

Topic A, "Protecting Children in Armed Conflict" is fundamental to discuss to achieve future peace and see for the children that experience the most violence. Topic B, "Improving health conditions for infants and toddlers" is also of utmost importance for UNICEF. Children at his age are the most vulnerable and by making sure their health is protected; their lives can be better. However, these topics can be very complex so make sure to contact Andrés or me at any time, we'll be happy to help with anything. Again, I am so excited to see you in committee and to see your research and enthusiasm reflected in NHSMUN 2025!

Best,

Ana Lucía Urzúa

Director, United Nations Children's Fund

Session II

nhsmun.unicef@imuna.org



Table of Contents

A Note on the NHSMUN Difference	5
A Note on Research and Preparation	7
Committee History	8

Protecting Children in Armed Conflict 9

Introduction	10
History and Description of the Issue	11
Current Status	28
Bloc Analysis	36
Committee Mission	39

Improving Health Conditions for Infants and Toddlers 41

Introduction	42
History and Description of the Issue	43
Current Status	55
Bloc Analysis	63
Committee Mission	65
Research and Preparation Questions	67
Important Documents	68
Works Cited	69

A Note on the NHSMUN Difference

Esteemed Faculty and Delegates,

Welcome to NHSMUN 2025! We are Terry Wang and Jordan Baker, and we are this year's Secretary-General and Director-General. Thank you for choosing to attend NHSMUN, the world's largest and most diverse Model United Nations conference for secondary school students. We are thrilled to welcome you to New York City in March.

As a space for collaboration, consensus, and compromise, NHSMUN strives to transform today's brightest thinkers, speakers, and collaborators into tomorrow's leaders. Our organization provides a uniquely tailored experience for all through innovative and accessible programming. We believe that an emphasis on education through simulation is paramount to the Model UN experience, and this idea permeates throughout numerous aspects of the conference:

Realism and accuracy: Although a perfect simulation of the UN is never possible, we believe that one of the core educational responsibilities of MUN conferences is to educate students about how the UN System works. Each NHSMUN committee is a simulation of a real deliberative body so that delegates can research what their country has said in the committee. Our topics are chosen from the issues currently on the agenda of that committee (except historical committees, which take topics from the appropriate time period). We also strive to invite real UN, NGO, and field experts into each committee through our committee speakers program. Moreover, we arrange meetings between students and the actual UN Permanent Mission of the country they are representing. Our delegates have the incredible opportunity to conduct first-hand research, asking thought-provoking questions to current UN representatives and experts in their respective fields of study. These exclusive resources are only available due to IMUNA's formal association with the United Nations Department of Global Communications and consultative status with the Economic and Social Council. No other conference goes so far to deeply immerse students into the UN System.

Educational emphasis, even for awards: At the heart of NHSMUN lies education and compromise. Part of what makes NHSMUN so special is its diverse delegate base. As such, when NHSMUN distributes awards, we strongly de-emphasize their importance in comparison to the educational value of Model UN as an activity. NHSMUN seeks to reward students who excel in the arts of compromise and diplomacy. More importantly, we seek to develop an environment in which delegates can employ their critical thought processes and share ideas with their counterparts from around the world. Given our delegates' plurality of perspectives and experiences, we center our programming around the values of diplomacy and teamwork. In particular, our daises look for and promote constructive leadership that strives towards consensus, as real ambassadors do in the United Nations.

Debate founded on strong knowledge and accessibility: With knowledgeable staff members and delegates from over 70 countries, NHSMUN can facilitate an enriching experience reliant on substantively rigorous debate. To ensure this high quality of debate, our staff members produce detailed, accessible, and comprehensive topic guides (like the one below) to prepare delegates for the nuances inherent in each global issue. This process takes over six months, during which the Directors who lead our committees develop their topics with the valuable input of expert contributors. Because these topics are always changing and evolving, NHSMUN also produces update papers intended to bridge the gap of time between when the background guides are published and when committee starts in March. As such, this guide is designed to be a launching point from which delegates should delve further into their topics. The detailed knowledge that our Directors provide in this background guide through diligent research aims to increase critical thinking within delegates at NHSMUN.

Extremely engaged staff: At NHSMUN, our staffers care deeply about delegates' experiences and what they take away from their time at NHSMUN. Before the conference, our Directors and Assistant Directors are trained rigorously through hours of workshops and exercises both virtual and in-person to provide the best conference experience possible. At the conference,

delegates will have the opportunity to meet their dais members prior to the first committee session, where they may engage one-on-one to discuss their committees and topics. Our Directors and Assistant Directors are trained and empowered to be experts on their topics and they are always available to rapidly answer any questions delegates may have prior to the conference. Our Directors and Assistant Directors read every position paper submitted to NHSMUN and provide thoughtful comments on those submitted by the feedback deadline. Our staff aims not only to tailor the committee experience to delegates' reflections and research but also to facilitate an environment where all delegates' thoughts can be heard.

Empowering participation: The UN relies on the voices of all of its member states to create resolutions most likely to make a meaningful impact on the world. That is our philosophy at NHSMUN too. We believe that to properly delve into an issue and produce fruitful debate, it is crucial to focus the entire energy and attention of the room on the topic at hand. Our Rules of Procedure and our staff focus on making every voice in the committee heard, regardless of each delegate's country assignment or skill level. Additionally, unlike many other conferences, we also emphasize delegate participation after the conference. MUN delegates are well researched and aware of the UN's priorities, and they can serve as the vanguard for action on the Sustainable Development Goals (SDGs). Therefore, we are proud to connect students with other action-oriented organizations to encourage further work on the topics.

Focused committee time: We feel strongly that face-to-face interpersonal connections during debate are critical to producing superior committee experiences and allow for the free flow of ideas. Ensuring policies based on equality and inclusion is one way in which NHSMUN guarantees that every delegate has an equal opportunity to succeed in committee. In order to allow communication and collaboration to be maximized during committee, we have a very dedicated administrative team who work throughout the conference to type up, format, and print draft resolutions and working papers.

As always, we welcome any questions or concerns about the substantive program at NHSMUN 2025 and would be happy to discuss NHSMUN pedagogy with faculty or delegates.

Delegates, it is our sincerest hope that your time at NHSMUN will be thought-provoking and stimulating. NHSMUN is an incredible time to learn, grow, and embrace new opportunities. We look forward to seeing you work both as students and global citizens at the conference.

Best,

Terry Wang
Secretary-General

Jordan Baker
Director-General

A Note on Research and Preparation

Delegate research and preparation is a critical element of attending NHSMUN and enjoying the debate experience. We have provided this Background Guide to introduce the topics that will be discussed in your committee. We encourage and expect each of you to critically explore the selected topics and be able to identify and analyze their intricacies upon arrival to NHSMUN in March.

The task of preparing for the conference can be challenging, but to assist delegates, we have updated our [Beginner Delegate Guide](#) and [Advanced Delegate Guide](#). In particular, these guides contain more detailed instructions on how to prepare a position paper and excellent sources that delegates can use for research. Use these resources to your advantage. They can help transform a sometimes overwhelming task into what it should be: an engaging, interesting, and rewarding experience.

To accurately represent a country, delegates must be able to articulate its policies. Accordingly, NHSMUN requires each delegation (the one or two delegates representing a country in a committee) to write a position paper for each topic on the committee's agenda. In delegations with two students, we strongly encourage each student to research each topic to ensure that they are prepared to debate no matter which topic is selected first. More information about how to write and format position papers can be found in the NHSMUN Research Guide. To summarize, position papers should be structured into three sections:

I: Topic Background – This section should describe the history of the topic as it would be described by the delegate's country. Delegates do not need to give an exhaustive account of the topic, but rather focus on the details that are most important to the delegation's policy and proposed solutions.

II: Country Policy – This section should discuss the delegation's policy regarding the topic. Each paper should state the policy in plain terms and include the relevant statements, statistics, and research that support the effectiveness of the policy. Comparisons with other global issues are also appropriate here.

III. Proposed Solutions – This section should detail the delegation's proposed solutions to address the topic. Descriptions of each solution should be thorough. Each idea should clearly connect to the specific problem it aims to solve and identify potential obstacles to implementation and how they can be avoided. The solution should be a natural extension of the country's policy.

Each topic's position paper should be **no more than 10 pages** long double-spaced with standard margins and font size. **We recommend 3–5 pages per topic as a suitable length.** The paper must be written from the perspective of your assigned country and should articulate the policies you will espouse at the conference.

Each delegation is responsible for sending a copy of its papers to their committee Directors via [myDais](#) on or before **February 21, 2025**. If a delegate wishes to receive detailed feedback from the committee's dais, a position must be submitted on or before **January 31, 2025**. The papers received by this earlier deadline will be reviewed by the dais of each committee and returned prior to your arrival at the conference.

Complete instructions for how to submit position papers will be sent to faculty advisers via email. If delegations are unable to submit their position papers on time, please contact us at info@imuna.org.

Delegations that do not submit position papers will be ineligible for awards.

Committee History

In 1946, the aftermath of World War II brought up the pressing issue of the protection of children even during armed conflict. Originally, UNICEF was the acronym for United Nations International Children's Emergency Fund and was changed to United Nations Children's Fund in 1953. UNICEF aims to preserve the future of young lives, especially those in vulnerable situations such as conflict regions. Long-term development strategies to ensure the safety of both women and children are also an important part of UNICEF's goals

UNICEF's mandate covers areas that focus on the development of children, by providing emergency relief, education, and health services. The Fund's mission is to ensure children's rights are respected and their basic needs met. Over time, it has come to encompass other groups of marginalized people such as women and people with disabilities. This means UNICEF's mission can cover women's rights, discrimination, and human rights violations like those faced by marginalized communities post-conflict.

United Nations Children's Emergency Fund focuses its mission on a specific vulnerable group and then directs its efforts to relevant issues that they may face. This allows for a streamlined approach to defending children's rights in the most neglected areas. UNICEF has 36 members, all of which are a part of a region that they are represented by.

As the largest international body that distributes vaccines to children worldwide and has helped vaccinate 45 percent of children in over 100 countries, UNICEF faces some limitations. One that the Fund faces is the prioritization of certain crises.¹ As one of the largest UN bodies, being able to spread enough resources to the necessary areas, especially during an emergency, is a logistical challenge. Which has led to the proliferation of locally based humanitarian efforts. This body fits within the UN system by providing necessary emergency relief services, while simultaneously giving post-conflict resources for the protection of children's development. It is related to the UN by focusing on vulnerable groups' protection, and any subsequent social issues that need to be addressed, and under New York law, UNICEF is categorized as a not-for-profit organization.

UNICEF works with a variety of governments, organizations, and companies around the world to ensure the welfare of the children they serve. Throughout its history, the committee has worked to vaccinate more children, fight malnutrition, provide clean drinking water, and protect refugees and migrants. In recent history, they've also worked to end child marriage and have introduced a plan to fight climate change. UNICEF operates under the Convention on the Rights of Children and is guided by the strategic plans formed in response to issues. These are formed by assessing a country's needs every five years before regional offices guide and assist after this assessment. They include different things that need to be addressed, the actions they are taking to handle them, and different ways they can evaluate the success of these actions.

The UNICEF headquarters are in New York. However, since UNICEF is a worldwide organization, there are eight regional offices, a research center, and supply operations throughout the world. There are also many other locations worldwide as they mainly operate in the field. By having this wide reach, the committee can better react to active humanitarian crises and help the children impacted by them.

¹ UNICEF, "Constraints and challenges," UNICEF, accessed September 23, 2024. <https://www.unicef.org/supply/constraints-and-challenges>

²Maryanne Murray Buechner, "At 75, UNICEF Connects The Past to The Present - and Future," Forbes, 28 December 2021, <https://www.forbes.com/sites/unicefusa/2021/12/28/at-75-unicef-connects-the-past-to-the-present---and-future/>.



TOPIC A:
PROTECTING CHILDREN IN ARMED CONFLICT

Photo Credit: Maj. R.V. Spencer, UAF (Navy), U.S. Army Korea - Installation Management Command

Introduction

Armed conflict is a confrontation between two forces using weapons.¹ It can happen between the armed forces of different States, making it an international armed conflict.² Also, it can be between governmental authorities and organized armed groups. Organized armed groups can also fight with each other. In these cases, armed conflicts are considered non-international.³ It is estimated that in 2024, there will be 120 active armed conflicts and that one in six children lives in a conflict zone.⁴

There are many reasons why conflict may arise. Mostly, it is to change government power to other groups.⁵ States in conflict usually have significant social and economic inequality. Also, ethnic and religious discrimination, violations of human rights, and massive and induced population movements can fuel conflict. Even if they are not active participants in the conflict, children remain the most vulnerable and affected by the conflict.⁶ Therefore, they are entitled to respect and protection by international humanitarian law.⁷

Despite the protection given by international law, children keep facing the risks and consequences of armed conflicts. For example, article 38 of the Convention on the Rights of the Child bans the recruitment of children below the age of 15, even if it is voluntary.⁸ Nevertheless, it is estimated that more than 105,000 children were recruited by parties in armed conflicts between 2005 and 2002.⁹ Children involved in the conflict are more vulnerable to physical and psychological violence, exploitation, and sexual abuse. In consequence, child soldiers suffer from physical and mental wounds even after the conflict. Trauma can generate barriers to reintegration into

their communities, but child soldiers are also exposed to other barriers like stigmatization.¹⁰

Active conflicts also affect the fulfillment of other human rights, such as education and health. Attacks on schools and hospitals are prohibited and sanctioned by the United Nations Security Council.¹¹ For this reason, schools are often used as military centers or shelters for displaced people, preventing children from accessing learning.¹² The interruption of education has severe consequences. Children's futures are affected as lack of education limits their opportunities. However, it also freezes the country's capacity to recover from the conflict.¹³

During conflict times, children are also forced to leave their homes. It is estimated that about 47.2 million children have been displaced due to violence.¹⁴ During this process, children can become separated from their families, leaving them more vulnerable to human rights violations. Most displaced children don't have access to proper services, such as health or education. Therefore, working on their protection in their home country is essential.

1 Sebastian Clapp, *Armed Conflict: A glossary of terms*, (Strasbourg: European Parliament, 2023), [https://www.europarl.europa.eu/RegData/etudes/ATAG/2023/757582/EPRS_ATA\(2023\)757582_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/ATAG/2023/757582/EPRS_ATA(2023)757582_EN.pdf).

2 Clapp, *Armed Conflict: A glossary of terms*.

3 Clapp, *Armed Conflict: A glossary of terms*.

4 Samit D'Cunha, Tristan Ferraro, and Thomas de Saint Maurice, "Defining armed conflict: some clarity in the fog of war," *International Committee of the Red Cross*, last modified May 2, 2024, <https://blogs.icrc.org/law-and-policy/2024/05/02/defining-armed-conflict-some-clarity-in-the-fog-of-war/>; "Number of Children Affected by Conflict Doubles Since War Child's Inception," *War Child*, Last modified February 9, 2024, <https://www.warchild.net/news/number-of-children-affected-by-conflict-doubles-since-war-childs-inception/>.

5 Alina-Maria Bizau, and Robert Stanciulescu, "Causes of Armed Conflict," *Land Forces Academy Review* 27, no.3 (September 2022): 171-177, <http://dx.doi.org/10.2478/raft-2022-0022>.

6 Bizau and Stanciulescu, "Causes of Armed Conflict," 171-177.

7 "Protected persons: Children," *International Committee of the Red Cross*, last modified July 28, 2014, <https://www.icrc.org/en/law-and-policy/protected-persons-children>.

8 *International Committee of the Red Cross*, "Child Soldiers | How Does Law Protect in War?," [casebook.icrc.org](https://casebook.icrc.org/a_to_z/glossary/child-soldiers), accessed August 2025, https://casebook.icrc.org/a_to_z/glossary/child-soldiers.

9 UNICEF, "Children Recruited by Armed Forces," UNICEF, September 3, 2020, <https://www.unicef.org/protection/children-recruited-by-armed-forces>.

10 *International Committee of the Red Cross*, "Protected persons: Children."

11 UNICEF, "Six Grave Violations against Children in Times of War," UNICEF, May 30, 2024, <https://www.unicef.org/children-under-attack/six-grave-violations-against-children>.

12 *International Committee of the Red Cross*, "Protected persons: Children."

13 *International Committee of the Red Cross*, "Protected persons: Children."

14 UNICEF, "Child Displacement and Refugees," UNICEF, June 2024, <https://data.unicef.org/topic/child-migration-and-displacement/displacement>.

In 2005, the UN Secretary-General identified six grave violations against children in armed conflict.¹⁵ These violations are killing or maiming, the recruitment or use of children, attacks against schools or hospitals, sexual violence, abduction, and the denial of humanitarian access.¹⁶ Around 170,000 grave violations against children happened between 2002-2022.¹⁷ In 2022, the highest number of grave violations occurred in the Democratic Republic of the Congo, Israel, the State of Palestine, Somalia, the Syrian Arab Republic, Ukraine, Afghanistan, and Yemen.¹⁸ In addition 2022, there was a 112 percent increase in school attacks.

Conflict is expected to rise due to the lack of resources caused by climate change, increased migration, and politically unstable states.¹⁹ If this goes on, millions of children will continue to suffer greatly. That is why UNICEF issues this call to action to protect children in war. This means stopping attacks on children and the services on which they rely, like ending deliberate and indiscriminate attacks that kill and maim children, ending attacks on education, ending attacks on healthcare, and ending attacks on water and sanitation facilities and personnel.²⁰

History and Description of the Issue

Child Casualties and Violence

International humanitarian law (IHL) limits the effects of armed conflict. It does this with rules to protect people from violence that can be avoided, mainly civilians.²¹ IHL has its bases set on the 1949 Geneva Conventions and their Additional Protocols.²² Countries that ratify these international treaties commit to enact legislation to penalize any act that violates the Conventions.²³ So far, 196 countries have signed the Geneva Conventions.²⁴ Over the years, specific goals have been laid out. These include protecting the wounded, treating prisoners, and protecting civilians. This also applies to their objects. It prohibits acts of violence, including murder, cruel treatment, and torture.²⁵ IHL is implemented through the commitment of countries to create domestic laws, train the military, and provide mechanisms.²⁶ Violation of the Geneva Conventions results in the prosecution of individuals by the International Criminal Court or national courts. States can also face military, diplomatic, or economic repercussions.²⁷

Also, the law of armed conflict has two fundamental principles: distinction and proportionality. The principle of proportionality forbids military attacks that result in many civilian deaths or injuries compared to the attack's benefit. This also applies to damage to civilian objects. The principle of distinction demands always distinguishing between civilians

15 Children and Conflict in a Changing World (New York: UNICEF, 2009), https://childrenandarmedconflict.un.org/publications/MachelStudy-10YearStrategicReview_en.pdf.

16 UNICEF, Children and Conflict in a Changing World.

17 "Children Affected by Armed Conflict," Defence for Children International, accessed August 7, 2024, <https://defenceforchildren.org/children-affected-by-armed-conflict/>.

18 United Nations General Assembly Security Council, Resolution 77/895, Children and armed conflict A/RES/77/895 June 5, 2023), https://www.securitycouncilreport.org/atf/cf/%7B65BF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_2023_363.pdf.

19 Werz, Michael, "Climate Change, Migration, and Conflict", Center for American Progress, accessed August 15, 2024, <https://www.americanprogress.org/article/climate-change-migration-and-conflict/>.

20 UNICEF's change agenda for protecting children in armed conflict," United Nations Children Emergency Fund, accessed August 15, 2024, <https://www.unicef.org/children-under-attack/change-agenda>

21 What is International Humanitarian Law?, (Geneva: International Committee of the Red Cross, 2022), https://www.icrc.org/sites/default/files/document/file_list/what_is_ihl.pdf.

22 What is International Humanitarian Law?

23 Summary of the Geneva Conventions of 1949 and their Additional Protocols, (American Red Cross, 2011), https://www.redcross.org/content/dam/redcross/atg/PDF_s/International_Services/International_Humanitarian_Law/IHL_SummaryGenevaConv.pdf.

24 "Geneva Conventions," British Red Cross, accessed July 15, 2024, <https://www.redcross.org.uk/about-us/what-we-do/protecting-people-in-armed-conflict/geneva-conventions>

25 "Killing and Maiming," Office of the Special Representative of the Secretary-General for Children and Armed Conflict, accessed July 5, 2024, <https://childrenandarmedconflict.un.org/six-grave-violations/killing-and-maiming/>.

26 The Domestic Implementation of International Humanitarian Law a Manual, (Geneva: International Committee of the Red Cross), <https://www.cervenykruz.eu/files/files/cz/nsmhp/Manual-implementace.pdf>.

27 The Domestic Implementation of International Humanitarian Law a Manual.

and combatants. This is why the use of indiscriminate weapons doesn't comply with the IHL.²⁸ This type of weapons effect can't be controlled. They can't be directed at a specific military target, affecting many people. Indiscriminate weapons include landmines, cluster munitions, and chemical weapons.²⁹

Additionally, there are a series of international treaties that have different purposes. For example, they might focus on protecting cultural property. Others focus on the prohibition of biological or chemical weapons and the prohibition and destruction of mines. Among these is the United Nations Convention on the Rights of the Child.³⁰ This treaty outlines how children should be able to grow, learn, and play with dignity despite the hardships they may be facing.³¹ It has become the most widely ratified human rights treaty. However, millions of children are still suffering because of armed conflict.

Between 2018 and 2022, across 24 conflict zones, 49.8 percent of 47,500 children killed were caused by explosive weapons.³² Also, over half of all civilians killed by landmines and explosive remnants of war are children.³³ The Geneva Conventions give special protection to children's welfare as they are considered vulnerable. This means that all parties in conflict must provide injured or sick people with the medical attention they need.³⁴

The risk of child casualties and injuries increases with the indiscriminate use of arms and deliberate targeting of civilian populated areas.³⁵ One of the reasons why children are more vulnerable and should be prioritized is that they are more susceptible to head trauma and suffer from more complex and

life-threatening injuries.³⁶ These injuries come from arms, fire, toxins, and explosive devices. During the conflict, an area's healthcare system can become overburdened. Due to this, injuries may not be treated, leading to life-long complications and even death. It is also important to note that refugees, internally displaced, and indigenous children are at a more significant risk of grave violations.³⁷

Between 2005 and 2020, the United Nations verified more than 266,000 grave violations against children in 30 conflict-affected places across Africa, Asia, the Middle East, and Latin America. However, this might not even be close to the number of victims. The shame and pain that child and family survivors have often prevented them from reporting these types of violations. From these violations, 104,100 were cases of children being killed or maimed in armed conflict.³⁸ This number of victims has been increasing every year. These children are exposed to injuries caused by explosives and gunshots, which can cause burns, inhalation injuries, and suffocation.³⁹

Violence affects boys and girls differently. Boys are most commonly victims of recruitment and use and killing and maiming. Girls are predominately victims of sexual violence.⁴⁰ Multiple things can cause sexual violence. For example, it can result from the social chaos conflict brings. It's also used to perpetrate violence across ethnic and religious groups. Girls may also be used to incentivize and reward soldiers.⁴¹

Extremist groups have been known to use sexual violence

28 "Weapons and International Humanitarian Law," Canadian Red Cross, accessed July 8, 2024, <https://www.redcross.ca/how-we-help/international-humanitarian-law/what-is-international-humanitarian-law/weapons-and-international-humanitarian-law>.

29 The Six Grave Violations Against Children During Armed Conflict: The Legal Foundation (New York: Office of the Special Representative of the Secretary-General for Children and Armed Conflict, 2013), https://childrenandarmedconflict.un.org/publications/WorkingPaper-1_SixGraveViolationsLegalFoundation.pdf.

30 "Convention on the Rights of the Child," UNICEF, accessed September, 2024, <https://www.unicef.org/child-rights-convention>.

31 UNICEF, "Convention on the Rights of the Child."

32 "Meaningful action to prevent the use of explosive weapons in populated areas could almost halve number of child casualties in conflicts," UNICEF, news release, April 22, 2024, <https://www.unicef.org/press-releases/meaningful-action-prevent-use-explosive-weapons-populated-areas-could-almost-halve>.

33 "Children in War and Conflict," UNICEF, accessed July 10, 2024, <https://www.unicefusa.org/what-unicef-does/emergency-response/conflict>.

34 The Six Grave Violations Against Children During Armed Conflict: The Legal Foundation.

35 Tom Adamkiewicz and Jeffrey Goldhagen, "Mitigating Armed Conflict Casualties in Children," *American Academy of Pediatrics* 147, no.2 (February 2021), <https://doi.org/10.1542/peds.2020-027847>.

36 Adamkiewicz and Goldhagen, "Mitigating Armed Conflict Casualties in Children."

37 UNICEF, "Staggering scale of grave violations against children in conflict revealed in new UNICEF analysis," news release, June 28, 2022, <https://www.unicef.org/eap/press-releases/grave-violations-against-children-conflict>.

38 UNICEF, "Staggering scale of grave violations against children in conflict revealed in new UNICEF analysis."

39 Kousar, Raveena, and Subhasis Bhadra, *Child Safety, Welfare and Well-Being*, (Springer, Singapore, 2022), chap. 16, https://link.springer.com/chapter/10.1007/978-981-16-9820-0_16.

40 UNICEF, "Staggering scale of grave violations against children in conflict revealed in new UNICEF analysis."

41 Ionel Zamfir, *Fighting conflict-related sexual violence*, (Strasbourg: European Parliament, December 2016),

to spread terror and promote their ideas. Also, behind their motivations is obstructing girls' freedom and promoting traditional family values.⁴² The large number of children displaced and separated from their families leaves them vulnerable to experiencing sexual violence in refugee camps. Here, to ensure their survival, they are often forced to exchange sexual favors for necessities.⁴³

In 2014, the Yazidi, a religious group in northern Iraq, was occupied by the Islamic State of Iraq and the Levant (ISIL).⁴⁴ Girls were enslaved, forcibly converted to Islam, and married off. Girls as young as nine were sold into sexual slavery.⁴⁵ Unfortunately, sexual violence is under-reported, especially during armed conflict. This is because of shame, threats, and trauma. In some of these places, there is also a cultural stigma preventing girls from speaking out. For example, in the Democratic Republic of the Congo, family members actively deter victims from reporting as they feel it would ruin their reputations.⁴⁶ This is why governments need to create a way for victims to feel safe reporting.

Torturing children, although never justifiable, is used as a method for different reasons. One of them is that children are sometimes entrusted with valuable information. This makes them vulnerable to torture used to extract it. It is also employed to get something out of adults in opposition. An example of this can be seen in Syria. Al-Assad intentionally tortured children. This is to make it clear what resisting their regime will cost. In Syria, there have also been cases of abduction of children to be used as human shields.

This level of violence happens in all countries affected by armed conflict. However, some countries are affected disproportionately. Between 2016 and 2020, 79 percent of all

verified casualties occurred in Afghanistan, Israel, the State of Palestine, Syria, Yemen, and Somalia.⁴⁷ A part of the increase in grave violations can be attributed to The United Nations' ability to document and verify them.⁴⁸ Even though data can make UNICEF's efforts more effective, much must be done.

Consequences on Health

Children's health can be impacted directly and indirectly during armed conflict. The direct way armed conflict can affect children's health is through physical injuries. These can be from weapons like firearms and explosive devices. Explosive devices can cause harm at the time of detonation or as unexploded remnants later. Children account for around 38 percent of the victims of these remnants.⁴⁹ Indirect health impacts of conflict are more complex. Conflict causes damage to the healthcare infrastructure and leads to shortages of resources to treat people. Both, along with other dynamics, can affect a health system.

In Baghdad, over a period of 11 years of conflict, 80 percent of injuries in children resulted in permanent disabilities.⁵⁰ An important thing to consider is the lack of health workers. During this period, every year, around 5400 doctors migrated from Iraq.⁵¹ The fear of health staff caused this migration since they often become targets during conflicts, especially for abduction.⁵² This is an example of how direct and indirect impacts interact. Conflicts worsen political instability and faults in health systems. It can also affect water and food supplies.⁵³ They increase poverty, unemployment, and homelessness. All these factors can influence children's health. They can increase the spread of infections, worsen previous conditions, and create shortages in medicine, equipment,

[https://www.europarl.europa.eu/RegData/etudes/BRIE/2016/595846/EPRS_BRI\(2016\)595846_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2016/595846/EPRS_BRI(2016)595846_EN.pdf).

42 Zamfir, Fighting conflict-related sexual violence.

43 Zamfir, Fighting conflict-related sexual violence.

44 Zamfir, Fighting conflict-related sexual violence.

45 Zamfir, Fighting conflict-related sexual violence.

46 Zamfir, Fighting conflict-related sexual violence.

47 UNICEF, "Staggering scale of grave violations against children in conflict revealed in new UNICEF analysis."

48 UNICEF, "Staggering scale of grave violations against children in conflict revealed in new UNICEF analysis."

49 Nadia Askeer, "The effects of armed conflict on the health of women and children," *Women's and children's health in conflict settings* 297, no. 10273 (January 2021): 22-532, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00131-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00131-8/fulltext).

50 Raveena, and Bhadra, *Child Safety, Welfare and Well-Being*.

51 Raveena, and Bhadra, *Child Safety, Welfare and Well-Being*.

52 Elisabeth Mahase, "Violence against health staff in conflict zones reached record high in 2023," *The BMJ*, (May 2024), <https://doi.org/10.1136/bmj.q1140>.

53 Alice Debarre, *Hard to Reach: Providing Healthcare in Armed Conflict*, (New York: International Peace Institute, 2018), https://www.ipinst.org/wp-content/uploads/2018/12/1812_Hard-to-Reach.pdf.

electricity, and staff. During armed conflict, more insecurity and legal and administrative difficulties affect health care.⁵⁴

Conflicts can lead to less availability of food, social disruption, higher prices, and hunger. This can increase mortality rates caused by starvation and diseases like measles, typhoid fever, and cholera.⁵⁵ Children starving is more likely to eat food in bad conditions, and combined with no clean water, diseases become more common. Since 1990, there have been eight famines that have exceeded 50,000 deaths. Seven of them were associated with conflicts.⁵⁶ The Famine Early Warning Systems Network is a website that provides data and analyses on food insecurity. In 2019, it identified the populations of Afghanistan, Nigeria, South Sudan, and Yemen as having acute food insecurity.⁵⁷ All of these countries have a recent history of armed conflicts. The reason behind food insecurity is that violence destroys the infrastructure necessary for food production and distribution. Conflict also leads to fewer imports, lost jobs, and currency devaluation.⁵⁸

The Democratic Republic of the Congo can show the effects prolonged armed conflict has on children's health. From 2000 to 2015, the country saw approximately 70 armed disputes per year. Child weight is significantly lower in regions constantly affected by conflict compared to ones that aren't. The causes for this are injuries affecting body mass and their lack of care. Also, food shortages can be caused by agricultural underproduction or disruptions in international food aid. The spread of diseases can be caused by displacement and health systems deteriorating.⁵⁹ Undernutrition can slow a child's

growth and lead to more prolonged and frequent infections. Early childhood undernutrition is also associated with poor mental development and school performance.⁶⁰ In the long-term, a child's ability to learn is impacted and eventually work, affecting their future significantly.

The economic hardships that people face during an armed conflict can impact their nutrition and increase their risk of having a disease.⁶¹ Conflict causes economic activity to go down as people face uncertainty. This manifests in the postponing of investments.⁶² Thousands of people flee to other places to avoid the violence, leaving many businesses deserted. Without an income, people who could barely satisfy their needs before might not have enough money to access food. Also, insecurity due to violence can hinder people's ability to access food physically.

This can affect whole regions when attacks destroy agricultural grounds and infrastructure.⁶³ A weak immune system resulting from malnutrition and contaminated food increases the risk of having an infectious disease.⁶⁴ In Mali, the inability to buy cooking fuel was identified as a risk factor for cholera. This is because it increases the likelihood of eating uncooked and contaminated food.⁶⁵ Attacks on water facilities also facilitate cholera outbreaks. In Yemen, even before the conflict, some droughts affected the population's access to water. Without clean water, hygiene measures are hard to follow, increasing the spread of diseases. When the conflict began, millions of people were displaced and lived in poor shelters. They had low-quality water, sanitation, and food, worsening the situation.⁶⁶

54 Debarre, Hard to Reach: Providing Healthcare in Armed Conflict.

55 Askeer, "The effects of armed conflict on the health of women and children," 22-532.

56 Askeer, "The effects of armed conflict on the health of women and children," 22-532.

57 Askeer, "The effects of armed conflict on the health of women and children," 22-532.

58 "Conflict Causes Hunger," United Nations World Food Programme, accessed August, 2024, <https://www.wfpusa.org/drivers-of-hunger/conflict/>.

59 Le Kien, "Armed Conflict and Child Weight in DR Congo," *Advances in Public Health* 2021, no.1 (September 2021), <https://doi.org/10.1155/2021/6931096>.

60 Kien, "Armed Conflict and Child Weight in DR Congo."

61 Ahmed Elnaiem et al., "Food insecurity and risk of cholera: A cross-sectional study and exploratory analysis of potential mediators," *PLOS Neglected Tropical Diseases* 17, no.2 (February 2023), <https://doi.org/10.1371/journal.pntd.0010574>.

62 Hannes Mueller and Julia Tobias, *The cost of violence: Estimating the economic impact of conflict*, (London: International Growth Centre, December 2016), https://www.theigc.org/sites/default/files/2016/12/IGCJ5023_Economic_Cost_of_Conflict_Brief_2211_v7_WEB.pdf.

63 "The impact of armed conflict on agriculture," Food and Agriculture Organization of the United Nations, accessed September 2024, <https://openknowledge.fao.org/server/api/core/bitstreams/cc9b1623-99e2-4476-854a-ac24d58154b1/content/impact-of-disasters-on-agriculture-and-food-2023/the-impact-of-armed-conflict-on-agriculture.html>.

64 Elnaiem et al., "Food insecurity and risk of cholera: A cross-sectional study and exploratory analysis of potential mediators."

65 Elnaiem et al., "Food insecurity and risk of cholera: A cross-sectional study and exploratory analysis of potential mediators."

66 Firdausi Qadri, Taufiqul Islam, and John D. Clemens, "Cholera in Yemen- An Old Foe Rearing Its Ugly Head," *The New England Journal of Medicine* 377, no. 21 (November 2017): 2005-2007, <https://www.nejm.org/doi/full/10.1056/NEJMp1712099>.

Access to health care was limited for reasons like air strikes destroying hospitals and some workers in the health sector not being paid.⁶⁷

Additionally, many left the country. However, the response of the WHO, UNICEF, and other international agencies to this situation is remarkable. They provided chlorinated water, improved water treatment plants, hygiene kits, and prevention methods for the cholera outbreak.⁶⁸

Conflict can often lead to infectious disease outbreaks. Governments facing armed conflict have a reduced capacity to prevent, control, and address infections. Disease control methods like vaccination, sanitation, and clean water are also affected during conflict. Health services prioritize immediate needs such as casualties. Preventive care is often set aside. More than two-thirds of children who are missing essential vaccines are living in countries affected by conflict.⁶⁹ UNICEF has estimated that vaccine-preventable diseases cause 30 percent of deaths among children younger than five years old. This accounts for 1.5 million deaths annually.⁷⁰ In 2015, the six

countries that showed a significant lack of the DPT vaccine were all in conflict.⁷¹

In Somalia, conflict lowered vaccination coverage in 2010 and 2011. This led to an increase in measles from 145 to 1562 cases per million children under five years.⁷² Refugees arriving in 2010 at the Dadaab and the Dollo Ado refugee camps in Kenya and Ethiopia, respectively, caused a measles outbreak.⁷³ Displacement also drives the spread of diseases since refugee camps tend to be crowded. In 2013, there was an outbreak in refugee camps on the Kenya-Somalia border. The outbreak also spread into communities nearby. Conflict increases sexual violence against children, which can spread diseases like HIV. It also decreases the availability of protective measures against HIV. Furthermore, since healthcare systems are overburdened, there is a lack of HIV treatment services.

Chronic diseases also tend to go untreated during the armed conflict.⁷⁴ Yemen's conflict left its health system damaged. From 2015 to 2018, it was estimated that 25 percent of people in need of kidney dialysis died each year since they were not

67 Qadri, Islam, and Clemens, "Cholera in Yemen- An Old Foe Rearing Its Ugly Head," 2005-2007.
 68 Qadri, Islam, and Clemens, "Cholera in Yemen- An Old Foe Rearing Its Ugly Head," 2005-2007.
 69 Miranda Adedze, "Armed Conflict, a Neglected Determinant of Childhood Vaccination: Some Children Are Left Behind," *Human Vaccines & Immunotherapeutics* 16, no. 6 (December 2019): 1454- 1463, doi:10.1080/21645515.2019.1688043.
 70 Adedze, "Armed Conflict, a Neglected Determinant of Childhood Vaccination: Some Children Are Left Behind," 1454-1463.
 71 Adedze, "Armed Conflict, a Neglected Determinant of Childhood Vaccination: Some Children Are Left Behind," 1454-1463.
 72 Adedze, "Armed Conflict, a Neglected Determinant of Childhood Vaccination: Some Children Are Left Behind," 1454-1463.
 73 Adedze, "Armed Conflict, a Neglected Determinant of Childhood Vaccination: Some Children Are Left Behind," 1454-1463.
 74 Raveena, and Bhadra, *Child Safety, Welfare and Well-Being*.

Children in Yemen waiting for a mobile health clinic that offered vaccination, nutrition, and medicines

Credit: Julien Harneis



able to attain this service.⁷⁵ During this conflict, there were also electricity shortages, leaving patients without lab services and improper storage temperature for vaccines.⁷⁶ In Gaza, electricity shortages in multiple health facilities threatened the lives of people using electric devices necessary for their survival. The problem doesn't end there, as it can be difficult for patients to visit other hospitals. Between October 2023 and May 2024, 28,292 applications were made for patients who needed medical care outside the West Bank, East Jerusalem, or Israeli health facilities.⁷⁷ Forty-four percent were denied or haven't been accepted yet. Primarily, only cancer and dialysis patients are admitted.⁷⁸

Conflict in northeastern Nigeria led to the destruction of health infrastructure. Even before the conflict, this region's healthcare was not fully functional due to underinvestment and neglect. In 2018, Borno State had only 30 percent of health facilities functional.⁷⁹ Displacement led to places like Maiduguri having overpopulated hospitals. This exemplifies how conflict can also affect surrounding regions.

Providers of medical care are protected, especially under international law.⁸⁰ Because of this, multiple countries have already incorporated the prohibition of targeting hospitals into national legislation and military protocols.⁸¹ However, this is not always respected. The conditions in armed conflict often result in extreme strain for healthcare workers. They are exposed to dangerous situations, harassment, and threats. They also see cases they are not trained to handle.

Additionally, they are often underpaid and overworked. The lack of equipment in hospitals can also put their lives at risk when dealing with infectious diseases. In Syria, between March 2011 and March 2017, there were around 465 attacks

on 315 medical facilities. During this same period, over 700 health workers were killed.⁸² Also, in 2016, around 25,000 people were injured each month because of the conflict.⁸³ This increases the need for emergency surgical care, which may require specific skills that some health workers lack.

The deterioration of Palestine's economy and Israel's increased withholding of tax revenues meant for the occupied Palestinian territory has resulted in healthcare workers being paid half their salary and 45 percent of medications being out of stock.⁸⁴ The lack of funds invested in health care can be explained by reallocating money to the military and security. In the West Bank, primary care and outpatient specialty clinics are only open two days per week, and hospitals only operate at 70 percent capacity.⁸⁵

Conflict also makes it challenging to collect health-related data. Information in health facilities may become lost or destroyed in attacks, resulting in inadequate policies. These policies are essential to ensure the most efficient distribution and prioritization of healthcare by the government and NGOs. When the most vulnerable groups are not identified, existing inequalities can worsen. Also, missing data can affect future efforts like vaccination campaigns.

Impact on Education and Culture

During armed conflict, school buildings, students, and educators face challenges. Many school buildings are destroyed or used for the military.⁸⁶ Similarly, there is damage done to cultural heritage.

Damage made to schools can be caused with intention or not. Explosive weapons cause wide-area effects that can damage

75 International Committee of the Red Cross, "Hidden cost of war: In Yemen, thousands could die of kidney failure," accessed July 9, 2024, <https://www.icrc.org/en/document/yemen-hidden-cost-war-thousands-kidney-dialysis-patients-risk-death>.

76 Debarre, Hard to Reach: Providing Healthcare in Armed Conflict.

77 "WHO concerned about escalating health crisis in West Bank," World Health Organization, June 14, 2024 <https://www.who.int/news/item/14-06-2024-who-concerned-about-escalating-health-crisis-in-west-bank>.

78 World Health Organization "WHO concerned about escalating health crisis in West Bank."

79 Debarre, Hard to Reach: Providing Healthcare in Armed Conflict.

80 The Six Grave Violations Against Children During Armed Conflict: The Legal Foundation.

81 The Six Grave Violations Against Children During Armed Conflict: The Legal Foundation.

82 Adedze, "Armed Conflict, a Neglected Determinant of Childhood Vaccination: Some Children Are Left Behind," 1454-63.

83 Debarre, Hard to Reach: Providing Healthcare in Armed Conflict.

84 World Health Organization, "WHO concerned about escalating health crisis in West Bank," news release June 15, 2024, <https://www.emro.who.int/media/news/who-concerned-about-escalating-health-crisis-in-west-bank.html>.

85 World Health Organization, "WHO concerned about escalating health crisis in West Bank."

86 Jerome Marston and Marika Tsolakis, Education Under Attack, (New York: Global Coalition to Protect Education from Attack, 2022), https://protectingeducation.org/wp-content/uploads/eua_2022.pdf.

or destroy schools. These can be the consequence of direct attacks or collateral damage.⁸⁷ Also, they can be the result of explosive weapons stored in schools. In fact, air attacks, explosive devices, and mines in populated areas may hit a school. Still schools can become specific targets for many reasons. Indigenous schools see frequent attacks during armed conflict because of ethnic and political reasons. In countries like Afghanistan, Nigeria and Pakistan girls' schools have been burned or bombed by armed groups. They have the goal of suppressing female education. The type of attacks depends on the country's context. During elections, schools may be used as polling stations which makes them a target for groups who want to disrupt electoral processes.

Schools are also strategic places for military use. Schools have solid materials which can serve as protection.⁸⁸ Also, multiple floors make vigilance and firing possible. They provide electricity, water, kitchens, and toilets for a lot of people. These reasons make them very useful in times of conflict.⁸⁹ State military, state police and non-state armed groups use school spaces in a variety of ways. This could be for bases, fighting positions, prisons, interrogation or torture centers. However, this makes schools a frequent target for attacks. Sometimes, students continue to attend a school that is being used for military purposes exposing them to many dangers. For example, recruitment, sexual violence and injury. Between February 2020 and September 2021, Myanmar had the highest number of education facilities used for military purposes. There were 176 schools and universities used by security forces across 13 regions.⁹⁰ However, a lot of media attention is falling on schools. This has made militaries understand how using schools' ruins international aid money for education and the use of schools could lead to negative reactions from the

country.⁹¹

Students and educators also face challenges. They are threatened, abducted, injured, or killed by attacks. When they protest for education policy they are arrested. This is very common in places like India, Pakistan and Turkey. In Colombia, teachers are also targeted for their activism and participation in unions. An example of this is the Federación Colombiana de Trabajadores de la Educación. This union in particular advocates for higher teacher salaries.⁹²

The lack of education resulting from attacks on schools, students, and educators has negative effects on children. This also applies to the military use of schools. By going to school, children are protected physically and psychologically.⁹³ School places can also offer more than education. They are places used for vaccination or awareness programs.⁹⁴ By being in a safe place, children are not exposed to external dangers. Also, schools give children food and the chance to be physically active. Being around friends can also do a lot for a child's emotional development.

The Safe School Declaration was launched in May 2015. It was endorsed by Argentina and Norway among UN Member States. It is an inter-governmental political commitment to protect students, teachers, schools, and universities during times of armed conflict. In June 2024, 120 countries had already signed it.⁹⁵ Protecting education means investigating and prosecuting attacks that violate international humanitarian law. The purpose of this is to provide safe education during armed conflict- Also to protect schools from military use and restore access after attacks.⁹⁶ Because of this, there have been a lot of changes. Ukraine, for example, adopted the Safe School Declaration in 2019. In August 2021 they adopted an

87 Marston and Tsolakis, Education Under Attack.

88 "Keeping schools safe from the battlefield: Why global legal and policy efforts to deter the military use of schools matter," International Review of the Red Cross 101, no. 911 (August 2019): 665-694, <https://international-review.icrc.org/articles/keeping-schools-safe-battlefield-why-global-legal-and-policy-efforts-deter-military-use>.

89 "Keeping schools safe from the battlefield: Why global legal and policy efforts to deter the military use of schools matter." 665-694.

90 Marston and Tsolakis, Education Under Attack.

91 Neff, "120 Countries Have Signed the Safe Schools Declaration. Sadly, the US Isn't One of Them."

92 "Colombian teachers union, FECODE, writes for the NEU's Educate magazine," Justice for Colombia, November 29, 2021, <https://justiceforcolombia.org/news/colombian-teachers-union-fecode-writes-for-the-neu-educate-magazine/>.

93 "Keeping schools safe from the battlefield: Why global legal and policy efforts to deter the military use of schools matter," 665-694.

94 "Keeping schools safe from the battlefield: Why global legal and policy efforts to deter the military use of schools matter," 665-694.

95 "The Safe Schools Declaration," Global Coalition to Protect Education from Attack, accessed July 9, 2024, <https://ssd.protectingeducation.org>.

96 Zama Neff, "120 Countries Have Signed the Safe Schools Declaration. Sadly, the US Isn't One of Them," Human Rights Watch, last Modified June 11, 2024, <https://www.hrw.org/news/2024/06/11/120-countries-have-signed-safe-schools-declaration-sadly-us-isnt-one-them>.



School in Orikhiv city after Russian airstrike in 2023
Credit: National Police of Ukraine

action plan to implement it. With the help of civil society, the government was able to train 1,000 military officials. Now, they can knowingly follow the “Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict.”⁹⁷

It’s possible to continue education even during the most critical times of conflict. Many countries have implemented effective solutions for this. In 2020, many schools in Burkina Faso were affected by conflict. Still, they continued to have online classes.⁹⁸ This was possible with the help of UNICEF, UNESCO, and other regional organizations. Distance learning was also helpful in some government-controlled areas in Ukraine in 2014 and 2015. These regions were experiencing conflict between government forces and pro-Russian insurgents. In Somalia, between 2005 and 2011, an educational radio program broadcasted classes. These had a very complete curriculum with literacy, numeracy, life skills, health, and conflict prevention content.⁹⁹

Also, communication between the government and civil society is necessary. It’s important to ensure authorities are aware of

school attendance. With it, they can make accommodations accordingly. There is also a need to report school attacks and receive support. In 2015, community members of the Central African Republic worked with UNICEF. Together they started EduTrac.¹⁰⁰ This message alert system is communicated to schools, communities, and local and national Ministries via text message.

Education is a big part of a child’s life, as well as their involvement in culture. This is why the Convention on the Rights of the Child establishes the right of children “to participate freely in cultural and artistic life and have equal opportunities for cultural activity.”¹⁰¹

UNESCO’s definition of cultural heritage includes objects, monuments, buildings, sites, and museums. All of these provide a variety of cultural benefits. They have symbolic, historic, artistic, anthropological, scientific, or social significance.¹⁰² This cultural heritage is tangible meaning people can see it or touch it. However, cultural heritage can be intangible. This consists of practices, representations, expressions, knowledge, and skills. It also includes the instruments, objects, artifacts,

⁹⁷ Global Coalition to Protect Education from Attack, “The Safe Schools Declaration.”

⁹⁸ “Seek to Ensure the Continuation of Education During Armed Conflict,” Global Coalition to Protect Education from Attack, accessed July 10, 2024, <https://ssd.protectingeducation.org/implementation/seek-to-ensure-the-continuation-of-education-during-armed-conflict/>.

⁹⁹ Global Coalition to Protect Education from Attack, “Seek to Ensure the Continuation of Education During Armed Conflict.”

¹⁰⁰ Global Coalition to Protect Education from Attack, “Seek to Ensure the Continuation of Education During Armed Conflict.”

¹⁰¹ “Convention on the Rights of the Child,” Office of the United Nations High Commissioner for Human Rights, November 20, 1989, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>.

¹⁰² “Cultural heritage,” UNESCO, accessed July 9, 2024, <https://uis.unesco.org/en/glossary-term/cultural-heritage>.

and cultural spaces associated with them.¹⁰³

Explosive weapons can destroy accidentally or intentionally civilian objects.¹⁰⁴ Intentional attacks on cultural heritage can have the goal of cultural cleansing, establishing control, or financial motivations. Cultural objects are valuable in international markets.¹⁰⁵

Protection of cultural heritage can help communities recover from armed conflict. It can also keep different generations connected. Cultural heritage is important for feeling a part of a community. Places of cultural heritage are used to teach children about their cultural background. By damaging their heritage, there are psychosocial effects. People may feel like they've lost their sense of belonging. This impact can make children grow up without a connection to their heritage.

Exposure to different cultures allows young children to appreciate other cultures- With this, they learn to live in peace. Stari Most, a bridge built in 1566, physically connected the Muslims and Croats of Mostar in Bosnia and Herzegovina. Croat forces intentionally destroyed the bridge in 1993. After this, people reported the community was divided into Muslim East and Croat West. Moreover, giving ethnic labels to what they used to share.¹⁰⁶

Destroying cultural heritage can also have long-term effects on a country's economy. Cultural tourism accounts for 40 percent of all international tourism.¹⁰⁷ In Taizz, Yemen, al-Ashrafiy Mosque and Madrassa was built in 1382. It attracted foreign tourists before the conflict.¹⁰⁸ Because of this, many businesses grew throughout the years. Attacks from the Houthis in 2015 damaged the mosque. After this, Taizz saw less tourism. This meant less income for civilians.¹⁰⁹

The 1954 Hague Convention for the Protection of Cultural Property in the Event of Armed Conflict was the first international treaty focused on protecting cultural property. This convention obliged member states to respect and protect cultural property during armed conflict. However, nowadays the nature of conflict has changed. Meaning that today, it's common that conflicts involve non-state actors who have no obligations under international humanitarian law like the 1954 Hague Convention.¹¹⁰

Effects of Displacement

In April 2024, there were 120 million forcibly displaced people both within countries and across borders.¹¹¹ Displacement is the movement of people when they have been forced or led into leaving their homes. This occurs most commonly in cases of armed conflict, widespread violence, violations of human rights or human-made disasters.¹¹²

When people are displaced from their homes they become refugees. Refugees are persons who flee their country due to fear of persecution. The reason for them being persecuted can be their race, religion, nationality, affiliation to a specific social group or political opinion.¹¹³ Refugees are usually hosted in neighboring countries. Still, a country may not be able to provide the help refugees need. A resettlement is a transfer of refugees from a country where they sought protection to another that agreed to admit them as refugees with permanent residence status.¹¹⁴

The United Nations also recognizes refugees as people outside their country of origin who need protection but have not attained refugee status. Asylum seekers are people who have requested refugee status, but it has not been determined yet.

103 Nicole Winchester, "Targeting culture: The destruction of cultural heritage in conflict," UK Parliament, Last modified December 14, 2022, <https://lordslibrary.parliament.uk/targeting-culture-the-destruction-of-cultural-heritage-in-conflict/>.

104 "Destroying Cultural Heritage," Human Rights Watch, last modified April 18, 2024, <https://www.hrw.org/report/2024/04/18/destroying-cultural-heritage/explosive-weapons-effects-armed-conflict-and>.

105 Winchester, "Targeting culture: The destruction of cultural heritage in conflict."

106 Human Rights Watch, "Destroying Cultural Heritage."

107 Human Rights Watch, "Destroying Cultural Heritage."

108 Human Rights Watch, "Destroying Cultural Heritage."

109 Human Rights Watch, "Destroying Cultural Heritage."

110 Winchester, "Targeting culture: The destruction of cultural heritage in conflict."

111 Sarah Dryden-Peterson, "Conflict, Education and Displacement," Conflict & Education (2011), https://wcfia.harvard.edu/files/wcfia/files/sdryden-peterson_conflict_education_and_displacement.pdf.

112 Glossary on Migration (Geneva, International Organization for Migration, 2019), https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf.

113 Glossary on Migration.

114 Glossary on Migration.

People fleeing from their country apply for refugee protection in the country they arrive in. This State may accept this application. In countries where there is no asylum procedure, the United Nations Refugee Agency will examine the application. A country may lack an asylum procedure if they are not a party to the 1951 Refugee Convention.¹¹⁵

However, displacement doesn't require leaving your home country. Internally displaced persons (IDPs) are people who have also left their homes but have not crossed any internationally recognized State border.¹¹⁶

Civilians tend to flee before the conflict reaches their community or when it does.¹¹⁷ 56 percent of people who have experienced armed conflict have been displaced.¹¹⁸ This number changes in different countries. Throughout Afghanistan's conflict, 76 percent of the population was displaced.¹¹⁹ By the end of 2023, 73 percent of all refugees came from Afghanistan, Syrian Arab Republic, Venezuela, Ukraine, and South Sudan. These are all countries experiencing conflict. This is why international efforts should have a focus on refugees from conflict zones. Also, armed groups may drive people to displacement intentionally with strategies of war. This may be aimed at specific groups of people. Displacement can also be the result of the economic and social consequences of conflict.¹²⁰

UNICEF estimated that 50 percent of displaced people globally are children.¹²¹ Displacement presents additional challenges to them. When moving away, children may become separated from their families. This makes them more vulnerable

to infections, psychological trauma, and exploitation.¹²² They might have a harder time accessing services. For example, in 2022, more than half of Ukrainian refugees lacked access to health services. They may also lack access to food, clean water, access to social assistance, and public education.¹²³ Documentation is required for most of these.¹²⁴ However, displaced persons do not always have these documents. In the rush of leaving or the destruction of their homes, these documents are often left behind. This presents a problem for many people. For example, Palestinians in Gaza need to ask for a permit from Israel to receive care in other places, something that might be complicated without documentation. These often take a long time or are denied.¹²⁵ Without the necessary documents, people leaving their country might have to enter a country illegally. This comes with its risks such as families becoming separated. This also increases the vulnerability of children to traffickers. Also, a country may deny a refugee status for the lack of documentation. Even when they have documentation, receiving an education is not so easy for a displaced child.

The 1951 Convention Relating to the Status of Refugees, states that host governments should provide refugees the same education as they would to people in their country. The problem is that 75 percent of the world's refugees are hosted in low and middle-income countries.¹²⁶ Displaced children are often living in poorer conditions than they did before in their communities.¹²⁷ Areas where refugees and internally displaced people live are usually underfunded. They lack access to services and infrastructure. They depend

115 "Asylum and refugee status," United Nations High Commissioner for Refugees, accessed September, 2024, <https://help.unhcr.org/faq/how-can-we-help-you/asylum-and-refugee-status/>.

116 Commission on Human Rights, Resolution 1997/39, Guiding Principles on Internal Displacement, E/CN.4/1998/53, (February 11, 1998), <http://www.un-documents.net/gpid.htm>.

117 Dryden-Peterson, "Conflict, Education and Displacement."

118 Dryden-Peterson, "Conflict, Education and Displacement."

119 Dryden-Peterson, "Conflict, Education and Displacement."

120 Dryden-Peterson, "Conflict, Education and Displacement."

121 Dryden-Peterson, "Conflict, Education and Displacement."

122 Ayesha Kadir, Sherry Shenoda, and Jeffrey Goldhagen, "Effects of armed conflict on child health and development: A systematic review," *The Public Library of Science* 14, no.1 (January 2019): <https://doi.org/10.1371/journal.pone.0212393>.

123 Christy Lowe and Rachel Marcus, "Refugees and IDPs need to be included in public services, how do we do this in practice?" ODI: Think change, June 2023, <https://odi.org/en/insights/refugees-and-idps-need-to-be-included-in-public-services-how-do-we-do-this-in-practice/>.

124 Debarre, *Hard to Reach: Providing Healthcare in Armed Conflict*.

125 Debarre, *Hard to Reach: Providing Healthcare in Armed Conflict*.

126 "Forced Displacement," European Civil Protection and Humanitarian Aid Operations, accessed July 16, 2024, https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/forced-displacement_en.

127 European Civil Protection and Humanitarian Aid Operations, "Forced Displacement."

on assistance provided by authorities, local communities, and humanitarian organizations.¹²⁸ During conflict, social norms and laws are usually less respected. This has several underlying reasons. For example, people are more concerned about their survival, leaving efforts for inclusion behind. This leads to increased gender and disability discrimination. This can affect children since their sense of community is lost. Growing up in an environment like this can influence children's values.

Displacement reinforces gender norms. Women find it harder to be employed, making them and their children suffer. Girls also find it hard to have an education. In Banadir, 41 percent of displaced boys were able to attend school.¹²⁹ Before displacement, only 29 percent were able to.¹³⁰ The main reason behind this was that they were settled in urban areas whereas they used to live in rural areas where they usually had more responsibilities like looking after livestock. Girls' attendance at school decreased from 45 to 29 percent, before and after displacement.¹³¹ The reason for this was parents who couldn't afford to send all their children, so they prioritized sending boys. Not receiving education, and separation from their families makes gender-based violence and forced marriage more prevalent. Due to the increased economic strain families face during armed conflict, they may force daughters to marry. Girls who marry before 18 are more likely to experience domestic violence and less likely to stay in school. Child marriage also increases the chances of sexually transmitted diseases and early pregnancies.¹³² Young girls have a greater risk of suffering from maternal mortality and morbidity. They may also be abandoned without healthcare or other support if they are unable to flee when the rest of their community leaves.¹³³

Displaced children are also more vulnerable to traffickers.¹³⁴ They identify the concentration of vulnerable people, and a lack of security and use it to their advantage.¹³⁵ Human trafficking increases by 20 to 30 percent when people are displaced.¹³⁶ Part of this can be attributed to the lack of birth registration for children in refugee camps. Without documentation, tracking children becomes more difficult. Traffickers take advantage of this situation. Still, the trafficker could be a family member or acquaintance. They may have reasons like their own survival and having shelter and food. This is the case among the Syrian population. One in ten Syrian refugee children are a victim of child labor. UNICEF reported that children as young as three years old are working.¹³⁷

It is not always easy to have data on displacement based on sex and age. This information is needed to determine specific needs in nutrition, education, vocational training, and employment.¹³⁸ For example, in the Democratic Republic of Congo, there are higher numbers of women in internal displacement.¹³⁹ This is related to socioeconomic factors. In Burkina Faso, in 2019, there was a higher concern for displaced women and girls since many men and boys were recruited by armed groups.¹⁴⁰

Getting displaced children accepted by their peers in schools can be a challenge. Schools in urban, low resource areas, are already overcrowded. Large amounts of people coming to an already scarce resource area can result in hostile behavior and competition. This is also based on different political views and security concerns. Displaced children can be marginalized in their new communities.¹⁴¹ This exclusion can have an impact on the political, cultural, and economic stability of displaced

128 European Civil Protection and Humanitarian Aid Operations, "Forced Displacement."

129 Cazabat, Women and girls in internal displacement.

130 Cazabat, Women and girls in internal displacement.

131 Cazabat, Women and girls in internal displacement.

132 Cazabat, Women and girls in internal displacement.

133 Cazabat, Women and girls in internal displacement.

134 Cazabat, Women and girls in internal displacement.

135 Intersectionality of Human Trafficking with Migrants, Refugees and Internally Displaced People, (Saint Louis: U.S. Catholic Sisters Against Human Trafficking), <https://alliancetoendhumantrafficking.org/wp-content/uploads/2019/01/USCSAHT-HT-Intersection-with-Migrants-Refugees.pdf>

136 Intersectionality of Human Trafficking with Migrants, Refugees and Internally Displaced People.

137 Intersectionality of Human Trafficking with Migrants, Refugees and Internally Displaced People.

138 Christelle Cazabat, Women and girls in internal displacement, (Geneva: Internal Displacement Monitoring Centre, 2020), <https://api.internal-displacement.org/sites/default/files/publications/documents/202003-twice-invisible-internally-displaced-women.pdf>.

139 Cazabat, Women and girls in internal displacement.

140 Cazabat, Women and girls in internal displacement.

141 European Civil Protection and Humanitarian Aid Operations, "Forced Displacement."



12-year-old Syrian girls in a temporary school in Lebanon set up by UNICEF and Lebanese NGO Beyond Association

Credit: DFID - UK Department for International Development

children and their families for generations.¹⁴² Social exclusion isn't something easy to undo since the way to address this is through school curriculum and pedagogical practice. Authorities are not always aware of the social challenges these communities face.¹⁴³ This is why integration requires collaboration between non-state actors (UN agencies, NGOs), state actors, and local education leaders.

Not all countries can provide refugees with the necessary resources. Most Syria's neighboring countries are only able to provide temporary protection and there is no widespread access to basic services.¹⁴⁴ These countries also face their own political and economic struggles. Between 2017-2019, more than 800,000 Syrian refugee children lacked education as they were in neighboring countries.¹⁴⁵

The Global Refugee Compact is an international agreement, supported by UNICEF, to help refugees.¹⁴⁶ It sets the basis for a better international response for refugees by better including

refugees in national systems, societies and economies.¹⁴⁷ This, with the purpose of allowing them to have a secure future and contribute to their new communities.

There are also programs all over the world dedicated to helping displaced children. One of these is The Piarist Secondary School in Budapest.¹⁴⁸ Since March 2022 they provide academic and language support to refugee children from Ukraine.¹⁴⁹ They do this with after school activities and catch-up classes. They also build a sense of community with local students working as volunteers.

Impact of Conflict on Mental Health

One in five people living in conflict zones have a mental disorder. This could be mild depression, anxiety, or even psychosis.¹⁵⁰ The average prevalence of anxiety, depression, and post-traumatic stress disorders among conflict-affected populations is more than two times higher than global

142 European Civil Protection and Humanitarian Aid Operations, "Forced Displacement."

143 European Civil Protection and Humanitarian Aid Operations, "Forced Displacement."

144 Livia Hazer, and Gustaf Gredeback, "The effects of war, displacement, and trauma on child development," *Humanities and Social Sciences Communications* 10, no. 909 (December 2023), <https://doi.org/10.1057/s41599-023-02438-8>.

145 Hazer, and Gredeback, "The effects of war, displacement, and trauma on child development."

146 "Migrant and displaced children," UNICEF, accessed July 16, 2024, <https://www.unicef.org/migrant-refugee-internally-displaced-children>.

147 UNICEF, "Migrant and displaced children."

148 "The Piarist Secondary School in Budapest: a second home for refugee children from Ukraine," UNICEF, accessed July 17, 2024, <https://www.unicef.org/eca/stories/piarist-secondary-school-budapest-second-home-refugee-children-ukraine>.

149 UNICEF, "The Piarist Secondary School in Budapest: a second home for refugee children from Ukraine."

150 "Mental Health and Conflicts," *Premiere Urgence Internationale*, accessed July 16, 2024, <https://www.premiere-urgence.org/en/mental-health-and-conflicts/>.

prevalence.¹⁵¹ Exposure to violence, disruption of family structure, and social disintegration are the main causes of this.¹⁵² Prolonged stays in refugee camps can also be linked to mental health problems. In children, signs of a possible issue might be specific fears, dependent behavior, prolonged crying, lack of interest in the environment, and aggressiveness. Children might also exhibit morbid themes while playing, and social withdrawal.¹⁵³

During armed conflict, children often become separated from one or both parents.¹⁵⁴ Displacement can lead to high levels of prolonged stress and the loss of places children consider safe.¹⁵⁵ Before migrating, children also experience insecurity, lack of shelter, and exploitation.¹⁵⁶ After migrating, they experience uncertainty regarding their legal status, changes in their family's dynamic, and lack of social support.¹⁵⁷ Social safety develops during childhood and adolescence about the perceptions both they and the people around them have on the situations they are experiencing.¹⁵⁸ Sadly, conflict can increase situations of extreme poverty, abuse, chronic neglect, domestic violence, and parental mental health or substance abuse problems. Children experiencing these can become more vulnerable. All these factors can result in poor mental health and development in cognitive functioning, emotion regulation, and affective processing.¹⁵⁹ Ultimately, it affects a child's emotional, social, academic, and liberal future.

Recent scientific publications from the Center on the

Developing Child at Harvard University show that children who have lived through traumatizing circumstances don't recover their mental health so easily.¹⁶⁰ Even when placed in nurturing homes, children continue to have emotional problems. This shows the importance of preventive action and intervening in time.¹⁶¹

Children whose caregivers have experienced armed conflict are more likely to be abused and neglected.¹⁶² It has been shown the prevalence of child abuse is higher among caregivers who have conflict-related mental health problems.¹⁶³ This finding is true for places all across the world like the United States, Uganda, and Syria.¹⁶⁴ While trauma alone doesn't cause people to become violent, social dynamics like marginalization and political influences can increase the risk of further violence, compromising future peace.¹⁶⁵

During armed conflict, there are a lot of circumstances that can affect a child's mental health since they are exposed to different challenges. Child marriage, the marriage of a girl or boy before the age of 18, increases during armed conflict.¹⁶⁶ The reasons behind child marriage can be a lack of education poverty, numerous siblings, and societal norms. The association between lack of education and child marriage can be related to the lack of unawareness regarding its consequences. Numerous siblings also present a financial burden on their parents. During the conflict, a family may have fewer resources than before, leaving them unable to provide for a lot of children. Facing

151 Askeer, "The effects of armed conflict on the health of women and children," 22-532.

152 Askeer, "The effects of armed conflict on the health of women and children," 22-532.

153 David Burgin, et al., "Impact of war and forced displacement on children's mental health- multilevel, needs-oriented, and trauma-informed approaches," *European Child & Adolescent Psychiatry* 31 (June 2022): 845-853,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9209349/>.

154 "Child and Forced Family Separation," Global Protection Cluster, accessed September 2024, https://www.globalprotectioncluster.org/Child_and_Forced_Family_Separation.

155 Burgin, et al., "Impact of war and forced displacement on children's mental health- multilevel, needs-oriented, and trauma-informed approaches," 845-853.

156 Hazer, and Gredeback, "The effects of war, displacement, and trauma on child development."

157 Hazer, and Gredeback, "The effects of war, displacement, and trauma on child development."

158 Burgin, et al., "Impact of war and forced displacement on children's mental health- multilevel, needs-oriented, and trauma-informed approaches," 845-853.

159 Hazer, and Gredeback, "The effects of war, displacement, and trauma on child development."

160 "Early Childhood Mental Health," Center on the Developing Child Harvard University, accessed July 17, 2024, <https://developingchild.harvard.edu/science/deep-dives/mental-health/>.

161 Center on the Developing Child Harvard University, "Early Childhood Mental Health."

162 Ayesha Kadir, Sherry Shenoda, and Jeffrey Goldhagen, "Effect of armed conflict on child health and development: A systematic review," *The Public Library of Science* 14, no. 2 (February 2019), <https://doi.org/10.1371/journal.pone.0210071>.

163 Kadir, Shenoda, and Goldhagen, "Effect of armed conflict on child health and development: A systematic review."

164 Kadir, Shenoda, and Goldhagen, "Effect of armed conflict on child health and development: A systematic review."

165 "Mental Health and Violent Conflict: A Vicious Cycle," United States Institute of Peace, accessed July 17, 2024, <https://www.usip.org/publications/2024/04/mental-health-and-violent-conflict-vicious-cycle>.

166 Tracey Shelton, "Child labour, underage marriage and babies sold as Afghan parents face 'excruciating choices'," ABC News, March 20, 2022, <https://www.abc.net.au/news/2022-03-21/parents-selling-children-as-afghan-economy-crumbles/100919938>.

uncertainty and desperation, the parents consider marrying their daughter so she will be provided for.

In Afghanistan, many families are in debt for buying food.¹⁶⁷ The economy collapsed due to armed conflict and droughts in the country.¹⁶⁸ Afghanistan's central bank's assets were frozen by foreign governments who opposed the Taliban rule.¹⁶⁹ With these conditions, girls are being sold into marriage even more so than before. In marriage deals, the parents of the girl receive a dowry and when she turns 15, the girl is married.¹⁷⁰ With current conditions, the age is lowering. Mental health is affected since young girls can be pressured to work in the home, causing stress and fear of the in-laws as they can become angry with them, and become isolated. This isolation is caused by multiple reasons like dropping out of school and being left alone in the house.

Child marriage increases the incidence of early pregnancies, maternal mortality, sexual assault, and risk of violence.¹⁷¹ Child brides also present more complications during birth and postpartum depression.¹⁷² Stigma from society and lack of education make girls unaware of contraception, sexually transmitted diseases, and even mental health issues.¹⁷³ All of these are dangerous and stressful situations that can result in mental health problems.

During conflicts, political division can lead to an increase in hate speech and interpersonal conflict.¹⁷⁴ Common themes include hate towards minorities. This includes the LGBTQ+ community, specific racial groups, women, and religious groups. Hate speech doesn't only fuel armed conflict but it

also has a strong impact on children's minds. With today's technology, armed conflict can intensify the spread of hate speech on social media.

Violence against members of the LGBTQ+ community can sometimes make a part of the population support the control of an armed group.¹⁷⁵ The lack of security and unlawfulness of armed conflict can cause people to act out of their hatred and attack LGBTQ+ people.¹⁷⁶ This is seen in Afghanistan where members of the Taliban attacked, sexually assaulted, arrested, and threatened LGBTQ+ Afghans. They also reported abuse from their own families and communities. People even denounced them to the Taliban to ensure their safety.¹⁷⁷ This example clearly shows how conflict can exacerbate pre-existing discrimination and abuse. Children who see this happening around them will grow up fearful of the same things happening to them.¹⁷⁸ Hate speech particularly affects them as experiencing behavior that attacks their identity can lead them to have lower self-esteem. Eventually, this can be part of a mental health deterioration that can include thoughts of self-harm or suicide.¹⁷⁹

The strain displaced people have on the countries they arrive in can make people resent them. In armed conflict, there are many changes in political power. This inevitably results in favoring economically the ones associated with the group currently in power, leaving others excluded. This can lead to people feeling discriminated against and furthering the cycle of hate and violence¹⁸⁰.

Being separated from their families or losing them has a

167 "Afghanistan: Desperate Mother Agreed to Sell her Unborn Baby as Debt-Ridden Families Are Pushed to Crisis Point," Save the Children, March 17, 2022, <https://www.savethechildren.org/us/about-us/media-and-news/2022-press-releases/afghanistan-desperate-mother-agreed-to-sell-unborn-baby-families-in-debt-pushed-to-crisis-point>.

168 Save the Children, "Afghanistan: Desperate Mother Agreed to Sell her Unborn Baby as Debt-Ridden Families Are Pushed to Crisis Point."

169 Save the Children, "Afghanistan: Desperate Mother Agreed to Sell her Unborn Baby as Debt-Ridden Families Are Pushed to Crisis Point."

170 Tracey Shelton, "Child labour, underage marriage and babies sold as Afghan parents face 'excruciating choices'."

171 Reena Seta, "Child Marriage and its impact on health: a study of perception and attitudes in Nepal," *Journal of Global Health Reports* 7 (October 2023), <https://doi.org/10.29392/001c>.

172 Seta, "Child Marriage and its impact on health: a study of perception and attitudes in Nepal."

173 Seta, "Child Marriage and its impact on health: a study of perception and attitudes in Nepal."

174 "Mental health during global conflict," *Mental Health America*, accessed July 18, 2024, <https://mhanational.org/crisis/global-conflict>.

175 *LGBTQ Lives in Conflict and Crisis* (California: Outright International, 2023), https://outrightinternational.org/sites/default/files/2023-02/LGBTQLivesConflictCrisis_0.pdf.

176 *LGBTQ Lives in Conflict and Crisis*.

177 *LGBTQ Lives in Conflict and Crisis*.

178 "How to talk to your children about hate speech," UNICEF, accessed July 19, 2024 <https://www.unicef.org/parenting/how-talk-your-children-about-hate-speech>.

179 UNICEF, "How to talk to your children about hate speech."

180 Ludovico Alcorta, Haley Swedlund, and Jeroen Smits, "Discrimination and ethnic conflict: a dyadic analysis of politically-excluded

great impact on children's mental health. In 1994, Rwanda's armed conflict left 100,000 children without families.¹⁸¹ This continues in recent events. In February 2024, UNICEF estimated that over 17,000 children in the Gaza Strip have been separated from their families.¹⁸² This severely impacts children's mental health. These children face challenges they should never have to face. They are more vulnerable to committing crimes, prostitution, drug abuse, and being abused.¹⁸³

There is a great need for mental health aid in children experiencing armed conflict and all the hardships that go with it. However, in the same way as with other health workers, mental health professionals are usually scarce during conflict. This doesn't mean there is nothing that can be done to ensure children are treated for psychiatric disorders. In 2012, a woman in Ghouta, a region in Syria affected by the armed conflict, trained people to provide psychological support.¹⁸⁴ She also recruited psychiatrists to see the most vulnerable population, specifically children via telemedicine, meaning online consults.¹⁸⁵

International cooperation from civil society can make a difference as seen with the previous example. Still, it's important to know that even when they are fluent in the language, mental health workers need help understanding their patients. The Islamic idea of the body and soul as being dependent on each other can be hard to grasp for foreign professionals.¹⁸⁶ The expression of distress as a physical symptom is common.

This requires a great understanding of the worker to be able to diagnose and treat these patients accordingly.

Recruitment of Children

A child associated with an armed group refers to any person below 18 years old who has been recruited or used for various capacities.¹⁸⁷ Direct use of children refers to fighting. Indirect uses can include, cooking, spying, and delivering messages.¹⁸⁸ The indirect uses are still dangerous and expose children to violence. The purpose of these is to facilitate operations for an armed group. In terrorist groups, children also act as suicide bombers.¹⁸⁹

Over the years, armies have trained child soldiers across Africa, Asia, Europe, Latin America, as well as the United States.¹⁹⁰ In the 1990s, children joined the armies of El Salvador, Ecuador, Guatemala, Mexico, Nicaragua, Paraguay, Colombia, and Peru.¹⁹¹ Between 2005 and 2022, there were at least 105,000 reported cases of children recruited and used in armed conflict.¹⁹²

Armed groups recruit children as they learn easily. They are also intimidated and vulnerable to psychological manipulation to indoctrinate them ideologically.¹⁹³ In some cases, they are even given drugs like opiates to make them less fearful of combat. Also to desensitize them to violence, they are forced to witness or commit abuses and killings, sometimes to their own families.¹⁹⁴ This last part also ensures they are not tempted

groups in sub-Saharan Africa," *International Interactions* 46, no.2 (January 2020): 251-273, <https://www.tandfonline.com/doi/full/10.1080/703050629.2020.1716748>.

181 "Armed conflicts and their consequences," United Nations, accessed September 2024, <https://www.un.org/esa/socdev/rwss/docs/2001/15%20Armed%20Conflict.pdf>

182 "Stories of loss and grief: At least 17,000 children are estimated to be unaccompanied or separated from their parents in the Gaza Strip," UNICEF, February 2, 2024, <https://www.unicef.org/press-releases/stories-loss-and-grief-least-17000-children-are-estimated-be-unaccompanied-or>.

183 United Nations, "Armed conflicts and their consequences."

184 Mohammad Khalid, and Madelyn Hsiao-Rei, "Implementation of mental health services in conflict and post- conflict zones: Lessons from Syria," *Avicenna Journal of Medicine* 11, no. 1 (January 2021): 8-14, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7839262/>.

185 Khalid, and Hsiao-Rei, "Implementation of mental health services in conflict and post- conflict zones: Lessons from Syria," 8-14.

186 Khalid, and Hsiao-Rei, "Implementation of mental health services in conflict and post- conflict zones: Lessons from Syria," 8-14.

187 The Paris Principles (New York: United Nations, 2007), https://childrenandarmedconflict.un.org/publications/ParisPrinciples_EN.pdf.

188 The Paris Principles.

189 "Child Recruitment and Use," Office of the Special Representative of the Secretary-General for Children and Armed Conflict, accessed June 26, 2024, <https://childrenandarmedconflict.un.org/six-grave-violations/child-soldiers/>.

190 Putu Marta, "Violations of Human Rights and Protection by UNICEF on the Use of Child Soldiers in Congo's Armed Conflict," *Ganesha Law Review* 5, no. 2 (November 2023): 1-9, <https://ejournal2.undiksha.ac.id/index.php/GLR/article/view/3354/1416>.

191 Marta, "Violations of Human Rights and Protection by UNICEF on the Use of Child Soldiers in Congo's Armed Conflict," 1-9.

192 "Children recruited by armed forces or armed groups," UNICEF, accessed June 9, 2024, <https://www.unicef.org/protection/children-recruited-by-armed-forces>.

193 "Child Recruitment and Use," Office of the Special Representative of the Secretary-General for Children and Armed Conflict, accessed June 26, 2024, <https://childrenandarmedconflict.un.org/six-grave-violations/child-soldiers/>.

194 Office of the Special Representative of the Secretary-General for Children and Armed Conflict, "Child Recruitment and Use."

to go back to their communities. In Sri Lanka and Myanmar, children are used as shields on the battlefield. This makes it more difficult for other groups to attack without causing many casualties. Also, in some places, recruiters may get promoted and paid depending on how many soldiers they employ.¹⁹⁵ This incentivizes them to reach out to younger populations. Children can also perform tasks like spying on enemy activities because they don't cause a lot of suspicion.

The recruitment of children can be different across armed groups. Some children are abducted, threatened, and manipulated. However, others join voluntarily.¹⁹⁶ Children may want to join these groups for revenge, to generate income to help support their families, to escape domestic violence, or to protect their community.¹⁹⁷ In some cases, children see their recruitment as a form of empowerment or a way to protect themselves from other armed groups.¹⁹⁸

Colombia is a clear example of this, as 78 percent of children

are thought to have joined voluntarily.¹⁹⁹ This means they join without force, threats, or intimidation. However, it is believed there was some level of manipulation in certain cases. Between July 2021 and June 2023, there have been 615 grave violations of Colombian children.²⁰⁰ This included 347 children being recruited and used. Other violations include killing, maiming, and abduction which especially affects Indigenous and Afro-Colombian children.

Virginia Gamba, the Special Representative of the Secretary-General for children and armed conflict, has called on the parties responsible for these actions to end the recruitment of children. She has also stressed the importance of implementing protective measures and facilitating the reintegration of children previously recruited by armed groups. However, due to the conflict being widespread and extended for a long period, violence has been normalized to the point where there have even been radio announcements to recruit child and

195 Marta, "Violations of Human Rights and Protection by UNICEF on the Use of Child Soldiers in Congo's Armed Conflict," 1-9.

196 Marta, "Violations of Human Rights and Protection by UNICEF on the Use of Child Soldiers in Congo's Armed Conflict," 1-9.

197 Marta, "Violations of Human Rights and Protection by UNICEF on the Use of Child Soldiers in Congo's Armed Conflict," 1-9.

198 Mónica Hurtado, Ángela Iranzo, and Wilson Rodríguez, "Labor Markets in Contexts of War: Recruitment and Trafficking of Child Soldiers in Colombia," *Colombia Internacional* 114 (November 2022): 65-91, <https://journals.openedition.org/colombiaint/18631>.

199 Mónica Hurtado, Ángela Iranzo, and Wilson Rodríguez, "Labor Markets in Contexts of War: Recruitment and Trafficking of Child Soldiers in Colombia," 65-91.

200 "Colombia : despite positive advancements, increase in grave violations against children, important to sustain prevention efforts," Office of the Special Representative of the Secretary-General for Children and Armed Conflict, accessed March 2024, <https://childrenandarmedconflict.un.org/2024/03/colombia-despite-positive-advancements-increase-in-grave-violations-against-children-important-to-sustain-prevention-efforts/>.



Child soldier with Mexican Federal Army ammunition in 1913

Credit: Agustín Víctor and Miguel Casasola

adolescent workers.²⁰¹ In the case of girls, it has been reported that they even received maternity leave and continued to receive payment, increasing the incentives to join armed groups.

Despite this, their recruitment and use can't be justified. Parties don't always provide children with proper nutrition or healthy living conditions.²⁰² They may also subject children to substance abuse.²⁰³ Additionally, child recruitment has the goal of exploitation. It can be oriented towards an economic goal like producing income for the armed group with cheap labor, military achievement, or personal satisfaction. The last one includes sexual violence or child abuse.²⁰⁴ These jobs can have a severe effect on children's education, physical and mental health, and spiritual, moral, or social development. Usually, children are recruited as young as 8 years old. They are taught the group's purpose, and war tactics to help achieve this.²⁰⁵ During training, punishment is common. This can be in the way of not being given food or not getting sleep. When children fail to escape, this is also the case. Children recruited by the National Union for the Total Independence of Angola were forced to watch and kill other children who tried to escape.²⁰⁶ Because of this, there are cases of suicide, and surrender to the authorities.²⁰⁷ For girls, getting pregnant, especially from a commander, is seen as a way to stop working in this environment. This makes them more vulnerable to sexual violence and pregnancy.²⁰⁸ On the contrary, when children excel, they are rewarded with a higher rank and salary.²⁰⁹

Children in ISIS-held territories are also groomed to become child soldiers. This means they are prepared to participate

in operations for the organization. Grooming involves developing emotional trust, and ideological access to children. Children are selected when they are viewed as vulnerable. These are children without adult supervision, with neglectful parents, or experiencing domestic abuse. Recruiters have access to schools, mosque-based teaching sessions, as well as other places for preaching, where they manipulate children. In these places, recruiters can establish a bond with children by providing them with attention, gifts, food, or money. A big part of their strategy is to desensitize children to violence. They do this with lectures and public executions.

Children associated with armed groups are exposed to high levels of violence. They are even sometimes the inflictors of this violence.²¹⁰ An armed group linked to the Islamic State (ISIS), located in northern Mozambique used hundreds of boys as young as 13 to raid and loot Macomia, a town in the Cabo Delgado province on May 10, 2024.²¹¹ This group, known as Al-Shabab, attacked shops, warehouses, and government forces' positions in the town. People reported the boys were carrying ammunition belts and assault rifles.²¹² Fighting against South African and Mozambican militaries, as well as ambushing military vehicles from the Southern African Development Community Mission in Mozambique.²¹³

Additionally, children face life-log repercussions. Their reintegration after having been released can be extremely difficult as they are often rejected by their communities and families.²¹⁴ Whether children are accepted back into society depends on the reason for their association with armed groups and the perceptions of their families and communities. When coming back home, they may be viewed with suspicion or can

201 Hurtado, Iranzo, and Rodríguez, "Labor Markets in Contexts of War: Recruitment and Trafficking of Child Soldiers in Colombia," 65-91.

202 UNICEF, "Children recruited by armed forces or armed groups."

203 UNICEF, "Children recruited by armed forces or armed groups."

204 Hurtado, Iranzo, and Rodríguez, "Labor Markets in Contexts of War: Recruitment and Trafficking of Child Soldiers in Colombia," 65-91.

205 Marta, "Violations of Human Rights and Protection by UNICEF on the Use of Child Soldiers in Congo's Armed Conflict," 1-9.

206 "Coercion and Intimidation of Child Soldiers to Participate in Violence," Human Rights Watch, April 16, 2008, <https://www.hrw.org/news/2008/04/16/coercion-and-intimidation-child-soldiers-participate-violence>.

207 Human Rights Watch, "Coercion and Intimidation of Child Soldiers to Participate in Violence."

208 Office of the Special Representative of the Secretary-General for Children and Armed Conflict, "Child Recruitment and Use."

209 Hurtado, Iranzo, and Rodríguez, "Labor Markets in Contexts of War: Recruitment and Trafficking of Child Soldiers in Colombia," 65-91.

210 Office of the Special Representative of the Secretary-General for Children and Armed Conflict, "Child Recruitment and Use."

211 "Mozambique: Child Soldiers Used in Raid on Northern Town," Human Rights Watch, Last Updated May 15, 2024, <https://www.hrw.org/news/2024/05/15/mozambique-child-soldiers-used-raid-northern-town>.

212 Human Rights Watch, "Mozambique: Child Soldiers Used in Raid on Northern Town."

213 Human Rights Watch, "Mozambique: Child Soldiers Used in Raid on Northern Town."

214 UNICEF, "Children recruited by armed forces or armed groups."

be rejected. This presents psychological stress, especially since they can't always talk freely about their experience.

UNICEF plays an active role in the reintegration of child soldiers. They provide psychosocial support and education.²¹⁵ Also, they recognize sensitization and reconciliation efforts are in order with their families.²¹⁶ In 2014, UNICEF launched the campaign “Children, Not Soldiers.”²¹⁷ Their intention was to create a global consensus that would lead to international support to stop the recruitment of children. When the campaign ended in 2016, thousands of child soldiers had been released and reintegrated.²¹⁸ All of these are done with UNICEF, peacekeeping and political missions, as well as other UN and NGO partners.

Current Status

The Role of Education in Conflict Zones

For children growing up in conflict zones, the access to education becomes a privilege, more than a fundamental right. The impact of war takes away the opportunity of education, making children vulnerable to an uncertain future. In 2023, around 72 million children were left out of school because of armed conflicts.²¹⁹ This number represents millions of children that have been stripped from the opportunity of living a healthy lifestyle. The lack of schools affects the children's access to learning, developing skills, and enjoying their childhoods. Schools are fundamental for children's development. Quality education empowers children, safeguards their health, and

breaks cycles of poverty.²²⁰ Education in this context becomes more than a learning tool, it also becomes a means of survival.

Conflict zones usually see the destruction of infrastructure, including schools and hospitals. For example, as of March 2024, 87.7 percent of schools in Gaza were damaged or destroyed.²²¹ In parallel, as of February 2022, at least 1,300 schools were destroyed in Ukraine.²²² Schools become a target for destruction, making them unsafe and dangerous, leaving families to prioritize their children's survival over education. Still, some actions have allowed countries to try to keep these children's rights. In Ukraine, authorities have begun efforts to teach children underground, in metro stations. Yet, up to 57 percent of the teachers report a deterioration in language abilities, and up to 42 percent of reduction in mathematical skills.²²³ While proactiveness has allowed children to fill their educational needs, it is not enough. Children live in fear of bombings and missile attacks. A study, conducted by Kuller and Lindsten for the Journal of Environmental Psychology also showed that natural light is highly important for students. A classroom with no windows affects children's health and concentration.²²⁴ This piece of information shows that, while Ukraine's efforts to keep schools open are important, it is not enough for the healthy development and learning of children.

Children's mental and social health is also affected by the lack of schools and access to education in these zones. Children living in conflict zones are at risk of experiencing many mental health problems, like anxiety, depression, and post-traumatic stress disorder (PTSD). Those exposed to severe risk experience psychological stress that impacts how their brains process

215 Office of the Special Representative of the Secretary-General for Children and Armed Conflict, “Child Recruitment and Use.”

216 Office of the Special Representative of the Secretary-General for Children and Armed Conflict, “Child Recruitment and Use.”

217 “Children, Not Soldiers,” Office of the Special Representative of the Secretary-General for Children and Armed Conflict, accessed September 2024, <https://childrenandarmedconflict.un.org/children-not-soldiers/>.

218 Office of the Special Representative of the Secretary-General for Children and Armed Conflict, “Children, Not Soldiers.”

219 “Facing Record-High Violations in 2023, Security Council Explores Ways to Bolster Norms to Protect Children in Armed Conflict | Meetings Coverage and Press Releases,” June 26, 2024. <https://press.un.org/en/2024/sc15745.doc.htm>.

220 UNICEF “Primary education”, accessed September 2, 2024, <https://www.unicef.org/education/primary-education>

221 ReliefWeb. “Education Under Attack in Gaza, With Nearly 90% of School Buildings Damaged or Destroyed, and No University Left Standing - Occupied Palestinian Territory,” April 16, 2024. <https://reliefweb.int/report/occupied-palestinian-territory/education-under-attack-gaza-nearly-90-school-buildings-damaged-or-destroyed-and-no-university-left-standing>.

222 Education International. “Destroyed Schools, Bomb Shelters, Air-raid Sirens: Ukraine's Children Begin Another School Year in Wartime,” March 21, 2024. <https://www.ei-ie.org/en/item/27931:destroyed-schools-bomb-shelters-air-raid-sirens-ukraines-children-begin-another-school-year-in-wartime>.

223 Education International. “Destroyed Schools, Bomb Shelters, Air-raid Sirens: Ukraine's Children Begin Another School Year in Wartime,”

224 Shishegar, N., and M. Boubereki. “Natural Light and Productivity: Analyzing the Impacts of Daylighting on Students' and Workers' Health and Alertness.” Journal of Advances in Chemical Engineering and Biological Sciences 3, no. 1 (2016). <https://www.iicbe.org/upload/4635AE0416104.pdf>.

information. This can also affect how they learn.²²⁵ Absence from schools is also linked to social isolation, which in turn also affects children's mental health.²²⁶ Schools often offer psychological support, helping children cope with violence and trauma. In countries where accessing psychological help is not cheap, schools are an important agent in dealing with mental health. Teachers and counselors can provide help and support to children and help them process their experiences.²²⁷ A study conducted by RAND Corporation showed that implementing school-based programs focused on intervening with trauma can lower the levels of post-traumatic stress in children in six months. This program allowed children to share their experiences, talk about their feelings, and learn about the different ways in which humans react to trauma.²²⁸ School-based programs like this one show why schools do more for children than just teach them, they are a key agent in developing resilient and socially integrated individuals.

The long-term consequences of a lack of education are more than just learning issues. Children are more likely to suffer health problems and less likely to participate in decisions that affect them.²²⁹ For example, a study posted in the *Journal of Human Resources* found that staying in school until age 16 increases the likelihood of a reduction in lung function.²³⁰ Similarly, an additional four years of education can reduce the risk of heart disease by 2.16 percent and the risk of diabetes by 1.3 percent.²³¹ These studies emphasize the link between education and long-term health problems.

In addition, the absence of education can limit economic and job opportunities. Educated adults are more likely to

find jobs that can pay well and give them a decent lifestyle. In the United States, people with a bachelor's degree earned 63 percent more than people whose highest level of education was high school.²³² Better income also means access to decent healthcare, reinforcing the fact that education and health are closely related. Without any type of aid for continuous education, children growing up in conflict zones find it difficult to secure stable and decent jobs and are forced to rely on humanitarian aid. The absence of economic independence may also lead to exploitation to earn income for their families. Between 2005 and 2022, more than 105,000 children were verified as recruited by armed parties, some of which were driven by poverty.²³³

While access to education continues to impact children living in conflict zones from all over the world, efforts have been made to allow them to continue with their education. For example, War Child is an NGO founded in 1993, it works with various partners to ensure children have access to education and protection. Their educational programs are built with long-term goals in mind. The organization's main objective is to build children's academic, social, and emotional knowledge to participate in their societies.²³⁴ The UN has also sought to allow children to continue learning and attending school. In May 2015, the Safe Schools Declaration was opened in Oslo, Norway. As of June 2024, 120 countries have signed the document. It is a political commitment to protect education during war. This declaration sets the commitments needed to protect education from attacks and restrict the usage of schools for any kind of military purposes.²³⁵ The document

225 UNICEF "Learning Brief on Mental Health and Psychosocial Support (MHPSS) in Education", April 9, 2024, <https://www.unicef.org/media/134766/file/Global%20Multisectoral%20Operational%20Framework.pdf>

226 UNICEF "Learning Brief on Mental Health and Psychosocial Support (MHPSS) in Education"

227 "Guidance and Counseling in Early Childhood and School Education," European Commission, accessed September 2024, <https://eurydice.eacea.ec.europa.eu/national-education-systems/poland/guidance-and-counselling-early-childhood-and-school-education>.

228 Stein, Bradley, Lisa Jaycox, Sheryl Kataoka, Marleen Wong, Audra Langley, Jorge Avila, Antonia Bonilla, et al. *Helping Children Cope With Violence and Trauma: A School-Based Program That Works*. RAND Corporation eBooks, 2011. <https://doi.org/10.7249/rb4557-2>.

229 UNICEF "Education" Accessed September 2, 2024, <https://www.unicef.org/education>.

230 Barcellos, Silvia H., Leandro S. Carvalho, and Patrick Turley. "Distributional Effects of Education on Health." *The Journal of Human Resources* 58, no. 4 (June 9, 2021): 1273–1306. <https://doi.org/10.3368/jhr.59.2.0720-11064r1>.

231 Cutler, David, and Adriana Lleras-Muney. "Education and Health: Evaluating Theories and Evidence," July 1, 2006. <https://doi.org/10.3386/w12352>.

232 Nietzel, Michael T. "New Report Shows College Degree Continues to Provide Better Employment Prospects and Higher Income." *Forbes*, June 1, 2022. <https://www.forbes.com/sites/michaelt Nietzel/2022/06/01/new-report-shows-college-degree-continues-to-provide-better-employment-prospects-and-higher-income/>.

233 UNICEF "Children recruited by armed conflict", Accessed September 2, 2024, <https://www.unicef.org/protection/children-recruited-by-armed-forces>

234 Digits, Four. "Can't Wait to Learn Uses Technology to Support Children to Learn in Places Where Formal Education Is Not Available.," n.d. <https://www.warchild.net/education/>.

235 "Safe Schools Declaration – an Inter-governmental Political Commitment to Protect Students, Teachers, Schools, and Universities

has managed to raise awareness of the harmful effects of attacks on schools, as well as bringing public attention to the issue.²³⁶

Another program that is focused on education is Education Cannot Wait (ECW), a billion-dollar fund for education in emergencies, administered under UNICEF's policies. Their mission is to create a shared political and financial commitment to meet children's educational needs.²³⁷ In Burkina Faso, where students are vulnerable to violence from armed groups, ECW builds temporary learning spaces and trains teachers to provide psychosocial support.²³⁸ As mentioned before, this type of support is what allows children to deal with trauma and other mental health-related issues. Efforts like the ones made by the previously mentioned programs and NGOs are some of the initiatives that allow to combat the issue at hand.

Unfortunately, in conflict zones, armed groups tend to deny humanitarian assistance like the programs mentioned above. For them, it can mean a loss of power. For example, in a city in

From the Worst Effects of Armed Conflict," n.d. <https://ssd.protectingeducation.org/>.

236 Zama Neff, "120 Countries Have Signed the Safe Schools Declaration. Sadly, the US Isn't One of Them." Human Rights Watch, June 11, 2024. <https://www.hrw.org/news/2024/06/11/120-countries-have-signed-safe-schools-declaration-sadly-us-isnt-one-them>.

237 "Education Cannot Wait (ECW) is the global, billion-dollar fund for education in emergencies and protracted crises," Education Cannot Wait, January 3, 2022, <https://www.educationcannotwait.org/about-us/who-we-are>.

238 Global Citizen. "Why Education Is Critical for Children in Conflict Areas," July 16, 2024. <https://www.globalcitizen.org/en/content/why-education-is-critical-for-children-in-conflict/>.

239 Elayah, and Fentiman, "Humanitarian aid and war economies: The case of Yemen," 52-65.

240 Elayah, and Fentiman, "Humanitarian aid and war economies: The case of Yemen," 52-65.

241 "Shocking increase in Denial of Access to Life-Saving Humanitarian Aid for Children in Conflict Zones Worldwide, Security Council Hears, as Delegates Discuss Solutions," United Nations, April 3, 2024, <https://press.un.org/en/2024/sc15651.doc.htm>.

242 United Nations, "Shocking increase in Denial of Access to Life-Saving Humanitarian Aid for Children in Conflict Zones Worldwide, Security Council Hears, as Delegates Discuss Solutions."

Syria, depriving food from people was used as a weapon of war by the Assad regime.²³⁹ Organizations that tried to reach this city were attacked.²⁴⁰ Even though humanitarian aid is meant to remain neutral, when seized by militants, it can become another way to manipulate people. When humanitarian aid is no longer effective, their programs can't reach and help the children as intended. In 2022, the United Nations documented 3,931 situations where humanitarian access was denied.²⁴¹ It was mostly by Government forces. Most of these were in the Occupied Palestinian Territory, Yemen, Afghanistan and Mali.²⁴² This violates children's right to life, education and health. Attacks on workers actively prevent children from receiving help. It is imperative to keep these situations in mind to correctly address and propose initiatives that can reach the children in need.

Delegates must consider the consequences of armed conflict in education, and how this affects the children. Protecting



Children in Baghdad with Soldiers of Brigade Special Troops Battalion who provided humanitarian aid

Credit: The U.S. Army

children means protecting their fundamental rights. It is imperative to find solutions that allow children to go back to schools, prioritizing this need as a key component of humanitarian efforts. By ensuring children have access to education, it will allow them to break cycles of poverty and violence, while also helping them reintegrate in and rebuild their societies with the right tools. The combined efforts of international organizations, adequate programs and local communities can help provide education to children in conflict zones.

Case Study: Rohingya Children in Myanmar

For decades, Rohingya, an ethnic Muslim minority group, in Myanmar, a predominantly Buddhist country, have faced institutionalized discrimination, such as exclusionary citizenship laws. They have historically faced persecution, violence, and displacement. Only in 2018 740,000 Rohingya had to flee to Bangladesh due to State persecution.²⁴³ Among the most vulnerable are Rohingya children, who face dire conditions in refugee camps and are caught in a protracted state of statelessness and insecurity.

Even though the Rohingya persecution has gained attention, and it has increased in the last few years, this ethnic group has faced discrimination and persecution since Britain ruled Burma when it was part of British India. However, the most recent antecedent of discrimination against Rohingya was in 1982 when the Burmese nationality Law was enacted and they were officially denied Burmese citizenship, making nearly a million people stateless.²⁴⁴ Nevertheless, their persecution and marginalization exceed this law, since many of the things they face are being stripped of the right to receive essential services, prohibition to travel freely, routinely forced labor, and their loss of land among others.²⁴⁵

Called by the UN “one of the world’s most persecuted minorities”, the situation of the Rohingya people worsened in 2017 when thousands of Rohingya had to flee Myanmar due to sectarian violence and abuse.²⁴⁶ Most of them fled to the neighboring country Bangladesh, which is home to the biggest refugee camp in the world, Kutupalong, inhabited mostly by Rohingya refugees. Since 2020, the situation has worsened for this ethnic group, especially for children as many of them are victims of ongoing violence which include exploitation, trafficking, and abuse. They also live in deteriorating conditions where they do not have access to basic human rights like the right to life and the right to health and education.

One of the main issues the Rohingya children face is trafficking and exploitation. This happens in the state of Rakhine in Myanmar where most Rohingya live, as well as in refugee camps. Many families choose risky travels aided by human traffickers, who offer freedom and the possibility of a better life in Southeast Asia, in their desperation to leave the overcrowded and deteriorated conditions of camps or to escape from the ongoing marginalization and violence in Myanmar. But for the kids, these trips frequently turn into nightmares filled with abuse, torture, and deaths at the hands of traffickers.²⁴⁷

The Rohingya trafficking victims, who are mostly women and children, are routinely detained at sea or in isolated camps in the bush until their relatives can afford to pay ransoms that can amount to £3,000. Children are vulnerable to severe maltreatment, malnutrition, and disease during this period, and many of them may go missing, end up in jail, or pass away. Children’s long-term development and health are impacted by the profound psychological and physical scars left by the trauma they endure throughout these perilous periods.²⁴⁸

Rohingya girls are more vulnerable on these trafficking trips. Under the pretense of forced marriages, many young girls are

243 “World Court Rules against Myanmar on Rohingya,” Human Rights Watch, January 23, 2020, <https://www.hrw.org/news/2020/01/23/world-court-rules-against-myanmar-rohingya>.

244 Jonathan Head, “What Drives the Rohingya to Sea?,” BBC, February 5, 2009, <http://news.bbc.co.uk/2/hi/asia-pacific/7872635.stm>.

245 Head, “What Drives the Rohingya to Sea?”

246 “UNHCR - Refugees Daily,” UNHRC, December 8, 2015, <https://web.archive.org/web/20151208041548/http://www.unhcr.org/cgi-bin/texis/vtx/refdaily?pass=52fc6fbd5&cid=4fe952205>.

247 Kaamil Ahmed and Verena Hölzl, “Death, Abuse and Torture: Traffickers Hold Fleeing Rohingya to Ransom for up to £3,000 a Time,” *The Guardian*, March 5, 2024, sec. Global development, <https://www.theguardian.com/global-development/2024/mar/05/death-abuse-and-torture-traffickers-hold-fleeing-rohingya-to-ransom-for-up-to-3000-a-time>.

248 Ahmed and Hölzl, “Death, Abuse and Torture,”

trafficked to nations like Malaysia, where they are exploited and subjected to sexual assault. The traffickers deprive these defenseless kids of their innocence and youth by abusing them horribly. They view young kids as easy targets.²⁴⁹

In this cycle, children continue to be the most vulnerable, underscoring the critical need for all-encompassing safeguards for children in conflict areas. The tragic effects of violence, abuse, and exploitation will continue to affect Rohingya adolescents unless there is a prompt and concerted international response, including stronger anti-trafficking measures, legal paths for safe migration, and better protection for displaced children.

Another issue faced by the young population of this ethnic group is the lack of access to education. For Rohingya children, there are still significant barriers to schooling in both Myanmar and the camps where they are refugees. By 2020, teachers were banned from using both Bangladeshi and Myanmar curricula in the camps and Rohingya children were barred from enrolling in schools outside the camps. Likewise, formal education is scarce in Bangladesh for refugees, and informal learning facilities frequently lack resources, skilled instructors, and functional facilities. Humanitarian and camp authorities say that Myanmar has not agreed to recognize its school curriculum if used in the camps. In effect, for Rohingya refugee children in Bangladesh, who have already lost more than two years of schooling, there is no prospect of formal, recognized, quality education.²⁵⁰ In addition to violating their fundamental rights, the lack of educational possibilities keeps them trapped in a cycle of vulnerability and poverty.

For Bangladesh's political stability and security as well as the future of the Rohingya population, education is essential. More recently, approximately 300,000 Rohingya are children attending learning centers led by UNICEF and partners.

There are 3,400 learning centers across the region which includes many refugee camps and Rohingya settlements. To date, these 300,000 children have been learning through the Learning Competency Framework Approach (LCFA), which covers levels one to four and caters primarily to children aged 4-14. This curriculum provides Rohingya children with formal and standardized education. In addition, the Myanmar Curriculum fills a critical secondary education gap: It provides schooling for older children who have largely lacked access to education.²⁵¹ UNICEF's main goal is to give them access to both formal and informal education to improve social and civic capabilities, such as the knowledge, abilities, and attitudes that support active citizenship.²⁵²

Furthermore, in Myanmar, the escalating conflict as well as worsening living conditions for many communities have left 12 million children in need of education. More recently, the number of children in need of education increased after thousands of children in the country, along with their families, were displaced by Cyclone Mocha which hit the country in May of 2023. This natural phenomenon caused widespread destruction in five states.²⁵³

Moreover, Rohingya children amidst violence are being exposed to major health hazards and risks. The combination of violence overcrowded living conditions, poor sanitation, malnutrition, and limited access to healthcare has created a perfect environment of health challenges that threaten the lives and well-being of these children.

About 55 percent of the one million Rohingya refugees residing in the Cox's Bazar district of Bangladesh are children. Of this percentage, 41 percent are children under the age of 11, and 18 percent are under the age of four.²⁵⁴ For this 55 percent, malnutrition is a major concern, with 50 percent of

249 "Rohingya Crisis," UNICEF, September 23, 2024, <https://www.unicef.org/emergencies/rohingya-crisis>. ; Nazmun Naher Shishir, "Human Traffickers Prey on Rohingya Refugees," Dialogue Earth, February 2, 2021, <https://dialogue.earth/en/justice/human-traffickers-prey-on-rohingya-refugees/>.

250 Eleanor Albert and Lindsay Maizland, "What Forces Are Fueling Myanmar's Rohingya Crisis?," Council on Foreign Relations, 2020, <https://www.cfr.org/background/rohingya-crisis>.

251 "UNICEF: Education Milestone for Rohingya Refugee Children as Myanmar Curriculum Pilot Reaches First 10,000 Children," UNICEF, May 1, 2022, <https://www.unicef.org/press-releases/unicef-education-milestone-rohingya-refugee-children-myanmar-curriculum-pilot>.

252 A. N. M. Zakir Hossain, "Educational Crisis of Rohingya Refugee Children in Bangladesh: Access, Obstacles, and Prospects to Formal and Non-Formal Education," *Heliyon* 9, no. 7 (July 1, 2023): 1–14, <https://doi.org/10.1016/j.heliyon.2023.e18346>.

253 "Myanmar Appeal," UNICEF, accessed August 31, 2024, <https://www.unicef.org/appeals/myanmar>.

254 Tanvir Ahmed Mozumder, "Healing in Crisis: Investing in Women's Mental Health and Child Development in Refugee Camps Has Huge Benefits," *VoxDev*, 2024, <https://voxdev.org/topic/health/healing-crisis-investing-womens-mental-health-and-child-development-refugee-camps-has>.

Rohingya children underweight and suffering from anemia. Of those under five, 25 percent are acutely malnourished, and 38 percent are stunted.²⁵⁵ Mental health is also a critical issue, as one in five Rohingya refugee children have severe mental distress due to the trauma of witnessing violence, displacement, and ongoing instability. Likewise, these children are exposed to disease outbreaks, since conditions in informal housing and refugee camps do not have the sanitary conditions to keep contamination and the spread of disease under control. Additionally, more than 60 percent of the water supply available in refugee camps is contaminated, increasing the risk of spread of communicable and water-borne diseases.²⁵⁶ Lastly, there have been increasing challenges in the delivery of humanitarian aid of which a large part is health care assistance and support. Armed conflict often impedes the aid from reaching the camps and the organizations providing aid.²⁵⁷

Moreover, this conflict does not only affect the Rohingya children in refugee settlements but also those still living in Myanmar. Since the conflict started the indiscriminate use of weapons, attacks on hospitals, and the recruitment of children have disrupted the development of half a million children. These dire conditions in Myanmar have raised the statistics of ongoing issues such as child trafficking, forced labor, and forced marriages²⁵⁸ Similarly, many different factions involved in the conflict are recruiting child soldiers. Children are kidnapped or deceived into joining armed conflict and later they undergo four and a half to five months of training. They may be made to commit crimes against civilians without understanding what or for whom they are fighting. Children forced into military service encounter challenges in leaving the military due to the constant fear of arrest or potential execution. For those who manage to successfully flee, their

future remains uncertain and unpredictable. Many deserters attempt to escape across the national border, and some are recruited again, into resistance groups.²⁵⁹

Lastly, the deterioration of the economy of the country due to the ongoing conflict has made the situation for children worse. Many Rohingya families have faced economic difficulties making more than 55 percent of children live in poverty.²⁶⁰ Making access to necessities impossible for thousands of families in the country.

The predicament of Rohingya children in war areas emphasizes how urgently international cooperation is needed to defend their prospects and rights. Statelessness, a lack of legal safeguards, and continuous violence are the core causes of their vulnerability, and addressing them will need persistent political pressure, humanitarian assistance, and a dedication to long-term solutions that put the welfare of these children first. The younger generation of Rohingya will continue to experience hardship and instability in the absence of focused measures.

UNICEF has worked to provide nutritional supplements, sanitation supplies, and counseling on child nutrition.²⁶¹ They have also given out learning supplies and health services. Cash grants are also given to families with children. To help children deal with all the violence and trauma, UNICEF has provided mental health services.²⁶² They have also been training people to assist people injured by these weapons. In 2024, UNICEF is appealing for USD 208.3 million to provide life-saving assistance to 3.1 million children and families affected by the ongoing crisis in Myanmar.²⁶³ However, around 20 thousand of refugees living in Basan Char, an island in Bangladesh, can't receive this aid.²⁶⁴ In said countries, refugees are banned from

255 "Bangladesh: Rohingya Refugee Crisis 2017–2018" World Health Organization Regional Office for Southeast Asia, May 7, 2018, https://cdn.who.int/media/docs/default-source/searo/bangladesh/bangladesh---rohingya-crisis---pdf-reports/public-health-situation-analysis-may-2018.pdf?Status=Temp&sfvrsn=9a280761_2.

256 Albert and Maizland, "What Forces Are Fueling Myanmar's Rohingya Crisis?"

257 UNICEF, "Myanmar Appeal."

258 "What Decades of Conflict Means for the Children of Myanmar," World Vision, March 31, 2023, <https://www.wvi.org/stories/child-sponsorship/what-decades-conflict-means-children-myanmar>.

259 Yiwen Li, "The Child Soldiers of Myanmar," *Upstream Journal*, January 11, 2024, <https://upstreamjournal.org/myanmar-child-soldiers/>.

260 UNICEF, "Myanmar Appeal."

261 "Three-fold increase in civilian casualties caused by landmines and unexploded ordnance in Myanmar's escalating conflict," UNICEF, April 3, 2024, <https://www.unicef.org/press-releases/three-fold-increase-civilian-casualties-caused-landmines-and-unexploded-ordnance>.

262 UNICEF, "Delivering for children in a time of crisis."

263 UNICEF, "Three-fold increase in civilian casualties caused by landmines and unexploded ordnance in Myanmar's escalating conflict."

264 Global Conflict Tracker, "Civil War in Myanmar."

leaving. Additionally, humanitarian access is very restricted. Hence, international cooperation is required to provide the necessary help the children facing this crisis need and deserve.

Sustainable Development Goals

In 2015, the United Nations proposed 17 Sustainable Development Goals (SDGs).²⁶⁵ These goals look to improve a range of issues around the world. The SDGs aim to ensure that by 2030 all people enjoy peace and prosperity.²⁶⁶ These goals are an urgent call to action for a global partnership. They address poverty, climate change, and inequality, among other major problems faced around the world.²⁶⁷ More importantly, the SDGs recognize that action in one area will affect the others. Hence, the development must balance social, economic, and environmental sustainability. The 2030 Agenda for Sustainable Development has been adopted by all United Nations Member States.²⁶⁸ Fragile and conflict-affected states are where the greatest needs and challenges to achieving the SDGs exist.

Many sustainable development goals relate directly to the topic of protecting children in armed conflict. For instance, SDG 2 aims to “end hunger, achieve food security, improve nutrition, and promote sustainable agriculture.”²⁶⁹ As stated by target 2.1, this is especially important across vulnerable people. This includes children in armed conflict. However, countries going through conflict are not close to achieving this goal. Armed conflicts are associated with an increased risk of food insecurity. This is the leading cause of malnutrition in low and middle-income countries. Armed groups may obstruct food to use starvation as a weapon of war. It also disrupts food production

and destruction of production means.²⁷⁰ The consequences of it affect more than just one country. Up to 17 percent of the world’s wheat exports come from Russia and Ukraine.²⁷¹ The conflict between these two countries has affected global prices, having an impact on food security.²⁷² As a result, more than 112 million malnourished children live in areas exposed to conflict.²⁷³

Furthermore, another relevant goal for the topic is SDG 3: “Ensure healthy lives and promote well-being for all ages.”²⁷⁴ Armed conflict creates indirect and direct health threats, making SDG 3 harder to achieve. More in-depth, target 3.2 aims to end preventable deaths of newborns and children under 5 years of age. Target 3.3 aims to end epidemics of AIDS, tuberculosis, malaria, and other tropical diseases that currently affect children without any access to healthcare. This also includes hepatitis, water-borne diseases, and other communicable diseases.²⁷⁵ Conflict creates increased vulnerability to infectious diseases. This is because in conflict situations children have less access to clean water, food, shelter, and basic healthcare. Therefore, the conflict also presents a clear challenge in achieving said goal. Lastly, target 3.8 looks to achieve universal health coverage, including having safe quality medicines and vaccines.²⁷⁶ Yet, conflict often causes the interruption of basic health services and immunization.

Moreover, SDG 4 aims to “ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”. This goal specifically is very challenging to achieve during conflict.²⁷⁷ Target 4.1 seeks that girls and boys have access to free, equitable, and quality primary and secondary

265 The Path to 2030: Achieving the Sustainable Development Goals for Children Living in Conflict (Edinburgh: University of Edinburgh, 2021), https://www.ed.ac.uk/sites/default/files/atoms/files/children_in_conflict_and_sdgs_final2021.pdf.

266 “What are the Sustainable Development Goals?” UNDP, accessed September 9, 2024, <https://www.undp.org/sustainable-development-goals>.

267 The Path to 2030: Achieving the Sustainable Development Goals for Children Living in Conflict.

268 “The 17 Goals,” United Nations, accessed September 9, 2024, <https://sdgs.un.org/goals>.

269 “End hunger, achieve food security and improved nutrition and promote sustainable agriculture,” United Nations, accessed July 30, 2024, <https://sdgs.un.org/goals/goal2>.

270 “Goal 4,” United Nations, accessed August 2, 2024, <https://sdgs.un.org/goals/goal4>.

271 Komlam, and Ozkan, “Zero hunger and armed conflict,” 1-10.

272 Komlam, and Ozkan, “Zero hunger and armed conflict,” 1-10.

273 Makinde, “Childhood exposure to armed conflict and nutritional health outcomes in Nigeria,” *Conflict and Health* 17, no. 15 (March 2023), <https://doi.org/10.1186/s13031-023-00513-0>.

274 Olushayo Olu, Amos Petu, and Abdulmumini Usman, “Leaving no one behind in armed conflict-affected settings of Africa: is universal health coverage a possibility or mirage,” *Global Health Research and Policy* 9, no.17 (May 2024): 1-9, <https://doi.org/10.1186/s41256-024-00360-3>.

275 United Nations, “Goal 3.”

276 United Nations, “Goal 3.”

277 United Nations, “Goal 4.”

education.²⁷⁸ Target 4.5 addresses equal education for children in vulnerable situations, such as children in armed conflict.²⁷⁹ While achieving this goal in general is a challenge, some groups may face higher issues when trying to reach these goals. For instance, children with disabilities living in conflict zones will have more difficulty accessing good quality education. Even when humanitarian organizations provide these services during armed conflict, children with disabilities have a hard time with inaccessible roads and school facilities.²⁸⁰

Another relevant goal is SDG 8, which looks to “promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.”²⁸¹ Regarding specific targets, target 8.7 talks more specifically about “take immediate and effective measures to eradicate forced labor, end modern slavery and human trafficking, and secure the prohibition and elimination of the worst forms of child labor, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.”²⁸² Child labor undermines education, nutrition, and health.²⁸³ One of the strongest strategies to combat child labor is a strong education system.²⁸⁴ However, establishing a strong and secure education system in conflict areas is itself an own goal and challenge.

Lastly, SDG 16: “promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable and inclusive institutions at all levels.”²⁸⁵ This goal focuses on eradicating injustice and ensuring equality. Specifically, target 16.1: “significantly reduce all forms of violence and death rates everywhere” directly addresses conflict zones and the casualties and injuries this cause.²⁸⁶ The main goal of this SDG related to the topic is

to ensure international humanitarian law is respected during conflict as well as institutions. Furthermore, target 16.a aims to “strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime.”²⁸⁷ By doing this, efforts to provide humanitarian aid will become more effective and reach more children.

Bloc Analysis

Points of Division

The Kids Rights Index ranks UN member states that have ratified the UN Convention on the Rights of the Child. It’s based on how children’s rights are respected in a country. The index mainly focuses on the right to life, health, education, protection, and the enabling environment for child rights.²⁸⁸ The category of “Life” evaluates child mortality rates, life expectancy, and maternal mortality rate. “Health” evaluates underweight, immunization, improved sanitation facilities, and clean water sources. “Education” looks at the expected years of schooling for girls and boys, as well as the gender inequality in education. The “Protection” section looks at child labor, adolescent birth rate, and birth registration.²⁸⁹ Finally, the “Enabling Environment for Child Rights” measures non-discrimination, child participation, budget, and civil society cooperation for child rights.²⁹⁰ This index is based on information from UNICEF, United Nations Development Programme, and the UN Committee on the Rights of the Child. In 2024, the lowest score is Afghanistan with .209.²⁹¹

278 United Nations, “Goal 4.”

279 United Nations, “Goal 4.”

280 Emina Cerimovic, “At risk and overlooked: Children with disabilities and armed conflict,” *International Review of the Red Cross* 105, no. 922 (November 2022): 192-216, <https://international-review.icrc.org/articles/at-risk-and-overlooked-children-with-disabilities-and-armed-conflict-922>.

281 “Goal 8,” United Nations, accessed August 2, 2024, <https://sdgs.un.org/goals/goal8>.

282 United Nations, “Goal 8.”

283 *Ending Child Labour Through a Multisectoral Approach* (New York: UNICEF, 2021), <https://www.unicef.org/media/111686/file/Child%20Labour%20Brief%20Dec%202021%20Final.pdf.pdf>.

284 *Ending Child Labour Through a Multisectoral Approach*.

285 “Goal 16,” United Nations, accessed August 2, 2024, <https://sdgs.un.org/goals/goal16>.

286 United Nations, “Goal 16.”

287 United Nations, “Goal 16.”

288 “KidsRights Index Methodology,” Kids Rights, accessed August 1, 2024, <https://www.kidsrights.org/research/kidsrights-index/methodology/>.

289 Kids Rights, “KidsRights Index Methodology.”

290 Kids Rights, “KidsRights Index Methodology.”

291 “Research- KidsRights Index,” Kids Rights, accessed August 1, 2024, <https://www.kidsrights.org/research/kidsrights-index/>.

On the other hand, the highest score is Luxembourg with .885.²⁹² The top 50 countries will be considered as a high score.

The Armed Conflict Location and Event Data Project (ACLED) Conflict Index measures four indicators in countries. These indicators are deadliness, danger to civilians, geographic diffusion, and armed group fragmentation. This provides a clear idea of the severity of the conflict. It is based on political violence and protests. The ACLED Conflict Index ranks countries within each of the four indicators.²⁹³ After that, an average for each country is calculated. The Index classifies countries into different levels of conflict. These are “extreme”, “high”, “turbulent”, and “low/inactive”.²⁹⁴ Extreme conflicts are the top 10 in the ranking. The next 20 are high, and after that the following 20 are turbulent. The remaining ones are low/inactive.²⁹⁵

These two indexes can illustrate the severity of a conflict in a country regarding the well-being of children. In addition, these indexes provide us with some guidelines and categories as to which countries are in a state of emergency in terms of child welfare, and which are in a better situation. Placing all countries in some position within the indexes, not only helps to identify the severity of the situation in some places but also what measures can be taken to improve it. By understanding how both indexes work and what all countries with favorable scores have in common, it will be possible to create solutions and measures to improve the lives of children in conflict zones around the world. Lastly, it is important to note that while a country may not be experiencing high levels of conflict it could still need to have more updated and effective child policies, which is ultimately the goal of the committee.

Extreme, High, and Turbulent Conflict and Kids Rights (Index rank above 50)

Countries in this bloc are the ones experiencing aggressive levels of conflict. In many cases, this is an armed conflict. In

these countries the conflict not only affects a small area but most of the national territory. Furthermore, most of these conflicts are either worsening or remain very concerning. Countries in this bloc represent the smallest percentage of the Kid’s Rights Index since it’s very difficult for countries that experience conflict to uphold children’s rights. Some examples of countries that fall into this bloc are Ukraine, Peru, and Trinidad and Tobago. These countries do have a lot to achieve but they have strong policies to protect children.

Despite all the violence, countries in this bloc have taken measures to mitigate children’s rights violations. For example, Mexico published the General Law for the Protection of the Rights of Children and Adolescents.²⁹⁶ They also created a National System of Comprehensive Protection for Children and Adolescents.²⁹⁷ With these, the legal framework for child protection has become stronger. However, the country still lacks some institutional resources to apply the country’s laws and the treaties it has signed.²⁹⁸

Extreme, High, and Turbulent Conflict and Kids Rights (Index rank below 50)

Countries that belong to this bloc are Nigeria, Sudan, Cameroon, the Democratic Republic of Congo, Haiti, Yemen, Iraq, Ethiopia, Mali, Burkina Faso, Mozambique, and Afghanistan.

Countries in this bloc experience conflict on different levels (but mostly all of them are extremely concerning), and because of it they have not been able to protect their children from it. They may need to work on their legislation and programs to make sure children’s needs are not affected, or at least minimally affected, by conflict. A great example of a country in this bloc is Afghanistan. Since the Taliban started governing the country, girls have been prohibited from receiving education after the primary level. Similarly, many young girls are forced into child marriages, jeopardizing their physical and mental

292 Kids Rights, “Research- KidsRights Index.”

293 “ACLED Conflict Index,” ACLED, accessed June 30, 2024, <https://acleddata.com/conflict-index/>.

294 ACLED, “ACLED Conflict Index.”

295 ACLED, “ACLED Conflict Index.”

296 Natalia Valencia, Mónica López, Martha Frías, and Hans Grietens, “Child protection in Mexico: A review of policy, systems structures and current challenges,” *Children and Youth Services Review* 112, no. 104878 (May 2020): 1-9, <https://www.sciencedirect.com/science/article/abs/pii/S0190740919306371>.

297 Valencia, López, Frías, and Grietens, “Child protection in Mexico: A review of policy, systems structures and current challenges,” 1-9.

298 Valencia, López, Frías, and Grietens, “Child protection in Mexico: A review of policy, systems structures and current challenges,” 1-9.

development as well as their future. With these discriminatory policies and common practices, a significant part of girl's rights and well-being is compromised.²⁹⁹

Another example is Pakistan, which entered the “extreme” category of conflict recently, after spending years in the “high” conflict category. This change stems from recent struggles from separatist groups on the border with Iran which have sparked violence.³⁰⁰ To ensure the general health of the population, in 2018 the country endorsed a national initiative to achieve universal health coverage.³⁰¹ And in 2021 the government implemented new policies to reach the goal of the initial program.³⁰² Moreover, there is still a lot to be done in other areas, like in education. In May 2024, Pakistan's Prime Minister declared an education emergency.³⁰³ The emergency was called after it was revealed that 26 million children were not attending class due to attacks on schools.³⁰⁴

Lastly, another example is Somalia. In Somalia, the conflict has affected birth registration. It has decreased by 50 percent from 2023.³⁰⁵ Now, Somalia has the second lowest birth registrations, after Ethiopia.³⁰⁶ The Committee on the Rights of the Child has expressed concerns about the low birth registrations and the lack of a legal framework for doing this.³⁰⁷ This problem affects particularly vulnerable children living in refugee camps, ethnic minorities, and children living in remote areas.³⁰⁸ Without these birth registrations, children may face further issues like being put into adult criminal justice, not being able to have access to healthcare or education, and even

not being able to have a national identification, which puts them at risk of statelessness.

Low Conflict and Kids Rights (Index rank above 50)

Countries in this bloc don't usually experience conflict and there are no significant armed groups. They might have localized violence, but it doesn't affect the country's overall political stability. They usually have strong law enforcement, judicial systems, and institutions that protect children's rights. Examples of countries that belong to this bloc are Greece, Thailand, Qatar, and Uruguay.

Liechtenstein, another example of a country belonging to this bloc, has many policies establishing children's rights as a priority. For example, they constantly provide teaching aids and information material for children.³⁰⁹ They also have a Child-Friendly Cities Initiative that gets children involved in the process of sustainable urban development.³¹⁰ And, the country also participates in UN reporting to provide insights on progress and setbacks in children's rights.

Lastly, another example is Montenegro. The country's rate of children enrolled in school has increased steadily each year. The national budget has also increased its money destined to social assistance for children.³¹¹ They have also improved immunization rates with the help of organizations such as UNICEF. they.³¹² While there's still a lot to be achieved, the country's commitment to improve care for children places

299 The KidsRights Index 2024 Report (Amsterdam: KidsRights Foundation, 2024), <https://files.kidsrights.org/wp-content/uploads/2024/07/16233907/KidsRights-Index-2024-Report.pdf>.

300 Sophia Saifi, Adam Pourahmadi, Azaz Syed, and Jessie Yeung, “Why are Iran and Pakistan striking each other's territory-and what does it have to do with the Middle East?” CNN, January 18, 2024, <https://edition.cnn.com/2024/01/18/world/iran-pakistan-attacks-tensions-explainer-intl-hnk/index.html>.

301 Ala Alwan, Dean Jamison, Sameen Siddiqi, and Anna Vassall, “Pakistan's Progress on Universal Health Coverage: Lessons Learned in Priority Setting and Challenges Ahead in Reinforcing Primary,” *International Journal of Health Policy and Management* 13, no. 8450 (April 2024): 1-5, doi 10.34172/ijhpm.2024.8450.

302 Alwan, Jamison, Siddiqi, and Vassall, “Pakistan's Progress on Universal Health Coverage: Lessons Learned in Priority Setting and Challenges Ahead in Reinforcing Primary,” 1-5.

303 UNICEF, “UNICEF condemns attack on girls' school in North Waziristan,” news release, May 10, 2024, <https://www.unicef.org/rosal/press-releases/unicef-condemns-attack-girls-school-north-waziristan>.

304 UNICEF, “UNICEF condemns attack on girls' school in North Waziristan.”

305 The KidsRights Index 2024 Report.

306 The KidsRights Index 2024 Report.

307 The KidsRights Index 2024 Report.

308 The KidsRights Index 2024 Report.

309 “Our national commitment to children's rights,” UNICEF, accessed August 2, 2024, <https://www.unicef.ch/en/what-we-do/national/commitment-to-childrens-rights>.

310 “Child Friendly Cities Initiative,” UNICEF, accessed August 2, 2024, <https://www.unicef.ch/en/what-we-do/national/partners-and-initiatives/child-friendly-cities>.

311 For every child, every right (Podgorica: UNICEF Montenegro, 2024), <https://www.unicef.org/montenegro/en/media/24201/file/UNICEF%20Montenegro%20Country%20Office%202023%20Annual%20Report.pdf>.

312 For every child, every right.

them in this bloc.

Low Conflict and Kids Rights (Index rank below 50)

Countries in this bloc do not experience conflict. There may be levels of violence, but they usually are incredibly low affecting little to no population. Nevertheless, their commitments with children's welfare have major areas of improvement. Countries in this bloc may have significant issues in education, child protective services, and healthcare. A few examples of countries in this bloc are Spain, Azerbaijan, Kuwait, Tuvalu, and Australia.

Namibia is another great example. Despite its high schooling rate, this African country faces problems with the quality of education. This can be seen in its dropout and repetition rates.³¹³ Furthermore, almost half of students fail to achieve the expected proficiency in math and english. Other issues that affect education in the country are teen pregnancies and violence inside the schools.³¹⁴ Lastly, another issue that namibian children face is accessing healthcare and sanitation. In general, only 33 percent of the population have adequate sanitation. This can contribute to higher mortality rates, which in 2020 the under -5-mortality rate peaked at 39.62 percent and 25 percent of children under five are underweight.³¹⁵

This bloc shows how conflict is a determining factor in children's well-being, but it is not everything. Even if they are not affected by conflict, many countries can face significant problems and delays in health care and the education system. It is therefore important that when placing a country in a block and drafting solutions, all these variables and possibilities are considered.

Committee Mission

Children are vulnerable to many risks, which are heightened when they live in conflict zones. One of the main reasons UNICEF was created was to put an end to situations like these. UNICEF is a General Assembly-mandated agency that advocates for the protection of children's rights. It does this by helping governments meet children's basic needs and enabling them to reach their full potential. They also research and evaluate past programs and their impact on children and work to improve their effectiveness.³¹⁶ In the same way, the Fund also aims to provide practical solutions, such as safe shelter, nutrition, education, health care and psychosocial rehabilitation. They also seek to protect children in humanitarian emergencies caused by disasters or conflicts.³¹⁷ In the specific case of conflict zones, UNICEF also monitors incidents affecting children in each country or conflict-affected area. These incidents include but are not limited to violations of children's rights. However, this process is difficult to carry out, as the conditions in which UN staff collect data are almost always very unsafe. Although UNICEF is primarily responsible for this, the UN agency cannot operate arbitrarily, as it must always first consult with the government of the state in which it operates before providing any aid or support.³¹⁸

In addition, UNICEF constantly works to put children on the global agenda.³¹⁹ This is crucial to achieve partnerships across all the levels that UNICEF works in. By doing this they are securing donations, which are important to assist. The Fund works with the public sector, private sector, and civil society to improve children's health, nutrition, education, and protection.³²⁰ Public sector partners include governments and international financial institutions. Private sector partners are usually corporations and foundations. Finally, civil society organizations are NGOs, research institutes, and social movements, among others.³²¹ The Executive Board of UNICEF submits an annual report to the General Assembly

313 "Realizing Children's Rights in Namibia," Humanium, accessed August 2, 2024, <https://www.humanium.org/en/namibia/>.

314 Humanium, "Realizing Children's Rights in Namibia."

315 Humanium, "Realizing Children's Rights in Namibia."

316 "The Practical Guide to Humanitarian Law," Medecins Sans Frontiers, accessed August 2, 2024, <https://guide-humanitarian-law.org/content/article/3/unicef-united-nations-childrens-fund/>.

317 UNICEF, "About UNICEF."

318 UNICEF, "About UNICEF."

319 UNICEF, "About UNICEF."

320 "UNICEF partnerships," UNICEF, accessed August 12, <https://www.unicef.org/partnerships>.

321 "UNICEF civil society partnerships," UNICEF, accessed August 2, 2024, <https://www.unicef.org/partnerships/civil-society>.

and ECOSOC.³²² This report not only helps to identify which areas need more work and which parts of the world are in the most critical situation but also helps to identify where to allocate resources and makes budgeting easier. As a rule, the Executive Council allocates the budget based on under-five mortality, GDP per capita, and the number of children in the population.³²³

In addition, UNICEF works closely with other organizations and committees. One of these is the Committee on the Rights of the Child.³²⁴ This committee gave rise to the 1989 Convention on the Rights of the Child (CRC).³²⁵ And, it is this convention on which UNICEF's mandate is based.³²⁶ This convention has been ratified by all member states and UNICEF constantly promotes the CRC to the governments of the world to adhere to it and make it a priority. However, each country presents different challenges, and in many cases, governments are not able to follow them.³²⁷

UNICEF is also mandated to help States implement policies and laws that protect children. This assistance or support is not only for countries in conflict but extends to any country in the world, especially those that are having trouble protecting their child population. The delegates from each country must assess the extent to which their country conforms to UNICEF's recommendations as set out in various documents. Among these documents are the "National Guidelines for the Reintegration of Children Affected by Armed Conflict" and the "Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict", among others.³²⁸ By examining a country's implementation of the CRC, delegates can identify the main problems the territory faces in safeguarding children in armed conflict. Following this, their responsibility is to propose durable and enforceable solutions for the most affected areas.

322 "Our mandate: no child left behind," UNICEF, accessed August 2, 2024, <https://www.unicef.org/eca/our-mandate-no-child-left-behind>.

323 UNICEF, "Our mandate: no child left behind."

324 Medecins Sans Frontiers, "The Practical Guide to Humanitarian Law."

325 Medecins Sans Frontiers, "The Practical Guide to Humanitarian Law."

326 UNICEF, "Our mandate: no child left behind."

327 Medecins Sans Frontiers, "The Practical Guide to Humanitarian Law."

328 "Guidelines for Protecting Schools," Protecting Education, accessed August 2, 2024, https://protectingeducation.org/wp-content/uploads/documents/documents_guidelines_en.pdf.



UNICEF

NHSMUN 2025

TOPIC B:

IMPROVING HEALTH CONDITIONS FOR INFANTS AND TODDLERS

Photo Credit: Seaman Charles T. Green

Introduction

Health conditions for infants and toddlers have been a vital responsibility to ensure and protect worldwide. By having poor and altered health conditions, they are at great risk, considering their vulnerability to diseases and other conditions in the early years of their lives.¹ For instance, infectious diseases such as pneumonia, diarrhea, and malaria are the leading causes of death for children under five globally.²

Immense global progress has been made in reducing child deaths since 1990.³ This caused a decline in the total number of under-five deaths worldwide, from 12.6 million in 1990 to 5.2 million in 2019.⁴ Since then, the mortality rate has dropped by 59 percent from 93 deaths per 1000 live births in 1990 to 38 in 2019.⁵ This is evidence that with the joint efforts of all nations promoting diplomacy and collaboration, improving infants' and toddlers' health is neither unreachable nor impossible. Despite the progress achieved, they remain insufficient, and further efforts are necessary to continue improving.

Even though the international community has prioritized reducing the under-five mortality rate by implementing plans, agendas, and programs, these results vary across regions and countries.⁶ A clear example of this is Sub-Saharan Africa, which remains the region with the highest under-five mortality rate in the world.⁷ Another region is southern Asia, which accounts for more than 80 percent of the 5.2 million under-five deaths in 2019, keeping in mind some of the factors causing these regions to have a higher number of deaths are preterm birth, birth asphyxia and trauma, and congenital anomalies⁸. Despite this, collaborative efforts from the United Nations and Member States have been put into practice to ensure the improvement of health conditions for infants and toddlers in every context possible.

Access to healthcare is fundamental to treating potential diseases and illnesses that infants and toddlers can contract.⁹ Basic lifesaving interventions like skilled delivery at birth, postnatal care, breastfeeding and adequate nutrition, vaccinations, and treatment for common childhood diseases are services that should be accessible. Infants and toddlers who die within the first 29 days of birth suffer from conditions and diseases associated with a lack of quality care at birth or skilled care and treatment immediately after birth and even on their first day of life.¹⁰ Factors like socioeconomic contexts, external conflicts, or vulnerable health systems can obstruct access to healthcare.¹¹

At the same time, nutrition and diet control are important to avoid malnutrition problems like wasting, stunting, and others that could alter the development of infants and toddlers.¹² These controls depend on the environmental surroundings that can cause disturbance to the basic needs of humanity like water, sanitation, and hygiene.¹³

The impact of technology on health also plays an important role by implementing modern technologies in favor of health care services. Around the world, technology is being used to elaborate special and difficult tasks to solve health problems in patients from different contexts. By ensuring the application of health technologies in postnatal care, detection, and treatment of infectious diseases, the health conditions of infants and

1 "Children: Improving Survival And Well-Being," World Health Organization, September 8, 2020, <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>.

2 World Health Organization, "Children: Improving Survival And Well-Being."

3 World Health Organization, "Children: Improving Survival And Well-Being."

4 World Health Organization, "Children: Improving Survival And Well-Being."

5 World Health Organization, "Children: Improving Survival And Well-Being."

6 World Health Organization, "Children: Improving Survival And Well-Being."

7 World Health Organization, "Children: Improving Survival And Well-Being."

8 World Health Organization, "Children: Improving Survival And Well-Being."

9 "Newborn mortality," World Health Organization, March 14, 2024, <https://www.who.int/news-room/fact-sheets/detail/newborn-mortality>.

10 World Health Organization, "Newborn mortality."

11 World Health Organization, "Newborn mortality."

12 World Health Organization, "Newborn mortality."

13 World Health Organization, "Newborn mortality."

toddlers are protected and guaranteed to be taken care of in their development stages.

As malnutrition and child mortality are still present, addressing them and finding proper solutions to eradicate the problem is vital and urgent to ensure the lives of infants and toddlers worldwide. Newborn deaths account for 47 percent of deaths among children under the age of five globally. Without any action, and the fact that they are the most vulnerable, infants and toddlers can experience terrible consequences to their health and development.¹⁴

History and Description of the Issue

Access to Healthcare

Healthcare access is the ability of an individual to obtain any type of medical services they require.¹⁵ Access to healthcare is especially important for infants and children. Medical care is essential for a child's physical, emotional, and cognitive development. This is especially important for infants and toddlers. Infancy and toddlerhood refer to the period from birth until a child reaches 36 months of age.¹⁶ This period is incredibly important in a child's life since it determines their long-term well-being. From age zero to five, a child's brain develops quickly and is highly influenced by their environment.¹⁷ During this time children go from barely paying attention to speech to forming phrases.¹⁸ During infancy and toddlerhood, children develop a sense of what the world around them is like. The first three years of someone's

life are also key to their academic and professional success.

Article 24 of the Convention on the Rights of the Child ensures that no child is denied access to health care services.¹⁹ If access to health care is denied, infants and toddlers become more vulnerable to diseases and may not receive the proper support they need to stay healthy. For this reason, it is important not to let any children be deprived of their healthcare services. Also, this can generate many consequences and affect other rights. Some rights that can be consequently affected are the right to the best health care possible, access to education, rest, play, culture, arts, recovery and reintegration, and more.²⁰

However, not every child has access to regular healthcare. According to the World Health Organization, at least half of the world's population does not have access to basic health services.²¹ As a result, millions of children die every year, which could be avoided with quality healthcare.²² For example, in 2022, 4.9 million children under the age of five died due to preventable causes. Many factors can create obstacles and challenges to access quality healthcare. This creates health inequalities, which are unfair differences between different groups of children.²³ These differences can often be attributed to social, economic, and environmental factors.

Economic challenges can prevent children from reaching the healthcare services they need. Children are disproportionately affected by the effects of living in poverty. Worldwide there are about 333 million children who live in extreme poverty.²⁴ These children lack access to nutritious food or clean water. They also face a higher risk of mortality, poor physical health,

14 World Health Organization, "Newborn mortality."

15 Alicia Núñez, S.D. Sreeganga, and Arkalgud Ramaprasad, "Access to Healthcare during COVID-19," *International Journal of Environmental Research and Public Health* 18, no 6 (March 2021): 2980, <https://doi.org/10.3390/ijerph18062980>.

16 Elizabeth R. Purdy, "Infant and toddler development", *Britannica*, Accessed August 15, 2024, <https://www.britannica.com/science/infant-and-toddler-development>

17 "The Impact of Healthcare Access on Child Development," *American Society for the Positive Care of Children*, accessed August 15, 2024, <https://americanspc.org/the-impact-of-healthcare-access-on-child-development/>.

18 "Supporting Infant-toddler Development", *PennState Extension*, accessed August 15, 2024, <https://extension.psu.edu/programs/betterkidcare/news/supporting-infant-toddler-development>

19 "UNICEF Immunization Roadmap to 2030," UNICEF, accessed July 2024, <https://www.unicef.org/documents/unicef-immunization-roadmap-2030>.

20 "The Convention on the Rights of the Child: The Children's Version," UNICEF, 2019, <https://www.unicef.org/child-rights-convention/convention-text-childrens-version>.

21 "World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses", *World Health Organization*, accessed August 15, 2024, <https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>

22 "Health," UNICEF, accessed August 15, 2024, <https://www.unicef.org/health>.

23 "Child Health Inequalities Driven by Child Poverty in the UK - Position Statement," *Royal College of Pediatrics and Child Health*, accessed July 19, 2024, <https://www.rcpch.ac.uk/resources/child-health-inequalities-position-statement>.

24 "Facts on Child Poverty," *Global Coalition to End Child Poverty*, accessed July 19, 2024, <https://www.endchildhoodpoverty.org/facts-on-child-poverty>.

and mental health problems.²⁵ Hence, children living in extreme poverty are twice as likely to die than their wealthier peers.²⁶ Children facing poverty also live in a continuous cycle. Their vulnerability to illness and health problems limits their education and employment opportunities.²⁷ This makes it more difficult to escape poverty and to access proper healthcare.

Children who live in low-income countries also struggle to access quality healthcare. People in low-income countries tend to have less access to health services than those in better-off countries.²⁸ Underfunded health systems don't provide the quality of services needed to save the lives of young children. In low-income countries, less than one in ten children have access to child benefits.²⁹ Child benefits are a form of social protection to promote the well-being of children. They are essential for reducing poverty and accessing healthcare, nutrition, and water and sanitation. Currently, about one

billion children don't have access to child benefits.³⁰ Many of these children live in low-income countries and hence do not have access to the healthcare services they need.

Additionally, low-income countries struggle to reach the poorest populations. This can make it more difficult to fight communicable diseases.³¹ Therefore, children in low-income countries are more vulnerable to infectious diseases, while also struggling to access healthcare services. For example, pneumonia is responsible for killing 700,000 children a year. This disease can be easily managed with antibiotics. The deaths linked to pneumonia are related to undernutrition, lack of safe water and sanitation, indoor air pollution, and the lack of access to health care. As a result, all these factors tend to cause poverty conditions, making pneumonia a constant disease in the poorest populations worldwide. Since antibiotics are important to treat pneumonia, in 2022 UNICEF provided 22.1 million antibiotic treatments to children under one year

²⁵ Royal College of Pediatrics and Child Health “Child Health Inequalities Driven by Child Poverty in the UK - Position Statement”

²⁶ “Child Poverty”, United Nations International Children Education Fund UNICEF, accessed July 19, 2024, <https://www.unicef.org/social-policy/child-poverty>

²⁷ Royal College of Pediatrics and Child Health “Child Health Inequalities Driven by Child Poverty in the UK - Position Statement”

²⁸ David H. Peters, Anu Garg, Gerry Bloom, Damian G. Walker, William R. Brieger, and M. Hafizur Rahman, “Poverty and Access to Health Care in Developing Countries,” *Annals of the New York Academy of Sciences* 1136, no. 1 (June 1, 2008): 161–71, <https://doi.org/10.1196/annals.1425.011>.

²⁹ “1.4 billion children globally missing out on basic social protection, according to latest data”, United Nations International Children Education Fund UNICEF, accessed July 19, 2024, <https://www.unicef.org/press-releases/14-billion-children-globally-missing-out-basic-social-protection-according-latest>

³⁰ United Nations International Children Education Fund UNICEF, “1.4 billion children globally missing out on basic social protection, according to latest data”

³¹ Orach CG, “Health equity: challenges in low income countries”, NCBI, October 2009, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2877288/>



Health check-up in progress at a medical camp

Credit: Indian Ministry of Information and Broadcasting

of age in approximately 41 countries.³²

On the other hand, children who live in rural areas also face challenges in accessing quality healthcare. Infants and toddlers in rural areas are less likely to receive preventive medical care, like vaccines.³³ Also, the infant mortality rate is higher in rural than in urban communities.³⁴ A clear example is the remote communities in Timor-Leste and their access to healthcare. A challenge that mothers face in this context, is that many health centers are not properly equipped or have access to clean water. Without access to quality health care and clean water, the delivery of the baby can be put at risk.³⁵

Social factors, such as culture and education can also present barriers to healthcare access. Some communities lack awareness about health issues. Due to this many people will distrust modern medical practices. As a result, people will not seek medical help, despite having access to it. This mistrust was clear during the COVID-19 pandemic. According to UNICEF, in Europe and Central Asia, the perception of the importance of vaccines for children has declined by more than 10 percentage points.³⁶ This lack of confidence in vaccines led to the largest backslide in immunization in 30 years.³⁷

Conflict and violent settings also pose a particular threat to healthcare. Almost half of all child deaths under-five deaths occur in these settings.³⁸ For children living in conflict situations, healthcare is critical. Those going through violent conflicts face a higher risk of disease and malnutrition.³⁹ However, children in conflict are less likely to have access

to healthcare. A clear example can be seen in the current situation in the Gaza Strip. The conflict situation in the Gaza Strip is placing children at extremely high risk. More than 14,000 children have been killed and thousands more have been injured.⁴⁰

Since 2018, the Gaza Strip has faced attacks on healthcare.⁴¹ The WHO identifies an attack on health care as a moment of violence that blocks the delivery or access to health services during emergencies.⁴² After six months of continuous bombardment, Gaza's health system has been severely impacted, with only 11 out of 36 hospitals still operational.⁴³ As a result, around 350,000 people with chronic diseases are unable to access essential medicines, supplies, and services.⁴⁴

Gaza Strip's conflict has directly affected infants and toddlers. All these children have been exposed to the difficult and impactful experiences of war. Also, by them being half of Gaza's population and being internally displaced, they do not have enough access to water, food, and medicine.⁴⁵ The aftermath of this is that infants and toddlers are not able to maintain the hygiene levels needed to prevent disease and chronic diarrhea. At least 28 children have died because of malnutrition, lack of medical treatment, and dehydration.⁴⁶

These problems are exacerbated because children in the Gaza Strip don't have access to healthcare. Nearly 400 children in Gaza were denied access to healthcare services in the first six months of 2023 which left them without access to life-saving surgery or urgent medication.⁴⁷ UNICEF delivers medical

32 "Childhood diseases", UNICEF, accessed July 19 2024, <https://www.unicef.org/health/childhood-diseases>

33 "Health Care Access for Infants and Toddlers in Rural Areas - Child Trends," Child Trends, accessed July 19 2024, <https://www.childtrends.org/publications/health-care-access-for-infants-and-toddlers-in-rural-areas>.

34 Child Trends, "Health Care Access for Infants and Toddlers in Rural Areas - Child Trends"

35 "What do we do?," UNICEF, accessed July 19 2024, <https://www.unicef.org/au/what-we-do/healthcare>

36 "Confidence in childhood vaccines declines across Europe and Central Asia", UNICEF, April 20, 2023, <https://www.unicef.org/eca/press-releases/confidence-childhood-vaccines-declines-across-europe-and-central-asia-new-unicef>

37 "New data indicates declining confidence in childhood vaccines of up to 44 percentage points in some countries during the COVID-19 pandemic," UNICEF, accessed July 19 2024, <https://www.unicef.org/rosa/press-releases/new-data-indicates-declining-confidence-childhood-vaccines-44-percentage-points-some>

38 "Maternal, newborn and child survival", UNICEF, accessed July 19 2024, <https://www.unicef.org/health/maternal-newborn-and-child-survival>

39 UNICEF, "Health."

40 "Children in Gaza need life-saving support," UNICEF, accessed July 19 2024, <https://www.unicef.org/emergencies/children-gaza-need-lifesaving-support>

41 "Gaza: rate of attacks on healthcare higher than in any other conflict globally since 2018," Save the Children, accessed July 19, 2024, <https://www.savethechildren.net/news/gaza-rate-attacks-healthcare-higher-any-other-conflict-globally-2018>

42 Save the Children, "Gaza: rate of attacks on healthcare higher than in any other conflict globally since 2018."

43 Save the Children, "Gaza: rate of attacks on healthcare higher than in any other conflict globally since 2018."

44 Save the Children, "Gaza: rate of attacks on healthcare higher than in any other conflict globally since 2018."

45 UNICEF, "Children in Gaza need life-saving support."

46 Save the Children, "Gaza: rate of attacks on healthcare higher than in any other conflict globally since 2018."

47 "The lives of a million children in Gaza hang in the balance as public health catastrophe looms," Relief Web, accessed July 19, 2024,

supplies to hospitals and health facilities like incubators and supplies for newborns and special kits for midwives. Other contributions to the overall health response have been made through mobile teams, primary healthcare consultation, and support for any postnatal care and high-risk pregnancies, as well as immunization services for children who desperately need them

Newborns are some of the most vulnerable to lack of access to healthcare. Almost half of the deaths of children occur in the first month of life.⁴⁸ Due to poor quality healthcare, many countries can not improve maternal and newborn survival rates. Daily, 6,300 babies die in the first month of their life.⁴⁹ The U.S. Maternal and Child Health Bureau established the development of healthcare guidelines that recommend healthcare visits for children at relevant stages of their development.⁵⁰ These visits are recommended because of the early examination done on infants that, if done progressively, can help doctors identify any risks in their health and take action as early as possible. These include physical examinations and medical observation. Even with these advantages, infants, and toddlers worldwide cannot access this because of health insurance status, income, race, ethnicity, family structure, and region.⁵¹

The health of mothers is important because, if not taken care of, children's health is affected. While there's no access to healthcare services, mothers face challenges like miscarriage, infection of an early-stage disease that could affect the baby and the mother, and more during pregnancy and childbirth that could lead to high maternal mortality in developing

countries.⁵² For example, in 2020, five million children under the age of five passed away from preventable causes.⁵³

Improving access to healthcare worldwide remains an urgent global challenge. If current trends persist, 35 million children under the age of five will die by 2030.⁵⁴ That is why UNICEF is working to improve the survival chances of babies, children, and their mother. UNICEF looks upon the provision of necessary medical assistance and healthcare.⁵⁵ The reason for such provision is to focus on supporting health facilities and primary health care by maximizing the resources for health systems.

Immunization and Vaccination

During the last decades, new diseases have appeared and affected humanity. In consequence, medical staff all around the world have introduced processes of immunization and vaccination. The process of immunization reduces the risk of getting a disease by working with the body's defenses to build protection.⁵⁶ Immunization to protect children and adults from many infectious diseases is one of the biggest achievements of public health worldwide.⁵⁷ Currently, there are vaccines to prevent more than 20 life-threatening diseases.⁵⁸ Immunization prevents about five million deaths every year from common infectious diseases.⁵⁹

An example of this is the disease of poliomyelitis and the intervention of immunization to save lives. Polio is a highly infectious disease that is caused by a virus. Such a virus invades the nervous system and has the chance to cause total paralysis in a matter of hours.⁶⁰ It's transmitted by person-to-person

<https://reliefweb.int/report/occupied-palestinian-territory/lives-million-children-gaza-hang-balance-public-health-catastrophe-looms>

48 UNICEF, "Maternal, newborn and child survival."

49 "Maternal and newborn health," UNICEF, accessed July 19, 2024, <https://www.unicef.org/health/maternal-and-newborn-health>,

50 "Access to Health Care Part 1: Children Vital and Health Statistics," National Center for Health Statistics, accessed July 19, 2024, https://www.cdc.gov/nchs/data/series/sr_10/sr10_196.pdf.

51 National Center for Health Statistics, "Access to Health Care Part 1: Children Vital and Health Statistics."

52 Azuh Dominic, Adeyemi Ogundipe, and Oluwatomisin Ogundipe, "Determinants of Women Access to Healthcare Services in Sub-Saharan Africa," *The Open Public Health Journal* 12, no. 1 (December 2019): 504–14. <https://doi.org/10.2174/1874944501912010504>.

53 "Adolescent Development & Participation | UNICEF Australia," UNICEF Australia, accessed July 19, 2024, <https://www.unicef.org/au/what-we-do/healthcare>.

54 UNICEF, "Maternal, newborn and child survival."

55 "UNICEF Immunization Roadmap to 2030," UNICEF, accessed July 2024, <https://www.unicef.org/documents/unicef-immunization-roadmap-2030>.

56 "Vaccines and Immunization," World Health Organization: WHO, October 29, 2019, <https://www.who.int/health-topics/vaccines-and-immunization>.

57 Medicine, Institute of, Board on Health Promotion and Disease Prevention, and Immunization Safety Review Committee, *Immunization Safety Review: Vaccinations and Sudden Unexpected Death in Infancy*, National Academies Press, 2003

58 World Health Organization: WHO, "Vaccines and Immunization."

59 World Health Organization: WHO, "Vaccines and Immunization."

60 "Poliomyelitis (Polio)," World Health Organization: WHO, November 18, 2019, <https://www.who.int/health-topics/poliomyelitis>.



Polio vaccination being given to a Somali boy
 Credit: Andrew W. McGalliard

spread mainly through the fecal-oral route or contaminated water or food and it multiplies in the intestine. Polio mainly affects children under five years old.⁶¹ As long as a single infant or toddler remains infected, children in all countries are at risk of contracting polio. Despite this, there's no cure for polio but it can be prevented with immunization. Due to vaccination, cases due to wild poliovirus have decreased by over 99 percent since 1988. From 350,000 cases in more than 125 native countries to only two countries as of October 2023.⁶² Hence, vaccination is essential in the fight against polio.

Vaccines are especially important to children. Besides saving lives, immunization promotes a child's overall health and well-being. Immunization processes and vaccination follow-up are fundamental for the development of infants and toddlers. Since the baby's immune system is not fully developed at birth, vaccines help teach the immune system how to defend against the thousands of germs that they are exposed to every day.⁶³ Due to immunization efforts worldwide, children can walk, play, dance, learn, and live life. That helps prevent absences

from school which contributes to their academic success. Vaccines can also have economic benefits. Immunization stops the spread of infectious diseases. By doing so, it eliminates the cost of caring for the ill. For families, this can also mean the parent or caregiver won't have to take time off work to care for the child. Today, vaccines are estimated to be one of the most cost-effective means of advancing national welfare and development.⁶⁴ Every US dollar spent on vaccines has a return on investment of USD 26.⁶⁵

A notable success of immunization includes the worldwide eradication of smallpox, the elimination of indigenous measles and rubella in the United States, and proper treatment during the COVID-19 pandemic.⁶⁶ This success has a lot of relevance considering that measles and rubella are one of the many diseases that attack directly or with ease children younger than five years old.

Yet, every year about 25 million children miss out on life-saving vaccines.⁶⁷ This puts them at higher risk of preventable

61 "Poliomyelitis," WHO, October 2023, <https://www.who.int/news-room/fact-sheets/detail/poliomyelitis>.

62 WHO, "Poliomyelitis."

63 "Immunization Programme," UNICEF, accessed June 27, 2024, <https://www.unicef.org/immunization>.

64 UNICEF, "Immunization Programme."

65 The State of the World's Children 2023: Executive Summary: For Every Child, Vaccination, (Florence: UNICEF, 2023), <https://www.unicef.org/media/138916/file/SOWC%202023,%20Executive%20Summary,%20English.pdf>

66 Larry K. Pickering, Carol J. Baker, Gary L. Freed, Stanley A. Gall, Stanley E. Grogg, Gregory A. Poland, Lance E. Rodewald, et al. "Immunization Programs for Infants, Children, Adolescents, and Adults: Clinical Practice Guidelines by the Infectious Diseases Society of America." *Clinical Infectious Diseases* 49, no. 6 (September, 2009): 817–40. <https://doi.org/10.1086/605430>.

67 UNICEF, "Immunization Programme."

diseases. Many factors exist that contribute to the disruption of health systems and the lack of efficiency in the delivery of vaccination services. Some of these include conflict, not enough investment in national immunization programs, shortages of vaccines, and more. Given the high demand for vaccines in different countries, contexts, and times, vaccine shortages can introduce problems to a nation or population that needs it. These shortages happen when there's a higher-than-expected demand, interruptions in production or supply, and even a lack of resources to purchase vaccines. This can put at risk the process of treatment of infants and toddlers while trying to prevent or eradicate any infection that they're most vulnerable to getting.

A clear example can be seen with the obstacles to eradicating pneumonia. Pneumonia is identified as an acute respiratory infection of the lungs. Pneumonia kills more children than any other infectious disease, killing over 700,000 children under five every year.⁶⁸ The mortality rate due to childhood pneumonia is linked directly to poverty-related factors like undernutrition, lack of safe drinking water, hygiene, sanitation, indoor and outdoor air pollution, and inadequate access to healthcare. Likewise, infants and toddlers who live in rural areas are less likely to get treatment for symptoms of pneumonia than others with a different reality.⁶⁹ Since 2000, deaths of infants and toddlers under five years due to pneumonia have declined by 54 percent. The progress in reducing pneumonia deaths in children under five has been significantly slower than for other infectious diseases.⁷⁰ Worldwide efforts are being taken to promote the pneumonia vaccine. As of 2022, a total of 154 countries included the pneumococcal conjugate vaccine in their programs of immunization that later on protected

against pneumonia.⁷¹

Children living in conflict are more likely to miss out on life-saving vaccines. They are also more vulnerable to disease outbreaks.⁷² Approximately, 10 million infants, or 49 percent live in humanitarian settings that influence their healthcare route.⁷³ Conflict zones often suffer from the destruction of vital medical facilities, supplies, and equipment. They also face the killings of health workers. As a result, children miss out on basic immunizations. Conflict also leads to displacement, which is when people are forced to leave their homes to escape situations of violence or human rights violations.⁷⁴ Often, refugees and displaced people resort to living in crowded conditions where infectious diseases spread easily.⁷⁵ Yet, people living in said situation lack access to basic healthcare services or any form of immunization. Additionally, transporting vaccines can become very challenging when trying to reach children in conflict situations. In many cases, vaccinators must place their lives at risk to cross conflict lines and reach children.⁷⁶

Additionally, there are children who have never received any routine vaccination. They are referred to as zero-dose children.⁷⁷ Zero-dose children did not receive the first dose of diphtheria, tetanus, and pertussis (DTP) vaccine.⁷⁸ In 2023, there were 14.5 million zero-dose children.⁷⁹ There are many causes for a child to be zero-dose. This includes poverty, forced migration, homelessness, and religious or cultural marginalization. Zero-dose children often live in missed communities. These are communities that are deprived of basic services and face socio-economic and gender disparities. They suffer from high child mortality rates and maternal deaths.⁸⁰ They are also more vulnerable to disease outbreaks. In fact, 45 percent of

68 "Pneumonia," UNICEF, last updated November 2023, <https://data.unicef.org/topic/child-health/pneumonia/>

69 UNICEF, "Pneumonia."

70 UNICEF, "Pneumonia."

71 UNICEF, "Immunization."

72 "Immunization and conflict," UNICEF, accessed July 17, 2024, <https://www.unicef.org/immunization/immunization-and-conflict>

73 UNICEF, "Immunization."

74 "Conflicts and Population Displacement - ALIMA," ALIMA - the Alliance for Medical Action, September 12, 2024, <https://alima.ngo/en/what-we-do/conflicts-population-displacement/>.

75 UNICEF, "Immunization and conflict."

76 UNICEF, "Immunization and conflict."

77 "Zero-dose Children and Missed Communities," Gavi, accessed July 19, 2024, <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025/equity-goal/zero-dose-children-missed-communities>.

78 "Indicator Metadata Registry Details," WHO, accessed July 19, 2024, <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/7792>.

79 "Immunization Coverage," World Health Organization: WHO, July 15, 2024, <https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>.

80 Gavi, "Zero-dose Children and Missed Communities."

zero-dose children live in rural areas or in conflict situations, which correspond to missed communities.⁸¹ More than half of zero-dose children are in eight countries. These countries are Nigeria, India, the Democratic Republic of Congo, Ethiopia, Pakistan, Angola, the Philippines and Indonesia.⁸² The worldwide administration of the DTP vaccines has been used to assess how well are countries doing in terms of providing routine immunization services to children.⁸³

UNICEF works to ensure children across the world have access to vaccines they need to survive. The Fund works across the vaccine supply chain to strengthen the systems of each country.⁸⁴ An example of UNICEF's efforts is the Immunization Roadmap 2022-2030. The Roadmap describes UNICEF's priorities and goals for immunization through 2030. It explores strategic goals for health and health systems strengthening and pandemic preparedness. This roadmap assesses the setbacks that immunization programs had during the COVID-19 pandemic and looks to accelerate progress toward the achievement of global immunization during the period of 2022 to 2030.⁸⁵ The strategic plan continues to be reviewed over the years to respond to the needs of countries, changes in global circumstances, and emerging partnerships, meaning that it has been updated throughout the years.

Alongside UNICEF and WHO, the Immunization Roadmap collects and analyzes data on immunization and uses this evidence to guide priorities at the national and global levels. One of the major focuses of this roadmap is to increase equity by reaching zero-dose children and communities that miss not only immunization but also struggle with primary health care services and social services. The goals that this roadmap looks forward to are to vaccinate children who could not receive a vaccine during the pandemic, restore disrupted immunization

services, increase equitable access and use of existing and new vaccines, and strengthen immunization programs to reach target populations with full vaccination and primary health care services. Vaccination distribution has improved all around the world. As a result of the collaborative efforts of UNICEF, vaccines are safer and more accessible. The total cost of immunizing a child at the fullest in low-income countries has decreased from USD 24 in 2013 to just USD 18 per child.⁸⁶

Nutrition and Diet Control

In the first two years of life, good nutrition is important for a child's healthy growth and development.⁸⁷ Proper nutrition and dietary control are fundamental for children. Malnutrition has been demonstrated to affect over two billion people worldwide. The majority of those affected are in low and middle-income countries.⁸⁸ As for children and infants, they are the most vulnerable to bad nutrition quality. Most deaths because of malnutrition happen in children under five years of age. Malnutrition in the first years of life can have long-lasting impacts on the physical and mental development of infants and toddlers. This can later influence educational performance and employment opportunities considering an increased IQ, school performance, and higher income in adult life.⁸⁹

Besides malnutrition, there are different nutritional statuses that can be identified in infants and toddlers. Such statuses are stunted meaning too short for their age, wasted meaning too thin for their height, and overweight or obese.⁹⁰ It's estimated that more than 144 million children under five years are stunted and 47 million are wasted.⁹¹ Another 38.3 million are classified as overweight. This is the reason why undernutrition is associated with 2.7 million child deaths each year.⁹² Different factors are causing the increase in number of children acutely

81 Gavi, "Zero-dose Children and Missed Communities."

82 UNICEF, "Immunization."

83 UNICEF, "Immunization."

84 UNICEF, "Immunization Programme."

85 "UNICEF Immunization Roadmap to 2030 | UNICEF," UNICEF, accessed July 2024, <https://www.unicef.org/documents/unicef-immunization-roadmap-2030>.

86 UNICEF, "Immunization."

87 "Infant and Toddler Nutrition," Centers for Disease Control and Prevention, June 3, 2022, <https://www.cdc.gov/nutrition/infantandtoddlernutrition/index.html>.

88 World Health Organization, "Infant Nutrition."

89 World Health Organization, "Infant Nutrition."

90 World Health Organization, "Infant Nutrition."

91 World Health Organization, "Infant Nutrition."

92 World Health Organization, "Infant Nutrition."

malnourished. Conflicts, climate change, the consequences of COVID-19, and rising problems are making health and nutrition services are becoming less accessible.⁹³ Children with acute malnutrition has vulnerable immune systems. As a result, they are at a higher risk of dying from any common childhood diseases.⁹⁴ With good nutrition practice at an early stage, children can develop many healthy dietary patterns that benefit their lives. For this, there are different ways to care for nutrition and diet control of infants and toddlers.

One of the best ways to promote good nutrition in infants is breastfeeding. Breastfeeding is a great source of nutrition for infants. Breast milk contains antibodies that help protect against many common childhood illnesses and it's a safe, natural, nutritious, and sustainable food for babies. Inadequate breastfeeding is responsible for 16 percent of child deaths each year.⁹⁵ Babies who are breastfed have a lower risk of developing diseases like asthma, obesity, type one diabetes, severe lower respiratory disease, ear infections, sudden death syndrome,

diarrhea, vomiting, and more. There are also benefits for the mother like avoiding the risk of breast cancer, ovarian cancer, type two diabetes, and high blood pressure.⁹⁶

The U.S. Dietary Guidelines for Americans recommend that infants be breastfed for the first six months, and then continue with appropriate formula or complementary foods until they are 12 months or older.⁹⁷ Formula feeding, and mealtime are important factors also to consider in maintaining a dietary routine. Vitamins and minerals are crucial to help the infant grow healthy and strong since they need additional vitamin D and iron. Vitamin D is vital because it helps with bone growth and development. A lack of this vitamin can cause children to be more vulnerable to the rise of rickets, delayed motor development, muscle weakness, aches and pains, and even fractures.⁹⁸ Hence the importance of ensuring that children receive this resource regardless of the situation or external factors that take place around them.

93 "Urgent action needed as acute malnutrition threatens the lives of millions of vulnerable children," World Health Organization, January 12, 2023, <https://www.who.int/news/item/12-01-2023-urgent-action-needed-as-acute-malnutrition-threatens-the-lives-of-millions-of-vulnerable-children>

94 World Health Organization, "Urgent Action Needed as Acute Malnutrition Threatens the Lives of Millions of Vulnerable Children."

95 UNICEF, "Global Breastfeeding Scorecard 2023 Rates of Breastfeeding Increase around the World through Improved Protection and Support."

96 UNICEF, "Global Breastfeeding Scorecard 2023 Rates of Breastfeeding Increase around the World through Improved Protection and Support."

97 "Recommendations and Benefits," Centers for Disease Control and Prevention, accessed July 2, 2024 <https://www.cdc.gov/nutrition/infantandtoddlernutrition/breastfeeding/recommendations-benefits.html>

98 "Vitamin D: what you need to know," Raising Children, accessed July 2, 2024, <https://raisingchildren.net.au/toddlers/nutrition-fitness/nutrients/vitamin-d>



US Army medical team member treating a malnourished Afghan child weighing 14 pounds

Credit: Capt. John Severns

After six months of age, it becomes hard for breastfed infants to achieve their nutritional needs such as energy, iron, zinc, protein, and fat-soluble vitamins from breast milk alone.⁹⁹ Because of this, it is recommended to introduce complementary foods that help the infants adopt their family's feeding model. In these times, infants and toddlers from different countries can't obtain these primary nutrients because of external factors such as conflicts, healthcare systems, economic and social situations, and more.¹⁰⁰ Every infant and child has the right to obtain and have good nutrition but in many countries, less than a fourth of infants have access to the required dietary diversity and feeding routines.¹⁰¹ In consequence, many infants and children do not receive adequate feeding. For example, 44 percent of infants from ages zero to six months worldwide were exclusively breastfed from 2015 through 2020.¹⁰²

Globally rates of breastfeeding in the first six months have reportedly increased by 10 percent over the past decade. In 2023, 48 percent of children were breastfed, which is close to a target established by the World Health Assembly of 50 percent by 2025.¹⁰³ With proper breastfeeding, it's estimated that over 820,000 children's lives can be saved each year in comparison to currently, where only 40 percent of infants are exclusively breastfed.¹⁰⁴ Limitations like not having access to healthcare, lack of hygiene, poor nutrition, poverty-like conditions, and more are causes that the other 60 percent of infants face.¹⁰⁵

Economic factors can impact the nutrition and diet control of infants and toddlers. A clear example can be seen in situations in Sri Lanka. After the worst economic crisis in 2022, Sri

Lanka's economy showed stabilization signs in 2023.¹⁰⁶ Even so, internal factors that needed the resources weren't met and basic resources like water and food security were put at risk. The National Nutrition and Micronutrient Survey 2022 stated the prevalence of wasting among children six to 59 months of age is increasing, as well as stunting.¹⁰⁷ Another nutritional concern that the country faced in the same year was the high prevalence of Vitamin D deficiency and emerging micronutrient deficiency in children between five to nine years of age, such as vitamin B12 and Zinc. All these vitamins and minerals are fundamental for the development of infants and toddlers and without them, their nutrition and development are on the line.¹⁰⁸

In 2022, UNICEF warned that eight million infants across 15 countries in a crisis were at risk of death from severe wasting unless they received immediate food and care.¹⁰⁹ One of the top threats to child survival is severe wasting, which is the most lethal form of undernutrition. Conflicts take a toll on food prices and generate an impact on the ones who need them the most. Also, problems like persistent droughts due to climate change, and the ongoing impact of the pandemic of COVID-19 work as an obstacle to achieving such a goal.¹¹⁰

UNICEF and its partners reached 7.3 million children with life-saving treatment in 2022.¹¹¹ This represents a 35 percent increase from 2021.¹¹² 2022 also had the highest number of children who were treated for severe wasting since 2007. More than 350 million children and women were provided services for the prevention of stunting and wasting in 2022, being the

99 Hermann Kalhoff and Mathilde Kersting, "Programming Long-term Health: Nutrition and Diet in Infants Aged 6 Months to 1 Year," Elsevier eBooks, 2022, 563–95, <https://doi.org/10.1016/b978-0-12-824389-3.00003-9>.

100 World Health Organization, "Infant Nutrition."

101 World Health Organization, "Infant Nutrition."

102 "Infant and Young Child Feeding," World Health Organization, December 20, 2023, <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>.

103 "Global Breastfeeding Scorecard 2023 Rates of Breastfeeding Increase around the World through Improved Protection and Support," UNICEF, accessed July 7, 2024, <https://www.unicef.org/media/150586/file>

104 World Health Organization, "Infant Nutrition."

105 World Health Organization, "Infant Nutrition."

106 "UNICEF Sri Lanka Humanitarian Situation Report No. 2 (Economic Crisis): January to December 2023 - Sri Lanka," ReliefWeb, January 31, 2024, <https://reliefweb.int/report/sri-lanka/unicef-sri-lanka-humanitarian-situation-report-no-2-economic-crisis-january-december-2023>.

107 ReliefWeb, "UNICEF Sri Lanka Humanitarian Situation Report No. 2 (Economic Crisis): January to December 2023 - Sri Lanka."

108 ReliefWeb, "UNICEF Sri Lanka Humanitarian Situation Report No. 2 (Economic Crisis): January to December 2023 - Sri Lanka."

109 "Confronting the food and nutrition crisis," UNICEF, accessed July 11, 2024, <https://www.unicef.org/child-health-and-survival/confronting-food-and-nutrition-crisis>

110 UNICEF, "Confronting the food and nutrition crisis."

111 UNICEF, "Confronting the food and nutrition crisis."

112 World Health Organization, "Urgent action needed as acute malnutrition threatens the lives of millions of vulnerable children."

largest nutrition response on.¹¹³

To ensure the health conditions of infants and toddlers, the lack of nutrition and vital nutrients for these age groups needs to be acknowledged. For this, WHO continues to work with Member states and partners to promote in many ways the ideal or proper infant and child nutrition while considering breastfeeding information campaigns and actions to prevent malnutrition and its subcategories at a local, regional, international, and global level.

Another proposal regarding this is one made by WHO and UNICEF who have created courses for training health workers to provide enough skilled support for breastfeeding mothers and to monitor the growth of children to identify any early risk of undernutrition or obesity.¹¹⁴ These courses focus on the steps to successful breastfeeding during all stages of maternity. They also talk about how breastfeeding works, postnatal practices to support breastfeeding, milk supply challenges, and more.¹¹⁵

Environmental Health Conditions

Many factors can impact human health. Conflict situations and socioeconomic challenges place human's health at risk.¹¹⁶ However, in recent years a new factor has risen to threaten health conditions for everyone. Across the world, climate change, environmental degradation, and unsafe built environments are putting at risk child survival, health, and well-being.¹¹⁷ Children in difficult environmental conditions are the most vulnerable to health problems. They face critical periods of rapid growth which creates development needs.¹¹⁸ Therefore, exposure to harsh environments can hurt infants and toddlers early in life and have a lifelong impact.¹¹⁹

Extreme weather events, heat waves, the spread of infectious diseases and vector-borne diseases, and deeply negative impacts on air, water, and food quality. Children have a unique metabolism that requires a higher consumption of air, water, and food compared to their body weight. Hence, their children's lives and health are directly threatened.¹²⁰ That's why droughts and the spread of parasites, bacterial diseases, and viral diseases present many dangers that are even more pronounced for children.¹²¹

Air pollution is one of the most recent and impactful environmental threats in the world. This type of pollution threatens children's health. It was the second leading risk factor for death in children under five in 2021 after malnutrition.¹²² Children are particularly vulnerable to air pollution since young children breathe faster than adults and take in more air.¹²³ Hence, they suffer more from poor air quality. They also often spend more time outdoors and breathe air closer to the ground where sources of pollution are present. Physiologically, they are more vulnerable to air pollution because their brains, lungs, and other important organs are still developing. The health impacts on children are mainly respiratory infections, asthma, chronic diseases like cardiovascular disease, and childhood cancer. In a few countries from Africa and Asia, one in every three lower respiratory infection deaths in children under five is related to air pollution.¹²⁴

The 2024 Statue of Global Air identified that air pollution was linked to a total of 709,000 deaths in children under five years old. More than 70 percent of these deaths were linked to household air pollution due to families cooking with polluting fuels in Africa and South Asia.¹²⁵ In 2021, 2.3 billion people relied on polluting fuels and technologies for cooking, this

113 UNICEF, "Confronting the food and nutrition crisis."

114 World Health Organization, "Infant and Young Child Feeding."

115 "Baby-friendly Hospital Initiative training course for maternity staff: customisation Guide," World Health Organization, August 2020, <https://www.who.int/publications/i/item/9789240008915>

116 "Healthy Environments Foster Healthy Children," Children's Environmental Health Collaborative, accessed July 20, 2024 <https://ceh.unicef.org/>

117 Children's Environmental Health Collaborative, "Healthy Environments Foster Healthy Children."

118 Children's Environmental Health Collaborative, "Healthy Environments Foster Healthy Children."

119 Children's Environmental Health Collaborative, "Healthy Environments Foster Healthy Children."

120 "Healthy environments for healthy children," UNICEF, accessed July 20, 2024, <https://www.unicef.org/health/healthy-environments>

121 UNICEF, "Healthy environments for healthy children"

122 Children's Environmental Health Collaborative, "Air Pollution."

123 Children's Environmental Health Collaborative, "Air Pollution."

124 Children's Environmental Health Collaborative, "Air Pollution."

125 Children's Environmental Health Collaborative, "Air Pollution."

generated household air pollution.¹²⁶ The majority of families in this group lived in low-and-middle-income countries. Considering this, countries have acted. For example, Bangladesh and Zimbabwe have developed, distributed, and used cleaner cookstoves to reduce the impact of outdoor air pollution on infants and toddlers’ health.¹²⁷ With the help of these initiatives and their positive outcomes, UNICEF calls upon all nations and advocates for lower levels of air pollution while also working on the ground to protect children from the many effects that this has.¹²⁸

Another risk to infants’ and toddlers’ health conditions is the rising lead poisoning cases happening in children. Lead is a highly poisonous heavy metal. Exposure to small amounts of lead over time can cause irreversible damage to children’s developing organs. In low and middle-income countries children face lead poisoning from the irregular use of lead in consumer products like spices, paints, cookware, cosmetics,

and toys.¹²⁹ Children below five years of age absorb up to four to five times the amount of lead that adults do.¹³⁰ Different levels of exposure to lead can lead to neurological damage, lower intelligence quotient scores, complex academic achievement, attention deficit, and behavior problems. Because of this, scientists have established that there’s no safe level of exposure to lead that is known to be not harmful.¹³¹

Also, lead from past exposures stored in the bones of pregnant women can be released into their bloodstreams during the time of pregnancy and expose their baby deeply.¹³² That is why the exposure of pregnant women to high levels of lead can provoke miscarriages, stillbirth, premature birth, and low birth weight, where every one of these consequences brings more problems and threats to the infant’s health.¹³³

Pollen and other allergens from animals also pose a threat to the health of infants and toddlers.¹³⁴ Pollen can cause a

126 Children’s Environmental Health Collaborative, “Air Pollution.”
 127 “Pollution: 300 million children breathing toxic air - UNICEF report,” UNICEF, October 2016 <https://www.unicef.cn/en/press-releases/pollution-300-million-children-breathing-toxic-air-unicef-report>.
 128 UNICEF, “Pollution: 300 million children breathing toxic air - UNICEF report.”
 129 “Lead poisoning,” Children’s Environmental Health Collaborative, accessed July 20, 2024, <https://ceh.unicef.org/spotlight-risk/lead-poisoning>.
 130 Children’s Environmental Health Collaborative, “Lead poisoning.”
 131 Children’s Environmental Health Collaborative, “Lead poisoning.”
 132 Children’s Environmental Health Collaborative, “Lead poisoning.”
 133 Children’s Environmental Health Collaborative, “Lead poisoning.”
 134 Chanjuan Sun, Chen Huang, and Chuck Wah Yu, “Environmental Exposure and Infants Health,” *Indoor and Built Environment* 32, no. 7 (February 2023): 1291–95, <https://doi.org/10.1177/1420326x231154985>.

Children learning about indoor air pollution through art in Nepal
 Credit: Dinesh Deokota



response to hay fever which is allergic rhinitis caused by pollen allergy, asthma, and allergic diseases in children.¹³⁵ Other nonallergic respiratory diseases can be present like chronic obstructive pulmonary disease, stroke, myocardial infarction, and even suicide.¹³⁶

Additionally, environmental chemicals have been reported present in human milk.¹³⁷ This poses a big threat to infants, toddlers, and their mothers. Chemicals like alcohol, pharmaceutical agents, heavy metals, and inflammable organic compounds have been found in human milk. Scientists consider said chemicals as persistent, bio accumulative, and toxic chemicals.¹³⁸ Human milk alone is made up of a mixture of substances produced by the mother's body, better known as endogenous substances, and other substances introduced to the mother's body called exogenous substances.¹³⁹ Exogenous substances can be introduced by the ingestion of food, drink, pharmaceutical agents, recreational drugs, and illicit drugs.¹⁴⁰ These can also be introduced by inhalation of chemicals like the cigarette and more.

An example of the impact of the environment on health is the health situation in China.¹⁴¹ Being one-fifth of the entire world's population, China has experienced economic growth, industrialization, and urbanization in recent decades. The aftermath of this is the production of high volumes of synthetic chemicals and contaminants released into the environment. All these chemicals and contaminants pose a risk to the health and well-being of China's numerous infants and toddlers.¹⁴² The threats of suffering from contaminated drinking water and poor sanitation have been reduced

but new ones have emerged.¹⁴³ Major diseases confronting children in China because of the environment are chronic and disabling conditions like asthma, obesity, neurodevelopmental disorders, and cancer.¹⁴⁴

China has once been identified as one of the most air-polluted countries in the world. Exposure to air pollution was associated with poor birth outcomes like preterm birth, fetal growth restriction, low birth weights, congenital heart defects, and stillbirth.¹⁴⁵ Besides this and the temperature rise, climate change also increased the intensity of weather events like floods, hurricanes, and heatwaves in China. More than 88 percent of the reasons for disease in the nation occurred in children under five years of age. Even considering this, the child-specific exposure data and levels of air pollution and climate change are poorly documented.¹⁴⁶

Childhood diseases related to environmental factors define a global public health problem. This particularly occurs in developing countries and impoverished communities because of the lack of awareness and knowledge about the negative effects of environmental hazards on their children's health. As a result, the WHO provides information and training materials to allow healthcare providers to identify and prevent childhood diseases related to environmental risk factors in developed and developing countries.¹⁴⁷

UNICEF's response to the environmental impact on health conditions for infants and toddlers comes with a list of strategies. The plan of action of programs for survival, health, and well-being on climate change and environmental degradation for

135 Sun, "Environmental Exposure and Infants Health," 1291–95.

136 Sun, "Environmental Exposure and Infants Health," 1291–95.

137 Judy S LaKind, Amina Wilkins, and Cheston M Berlin, "Environmental Chemicals in Human Milk: A Review of Levels, Infant Exposures and Health, and Guidance for Future Research," *Toxicology and Applied Pharmacology* 198, no. 2 (July 2004): 184–208, <https://doi.org/10.1016/j.taap.2003.08.021>.

138 LaKind, "Environmental Chemicals in Human Milk: A Review of Levels, Infant Exposures and Health, and Guidance for Future Research," 184–208.

139 LaKind, "Environmental Chemicals in Human Milk: A Review of Levels, Infant Exposures and Health, and Guidance for Future Research," 184–208.

140 LaKind, "Environmental Chemicals in Human Milk: A Review of Levels, Infant Exposures and Health, and Guidance for Future Research," 184–208.

141 Guodong Ding, Yu Gao, Haidong Kan, Qiang Zeng, Chonghui Yan, Fei Li, Fan Jiang, Philip J Landrigan, Ying Tian, and Jun Zhang, "Environmental Exposure and Child Health in China," *Environment International* 187 (May 2024): 108722, <https://doi.org/10.1016/j.envint.2024.108722>.

142 Ding, "Environmental Exposure and Child Health in China," 108722.

143 Ding, "Environmental Exposure and Child Health in China," 108722.

144 Ding, "Environmental Exposure and Child Health in China," 108722.

145 Ding, "Environmental Exposure and Child Health in China," 108722.

146 Ding, "Environmental Exposure and Child Health in China," 108722.

147 World Health Organization, "Children's Environmental Health."

young children is put into action.¹⁴⁸ The five major actions intended through these programs are mobilizing collective action, enhancing primary health care, improving resilience in health care facilities, integrating climate and environmental education into school programs, and empowering children and young people to be agents of change.¹⁴⁹

It is important that delegates consider these variables during the debate to ensure solutions for every child. Access to healthcare goes beyond economic factors.

Current Status

Childhood Nutrition Program in Malawi

Worldwide, infants and toddlers face many challenges accessing good quality healthcare. Malawi is not an exception. Malawi is a country located in southeastern Africa. The country has a population of about 21 million people.¹⁵⁰ In 2023, children made up about 48 per cent of the total population.¹⁵¹ Despite the significant number of infants and toddlers, Malawi struggles to guarantee access to healthcare. As a result, the country has taken several steps throughout the years to improve the medical care for children and their mothers. Currently, the infant mortality rate is 31 deaths for every 1,000 children.¹⁵² This number has decreased significantly. In the past 10 years, the infant mortality rate has decreased by approximately 30 deaths per every 1,000 children.¹⁵³ Yet, the country still faces many challenges in ensuring all infants and toddlers have access to the medical services they need.

In March 2022, different specialized centers reported that approximately 4,462 children aged six to 59 months with severe acute malnutrition received lifesaving treatment. It was a 26 percent increase compared to 3,532 that were treated in 2019.¹⁵⁴ As for moderate acute malnutrition, 3,412 infants aged six to 59 months were treated in the centers compared to 9,173 in 2019, giving a 63 percent decrease. In a lactating manner, only 1,265 pregnant and lactating women with moderate acute malnutrition were admitted down from 3,614 in the same year. This means that they decreased 65 percent, resulting in an impactful target to the healthcare of infants and toddlers by having their mothers malnourished and not being able to provide sufficient nutrients and vitamins.¹⁵⁵

One of the main causes that target infants and toddlers' healthcare in Malawi is malnutrition. Hence, Malawi has made reducing malnutrition a priority.¹⁵⁶ Not having access to the required nutrients can impact a child's growth. Malnutrition causes stunting and it can lead to an increased risk of child mortality, morbidity, and delayed development.¹⁵⁷ Malnutrition remains a challenge nationally and is a contributing factor to preventable child mortality in Malawi.¹⁵⁸ Around 12.8 percent of children are underweight and three percent suffer from severe acute malnutrition.¹⁵⁹ Therefore, it is one of the country's biggest challenges when it comes to providing access to healthcare.

Infants and toddlers often suffer from micronutrient deficiencies like anemia and zinc deficiency.¹⁶⁰ For instance, 63 percent of children under five are anemic.¹⁶¹ It is fundamental to eradicate micronutrient deficiencies since it is the main cause of malnutrition in Malawi.¹⁶² Only eight percent of children

148 UNICEF, "Healthy environments for healthy children."

149 UNICEF, "Healthy environments for healthy children."

150 "Malawi - the World Factbook," CIA, accessed July 19, 2024, <https://www.cia.gov/the-world-factbook/countries/malawi/>.

151 "Child survival and development brief," UNICEF, accessed July 19, 2024, <https://www.unicef.org/malawi/reports/child-survival-and-development-brief>

152 CIA, "Malawi - the World Factbook."

153 "Malawi," UNICEF Data, accessed July 19, 2024, <https://data.unicef.org/country/mwi/>

154 UNICEF, Malawi Nutrition Situation Update (2020) <https://reliefweb.int/report/malawi/malawi-nutrition-situation-update-issue-41-april-2020>

155 UNICEF, Malawi Nutrition Situation Update.

156 USAID, Malawi: Nutrition Profile (2018), <https://2017-2020.usaid.gov/sites/default/files/documents/1864/Malawi-Nutrition-Profile-Mar2018-508.pdf>

157 Christian Parul et al., "Impact Evaluation of a Comprehensive Nutrition Program for Reducing Stunting in Children Aged 6–23 Months in Rural Malawi," *Journal of Nutrition* 150, no. 11 (November, 2020): 3024–32, <https://doi.org/10.1093/jn/nxaa236>.

158 USAID, Malawi: Nutrition Profile.

159 UNICEF, "Child survival and development brief."

160 USAID, Malawi: Nutrition Profile.

161 USAID, Malawi: Nutrition Profile.

162 Joseph Scott, *The Nutrition Programme in Malawi* (Malawi: UNICEF, 2018), <https://www.unicef.org/malawi/media/596/file/>

between the ages of six and 23 months meet the minimum quantity of acceptable diet.¹⁶³

Another aspect that affects children is the cultural norms and their impact on an infant's diet. The intake of products like water, sugared water, teas, commercial formulae, and solid foods takes place too early in the lives of children in Malawi.¹⁶⁴ These foods often replace breast milk, while being nutritionally inferior. Due to this, many children miss out on fundamental nutrients. Only 61 percent of infants from zero to five months are breastfed.¹⁶⁵ Breastfeeding rates usually decrease when infants reach six months. Breastfeeding is often replaced by solid foods and products. Infants and toddlers need nutrients to ensure the right development in their early days. Without the proper nutrients, children face danger to their health and growth.¹⁶⁶

Other causes of malnutrition are infectious diseases. Children are particularly vulnerable to infectious diseases. This increases their chances of facing consequences on their growth trajectory and development.¹⁶⁷ On the other hand, children who face malnutrition are more likely to face infectious diseases. This is because they are often exposed to pathogens and are at a greater risk to face infectious diseases.¹⁶⁸ Yet, children who have an infectious disease are also more prone to suffer from the consequences of malnutrition. Hence, creating a cycle that emphasizes the vulnerability children face.

Another state of nutrition that takes a toll on children is stunting. Stunting consists of being too short for one's age. Currently, 35.5 percent of children under the age of five

years' experience stunting in Malawi.¹⁶⁹ As a result, UNICEF Malawi has worked to improve proper nutrition in the country since 2018. The Fund's goal is to prevent stunting by focusing on adequate nutrition for adolescent girls, pregnant women, and babies.¹⁷⁰ To achieve this they provided maternal iron and folate and promoted exclusive breastfeeding and age-appropriate complementary feeding.¹⁷¹ In addition, they provided Vitamin A supplements to children between the months of six and 59.¹⁷² Other projects are deworming potential parasites, which helps to get rid of parasites from the body. They achieve this by increasing the consumption of micronutrient-rich foods, and the prevention and treatment of children with severe acute malnutrition.¹⁷³

In Malawi, children who live in rural areas are disproportionately affected by malnutrition. The percentage of stunting is higher for children in rural areas than those in urban areas. 39 percent of children in rural areas face stunting, while only 25 percent of children in urban areas do.¹⁷⁴ To help reduce the healthcare gap between rural and urban areas the government of Malawi launched a large-scale nutrition program named "The Right Foods at the Right Time" in 2014.¹⁷⁵ This program counts on technical and logistical support from the World Food Programme (WFP) and World Vision Malawi, which intervenes to help families become independent and free communities from poverty.¹⁷⁶ Such a program looked forward to improving the health and nutrition of children aged six to 23 months by providing Small-Quantity Lipid-Based Nutrient Supplements to prevent malnutrition.¹⁷⁷ In addition, they promoted water, sanitation, and hygiene practices in

Nutrition%20Narrative%20Factsheet%202018.pdf

163 Scott, *The Nutrition Programme in Malawi*.

164 NUTRITION OF INFANTS AND YOUNG CHILDREN IN MALAWI (Maryland: U.S. Agency for International Development, 1994), https://dhsprogram.com/pdfs/chtbks/mw92e_chbk.pdf

165 USAID, *Malawi: Nutrition Profile*.

166 U.S. Agency for International Development, *NUTRITION OF INFANTS AND YOUNG CHILDREN IN MALAWI*.

167 Scott, *The Nutrition Programme in Malawi*.

168 U.S. Agency for International Development, *NUTRITION OF INFANTS AND YOUNG CHILDREN IN MALAWI*.

169 UNICEF, "Child survival and development brief."

170 Scott, *The Nutrition Programme in Malawi*.

171 Scott, *The Nutrition Programme in Malawi*.

172 Scott, *The Nutrition Programme in Malawi*.

173 Scott, *The Nutrition Programme in Malawi*.

174 USAID, *Malawi: Nutrition Profile*.

175 Parul, "Impact Evaluation of a Comprehensive Nutrition Program for Reducing Stunting in Children Aged 6–23 Months in Rural Malawi," 3024–32.

176 Parul, "Impact Evaluation of a Comprehensive Nutrition Program for Reducing Stunting in Children Aged 6–23 Months in Rural Malawi," 3024–32

177 Parul, "Impact Evaluation of a Comprehensive Nutrition Program for Reducing Stunting in Children Aged 6–23 Months in Rural Malawi," 3024–32

caregivers.¹⁷⁸

Another factor to consider is that childbearing begins early in Malawi.¹⁷⁹ Usually, teen mothers are more likely to be malnourished and have a low birth weight baby than older mothers.¹⁸⁰ Their baby is more likely to become malnourished and be at an increased risk of illness and death than those who are born to an older mother.¹⁸¹ Therefore, the risk of stunting is 33 percent higher among first-born children under 18 years.¹⁸²

Malawi continues to show efforts to solve the threat to the healthcare of infants and toddlers.¹⁸³ An important factor in ensuring the improvement of healthcare for infants and toddlers is the strengthening of the capacity of health facilities.¹⁸⁴ Like some other developing countries, health facilities in Malawi are often not accessible or with sufficient stock and equipment to treat the population.¹⁸⁵ This is the reason why UNICEF supports Malawi's government with systems strengthening, capacity building, and monitoring.¹⁸⁶ All of these contributions are made to provide quality nutrition services in health facilities and community-based health facilities across the country.¹⁸⁷

Even with socio-economic stresses, and the impacts of COVID-19, the country remains focused on addressing the development challenges. One of the most recent achievements is the vaccination of polio vaccines to 3.5 million under-five children.¹⁸⁸ Another major achievement is the increase to 70 percent in the percentage of Community-Based Child Care Centers.¹⁸⁹ This increase benefited one million children, including refugees from zero to five years of age by receiving

early stimulation and responsive care from their parents and caregivers across 16 districts.¹⁹⁰

The supply chain for nutrition commodities has also been strengthened in Malawi. Alongside the government of Malawi, UNICEF works to strengthen the capacity for supply chain logistics to ensure that supplies of lifesaving nutrition are easily accessible and available to treat children with severe acute malnutrition.¹⁹¹ Additionally, UNICEF is working with its partners to make sure that cases of acute and chronic malnutrition are addressed appropriately.¹⁹² All of this is to ensure improved nutrition and well-being of the population of Malawi and its growth and prosperity.

The United Nations presence in Malawi and the Ministry of Health have embraced the integration of severe acute malnutrition management into integrated Community Case Management (iCCM). With this, 3,192 care groups for adolescents were established as a platform for nutrition education.¹⁹³ As an outcome, infants and toddlers can be in a more nutritionally controlled environment and avoid falling into the danger of malnutrition and its consequences in their entire lives. Nearly 34,526 children have recovered from severe acute malnutrition.¹⁹⁴ Appropriate infant and young child feeding practices counseling has also been provided to over 351,726 households. With the introduction of this, approximately 112,913 caregivers and 24,616 adolescents adopted those family practices and helped the reduction of malnutrition in infants and toddlers.¹⁹⁵

178 Parul, "Impact Evaluation of a Comprehensive Nutrition Program for Reducing Stunting in Children Aged 6–23 Months in Rural Malawi," 3024–32

179 USAID, Malawi: Nutrition Profile.

180 USAID, Malawi: Nutrition Profile.

181 USAID, Malawi: Nutrition Profile.

182 USAID, Malawi: Nutrition Profile.

183 Rebecca Adda-Dontoh, 2022 UN Malawi Results Report March 2022, (Malawi: UN, 2022), <https://reliefweb.int/report/malawi/2022-un-malawi-results-report-march-2022>

184 Scott, *The Nutrition Programme in Malawi*.

185 Scott, *The Nutrition Programme in Malawi*.

186 Scott, *The Nutrition Programme in Malawi*.

187 Scott, *The Nutrition Programme in Malawi*.

188 Adda-Dontoh, 2022 UN Malawi Results Report March 2022.

189 Adda-Dontoh, 2022 UN Malawi Results Report March 2022.

190 Adda-Dontoh, 2022 UN Malawi Results Report March 2022.

191 Scott, *The Nutrition Programme in Malawi*.

192 Scott, *The Nutrition Programme in Malawi*.

193 Adda-Dontoh, 2022 UN Malawi Results Report March 2022.

194 Adda-Dontoh, 2022 UN Malawi Results Report March 2022.

195 Adda-Dontoh, 2022 UN Malawi Results Report March 2022.



Iraqi boy diagnosed of suspected congenital heart problem being analyzed by an Echocardiogram process
Credit: Tech. Sgt. Luke Thelen

Healthcare Technology

Technology is constantly evolving and affecting the world that we live in. There have been remarkable advances in technology that have benefited humanity in complicated situations. One of the key areas that technology and its tools have impacted is health.¹⁹⁶ As a result of this, new types of technology have been created and adapted to health services. These are referred to as health technologies. These are medicines, medical devices, techniques, and procedures that help solve health problems and improve the quality of life.¹⁹⁷ Healthcare technology includes IT systems that are designed to support healthcare and its transcendence at an international level.

Healthcare technology has resulted in significant advancements in healthcare services.¹⁹⁸ For infants and toddlers, the implementation of technology can be especially beneficial in their health services. About 300,000 infants every year use many medical technologies.¹⁹⁹ The use of technology for disease diagnosis and treatment in patients has contributed to

healthcare in infants and toddlers. For instance, algorithms and artificial intelligence (AI) can help by lowering the total cost of care by reducing the number of unnecessary tests and by also helping clinicians make diagnoses sooner.²⁰⁰ AI is used to process data that generates medical images and develops disease models that can help clinicians make diagnoses with more precision.²⁰¹ By having more precision and control over medical images, medical staff can detect and provide the treatment needed to infants and toddlers to improve their health conditions.

Healthcare operations have also improved thanks to technology. Many hospitals and healthcare systems are adapting and building improvements with electronic medical records and the different ways to improve systematically their operations.²⁰² A clear example of the adaptation of health technologies at hospitals is the introduction of advanced technologies like AI at Boston Children's Hospital. This hospital has implemented the use of Red Hat OpenShift AI in maternal healthcare for

196 "What is Healthcare Technology?" IBM, accessed July 20, 2024, <https://www.ibm.com/topics/healthcare-technology>

197 "Health Technologies," World Health Organization: WHO, November 24, 2023, <https://www.who.int/europe/news-room/fact-sheets/item/health-technologies>.

198 Sahalu Balarabe Junaid et al., "Recent Advancements in Emerging Technologies for Healthcare Management Systems: A Survey," *Healthcare* 10, no. 10 (October, 2022): 1940, <https://doi.org/10.3390/healthcare10101940>.

199 Zehra Valencia Aditi Sen Martin Katie, "NICU Admissions and Spending Increased Slightly From 2017-2021," HCCI, July 25, 2023, <https://healthcostinstitute.org/hcci-originals-dropdown/all-hcci-reports/nicu-use-and-spending-1>.

200 IBM, "What is Healthcare Technology?"

201 IBM, "What is Healthcare Technology?"

202 IBM, "What is Healthcare Technology?"

more accurate diagnostics and streamlined treatments.²⁰³ At the same time, organizations are using cloud technology, analytics, and mobile technology to optimize their digital data and infrastructure.²⁰⁴ With the help of optimization, the process of gathering data is being made more efficient and therefore, hospitals can have a more accurate record of the patients of infants and toddlers, providing the adequate care and support that they need.

Healthcare technology has also contributed to clinical research. Organizations that focus on life sciences are currently using technology to transform the way that clinical trials are done. They are using the help of smart devices, telehealth visits, and sensors to make data collection more efficient and convenient for the healthcare system and staff.²⁰⁵ With this, infants and toddlers can benefit from the process of treatment and continuous support against infections and diseases that are dangerous to them.

Mobile technology is also used to contact users about any health-related information.²⁰⁶ For example, the study of Feasibility of a randomized controlled trial to evaluate Text Reminders for Immunization Compliance in Kids. It was implemented for 90 parents of newborns and consisted of text messages of immunization reminders before immunization due dates of their infants.²⁰⁷ The results of the study revealed that there was many children who received immunizations and were on time, fulfilling the respective vaccines that their infants needed at their early stages of development.²⁰⁸

Technologies have also helped assist babies to take their

first breaths.²⁰⁹ This is important because birth asphyxia is one of the major causes of newborn mortality, one in four newborn deaths is related to it.²¹⁰ To solve this, the NGO of the Program for Appropriate Technologies in Health (PATH), which supports technology solutions for maternal and child health, provided an inventory of low-cost devices proving that there are cheap solutions to combat this gap.²¹¹

Regarding infants and toddlers, technology has a critical role in neonatal care. Neonatal care is the special care babies born premature or sick require.²¹² There are about 6500 newborn deaths every day, which make up 47 percent of all child deaths under the age of five years.²¹³ With the help of technology, neonatal care has made significant advances in the last decades.²¹⁴ Globally, the number of neonatal deaths declined from 5.0 million in 1990 to 2.3 million in 2022.²¹⁵ This is significantly due to the use of technology in neonatal care. For instance, healthcare technologies allow clinical teams to be better prepared and equipped with tools to address the care they deliver and provide diagnostics.

The development of neonatal technologies is fundamental for infants and toddlers since high-risk infants require medical care in neonatal intensive care units.²¹⁶ For this, they require special care while being connected to various monitoring devices. Technologies that are used to monitor core vital signs like heart rate, oxygen saturation, and temperature are important components of neonatal intensive care.²¹⁷ Some examples of these are heart rate and respiratory function monitoring. Besides technology used for monitoring, neonatal

203 Njuguna, Brian, "Boston Children's Hospital leverages AI-assisted diagnosis with Red Hat OpenShift AI," July 9, 2024, <https://siliconangle.com/2024/07/09/boston-childrens-hospital-ai-assisted-diagnosis-red-hat-openshift-rhsummit/>

204 IBM, "What is Healthcare Technology?"

205 IBM, "What is Healthcare Technology?"

206 Syed Taha, Rosalind B. Simpson, and Don Sharkey, "The Critical Role of Technologies in Neonatal Care," *Early Human Development* 187 (2023): 105898. <https://doi.org/10.1016/j.earlhumdev.2023.105898>.

207 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

208 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

209 "Low-cost technologies that can save the life of newborns," *Global Health and Development*, accessed July 20, 2024, <https://www.cghd.org/index.php/global-health-partnerships-and-solutions/technology/83-low-cost-technologies-that-can-save-the-lives-of-newborns-designing-promising-innovations-for-developing-countries>

210 Global Health and Development, "Low-cost technologies that can save the life of newborns."

211 Global Health and Development, "Low-cost technologies that can save the life of newborns."

212 "What Is Neonatal Care?," *Bliss*, August 22, 2024, <https://www.bliss.org.uk/parents/in-hospital/about-neonatal-care/what-is-neonatal-care>.

213 "Newborn Mortality," *World Health Organization: WHO*, March 14, 2024, <https://www.who.int/news-room/fact-sheets/detail/newborn-mortality>

214 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

215 *World Health Organization: WHO*, "Newborn Mortality."

216 Zehra Valencia Aditi Sen Martin Katie, "NICU Admissions and Spending Increased Slightly From 2017-2021."

217 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

care has significantly benefited from interventional technology which is used to treat many of the common problems faced by sick or premature babies.²¹⁸ For instance, video laryngoscopy is becoming very useful for intubations.²¹⁹ This is a procedure of inserting a scope through the throat to check the voice box or certain tissue. The implementation of technology allows this procedure to be a lot

In 2020, 13.4 million babies around the world were born before 37 weeks of gestation.²²⁰ The premature complications of respiratory issues, and vulnerability to diseases were responsible for 900,000 deaths in 2019.²²¹ Medical technologies have allowed new therapies to be adopted to support care and clinical studies regarding these cases. Technologies that involve mechanical ventilation for premature infants with respiratory distress syndrome are being used and as a result, have decreased the incidence of chronic lung disease and death.²²² For example, the use of continuous positive airway pressure (CPAP) which is a mask ventilation system has increased initial resuscitation from 35 to 62 percent.²²³

However, many of the devices being used are adapted from an adult design and have not been approved for infants due to barriers by legal and regulatory frameworks.²²⁴ Of 24 medical devices that are under approval for use in children, 21 of them had never been studied in children.²²⁵ This can put at risk the health of infants and toddlers, so it is vital to have the correct and appropriate tools and technologies for their continuous health checks. Regardless, many newborn health devices are in development or reached the stage of prototype production, but a major number of these technologies remain in the research and development stages.

In newborns, hyperbilirubinemia takes a toll on the number of deaths. This condition is an accumulation of bilirubin that exceeds the safe limits causing neurologic consequences and death.²²⁶ Extreme hyperbilirubinemia affects about 481,000 neonates annually and it causes the death of over 114,000 infants. Cases where there is severe hyperbilirubinemia need to be treated with a dose of blue light therapy. However, this therapy continues to be difficult to access for most affected infants, because of its cost and limited availability.²²⁷ Different inventions have been created to address this problem, such as the low-cost Iranian home phototherapy system, and the Brilliance jaundice treatment device created by Design Revolution in the U.S. Another invention is a phototherapy system developed by a Vietnamese company that used LEDs. All these devices can be put in the mother's lap, allowing benefits to both by promoting breastfeeding while letting the infant continue receiving the phototherapy treatment that they need.²²⁸

An important factor to consider is that accessing these technologies requires resources.²²⁹ In marginalized regions the population becomes vulnerable, and the impact of technology on the health of infants and toddlers is significant. Newborns and their mothers are vulnerable populations in developing countries.²³⁰ It is estimated that 41 percent of children who die under five years of age live in low-income countries.²³¹ In some cases, these countries don't have the resources or access to such advanced technologies and therefore many lives of children can't be totally saved.

For instance, devices that monitor blood oxygen content like pulse oximeters, are generally expensive and rarely available

218 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

219 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

220 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

221 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

222 Michael D. Schreiber et al., "Inhaled Nitric Oxide in Premature Infants With the Respiratory Distress Syndrome," *New England Journal of Medicine* 349, no. 22 (November, 2003): 2099–2107, <https://doi.org/10.1056/nejmoa031154>.

223 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

224 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

225 Taha, "The Critical Role of Technologies in Neonatal Care," 105898.

226 Global Health and Development, "Low-cost technologies that can save the life of newborns."

227 Global Health and Development, "Low-cost technologies that can save the life of newborns."

228 Global Health and Development, "Low-cost technologies that can save the life of newborns."

229 Pablo Duran, Janine A. Sommer, Paula Otero, Mariana Daus, Sonia Benitez, Suzanne Serruya, and Luis Andres De Francisco, "Information and Communication Technologies in Neonatal Health," *Revista Panamericana de Salud Pública* 44 (November, 2020): 1, <https://doi.org/10.26633/rpsp.2020.123>.

230 Duran, "Information and Communication Technologies in Neonatal Health," 1.

231 Global Health and Development, "Low-cost technologies that can save the life of newborns."

in developing countries.²³² These devices are fundamental for monitoring critically ill newborns with pneumonia, birth asphyxia, and other pulmonary conditions for newborns. The global health community has come to a solution by creating new devices like Lifebox pulse oximeters. The populations with the most need for health technology can protect and treat infants and toddlers.²³³ Lifebox pulse oximeters are robust, low cost, and powered on a rechargeable battery, convenient for places where electricity is absent or hard to obtain. Based on the positive outcome that these devices have proven, the Lifebox has been distributed all over the world. This includes countries with some of the highest infant mortality rates like Tonga, Ecuador, Tanzania, Rwanda, and South Sudan.²³⁴ With this, infants and toddlers from any social, economic, and geographic context can be treated ensuring their health is protected and taken care of.

The Helping Babies Breathe (HBB) initiative is also using low-cost bag and mask resuscitators and suction devices.²³⁵ The program of HBB is an evidence-based educational program established to educate the health staff and caregivers on neonatal resuscitation techniques in areas where resources are limited.²³⁶ This initiative was established by the American Academy of Pediatrics in collaboration with the World Health Organization, USAID, Save the Children's Saving Newborn Lives, and more organizations based on global health.

UNICEF's response is to work with partners to improve the availability of such technologies for newborn care at all healthcare facilities and health system levels and even drive demand for existing and upcoming newborn product suites.²³⁷ As a result, UNICEF has introduced Devices for Rapid Early Assessment, Management, and Support (DREAMS).²³⁸ With this project, the Fund aims to ensure appropriate and comprehensive newborn care products are available at health

facilities to help save millions of babies in the first 28 days of their lives.²³⁹ For example, UNICEF is proposing the use of Affordable Sonographic Technology: Rapid, On-site Ultrasound (ASTRONAUT) for Point of Care Ultrasound.²⁴⁰ When an ultrasound is made, it's recommended to do an early ultrasound scan before 24 weeks of gestation to accurately determine the gestational age, and detect any fatal abnormalities or multiple pregnancies. Maternal and neonatal healthcare faces challenges in low-resource settings due to the limited access to expensive and specialized traditional ultrasound machines and technologies that are concentrated in urban areas. As a result, ASTRONAUT promotes portable, cost-effective, and user-friendly ultrasound devices that can be established in health facilities in rural and remote communities. Also, non-specialist healthcare providers can use these tools to offer information to guide maternal care. Thanks to these efforts, the health conditions of infants and toddlers can be improved and guaranteed to provide the respective attention and care.²⁴¹

Alongside this project, UNICEF worked to develop the Newborn Health Procurement Tool which is an easy-to-use and comprehensive platform that promotes healthcare systems.²⁴² It ranges from small clinics to high-level decision-makers to understand and effectively use newborn care products. This tool provides updated data on restocking and repair needs for consumables and spare parts. For factors of power availability and risks of electricity blackouts in low-resource settings, the tool customized solutions to guide the creation, expansion, and maintenance of newborn care units.²⁴³

Sustainable Development Goals

The Sustainable Development Goals (SDGs) are goals that were established by the United Nations in 2015.²⁴⁴ They aim

232 Global Health and Development, "Low-cost technologies that can save the life of newborns."

233 Global Health and Development, "Low-cost technologies that can save the life of newborns."

234 Global Health and Development, "Low-cost technologies that can save the life of newborns."

235 Global Health and Development, "Low-cost technologies that can save the life of newborns."

236 Global Health and Development, "Low-cost technologies that can save the life of newborns."

237 "Newborn Health Innovations," UNICEF, accessed July 20, 2024 <https://www.unicef.org/innovation/newborn-health-innovations>

238 UNICEF, "Newborn Health Innovations."

239 UNICEF, "Newborn Health Innovations."

240 UNICEF, "Newborn Health Innovations."

241 UNICEF, "Newborn Health Innovations."

242 UNICEF, "Newborn Health Innovations."

243 UNICEF, "Newborn Health Innovations."

244 "THE 17 GOALS | Sustainable Development," UN, accessed July 20, 2024, <https://sdgs.un.org/goals>.

to promote a brighter future for the next generations and for humanity to make the 17 Sustainable Development Goals come true by 2030.²⁴⁵ Among these goals, there are several targeting the importance of healthcare for infants and toddlers.

SDG 3's motive is to ensure healthy lives and promote well-being for all.²⁴⁶ This goal addresses all major health priorities. This includes reproductive, maternal, newborn, child, and adolescent health, communicable and non-communicable diseases, universal health coverage, and access for all to safe, effective, quality, and affordable medicines and vaccines.²⁴⁷ Therefore, it is directly connected to the topic at hand.

SDG 3.2.1 finds a relation to this problem since it focuses on the end of preventable deaths of newborns and under-5 children by 2030.²⁴⁸ For this, there are two targets. The first one emphasizes the reduction of newborn mortality to at least as low as 12 per 1000 live births in every country.²⁴⁹ For the second one, it looks for the reduction of neonatal mortality rates, which has decreased by 44 percent since 2000.²⁵⁰ Likewise, 3.2.1 is linked with target 3.1.1 which focuses on reducing the global maternal mortality ratio to less than 70 deaths per 100,000 live births.

In 2019, a total of 122 countries met the SDG target for under-five mortality, and a further 20 countries are expected to meet the target by 2030.²⁵¹ Nevertheless, 53 countries would need to accelerate the progress because of the current status and process of achieving the goal.²⁵² Sub-Saharan Africa and Southeast Asia, account for 87 percent of the estimated

maternal deaths in 2020.²⁵³ There is a need in the international community to combine efforts to prevent these deaths. By meeting the SDG target, the number of under-five deaths would reduce by 11 million between 2019 and 2030.²⁵⁴

In addition, the topic can also be related to target SDG 2 which focuses on achieving Zero Hunger. It connects to target 2.1, which aims to end hunger with a focus on people in vulnerable situations, including infants.²⁵⁵ This target looks to end all types of forms of malnutrition, especially since it's a frequent cause of death for infants and toddlers under the age of five years old.²⁵⁶ Nutrition-related factors contribute to about 45 percent of deaths in children under 5 years of age.²⁵⁷ Hence, the importance of achieving this goal.

The topic can also be related to SDG 6: Clean Water and Sanitation for All.²⁵⁸ Targets 6.1 and 6.2 of this SDG play an important role in achieving child security. These include achieving universal and equitable access to safe and affordable drinking water for all. They also look to ensure access to adequate and equitable sanitation and hygiene for everyone, ending open defecation. paying special attention to the needs of women and girls and those in vulnerable situations.²⁵⁹ It relates directly to the topic by considering that young children are particularly vulnerable to water, sanitation, and hygiene-related diseases, being the most common cause of death in children under five. If not treated, it could lead to malnutrition and stunting. For instance, each year 300,00 children under five die due to diarrhea linked to inadequate water, sanitation, and hygiene.²⁶⁰

245 UN, "THE 17 GOALS | Sustainable Development."

246 "Goal 3 | Department of Economic and Social Affairs," UN, accessed July 20, 2024, <https://sdgs.un.org/goals/goal3>.

247 UN, "Goal 3 | Department of Economic and Social Affairs."

248 "Goal 3 | Department of Economic and Social Affairs," UN, accessed July 20, 2024, <https://sdgs.un.org/goals/goal3>.

249 UN, "Goal 3 | Department of Economic and Social Affairs."

250 UN, "Goal 3 | Department of Economic and Social Affairs."

251 World Health Organization, "Children: Improving Survival And Well-Being."

252 World Health Organization, "Children: Improving Survival And Well-Being."

253 UN, "Goal 3 | Department of Economic and Social Affairs."

254 World Health Organization, "Children: Improving Survival And Well-Being."

255 "Goal 2 | Department of Economic and Social Affairs," UN, accessed July 20, 2024, <https://sdgs.un.org/goals/goal2>.

256 UN, "Goal 2 | Department of Economic and Social Affairs."

257 "Over 300,000 children under five died from diarrhoeal diseases linked to limited access to safe water, sanitation and hygiene in 2015 - UNICEF," UNICEF, October 14, 2016, <https://www.unicef.org/turkiye/en/node/2296>.

258 "Goal 6 | Department of Economic and Social Affairs," UN, accessed July 20, 2024, <https://sdgs.un.org/goals/goal6>.

259 "Goal 6 | Department of Economic and Social Affairs," UN, accessed July 20, 2024, <https://sdgs.un.org/goals/goal6>.

260 UNICEF, "Over 300,000 children under five died from diarrhoeal diseases linked to limited access to safe water, sanitation and hygiene in 2015 - UNICEF."

Bloc Analysis

Points of Division

While addressing the improvement of health conditions for infants and toddlers, different perspectives and divisions are found. These surges are based on diverse reasons or factors that countries tend to fall into. In this case, three of the blocs found on this topic are countries about their infant mortality rate. These rates are obtained by the Infant Mortality Rate elaborated by The World Factbook, CIA. This setlist contains 227 results that go from the rankings of one to 227 respectively, depending on the deaths per 1,000 live births occurring in the country.²⁶¹ This rate is often used as an indicator of the level of health in a country and goes through the regions of South Asia, Africa, the Middle East, Central America and the Caribbean, Central Asia, East and Southeast Asia, Australia, and Oceania, South America, Europe, and North America.²⁶²

Considering the countries with the highest infant mortality rate is important since this group reflects the possibility of having a high amount of infant mortality and introduces the idea of obtaining a solution to improve the health conditions of the children in their context.²⁶³ The top rankings of this group can vary by many factors like socioeconomic status, external conflicts, and more. For the countries that fall into the medium infant mortality rate, its importance reflects on the actions they've made to not have an immense amount of deaths per 1,000 live births, but also what actions can be done to reduce that number.²⁶⁴ Finally, for the lowest-ranking countries, it's vital to understand what proposals were made to belong to those rankings and what also can be done to completely eradicate this problem in their country.

Each division can affect how countries view the topic by considering the status of infant mortality rates. With this, countries can adapt their situation by looking forward to proposals that can either reduce high, and medium infant mortality rates or completely eradicate infant mortality cases for the lowest rates.²⁶⁵ By doing so, the health conditions of infants and toddlers can be improved, and their protection can be ensured in the following years.

Countries with the highest infant mortality rate (50> deaths per 1,000 live births)

The countries in this group have the most deaths of infants under one year in a year per 1,000 live births.²⁶⁶ Some of the most common reasons for belonging to this group are lack of access to healthcare caused by external factors, inadequate hygiene and sanitation, low funding for public health systems, transnational issues like refugees and internally displaced persons, terrorism, and more.²⁶⁷

For example, Afghanistan counts with the highest infant mortality rate being first in the ranking and having 101.3 deaths per 1,000 live births.²⁶⁸ The respective placement on this setlist is based on Afghanistan's many challenges as a country. These include birth defects, preterm birth, malnutrition, sudden infant death syndrome, traumatic injuries, fatal infections, infanticide, and abuse.²⁶⁹ At the same time, insecurity, and humanitarian crises, like the ones occurring in Afghanistan, can increase even more the chance of countries forming part of the top rankings for infant mortality rate in the world.²⁷⁰

On the other hand, the country located at the bottom of this group is Pakistan, being the 18th country in the setlist and counting 51.5 deaths per 1,000 live births.²⁷¹ Although this

261 "Infant mortality rate", CIA, accessed July 23, 2024, <https://www.cia.gov/the-world-factbook/field/infant-mortality-rate/country-comparison/>

262 CIA, "Infant mortality rate."

263 CIA, "Infant mortality rate."

264 CIA, "Infant mortality rate."

265 CIA, "Infant mortality rate."

266 CIA, "Infant mortality rate."

267 CIA, "Infant mortality rate."

268 Khulud Qamar et al., "Infant and Child Mortality in Afghanistan: A Scoping Review," *Health Science Reports* 7, no. 7 (July, 2024), <https://doi.org/10.1002/hsr2.2224>.

269 Qamar, "Infant and Child Mortality in Afghanistan: A Scoping Review."

270 Qamar, "Infant and Child Mortality in Afghanistan: A Scoping Review."

271 Muhammad Muzzamil, Maryam Nisa, and Shaeroz Raza, "The Survival Rate of Neonates in Pakistan: Problems in Health Care Access, Quality and Recommendations," *Health Promotion Perspectives* 12, no. 4 (December, 2022): 355–57, <https://doi.org/10.34172/hpp.2022.46>.

country has made efforts to reduce child mortality with the help of foreign donors and the government, it still belongs to this group because of different factors. Some of these factors are insufficient funds for families to afford health services, access to high-quality services and healthcare, the provision of skilled birth attendance for mothers, outdated hospitals, and poor delivery systems.²⁷² Even with these obstacles that increase infant mortality rates, Pakistan is at the bottom of the list of this group and can reflect its attempt to reduce the rate even more.²⁷³

The countries that are found in this parameter are Afghanistan, Somalia, Central African Republic, Equatorial Guinea, Sierra Leone, Niger, Chad, South Sudan, Mozambique, Mali, Democratic Republic of Congo, Liberia, Angola, Comoros, Nigeria, Benin, Côte d'Ivoire, and Pakistan. Even though these countries are located at the top of the rankings, efforts from all around the world are made to provide and improve healthcare services to reduce the high rate and eradicate the problem eventually.²⁷⁴

Countries with medium infant mortality rate (20> per 1,000 live births)

While analyzing infant mortality rates, there can be countries that don't fall in the top rankings or the lowest rankings; they fall in the middle. This is where countries with less than 50 deaths per 1,000 live births but with more than 20 deaths per 1,000 live births are found.²⁷⁵ Similar to the rankings at the beginning, difficulties like lack of healthcare services, structural prioritization funding, and immunization services boost the infant mortality rate in these countries.²⁷⁶ Nevertheless, the following countries have made improvements in health outcomes.

For instance, South Africa is placed at 71st position with 21.9 deaths per 1,000 live births because of its efforts put into child health, protection, and survival.²⁷⁷ Among the interventions made are the 66 percent of children under age five with acute respiratory infection symptoms whose advice was sought from a health facility or provider, the provision of diarrhea treatment at 51 percent to children under the age of five, and the 84 percent of children who received the second dose of measles-containing vaccine, etc.²⁷⁸ These actions were the causes of the reduction of infant mortality rates in this country and tend to continue reducing this amount in the future.²⁷⁹

Another example of improvements in health outcomes despite being in the medium placement is Burkina Faso.²⁸⁰ The main reasons that caused the presence of infant mortality in Burkina Faso were deficient HIV treatment and prevention techniques, as well as one of the most direct and dangerous diseases to infants and toddlers, malaria.²⁸¹ Despite this, Burkina Faso started to make investments in malaria and HIV prevention and universal health care for women and children under five, showing major beneficial outcomes.²⁸² By doing so, this country has the 20th ranking of such a rate and tends to show the impacts of interventions to eradicate the topic.²⁸³

It's important to consider that some of the countries that are between this parameter are Mauritania, Burkina Faso, Cameroon, Yemen, Sudan, Madagascar, Haiti, Turkmenistan, Zimbabwe, Timor-Leste, Papua New Guinea, Ghana, Senegal, India, Bangladesh, Uganda, Guatemala, Cabo Verde, Bolivia, Philippines, and South Africa.²⁸⁴

272 Muzzamil, "The Survival Rate of Neonates in Pakistan: Problems in Health Care Access, Quality and Recommendations," 355-57.

273 Muzzamil, "The Survival Rate of Neonates in Pakistan: Problems in Health Care Access, Quality and Recommendations," 355-57.

274 "Afghanistan", UNICEF, accessed July 29, 2024, <https://www.unicef.org/afghanistan/health>

275 CIA, "Infant mortality rate."

276 CIA, "Infant mortality rate."

277 CIA, "Infant mortality rate."

278 "South Africa," UNICEF, accessed July 23, 2024, <https://data.unicef.org/country/zaf/>

279 UNICEF, "South Africa."

280 CIA, "Infant mortality rate."

281 "How Burkina Faso cut its under-five mortality by 74%," Exemplars News, December 8, 2022, <https://www.exemplars.health/stories/how-burkina-faso-cut-its-under-five-mortality>

282 Exemplar News, "How Burkina Faso cut its under-five mortality by 74%."

283 CIA, "Infant mortality rate."

284 CIA, "Infant mortality rate."

Countries with the lowest infant mortality rate (20< deaths per 1,000 live births)

Lastly, the countries that belong to this bloc share the characteristic of having the lowest infant mortality rates below 20 deaths per 1,000 live births.²⁸⁵ In comparison to the rest of the blocs, these countries have proven to, despite still having infant mortality, reduce this rate in a significant matter through different types of interventions in their health systems, introducing immunization to the most dangerous diseases for infants and toddlers, having appropriate access to healthcare services, and more.²⁸⁶

One of the countries that share these characteristics is Jamaica. It's classified as the 129th country on the list and has 10.7 deaths per 1,000 live births.²⁸⁷ Even though this country faces different internal challenges, there have been improvements in the health conditions of infants and toddlers, resulting in it belonging to this group.²⁸⁸ For example, Jamaica counts 100 percent of children under age five whose births are registered and 98 percent of surviving infants who received the third dose of the DTP-containing vaccine.²⁸⁹ These types of interventions prevent the loss of infants and toddlers' lives and provide the healthcare that they need.

As for the country of Slovenia, it has the lowest infant mortality rate in the world, with 1.5 deaths per 1,000 live births.²⁹⁰ This country has made major efforts in the healthcare of infants and toddlers by having 100 percent of children under the age of five whose births are registered.²⁹¹ Because of this, there's easier control of the health status of infants and toddlers, and therefore, diseases can be treated and prevented efficiently.²⁹² This also reflects the effect of the economic and social conditions on the health of mothers and newborns, as well as the effectiveness of health systems in Slovenia.²⁹³

Additionally, several countries who belong to this are Mongolia, Indonesia, Iraq, Algeria, Turkey, Morocco, Venezuela, Brazil, Mexico, Colombia, Belize, Tunisia, Brunei, Argentina, Ukraine, Greenland, Kazakhstan, Kuwait, Sri Lanka, Russia, Chile, China, United States, Poland, Canada, United Kingdom, New Zealand, France, Sweden, Japan, and Slovenia.²⁹⁴ Being at the lowest infant mortality rate still has its challenges and serves as a reflection for countries to maintain the rate or even reduce it.

Committee Mission

UNICEF is mandated by the United Nations General Assembly and looks at advocating for the protection of children's rights, helping meet their basic needs, and expanding their opportunities to reach their full potential is directly concerned with this topic.²⁹⁵ Improving the health of infants and toddlers helps protect children now and in the future. This reduces their risk of illness and early death, allowing them to live healthier and happier lives.

Delegates must seek to address realistic solutions to protect the healthcare of infants and toddlers by ensuring improvement in their health conditions considering injustice, and external and internal factors that could damage their health. At the same time, delegates must work together to tackle all the leading targets of infants and toddlers' health found within this topic by approaching the different areas of socioeconomic, environmental, technological, systematical, and statistical context.

UNICEF is guided by the Convention on the Rights of the Child (CRC) and looks forward to establishing children's rights as enduring ethical principles and international

285 CIA, "Infant mortality rate."

286 CIA, "Infant mortality rate."

287 CIA, "Infant mortality rate."

288 "Jamaica," UNICEF, accessed July 23, 2024, <https://data.unicef.org/country/jam/>

289 UNICEF, "Jamaica."

290 CIA, "Infant mortality rate."

291 "Slovenia," UNICEF, accessed July 23, 2024, <https://data.unicef.org/country/svn/>

292 UNICEF, "Slovenia."

293 Caroline Penn et al., "Health at a Glance: Europe," Health at a Glance. Europe, November 22, 2012, <https://doi.org/10.1787/23056088>.

294 CIA, "Infant mortality rate."

295 "UNICEF mission statement," UNICEF, accessed July 23, 2024, <https://www.unicef.org/about-us/mission-statement>

standards of behavior towards children.²⁹⁶ The CRC has helped change the way children are viewed and treated and sets minimum standards for children’s well-being at each stage of their development throughout its 54 articles.²⁹⁷

Subsequently, UNICEF is committed to giving every child in the world a fair chance to be healthy, educated, protected, and included. Between these, children who are affected by humanitarian crises are supported and the impacts of natural disasters are mitigated.²⁹⁸ To do so, UNICEF sets its goals to ensure that every child is thriving, learning, protected, and participating.

As for helping countries, UNICEF mobilizes political will and material resources and ensures the importance of direct children-related problems. The United Nations Children’s Fund also promotes the increase in the capacity to form appropriate policies and deliver services for children and their families who need them the most.²⁹⁹ In health conditions, UNICEF insists that the survival, protection, and development of children are universal development goals that are vital to human progress.³⁰⁰

UNICEF works in more than 190 countries and territories in partnership with organizations to save children’s lives, defend their rights, and support them achieve their full potential from childhood to adolescence.³⁰¹ This is done through the priorities being taken place like child protection and inclusion, child survival, education, social policy, gender, innovation for children, supply, logistics to reach every child at risk, and more.³⁰²

UNICEF is the world’s largest provider of vaccines and supports child health and nutrition, safe water and sanitation, quality education and skill building, HIV prevention and treatment for mothers and babies, and the protection of children and adolescents from violence and exploitation no matter the context or situation that they’re in.³⁰³

Likewise, UNICEF counts on health programs that help eradicate the different challenges that children face in every corner of the world.³⁰⁴ Some of these programs are the Maternal and Newborn Health Program which focuses on the preventable causes of newborn and mother mortality, the Childhood Diseases Program which emphasizes the delivery of healthcare services and resources to combat these life-threatening diseases, Health and Child Development Program works on trailing the correct pathway for a healthy live for all children, the Healthy Environment Program that considers the environmental hazards that pose a threat to infants and toddlers’ health, and more.³⁰⁵

296 “Convention on the Rights of the Child,” UNICEF, accessed July 23, 2024, <https://www.unicef.org/child-rights-convention>

297 UNICEF, “Convention on the Rights of the Child.”

298 “What we do,” UNICEF, accessed July 23, 2024, <https://www.unicef.org/what-we-do>

299 UNICEF, “UNICEF mission statement.”

300 UNICEF, “UNICEF mission statement.”

301 “About UNICEF,” UNICEF, accessed July 23, 2024, <https://www.unicef.org/about-unicef>

302 UNICEF, “About UNICEF.”

303 UNICEF, “About UNICEF.”

304 “Health programmes,” UNICEF, accessed July 23, 2024, <https://www.unicef.org/health/programmes>

305 UNICEF, “Health programmes.”

Research and Preparation Questions

Your dais has prepared the following research and preparation questions as a means of providing guidance for your research process. These questions should be carefully considered, as they embody some of the main critical thought and learning objectives surrounding your topic.

Topic A

1. What policies has your country made to address access to humanitarian aid to children in armed conflict?
2. What current events in your country impact the response to threats to children's rights?
3. How has your country implemented the United Nations Convention on the Rights of the Child (UNCRC) domestically? How have they deviated from them?
4. What policies has your country implemented towards the promotion of women's health and rights in post-conflict regions?
5. How does your country address the rehabilitation of child soldiers, especially after experiencing environments of high psychological, emotional, and physical torment?
6. What short-term plans can nations provide to create a more effective education system in post-conflict regions? What about the long term?
7. Does your country receive humanitarian aid? Is it managed in a way that benefits children?

Topic B

1. What has your country done regarding children's health in the past?
2. What kind of healthcare system does your country use? How do its citizens react to it?
3. What recent technological innovations have been implemented in your country? How has this impacted infants' and toddlers' healthcare as a whole?
4. What are the most common diseases among children in your country? Do any of these have vaccines?
5. What is the state of agriculture in your country? How does it impact nutrition?
6. What is the economic and political state of your country? How does it impact access to healthcare for children?
7. What is the environment of your country like? How does it impact the health and wellness of the population?

Important Documents

Topic A

- Children and Conflict in a Changing World. New York: UNICEF, 2009. https://childrenandarmedconflict.un.org/publications/MachelStudy-10YearStrategicReview_en.pdf
- Debarre, Alice. *Hard to Reach: Providing Healthcare in Armed Conflict*. New York: International Peace Institute, 2018.
- Education Under Attack. New York: Global Coalition to Protect Education from Attack, 2022. https://protectingeducation.org/wp-content/uploads/eua_2022.pdf.
- Humanitarian Access in Situations of Armed Conflict. Cambridge: Swiss Federal Department of Foreign Affairs, 2014. https://www.eda.admin.ch/content/dam/eda/en/documents/aussenpolitik/voelkerrecht/Human-access-in-sit-of-armed-conflict-handbook_EN.pdf.
- The Six Grave Violations Against Children During Armed Conflict: The Legal Foundation. New York: Office of the Special Representative of the Secretary-General for Children and Armed Conflict, 2013. https://childrenandarmedconflict.un.org/publications/WorkingPaper-1_SixGraveViolationsLegalFoundation.pdf
- United Nations General Assembly Security Council. Resolution 77/895. Children and armed conflict A/RES/77/895. June 5, 2023. https://www.securitycouncilreport.org/atf/cf/%7B65BF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_2023_363.pdf.

Topic B

- Daniel R Feikin, Brendan Flannery, Mary J Hamel, Meghan Stack, and Peter M Hansen., *Reproductive, Maternal, Newborn, and Child Health: Disease Control Priorities*. vol. 2. Washington (DC)
- Klerman, L. V. (1991). The health of poor children: Problems and programs. *Children and poverty: Child development and public policy*, 136-157.
- Martorel, Reynaldo. "The nature of child malnutrition and its long-term implications." <https://journals.sagepub.com/doi/pdf/10.1177/15648265990200030>
- National Center for Health Statistics. "Access to Health Care Part 1: Children Vital and Health Statistics." 1997 https://www.cdc.gov/nchs/data/series/sr_10/sr10_196.pdf.
- Sameroff, Arnold J. "Environmental risk factors in infancy." *Pediatrics* 102, no. 5 (1998): 1287-1292.
- Solomons, Noel W., and Marieke Vossenaar. "Towards appropriate feeding to prevent malnutrition in infants and toddlers." *European Journal of Clinical Nutrition* 72, no. 9 (2018): 1274-1281.
- UNICEF, *The UNICEF Health Systems Strengthening Approach*. <https://www.unicef.org/media/119741/file/UNICEF%20Health-Systems-Strengthening-Approach.pdf>

Works Cited

Topic A

UN Sources

- Commission on Human Rights. Resolution 1997/39. Guiding Principles on Internal Displacement. E/CN.4/1998/53. (February 11, 1998). <http://www.un-documents.net/gpid.htm>.
- Defense for Children International. “Children Affected by Armed Conflict.” Accessed August 7, 2024. <https://defenceforchildren.org/children-affected-by-armed-conflict/>.
- Ending Child Labour Through a Multisectoral Approach. UNICEF, 2021. <https://www.unicef.org/media/111686/file/Child%20Labour%20Brief%20Dec%202021%20Final.pdf.pdf>.
- Food and Agriculture Organization of the United Nations. “The impact of armed conflict on agriculture.” Accessed September 2024. <https://openknowledge.fao.org/server/api/core/bitstreams/cc9b1623-99e2-4476-854a-ac24d58154b1/content/impact-of-disasters-on-agriculture-and-food-2023/the-impact-of-armed-conflict-on-agriculture.html>.
- For every child, every right. Podgorica: UNICEF Montenegro, 2024. <https://www.unicef.org/montenegro/en/media/24201/file/UNICEF%20Montenegro%20Country%20Office%202023%20Annual%20Report.pdf>.
- Klara Pleskacova. “Both Refugees and locals benefit from clean water in Itang.” News release. September 13, 2021. <https://www.unicef.org/ethiopia/stories/both-refugees-and-locals-benefit-clean-water-itang>.
- Office of the Special Representative of the Secretary -General for Children and Armed Conflict. “The Government of Ukraine signs plan to end and prevent grave violations against children, with the support of the United Nations.” News release, August 23, 2023. <https://childrenandarmedconflict.un.org/2023/08/the-government-of-ukraine-signs-plan-to-end-and-prevent-grave-violations-against-children-with-the-support-of-the-united-nations/>.
- Office of the Special Representative of the Secretary-General for Children and Armed Conflict. “Killing and Maiming.” Accessed July 5, 2024. <https://childrenandarmedconflict.un.org/six-grave-violations/killing-and-maiming/>.
- Office of the Special Representative of the Secretary-General for Children and Armed Conflict. “Child Recruitment and Use.” Accessed June 26, 2024. <https://childrenandarmedconflict.un.org/six-grave-violations/child-soldiers/>.
- Office of the Special Representative of the Secretary-General for Children and Armed Conflict. “Colombia : despite positive advancements, increase in grave violations against children, important to sustain prevention efforts.” Accessed March 2024. <https://childrenandarmedconflict.un.org/2024/03/colombia-despite-positive-advancements-increase-in-grave-violations-against-children-important-to-sustain-prevention-efforts/>.
- Office of the Special Representative of the Secretary-General for Children and Armed Conflict. “Children, Not Soldiers.” Accessed September 2024. <https://childrenandarmedconflict.un.org/children-not-soldiers/>.
- Office of the United Nations High Commissioner for Human Rights. “Convention on the Rights of the Child.” November 20, 1989. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>.
- The Paris Principles. United Nations, 2007. https://childrenandarmedconflict.un.org/publications/ParisPrinciples_EN.pdf.
- The Six Grave Violations Against Children During Armed Conflict: The Legal Foundation. New York: Office if the Special Representative of the Special Representative of the Secretary-General for Children and Armed Conflict, November 2013. https://childrenandarmedconflict.un.org/publications/WorkingPaper-1_SixGraveViolationsLegalFoundation.pdf.
- UNDP. “What are the Sustainable Development Goals?” Accessed September 9, 2024. <https://www.undp.org/sustainable-development-goals>.
- UNESCO. “Cultural heritage.” Accessed July 9, 2024. <https://uis.unesco.org/en/glossary-term/cultural-heritage>.

- UNHRC. "UNHCR - Refugees Daily." December 8, 2015. <https://web.archive.org/web/20151208041548/http://www.unhcr.org/cgi-bin/texis/vtx/refdaily?pass=52fc6fbd5&id=4fe952205>.
- UNICEF "Myanmar Appeal." Accessed July 30, 2024. <https://www.unicef.org/appeals/myanmar>.
- UNICEF, "Meaningful action to prevent the use of explosive weapons in populated areas could almost halve number of child casualties in conflicts." April 22, 2024. <https://www.unicef.org/press-releases/meaningful-action-prevent-use-explosive-weapons-populated-areas-could-almost-halve>.
- UNICEF, "Three-fold increase in civilian casualties caused by landmines and unexploded ordnance in Myanmar's escalating conflict," news release, April 3, 2024, <https://www.unicef.org/press-releases/three-fold-increase-civilian-casualties-caused-landmines-and-unexploded-ordnance>.
- UNICEF. "About UNICEF." Accessed August 2, 2024. <https://www.unicef.org/drcongo/en/about-unicef>
- UNICEF. "Children in war and Conflict." Accessed July 10, 2024. <https://www.unicefusa.org/what-unicef-does/emergency-response/conflict>.
- UNICEF. "Convention on the Rights of the Child." Accessed September, 2024. <https://www.unicef.org/child-rights-convention>.
- UNICEF. "Delivering for children in a time of crisis." Accessed July 30, 2024. <https://www.unicef.org/myanmar/responding-emergencies/delivering-children-time-crisis>.
- UNICEF. "Global Humanitarian Thematic Funding." Accessed July 29, 2024.
- UNICEF. "How to talk to your children about hate speech." Accessed July 19, 2024. <https://www.unicef.org/parenting/how-talk-your-children-about-hate-speech>.
- UNICEF. "Migrant and displaced children." Accessed July 16, 2024. <https://www.unicef.org/migrant-refugee-internally-displaced-children>.
- UNICEF. "Our mandate: no child left behind." Accessed August 2, 2024. <https://www.unicef.org/eca/our-mandate-no-child-left-behind>.
- UNICEF. "Our national commitment to children's rights." Accessed August 2, 2024. <https://www.unicef.ch/en/what-we-do/national/commitment-to-childrens-rights>.
- UNICEF. "Staggering scale of grave violations against children in conflict revealed in new UNICEF analysis." News release, June 28, 2022. <https://www.unicef.org/eap/press-releases/grave-violations-against-children-conflict>.
- UNICEF. "Stories of loss and grief: At least 17,000 children are estimated to be unaccompanied or separated from their parents in the Gaza Strip." News release, February 2, 2024. <https://www.unicef.org/press-releases/stories-loss-and-grief-least-17000-children-are-estimated-be-unaccompanied-or>.
- UNICEF. "The Piarist Secondary School in Budapest: a second home for refugee children from Ukraine." Accessed July 17, 2024. <https://www.unicef.org/eca/stories/piarist-secondary-school-budapest-second-home-refugee-children-ukraine>.
- UNICEF. "Thematic Funding." Accessed July 28, 2024. <https://www.unicef.org/partnerships/funding/thematic-funding>.
- UNICEF. "UNICEF civil society partnerships." Accessed August 2, 2024. <https://www.unicef.org/partnerships/civil-society>.
- UNICEF. "UNICEF condemns attack on girls' school in North Waziristan." News release, May 10, 2024. <https://www.unicef.org/rosa/press-releases/unicef-condemns-attack-girls-school-north-waziristan>.
- UNICEF. "UNICEF partnerships." Accessed August 12. <https://www.unicef.org/partnerships>.
- UNICEF. "UNICEF reporting on children in armed conflict." Accessed August 2, 2024. <https://www.unicef.org/reporting-children-armed-conflict>.
- UNICEF. "Child Friendly Cities Initiative." Accessed August 2, 2024. <https://www.unicef.ch/en/what-we-do/national/partners-and-initiatives/child-friendly-cities>.
- UNICEF. "Myanmar Appeal." unicef.org. Accessed August 31, 2024. <https://www.unicef.org/appeals/myanmar>.
- UNICEF. "Rohingya Crisis." September 23, 2024. <https://www.unicef.org/emergencies/rohingya-crisis>.

- UNICEF. “UNICEF: Education Milestone for Rohingya Refugee Children as Myanmar Curriculum Pilot Reaches First 10,000 Children.” May 1, 2022. <https://www.unicef.org/press-releases/unicef-education-milestone-rohingya-refugee-children-myanmar-curriculum-pilot>.
- UNICEF. *Children and Conflict in a Changing World*. 2009. https://childrenandarmedconflict.un.org/publications/MachelStudy-10YearStrategicReview_en.pdf
- United Nations General Assembly Security Council. Resolution 77/895. Children and armed conflict A/RES/77/895. June 5, 2023. https://www.securitycouncilreport.org/atf/cf/%7B65BF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/S_2023_363.pdf.
- United Nations High Commissioner for Refugees. “Asylum and refugee status.” Accessed September 2024. <https://help.unhcr.org/faq/how-can-we-help-you/asylum-and-refugee-status/>.
- United Nations Human Rights. Committee on Rights of Child Examines Report of the Democratic People’s Republic of Korea.” News release, January 23, 2009,. <https://www.ohchr.org/en/press-releases/2009/10/committee-rights-child-examines-report-democratic-peoples-republic-korea>.
- United Nations World Food Programme. “Conflict Causes Hunger.” Accessed August, 2024. <https://www.wfpusa.org/drivers-of-hunger/conflict/>.
- United Nations. “Armed conflicts and their consequences.” Accessed September 2024, <https://www.un.org/esa/socdev/rwss/docs/2001/15%20Armed%20Conflict.pdf>
- United Nations. “Deliver Humanitarian Aid.” Accessed July 28, 2024. <https://www.un.org/en/our-work/deliver-humanitarian-aid>.
- United Nations. “End hunger, achieve food security and improved nutrition and promote sustainable agriculture.” Accessed July 30, 2024. <https://sdgs.un.org/goals/goal2>.
- United Nations. “Goal 3.” Accessed August 2, 2024. <https://sdgs.un.org/goals/goal3>.
- United Nations. “Goal 4.” Accessed August 2, 2024. <https://sdgs.un.org/goals/goal4>.
- United Nations. “Goal 8.” Accessed August 2, 2024. <https://sdgs.un.org/goals/goal8>.
- United Nations. “Goal 16.” Accessed August 2, 2024. <https://sdgs.un.org/goals/goal16>.
- United Nations. “Shocking Increase in Denial of Access to Life-Saving Humanitarian Aid for Children in Conflict Zones Worldwide, Security Council Worldwide, Security Council Hears, as Delegates Discuss Solutions.” News release April 3, 2024. <https://press.un.org/en/2024/sc15651.doc.htm>.
- United Nations. “The 17 Goals.” Accessed September 9, 2024. <https://sdgs.un.org/goals>.
- Warpinski, Anastasia. *UNICEF Humanitarian Action for Children 2024*. New York: United Children’s Fund, 2023. <https://www.unicef.org/media/149906/file/Humanitarian-Action-for-Children-2024-Overview.pdf>.
- Warpinski, Anastasia. *UNICEF Humanitarian Action for Children 2023*. New York: United Children’s Fund, 2022. <https://www.unicef.org/media/131491/file/%20Humanitarian%20Action%20for%20Children%202023.pdf>.
- World Health Organization. “WHO concerned about the escalating health crisis in West Bank.” June 14, 2024. <https://www.who.int/news/item/14-06-2024-who-concerned-about-escalating-health-crisis-in-west-bank>
- World Health Organization. “Bangladesh: Rohingya Refugee Crisis 2017–2018.” World Health Organization Regional Office for Southeast Asia, May 7, 2018. https://cdn.who.int/media/docs/default-source/searo/bangladesh/bangladesh---rohingya-crisis---pdf-reports/public-health-situation-analysis-may-2018.pdf?Status=Temp&sfvrsn=9a280761_2.

Non-UN Sources

- ACLED. “ACLED Conflict Index.” Accessed June 30, 2024. <https://acleddata.com/conflict-index/>.
- Ahmed, Kaamil, and Verena Hölzl. “Death, Abuse and Torture: Traffickers Hold Fleeing Rohingya to Ransom for up to £3,000

- a Time.” *The Guardian*, March 5, 2024. <https://www.theguardian.com/global-development/2024/mar/05/death-abuse-and-torture-traffickers-hold-fleeing-rohingya-to-ransom-for-up-to-3000-a-time>.
- Albert, Eleanor , and Lindsay Maizland. “What Forces Are Fueling Myanmar’s Rohingya Crisis?” Council on Foreign Relations, 2020. <https://www.cfr.org/backgrounder/rohingya-crisis>.
- Albert, Eleanor and Lindsay Miazland. “The Rohingya Crisis.” Council on Foreign Relations. Accessed July 29, 2024. <https://www.cfr.org/backgrounder/rohingya-crisis>.
- Alcorta, Ludovico, Haley Swedlund, and Jeroen Smits. “Discrimination and ethnic conflict: a dyadic analysis of politically-excluded groups in sub-Saharan Africa.” *International Interactions* 46, no.2 (January 2020): 251-273. <https://www.tandfonline.com/doi/full/10.1080/03050629.2020.1716748>.
- Alternative Report to the Committee on the Rights of the Child 2015- 2021. Bogotá: Colombian Children’s Alliance; Coalition Against the Involvement of Children and Young People in the Armed Conflict in Colombia. 2023. <https://coalico.org/wp-content/uploads/2024/06/Alternate-CRC-Report-EN.pdf>.
- Alwan, Ala, Dean Jamison, Sameen Siddiqi, and Anna Vassall. “Pakistan’s Progress on Universal Health Coverage: Lessons Learned in Priority Setting and Challenges Ahead in Reinforcing Primary.” *International Journal of Health Policy and Management* 13, no. 8450 (April 2024): 1-5. doi 10.34172/ijhpm.2024.8450.
- Aptel, Cecile. “The Growing Gaps in Global Humanitarian Challenges.” Observer Research Foundation. April 1, 2024. <https://www.orfonline.org/research/the-growing-gaps-in-global-humanitarian-challenges>.
- Arbatli, Cemal, Quamrul Ashraf, Oded Galor, and Marc Klemp. “Diversity and Conflict.” *Journal of the Econometric Society* 88, no.2 (March 2020): 727-797. <https://doi.org/10.3982/ECTA13734>.
- Better World Campaign. “Providing humanitarian assistance.” Accessed July 28, 2024. <https://betterworldcampaign.org/resources/briefing-book-2022/providing-humanitarian-assistance>.
- Bizau, Alina-Maria, and Robert Stanculescu. “Causes of Armed Conflict.” *Land Forces Academy Review* 27, no.3 (September 2022): 171-177. <http://dx.doi.org/10.2478/raft-2022-0022>.
- Blakemore, Erin. “The Rohingya People, Facts and Information.” *Nationalgeographic.com*, February 11, 2019. <https://web.archive.org/web/20190211092255/https://www.nationalgeographic.com/culture/people/reference/rohingya-people/>.
- British Red Cross. “Geneva Conventions.” Accessed July 15, 2024. <https://www.redcross.org.uk/about-us/what-we-do/protecting-people-in-armed-conflict/geneva-conventions>.
- Burgin, David, Dimitris Anagnostopoulos, Benedetto Vitiello, Thorsten Sukale, Marc Schmid, and Jorg Fegert. “Impact of war and forced displacement on children’s mental health- multilevel, needs-oriented, and trauma-informed approaches.” *European Child & Adolescent Psychiatry* 31 (June 2022): 845-853. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9209349/>.
- Canadian Red Cross. “Weapons and International Human Rights.” *Child Safety, Welfare and Well-Being*, (Springer, Singapore, 2022), chap. 16. https://link.springer.com/chapter/10.1007/978-981-16-9820-0_16.
- Cazabat, Christelle. *Women and girls in internal displacement*. Geneva: Internal Displacement Monitoring Centre, 2020. <https://api.internal-displacement.org/sites/default/files/publications/documents/202003-twice-invisible-internally-displaced-women.pdf>.
- Center on the Developing Child Harvard University. “Early Childhood Mental Health.” Accessed July 17, 2024. <https://developingchild.harvard.edu/science/deep-dives/mental-health/>.
- Cerimovic, Emina. “At risk and overlooked: Children with disabilities and armed conflict.” *International Review of the Red Cross*. November 2022. <https://international-review.icrc.org/articles/at-risk-and-overlooked-children-with-disabilities-and-armed-conflict-922>
- Children’s rights in Great Britain. Equality and Human Rights Commission, 2022. <https://www.equalityhumanrights.com/sites/>

- default/files/childrens-rights-in-great-britain-executive-summary-2023.pdf.
- Clapp, Sebastian. *Armed Conflict: A glossary of terms*. Strasbourg: European Parliament, 2023. [https://www.europarl.europa.eu/RegData/etudes/ATAG/2023/757582/EPRS_ATA\(2023\)757582_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/ATAG/2023/757582/EPRS_ATA(2023)757582_EN.pdf).
- “Colombian teachers union, FECODE, writes for the NEU’s Educate magazine,” Justice for Colombia, November 29, 2021. <https://justiceforcolombia.org/news/colombian-teachers-union-fecode-writes-for-the-neus-educate-magazine/>.
- Debarre, Alice. *Hard to Reach: Providing Healthcare in Armed Conflict*. New York: International Peace Institute, 2018. https://www.ipinst.org/wp-content/uploads/2018/12/1812_Hard-to-Reach.pdf.
- Dryden-Peterson, Sarah. “Conflict, Education and Displacement.” *Conflict & Education* (2011). https://wcfia.harvard.edu/files/wcfia/files/sdryden-peterson_conflict_education_and_displacement.pdf.
- Education Under Attack. New York: Global Coalition to Protect Education from Attack, 2022. https://protectingeducation.org/wp-content/uploads/eua_2022.pdf.
- Elayah, Moosa and Matilda Fenttiman. “Humanitarian aid and war economies: The case of Yemen.” *The Economics of Peace and Security Journal* 16, no.1(2021): 52-65. <https://www.epsjournal.org.uk/index.php/EPSJ/article/view/351/423>.
- Elnaiem, Ahmed, Molly Franke, Aaron Richterman, Yodeline Guillaume, Kenia Visseieres, Gertrude Cene Augustin, Ralph Ternier, and Louise Ivers. “Food insecurity and risk of cholera: A cross-sectional study and exploratory analysis of potential mediators.” *PLOS Neglected Tropical Diseases* 17, no.2 (February 2023). <https://doi.org/10.1371/journal.pntd.0010574>.
- Espejo-Yaksic, Nicolas. “Incorporating the CRC in Mexico.” Cambridge University Press (December 2021): 261-280. <https://doi.org/10.1017/9781839701764.011>.
- European Commission. “Guidance and Counseling in Early Childhood and School Education.” Accessed September 2024, <https://eurydice.eacea.ec.europa.eu/national-education-systems/poland/guidance-and-counselling-early-childhood-and-school-education>.
- European Civil Protection and Humanitarian Aid Operations. “Forced Displacement.” Accessed July 16, 2024. https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/forced-displacement_en.
- Global Coalition to Protect Education from Attack. “Seek to Ensure the Continuation of Education During Armed Conflict.” Accessed July 10, 2024. <https://ssd.protectingeducation.org/implementation/seek-to-ensure-the-continuation-of-education-during-armed-conflict/>.
- Global Coalition to Protect Education from Attack. “The Safe Schools Declaration.” Accessed July 9, 2024. <https://ssd.protectingeducation.org>.
- Global Conflict Tracker, “Civil War in Myanmar.” Accessed July 29, 2024. <https://www.cfr.org/global-conflict-tracker/conflict/rohingya-crisis-myanmar>.
- Green, Alexandra and Henry Ginsburg. “Burma to Myanmar: 1,500 years of connection and isolation.” The British Museum. Last modified July 18, 2023. <https://www.britishmuseum.org/blog/burma-myanmar-1500-years-connection-and-isolation>.
- Hazer, Livia, and Gustaf Gredeback. “The effects of war, displacement, and trauma on child development.” *Humanities and Social Sciences Communications* 10, no. 909 (December 2023). <https://doi.org/10.1057/s41599-023-02438-8>.
- Head, Jonathan . “What Drives the Rohingya to Sea?” BBC, February 5, 2009. <http://news.bbc.co.uk/2/hi/asia-pacific/7872635.stm>.
- Hossain, A. N. M. Zakir. “Educational Crisis of Rohingya Refugee Children in Bangladesh: Access, Obstacles, and Prospects to Formal and Non-Formal Education.” *Heliyon* 9, no. 7 (July 1, 2023): 1–14. <https://doi.org/10.1016/j.heliyon.2023.e18346>.
- How Humanitarian Response can Strengthen Resilience to Violent Conflict and End Need. Geneva: Interpeace. https://www.interpeace.org/wp-content/uploads/2016/05/Interpeace_Case_Study_Format_Insights_200516-v3.pdf.

- Human Rights Watch. "Destroying Cultural Heritage." Last modified April 18, 2024. <https://www.hrw.org/report/2024/04/18/destroying-cultural-heritage/explosive-weapons-effects-armed-conflict-and>.
- Human Rights Watch. "Are We Not Human? Denial of Education for Rohingya Refugee Children in Bangladesh." December 3, 2019. <https://www.hrw.org/report/2019/12/03/are-we-not-human/denial-education-rohingya-refugee-childrenbangladesh>.
- Human Rights Watch. "Coercion and Intimidation of Child Soldiers to Participate in Violence." April 16, 2008. <https://www.hrw.org/news/2008/04/16/coercion-and-intimidation-child-soldiers-participate-violence>.
- Human Rights Watch. "Mozambique: Child Soldiers Used in Raid on Northern Town." Last Updated May 15, 2024. <https://www.hrw.org/news/2024/05/15/mozambique-child-soldiers-used-raid-northern-town>.
- Human Rights Watch. "World Court Rules against Myanmar on Rohingya." Human Rights Watch, January 23, 2020. <https://www.hrw.org/news/2020/01/23/world-court-rules-against-myanmar-rohingya>.
- Humanitarian Access in Situations of Armed Conflict . Cambridge: Swiss Federal Department of Foreign Affairs, 2014. https://www.eda.admin.ch/content/dam/eda/en/documents/aussenpolitik/voelkerrecht/Human-access-in-sit-of-armed-conflict-handbook_EN.pdf.
- Humanium. "Realizing Children's Rights in Namibia." Accessed August 2, 2024. <https://www.humanium.org/en/namibia/>.
- Hurtado, Mónica, Ángela Iranzo, and Wilson Rodríguez. "Labor Markets in Contexts of War: Recruitment and Trafficking of Child Soldiers in Colombia." *Colombia Internacional* 114 (November 2022): 65-91. <https://journals.openedition.org/colombiaint/18631>.
- Intersectionality of Human Trafficking with Migrants, Refugees and Internally Displaced People, (Saint Louis: U.S. Catholic Sisters Against Human Trafficking), <https://alliancetoendhumantrafficking.org/wp-content/uploads/2019/01/USCSAHT-HT-Intersection-with-Migrants-Refugees.pdf>
- Kadir, Ayesha, Sherry Shenoda, and Jeffrey Goldhagen. "Effect of armed conflict on child health and development: A systematic review." *The Public Library of Science* 14, no. 2 (February 2019). <https://doi.org/10.1371/journal.pone.0210071>.
- "Keeping schools safe from the battlefield: Why global legal and policy efforts to deter the military use of schools matter." *International Review of the Red Cross* 101, no. 911 (August 2019): 665-694. <https://international-review.icrc.org/articles/keeping-schools-safe-battlefield-why-global-legal-and-policy-efforts-deter-military-use>.
- Khalid, Mohammad, and Madelyn Hsiao-Rei, "Implementation of mental health services in conflict and post- conflict zones: Lessons from Syria." *Avicenna Journal of Medicine* 11, no. 1 (January 2021): 8-14. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7839262/>.
- Kids Rights."KidsRights Index Methodology." Accessed August 1, 2024. <https://www.kidsrights.org/research/kidsrights-index/methodology/>.
- Kids Rights."Research- KidsRights Index." Accessed August 1, 2024. <https://www.kidsrights.org/research/kidsrights-index/>.
- Kien, Le. "Armed Conflict and Child Weight in DR Congo." *Advances in Public Health* 2021, no.1 (September 2021). <https://doi.org/10.1155/2021/6931096>.
- LGBTQ Lives in Conflict and Crisis. Outright International. 2023. https://outrightinternational.org/sites/default/files/2023-02/LGBTQLivesConflictCrisis_0.pdf.
- Li, Yiwen. "The Child Soldiers of Myanmar -." *upstreamjournal.org*, January 11, 2024. <https://upstreamjournal.org/myanmar-child-soldiers/>.
- Lost Footsteps. "British Burma (1826-1942)." Accessed July 29, 2024. <https://lostfootsteps.org/en/history/topic/british-burma-1826-1942>.
- Lowe, Christy and Rachel Marcus. "Refugees and IDPs need to be included in public services, how do we do this in practice?" ODI: Think change. June 2023. <https://odi.org/en/insights/refugees-and-idps-need-to-be-included-in-public-services->

how-do-we-do-this-in-practice/.

- Mahase, Elisabeth. "Violence against health staff in conflict zones reached record high in 2023." *The BMJ*. May 2024. <https://doi.org/10.1136/bmj.q1140>.
- Makinde, Olusesan A., Emmanuel Olamijuwon, Ifeanyi Mgbachi and Ryoko Sato. "Childhood exposure to armed conflict and nutritional health outcomes in Nigeria." *Conflict and Health* 17, no. 15 (March 2023). <https://doi.org/10.1186/s13031-023-00513-0>.
- Marta, Putu. "Violations of Human Rights and Protection by UNICEF on the Use of Child Soldiers in Congo's Armed Conflict." *Ganesha Law Review* 5, no. 2 (November 2023): 1-9. <https://ejournal2.undiksha.ac.id/index.php/GLR/article/view/3354/1416>.
- Medecins Sans Frontieres. "The Practical Guide to Humanitarian Law." Accessed August 7, 2024. <https://guide-humanitarian-law.org/content/article/3/the-hague-conventions-of-1899-and-1907/>.
- Mental Health America. "Mental health during global conflict." Accessed July 18, 2024. <https://mhanational.org/crisis/global-conflict>.
- Meyer, Amanda, Jenni Argent, David Mooney, and Elizabeth Smith. "The Path to 2030: Achieving the Sustainable Development Goals for Children Living in Conflict." University of Edinburgh. 2021. https://www.ed.ac.uk/sites/default/files/atoms/files/children_in_conflict_and_sdgs_final2021.pdf.
- Mozumder, Tanvir Ahmed, Asad Islam, Abu Siddique, Tanvir Shatil, and Tabassum Rahman. "Healing in Crisis: Investing in Women's Mental Health and Child Development in Refugee Camps Has Huge Benefits." *VoxDev*, 2024. <https://voxdev.org/topic/health/healing-crisis-investing-womens-mental-health-and-child-development-refugee-camps-has>.
- Mueller, Hannes and Julia Tobias. *The cost of violence: Estimating the economic impact of conflict*. London: International Growth Centre, December 2016. https://www.theigc.org/sites/default/files/2016/12/IGCJ5023_Economic_Cost_of_Conflict_Brief_2211_v7_WEB.pdf.
- Myanmar Government. "A brief history of Myanmar." Accessed July 29, 2024. <https://myanmar.gov.mm/history>.
- Myo Hein, Ye. "Understanding the People's Defense Forces in Myanmar." United States Institute of Peace. November 3, 2022. <https://www.usip.org/publications/2022/11/understanding-peoples-defense-forces-myanmar>.
- Nadia Askeer, "The effects of armed conflict on the health of women and children," *Women's and children's health in conflict settings* 297, no. 10273 (January 2021): 22-532, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00131-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00131-8/fulltext).
- National Geographic. "The Rohingya People, Facts and Information." February 11, 2019. <https://web.archive.org/web/20190211092255/https://www.nationalgeographic.com/culture/people/reference/rohingya-people/>.
- Nazmun Naher Shishir. "Human Traffickers Prey on Rohingya Refugees." *Dialogue Earth*, February 2, 2021. <https://dialogue.earth/en/justice/human-traffickers-prey-on-rohingya-refugees/>.
- Ola Didrik Saugstad, Neena Modi, Corrado Moretti, Michael Obladen, Maximo Vento, and Christian P. Speer. "Newborns and Children in War and Terror." *Neonatology* 121, (December 2023): 137-140. <https://karger.com/neo/article-pdf/121/2/137/4188717/000535401.pdf>.
- Olu, Olushayo, Amos Petu, and Abdulmumini Usman. "Leaving no one behind in armed conflict-affected settings of Africa: is universal health coverage a possibility or mirage." *Global Health Research and Policy*. May 2024. <https://ghrp.biomedcentral.com/articles/10.1186/s41256-024-00360-3>.
- Premiere Urgence Internationale. "Mental Health and Conflicts." Accessed July 16, 2024. <https://www.premiere-urgence.org/en/mental-health-and-conflicts/>.
- Saifi, Sophia, Adam Pourahmadi, Azaz Syed, and Jessie Yeung. "Why are Iran and Pakistan striking each other's territory-and what does it have to do with the Middle East?" *CNN*. January 18, 2024. <https://edition.cnn.com/2024/01/18/world/>

- iran-pakistan-attacks-tensions-explainer-intl-hnk/index.html.
- Save the children. “Afghanistan: Desperate Mother Agreed to Sell her Unborn Baby as Debt-Ridden Families Are Pushed to Crisis Point.” News release, March 17, 2022. <https://www.savethechildren.org/us/about-us/media-and-news/2022-press-releases/afghanistan-desperate-mother-agreed-to-sell-unborn-baby-families-in-debt-pushed-to-crisis-point>.
- Save the Children. “Unprotected Special Edition: Analysis of funding for child protection in armed conflict in 2021 and 2022.” The Alliance for Child Protection in Humanitarian Action, Child Protection Area of Responsibility, Humanitarian Funding Forecast. 2023. <https://reliefweb.int/report/world/unprotected-special-edition-analysis-funding-child-protection-armed-conflict-2021-and-2022>.
- Seta, Reena. “Child Marriage and its impact on health: a study of perception and attitudes in Nepal.” *Journal of Global Health Reports* 7 (October 2023). <https://doi.org/10.29392/001c>.
- Shelton, Tracey. “Child labour, underage marriage and babies sold as Afghan parents face ‘excruciating choices.’” ABC News. March 20, 2022. <https://www.abc.net.au/news/2022-03-21/parents-selling-children-as-afghan-economy-crumbles/100919938>.
- Summary of the Geneva Conventions of 1949 and their Additional Protocols. American Red Cross, 2011. https://www.redcross.org/content/dam/redcross/atg/PDF_s/International_Services/International_Humanitarian_Law/IHL_SummaryGenevaConv.pdf.
- The Avalon Project. “Laws of War: Laws and Customs of War on Land (Hague IV); October 18, 1907.” Accessed August 7, 2024. https://avalon.law.yale.edu/20th_century/hague04.asp.
- The Domestic Implementation of International Humanitarian Law a Manual. Geneva: International Committee of the Red Cross. <https://www.cervenkykriz.eu/files/files/cz/nsmhp/Manual-implementace.pdf>.
- The KidsRights Index 2024 Report. Amsterdam: KidsRights Foundation, 2024. <https://files.kidsrights.org/wp-content/uploads/2024/07/16233907/KidsRights-Index-2024-Report.pdf>.
- Tom Adamkiewicz and Jeffrey Goldhagen, “Mitigating Armed Conflict Casualties in Children,” *American Academy of Pediatrics* 147, no.2 (February 2021), <https://doi.org/10.1542/peds.2020-027847>.
- United States Institute of Peace. “Mental Health and Violent Conflict: A Vicious Cycle.” Accessed July 17, 2024. <https://www.usip.org/publications/2024/04/mental-health-and-violent-conflict-vicious-cycle>.
- Valencia, Natalia, Mónica López, Martha Frías, and Hans Grietens. “Child protection in Mexico: A review of policy, systems structures and current challenges.” *Children and Youth Services Review* 112, no. 104878: 1-9. May 2020. <https://www.sciencedirect.com/science/article/abs/pii/S0190740919306371>.
- Vité, Sylvain. “Typology of armed conflicts in international humanitarian law: legal concepts and actual situations.” *International Review of the Red Cross* 91, no. 873 (March 2009): 69- 94. <https://international-review.icrc.org/sites/default/files/irrc-873-4.pdf>.
- War Child. “Number of Children Affected by Conflict Doubles Since War Child’s Inception.” Accessed August 7, 2024. <https://www.warchild.net/news/number-of-children-affected-by-conflict-doubles-since-war-childs-inception/>.
- What is International Humanitarian Law. Geneva: International Committee of the Red Cross, 2022. https://www.icrc.org/sites/default/files/document/file_list/what_is_ihl.pdf.
- Winchester, Nicole. “Targeting culture: The destruction of cultural heritage in conflict.” UK Parliament. Last modified December 14, 2022. <https://lordslibrary.parliament.uk/targeting-culture-the-destruction-of-cultural-heritage-in-conflict/>.
- World History Encyclopedia. “Warfare.” Accessed August 7, 2024. <https://www.worldhistory.org/timeline/warfare/>.
- World Vision. “What Decades of Conflict Means for the Children of Myanmar.” www.wvi.org, March 31, 2023. <https://www.wvi.org/stories/child-sponsorship/what-decades-conflict-means-children-myanmar>.
- Zama, Neff. “120 Countries Have Signed the Safe Schools Declaration. Sadly, the US Isn’t One of Them.” *Human Rights*

Watch. Last Modified June 11, 2024, <https://www.hrw.org/news/2024/06/11/120-countries-have-signed-safe-schools-declaration-sadly-us-isnt-one-them>.

Zamfir, Ionel. Fighting conflict-related sexual violence. Strasbourg: European Parliament, December 2016. [https://www.europarl.europa.eu/RegData/etudes/BRIE/2016/595846/EPRS_BRI\(2016\)595846_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2016/595846/EPRS_BRI(2016)595846_EN.pdf).

Topic B

UN Sources

Adda-Dontoh, Rebecca. 2022 UN Malawi Results Report March 2022. Malawi: UN, 2022. <https://reliefweb.int/report/malawi/2022-un-malawi-results-report-march-2022>

Children's Environmental Health Collaborative. "Healthy Environments Foster Healthy Children." Accessed July 20, 2024. <https://ceh.unicef.org/>

Children's Environmental Health Collaborative. "Lead poisoning." Accessed July 20, 2024. <https://ceh.unicef.org/spotlight-risk/lead-poisoning>

Scott, Joseph. The Nutrition Programme in Malawi. Malawi: UNICEF, 2018. <https://www.unicef.org/malawi/media/596/file/Nutrition%20Narrative%20Factsheet%202018.pdf>

The State of the World's Children. 2023: Executive Summary: For Every Child, Vaccination. Florence: UNICEF, 2023. <https://www.unicef.org/media/138916/file/SOWC%202023,%20Executive%20Summary,%20English.pdf>

UN. "Goal 3 | Department of Economic and Social Affairs." Accessed July 20, 2024. <https://sdgs.un.org/goals/goal3>.

UN. "Goal 6 | Department of Economic and Social Affairs." Accessed July 20, 2024. <https://sdgs.un.org/goals/goal6>.

UN. "Goal 6 | Department of Economic and Social Affairs." Accessed July 20, 2024. <https://sdgs.un.org/goals/goal6>.

UN. "THE 17 GOALS | Sustainable Development." Accessed July 20, 2024. <https://sdgs.un.org/goals>.

UNICEF Australia. "Adolescent Development & Participation | UNICEF Australia." Accessed July 19, 2024. <https://www.unicef.org.au/what-we-do/healthcare>.

UNICEF Data. "Malawi." Accessed July 19, 2024. <https://data.unicef.org/country/mwi/>

UNICEF. "About UNICEF." Accessed July 23, 2024. <https://www.unicef.org/about-unicef>

UNICEF. "Afghanistan." Accessed July 29, 2024. <https://www.unicef.org/afghanistan/health>

UNICEF. "Child survival and development brief." Accessed July 19, 2024. <https://www.unicef.org/malawi/reports/child-survival-and-development-brief>

UNICEF. "Childhood diseases" Accessed July 19 2024. <https://www.unicef.org/health/childhood-diseases>

UNICEF. "Children in Gaza need life-saving support." Accessed July 19, 2024. <https://www.unicef.org/emergencies/children-gaza-need-lifesaving-support>

UNICEF. "Confidence in childhood vaccines declines across Europe and Central Asia." April 20, 2023. <https://www.unicef.org/eca/press-releases/confidence-childhood-vaccines-declines-across-europe-and-central-asia-new-unicef>

UNICEF. "Confronting the food and nutrition crisis." Accessed July 19, 2024. <https://www.unicef.org/child-health-and-survival/confronting-food-and-nutrition-crisis>

UNICEF. "Convention on the Rights of the Child." Accessed July 23, 2024. <https://www.unicef.org/child-rights-convention>

UNICEF. "Global Breastfeeding Scorecard 2023 Rates of Breastfeeding Increase around the World through Improved Protection and Support." Accessed July 7, 2024. <https://www.unicef.org/media/150586/file>

UNICEF. "Health programmes." Accessed July 23, 2024. <https://www.unicef.org/health/programmes>

UNICEF. "Health." Accessed August 15, 2024. <https://www.unicef.org/health>.

UNICEF. "Health." Accessed August 15, 2024. <https://www.unicef.org/health>.

UNICEF. "Healthy environments for healthy children." Accessed July 20, 2024. <https://www.unicef.org/health/healthy->

environments

- UNICEF. "Immunization and conflict." Accessed July 17, 2024. <https://www.unicef.org/immunization/immunization-and-conflict>
- UNICEF. "Immunization Programme." Accessed June 27, 2024. <https://www.unicef.org/immunization>.
- UNICEF. "Jamaica." Accessed July 23, 2024. <https://data.unicef.org/country/jam/>
- UNICEF. Malawi Nutrition Situation Update (2020). <https://reliefweb.int/report/malawi/malawi-nutrition-situation-update-issue-41-april-2020>
- UNICEF. "Maternal and newborn health." Accessed July 19, 2024. <https://www.unicef.org/health/maternal-and-newborn-health>
- UNICEF. "Maternal, newborn and child survival." Accessed July 19, 2024. <https://www.unicef.org/health/maternal-newborn-and-child-survival>
- UNICEF. "New data indicates declining confidence in childhood vaccines of up to 44 percentage points in some countries during the COVID-19 pandemic." Accessed July 19, 2024. <https://www.unicef.org/rosa/press-releases/new-data-indicates-declining-confidence-childhood-vaccines-44-percentage-points-some>
- UNICEF. "Newborn Health Innovations." Accessed July 20, 2024. <https://www.unicef.org/innovation/newborn-health-innovations>
- UNICEF. "Over 300,000 children under five died from diarrhoeal diseases linked to limited access to safe water, sanitation and hygiene in 2015 - UNICEF." October 14, 2016. <https://www.unicef.org/turkiye/en/node/2296>.
- UNICEF. "Pneumonia." Last updated November 2023. <https://data.unicef.org/topic/child-health/pneumonia/>
- UNICEF. "Pollution: 300 million children breathing toxic air - UNICEF report." October 2016. <https://www.unicef.cn/en/press-releases/pollution-300-million-children-breathing-toxic-air-unicef-report>.
- UNICEF. "Slovenia." Accessed July 23, 2024. <https://data.unicef.org/country/svn/>
- UNICEF. "South Africa." Accessed July 23, 2024. <https://data.unicef.org/country/zaf/>
- UNICEF. "The Convention on the Rights of the Child: The Children's Version." UNICEF. 2019. <https://www.unicef.org/child-rights-convention/convention-text-childrens-version>.
- UNICEF. "UNICEF Immunization Roadmap to 2030 | UNICEF." Accessed July 19, 2024. <https://www.unicef.org/documents/unicef-immunization-roadmap-2030>.
- UNICEF. "UNICEF mission statement." Accessed July 23, 2024. <https://www.unicef.org/about-us/mission-statement>
- UNICEF. "What do we do?" Accessed July 19 2024. <https://www.unicef.org.au/what-we-do/healthcare>
- United Nations International Children Education Fund UNICEF. "1.4 billion children globally missing out on basic social protection, according to latest data." Accessed July 19, 2024. <https://www.unicef.org/press-releases/14-billion-children-globally-missing-out-basic-social-protection-according-latest>
- United Nations International Children Education Fund UNICEF. "Child Poverty." Accessed July 19, 2024. <https://www.unicef.org/social-policy/child-poverty>
- WHO. "Indicator Metadata Registry Details." Accessed July 19, 2024. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/7792>.
- WHO. "Poliomyelitis." October 2023. <https://www.who.int/news-room/fact-sheets/detail/poliomyelitis>.
- World Health Organization. "Baby-friendly Hospital Initiative training course for maternity staff: customisation Guide." August 2020. <https://www.who.int/publications/i/item/9789240008915>
- World Health Organization. "Children: Improving Survival And Well-Being." September 8, 2020. <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>.
- World Health Organization. "Infant and Young Child Feeding." December 20, 2023. <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

- World Health Organization. “Newborn mortality.” March 14, 2024. <https://www.who.int/news-room/fact-sheets/detail/newborn-mortality>
- World Health Organization. “Urgent action needed as acute malnutrition threatens the lives of millions of vulnerable children.” January 2023. <https://www.who.int/news/item/12-01-2023-urgent-action-needed-as-acute-malnutrition-threatens-the-lives-of-millions-of-vulnerable-children>
- World Health Organization. “World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses.” Accessed July 15, 2024. <https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>
- World Health Organization: WHO. “Health Technologies.” November 24, 2023. <https://www.who.int/europe/news-room/fact-sheets/item/health-technologies>.
- World Health Organization: WHO. “Immunization Coverage.” Accessed July 15, 2024. <https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>.
- World Health Organization: WHO. “Newborn Mortality.” March 14, 2024. <https://www.who.int/news-room/fact-sheets/detail/newborn-mortality>.
- World Health Organization: WHO. “Poliomyelitis (Polio).” November 18, 2019. <https://www.who.int/health-topics/poliomyelitis>.
- World Health Organization: WHO. “Vaccines and Immunization.” October 29, 2019. <https://www.who.int/health-topics/vaccines-and-immunization>.

Non-UN Sources

- ALIMA - the Alliance for Medical Action. “Conflicts and Population Displacement - ALIMA.” September 12, 2024. <https://alima.ngo/en/what-we-do/conflicts-population-displacement/>.
- American Society for the Positive Care of Children. “The Impact of Healthcare Access on Child Development.” Accessed August 15, 2024. <https://americanspcc.org/the-impact-of-healthcare-access-on-child-development/>.
- American Society for the Positive Care of Children. “The Impact of Healthcare Access on Child Development.” Accessed August 15, 2024. <https://americanspcc.org/the-impact-of-healthcare-access-on-child-development/>.
- Bliss. “What Is Neonatal Care?” Accessed August 22, 2024. <https://www.bliss.org.uk/parents/in-hospital/about-neonatal-care/what-is-neonatal-care>.
- Centers for Disease Control and Prevention. “Infant and Toddler Nutrition.” June 3, 2022. <https://www.cdc.gov/nutrition/infantandtoddlernutrition/index.html>.
- Centers for Disease Control and Prevention. “Recommendations and Benefits.” Accessed July 2, 2024. <https://www.cdc.gov/nutrition/infantandtoddlernutrition/breastfeeding/recommendations-benefits.html>
- ChildTrends. “Health Care Access for Infants and Toddlers in Rural Areas - Child Trends.” Accessed July 19 2024. <https://www.childtrends.org/publications/health-care-access-for-infants-and-toddlers-in-rural-areas>.
- CIA. “Infant mortality rate.” Accessed July 23, 2024. <https://www.cia.gov/the-world-factbook/field/infant-mortality-rate/country-comparison/>
- CIA. “Malawi - the World Factbook.” Accessed July 19, 2024. <https://www.cia.gov/the-world-factbook/countries/malawi/>.
- Ding, Guodong, Yu Gao, Haidong Kan, Qiang Zeng, Chonghui Yan, Fei Li, Fan Jiang, Philip J Landrigan, Ying Tian, and Jun Zhang. “Environmental Exposure and Child Health in China.” *Environment International* 187 (May 2024): 108722. <https://doi.org/10.1016/j.envint.2024.108722>.
- Dominic, Azuh, Adeyemi Ogundipe, and Oluwatomisin Ogundipe. “Determinants of Women Access to Healthcare Services in

- Sub-Saharan Africa.” *The Open Public Health Journal* 12, no. 1 (December 2019): 504–14. <https://doi.org/10.2174/1874944501912010504>.
- Duran, Pablo, Janine A. Sommer, Paula Otero, Mariana Daus, Sonia Benitez, Suzanne Serruya, and Luis Andres De Francisco. “Information and Communication Technologies in Neonatal Health.” *Revista Panamericana de Salud Pública* 44 (November, 2020): 1. <https://doi.org/10.26633/rpsp.2020.123>.
- Exemplars News. “How Burkina Faso cut its under-five mortality by 74%.” December 8, 2022. <https://www.exemplars.health/stories/how-burkina-faso-cut-its-under-five-mortality>
- Gavi. “Zero-dose Children and Missed Communities.” Accessed July 19, 2024. <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025/equity-goal/zero-dose-children-missed-communities>.
- Global Coalition to End Child Poverty. “Facts on Child Poverty.” Accessed July 19, 2024. <https://www.endchildhoodpoverty.org/facts-on-child-poverty>.
- Global Health and Development. “Low-cost technologies that can save the life of newborns.” Accessed July 20, 2024. <https://www.cghd.org/index.php/global-health-partnerships-and-solutions/technology/83-low-cost-technologies-that-can-save-the-lives-of-newborns-designing-promising-innovations-for-developing-countries>
- IBM. “What is Healthcare Technology?” Accessed July 20, 2024. <https://www.ibm.com/topics/healthcare-technology>
- Junaid, Sahalu Balarabe et al. “Recent Advancements in Emerging Technologies for Healthcare Management Systems: A Survey.” *Healthcare* 10, no. 10 (October, 2022): 1940. <https://doi.org/10.3390/healthcare10101940>.
- Kalhoff, Hermann and Mathilde Kersting. “Programming Long-term Health: Nutrition and Diet in Infants Aged 6 Months to 1 Year.” Elsevier eBooks, 2022, 563–95. <https://doi.org/10.1016/b978-0-12-824389-3.00003-9>
- LaKind, Judy S., Amina Wilkins, and Cheston M Berlin. “Environmental Chemicals in Human Milk: A Review of Levels, Infant Exposures and Health, and Guidance for Future Research.” *Toxicology and Applied Pharmacology* 198, no. 2 (July 2004): 184–208. <https://doi.org/10.1016/j.taap.2003.08.021>.
- Medicine, Institute of, Board on Health Promotion and Disease Prevention, and Immunization Safety Review Committee. *Immunization Safety Review: Vaccinations and Sudden Unexpected Death in Infancy*. National Academies Press, 2003.
- Muzzamil, Muhammad, Maryam Nisa, and Shaeroz Raza. “The Survival Rate of Neonates in Pakistan: Problems in Health Care Access, Quality and Recommendations.” *Health Promotion Perspectives* 12, no. 4 (December, 2022): 355–57. <https://doi.org/10.34172/hpp.2022.46>.
- National Center for Health Statistics. “Access to Health Care Part 1: Children Vital and Health Statistics.” Accessed July 19, 2024. https://www.cdc.gov/nchs/data/series/sr_10/sr10_196.pdf.
- Njuguna, Brian. “Boston Children’s Hospital leverages AI-assisted diagnosis with Red Hat OpenShift AI.” July 9, 2024. <https://siliconangle.com/2024/07/09/boston-childrens-hospital-ai-assisted-diagnosis-red-hat-openshift-rhsummit/>
- NUTRITION OF INFANTS AND YOUNG CHILDREN IN MALAWI. Maryland: U.S.Agency for International Development, 1994. https://dhsprogram.com/pdfs/chtbks/mw92e_chbk.pdf
- Núñez, Alicia, S.D. Sreeganga, and Arkalgud Ramaprasad. “Access to Healthcare during COVID-19.” *International Journal of Environmental Research and Public Health* 18, no. 6 (March 2021): 2980. <https://doi.org/10.3390/ijerph18062980>.
- Orach CG. “Health equity: challenges in low income countries.” October 2009. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2877288/>
- Parul, Christian et al. “Impact Evaluation of a Comprehensive Nutrition Program for Reducing Stunting in Children Aged 6–23 Months in Rural Malawi.” *Journal of Nutrition* 150, no. 11 (November, 2020): 3024–32. <https://doi.org/10.1093/jn/nxaa236>.
- Penn Caroline, et al., “Health at a Glance: Europe.” *Health at a Glance. Europe*. November 22, 2012. <https://doi.org/10.1787/23056088>.

- PennState Extension. "Supporting Infant-Toddler Development." Accessed July 19, 2024. <https://extension.psu.edu/programs/betterkidcare/news/supporting-infant-toddler-development>
- Peters, David H., Anu Garg, Gerry Bloom, Damian G. Walker, William R. Brieger, and M. Hafizur Rahman. "Poverty and Access to Health Care in Developing Countries." *Annals of the New York Academy of Sciences* 1136, no. 1 (June 1, 2008): 161–71. <https://doi.org/10.1196/annals.1425.011>.
- Pickering, Larry K., Carol J. Baker, Gary L. Freed, Stanley A. Gall, Stanley E. Grogg, Gregory A. Poland, Lance E. Rodewald, et al. "Immunization Programs for Infants, Children, Adolescents, and Adults: Clinical Practice Guidelines by the Infectious Diseases Society of America." *Clinical Infectious Diseases* 49, no. 6 (September, 2009): 817–40. <https://doi.org/10.1086/605430>.
- Purdy, Elizabeth R. "Infant and toddler development." *Britannica*. Accessed July 15, 2023. <https://www.britannica.com/science/infant-and-toddler-development>
- Qamar, Khulud et al., "Infant and Child Mortality in Afghanistan: A Scoping Review." *Health Science Reports* 7, no. 7 (July, 2024). <https://doi.org/10.1002/hsr2.2224>.
- Raising Children. "Vitamin D: what you need to know." Accessed July 2, 2024. <https://raisingchildren.net.au/toddlers/nutrition-fitness/nutrients/vitamin-d>
- Relief Web. "The lives of a million children in Gaza hang in the balance as public health catastrophe looms." Accessed July 19, 2024. <https://reliefweb.int/report/occupied-palestinian-territory/lives-million-children-gaza-hang-balance-public-health-catastrophe-looms>
- ReliefWeb. "UNICEF Sri Lanka Humanitarian Situation Report No. 2 (Economic Crisis): January to December 2023 - Sri Lanka." January 31, 2024. <https://reliefweb.int/report/sri-lanka/unicef-sri-lanka-humanitarian-situation-report-no-2-economic-crisis-january-december-2023>.
- Royal College of Pediatrics and Child Health. "Child Health Inequalities Driven by Child Poverty in the UK - Position Statement." Accessed July 19, 2024. <https://www.rcpch.ac.uk/resources/child-health-inequalities-position-statement>
- Save the Children. "Gaza: rate of attacks on healthcare higher than in any other conflict globally since 2018." Accessed July 19, 2024. <https://www.savethechildren.net/news/gaza-rate-attacks-healthcare-higher-any-other-conflict-globally-2018>
- Schreiber, Michael D. et al. "Inhaled Nitric Oxide in Premature Infants With the Respiratory Distress Syndrome." *New England Journal of Medicine* 349, no. 22 (November, 2003): 2099–2107. <https://doi.org/10.1056/nejmoa031154>.
- Sun, Chanjuan, Chen Huang, and Chuck Wah Yu. "Environmental Exposure and Infants Health." *Indoor and Built Environment* 32, no. 7 (February 2023): 1291–95. <https://doi.org/10.1177/1420326x231154985>.
- Taha, Syed, Rosalind B. Simpson, and Don Sharkey. "The Critical Role of Technologies in Neonatal Care." *Early Human Development* 187 (2023): 105898. <https://doi.org/10.1016/j.earlhumdev.2023.105898>.
- USAID. Malawi: Nutrition Profile (2018). <https://2017-2020.usaid.gov/sites/default/files/documents/1864/Malawi-Nutrition-Profile-Mar2018-508.pdf>
- Valencia, Zehra, Aditi Sen and Martin Katie. "NICU Admissions and Spending Increased Slightly From 2017-2021." *HCCI*, July 25, 2023. <https://healthcostinstitute.org/hcci-originals-dropdown/all-hcci-reports/nicu-use-and-spending-1>.

The National High School Model United Nations Conference (NHSMUN) is a project of IMUNA, a non-profit organization formally associated with the United Nations Department of Global Communications (UNDGC). IMUNA is dedicated to promoting global issues education through simulation.

Written by Alina Castillo, Andrés Luna, Analucia Tello, Ana Lucía Urzua, Nastasja Vásquez, and Sofia Velasco

Edited by Jordan Baker, Alina Castillo, Ana Margarita Gil, Christian Hernandez, Therese Salomone, Analucia Tello, and Terry Wang.

© 2024 IMUNA. All Rights Reserved.

