



NHSMUN

Background Guide | *UNICEF*

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Dear Delegates,

My name is Carolina Castilla, and I'm so excited to welcome you to UNICEF at NHSMUN 2025! My amazing Co-Director, Sandra Acuna, and I have been working hard to prepare this background guide for you, and we truly can't wait for you to dive in. I'm from Chile and currently studying to become a Dentistry Surgeon at Universidad de los Andes, with the dream of specializing in pediatrics and maxillofacial surgery. That's why I'm especially passionate about health and human rights for children.

A fun fact about me is that I actually have three nationalities. I was born in England (my family is from there and Spain), but Chile has always been my home. Outside university and NHSMUN I love spending time with friends, going to the beach and especially traveling.

Being part of the NHSMUN as a delegate and chair has been one of the best experiences of my life, it has been a process that has helped me grow, learn, and challenge myself in ways I never imagined, and the best part has been meeting new people from so many countries. None of this would have been possible without the support of my wonderful family and friends, especially Isi and Rania, who supported me while I balanced med school and NHSMUN.

I first joined NHSMUN back in 2022 as a delegate, and I loved it so much that I came back again in 2023. Those experiences made me want to keep being part of this incredible community, and in 2025 I had the amazing opportunity to serve as Assistant Director for the FAO. Living in Chile, NHSMUN is a rare and special opportunity there's nothing else like it here so every moment I've spent in it has been something I deeply value. Being your Director in my dream committee, UNICEF, is honestly a dream come true, and I couldn't be happier to guide you through such meaningful discussions this year.

This year, we're very excited to present to you two crucial topics: safeguarding children in international adoptions and combating the rise of infectious diseases in children. These issues strike at the heart of UNICEF's mission and will give you the chance to engage in meaningful, impactful debate. I encourage you to use this background guide as a starting point for your research, but also to bring your creativity, compassion, and critical thinking to the committee. NHSMUN is a truly unique space to learn, grow, and connect with people from all over the world. I hope you take full advantage of it.

I cannot wait to see the innovative ideas you will bring to the table and the friendships you will form along the way.

All the best and see you in March!

Carolina Castilla

UNICEF Director SI

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Dear Delegates,

My name is Sandra Acuna, and I am your Session II Director for the United Nations Children's Fund (UNICEF). I am more than happy to welcome you all to NHSMUN 2026! My Co-Director Carolina Castilla and I cannot wait to see what you guys have to offer since we know you have been working equally as hard as us to have a deeply enriching and engaging committee. I am incredibly honored to be writing this to you all, and I hope you are as excited as I am to be attending this year's conference. We hope you find all the information you need in this Background Guide and it motivates you to do further research on the topic.

I want to thank you all for the effort you have put into your preparation. I know how much courage and bravery it takes to attend and participate in one of these conferences, since I have been in your place before. I attended NHSMUN as a delegate in 2023 for the Food and Agriculture Organization (FAO). I then came back as an Assistant Director for FAO in 2025. NHSMUN has allowed me to grow as a person, a speaker, and a scholar. Which is why I strive to create a welcoming and educational environment for you all.

I am currently a Sophomore at Menlo College in Silicon Valley. I am studying Finance and Business Analytics. With the intent to pursue an MBA after graduation and go into the field of investments or venture capital. After high school I took a gap year working for a startup, which is what made me want to enroll in business school in the first place. I always wanted to study something related to humanities, this made me join MUN and continue to pursue it to this day even if it has nothing to do with my major.

Outside of my studies, I love being involved in campus life and I am part of multiple clubs empowering women, international students, and supporting people's interests. I am also a huge foodie, a travel enthusiast, avid reader, and always enjoy learning new skills. I'm originally from Mexico City but moved to the Bay Area for College and could not be happier. Even though I sometimes miss home, I am grateful I have the opportunity to do what I do. I am excited to bring my passion for debate to our committee sessions.

I know MUN conferences can be nerve-wracking, especially as a first-timer. I encourage you all to stay updated on the topics we will be discussing: "Safeguarding Children in International Adoptions" and "Combating the Rise of Infectious Diseases in Children." I can confidently say that both Carolina and I have truly enjoyed writing both topics. I am aware that they are multifaceted and we encourage you to dive deep into both of them. We are excited to see what you guys have to offer and the solutions you will propose. Your perspective is valuable, and your voice deserves to be heard!

Sincerely,

Sandra Acuna

UNICEF Director SII

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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 the conference.

The task of preparing for the conference can be challenging, but to assist delegates, we have updated our [Beginner Delegate Guide](#), [Advanced Delegate Guide](#), [Research Guide](#), and [Rules of Procedure 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 both prepared to debate throughout the committee. More information about how to write and format position papers can be found in the 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. It is best to 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.

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 12 point font size. This is a maximum; **3–5 pages per topic is often 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 submitting position papers on or before **February 20, 2026**. If a delegate wishes to receive detailed feedback from the committee's dais, a position must be submitted on or before **January 30, 2026**. 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. Instructions on how to submit position papers will be shared directly with faculty advisors.

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 nhsmun@imuna.org.

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

COMMITTEE HISTORY

The United Nations International Children's Fund (UNICEF) was created on December 11, 1946, in the aftermath of World War II to ensure the protection of children living in conflict zones. In 1953, UNICEF became a permanent body of the United Nations and was named the United Nations Children's Fund, but was still referred to as UNICEF. Ever since it was founded, UNICEF's mission has been to protect and support children, especially those in vulnerable situations; these include children in conflict zones, marginalized communities, and areas affected by natural catastrophes.¹

Over the years, UNICEF has managed to address long-term challenges and to advocate for the principles of the Convention on the Rights of the Child (CRC) which was adopted in 1989. Currently, it is the most approved human rights treaty around the world. As of now, UNICEF is present in more than 190 countries and focuses on providing access to education, healthcare, nutrition, child protection, and programs to promote gender equality and the inclusion of children with disabilities.

UNICEF's responsibilities make it one of the most wide-ranging and proactive bodies within the UN. It functions via a 36-member Executive Board, which represents various global regions and helps to direct its policies and programs to remote areas. The organization is known to be the largest distributor of vaccines globally, which has played a determinant role in eradicating infectious diseases, improving child survival rates.² For example, in 2020, two billion doses of polio vaccines were delivered to children in some of the world's hardest-to-reach communities. Its mission is not only to help children survive, but to give them a chance to live for who they are- children full of smiles and hope.³

Since its establishment as a permanent UN agency, UNICEF has adapted its mission to respond to the changing needs of children around the globe. In the 1980s, UNICEF launched its large-scale immunization programs, which made it a leading power in combating diseases, drastically reducing child mortality rates. In the 1990s, the organization became a big advocate for universal primary education, with a particular emphasis on closing the gender gap in schools. Its lasting contributions did not go unrecognized, as the organization received the Nobel Peace Prize in 1965, making its mark as a humanitarian agency and global advocate for youth empowerment.⁴

In fact, UNICEF has played a major role in shaping international standards for children's rights. Beyond just supporting the Convention of Child Rights, the organization has championed treaties, policies, and campaigns that promote the idea of children being active holders of rights, rather than passive recipients of aid. To achieve these goals, UNICEF has built relationships across governments, local communities, and civil society organizations. They often raise awareness through their Goodwill Ambassadors network not only to broaden UNICEF's visibility, but also to strengthen its ability to mobilize resources and implement programs on a global scale.⁵

As twenty-first century challenges have continued to appear, UNICEF has changed its mission to address them. It has been on the frontlines of the humanitarian crisis in Syria, Ukraine, Gaza, and Sudan, ensuring that children in conflict zones have access to education, psychological support, and healthcare. It has simultaneously embraced new priorities, including climate resilience, access to digital technology, and children affected by migration and displacement. By integrating modern issues into its efforts, UNICEF remains rooted in its origins but effectively responds to contemporary crises.

1 UNICEF, "UNICEF History" UNICEF. Accessed August 31, 2025. www.unicef.org/history?utm_source=.

2 UNICEF, "Who we are". UNICEF. Accessed August 31, 2025. www.unicef.org/who-we-are?utm_source=.

3 UNICEF, "Who we are". UNICEF. Accessed August 31, 2025. www.unicef.org/who-we-are?utm_source=.

4 United Nations Children's Fund, "United Nations Children's Fund – Facts," NobelPrize.org, Nobel Prize Outreach, accessed August 31, 2025, www.nobelprize.org/prizes/peace/1965/unicef/facts/.

5 United Nations Children's Fund. "Goodwill Ambassadors." UNICEF, accessed August 31, 2025. www.unicef.org/goodwill-ambassadors.



Safeguarding Children in International Adoptions

Photo Credit: Uri Tours

Adoption is a legal and social process that gives adoptive parents full rights and responsibilities for a child. This ends the legal bond with a child's birth parents.¹ Adoption is often seen as a child-focused solution, but impacts can vary. Domestic adoption happens within a country and often involves foster care or private arrangements. International adoption crosses borders and is shaped by global inequality, legal systems, and cultural views.²

After wars and disasters, international adoption historically increased. This was true after the Korean War and the Vietnam War. Western families tended to adopt children who had lost their homes and families.³ Globally, falling birth rates and tighter laws have reduced the number of adoptable children, especially infants.

Adoption agencies also play a large role in child welfare systems.

Some agencies focus more on speed and demand, rather than on ethics. To fix this, the Hague Adoption Convention created rules to prevent trafficking and ensure that international adoption is considered only after domestic options are exhausted.⁴

Benefits of adoption include access to stable homes, education, and healthcare. Adoptive families often report strong emotional bonds and a commitment to cross-cultural understanding. However, challenges persist. Children adopted across borders may struggle with identity, belonging, and cultural dislocation. In several countries, investigations have revealed cases of child trafficking and falsified records. These raise serious questions about identity loss and consent.⁵ Such practices have led some countries to suspend or restrict international adoptions altogether.

The Hague Convention says adoption should be a last resort and must protect children from trafficking and loss of identity.⁶ Countries that follow the Convention must use licensed agencies, keep clear records, and make sure birth families give informed consent. However, many countries fail to follow these rules. Some adoptions happen too fast or without full checks. In some cases, families are pressured to give up children, or agencies ignore signs of trauma. These actions can break trust and harm children's long-term well-being.

Adoption is not just a legal act; it is a lifelong process. It affects how children see themselves, how families grow, and how societies treat those who are vulnerable. When done well, adoption can offer love and stability. But when systems fail, the harm can last for generations.

TOPIC BACKGROUND

Ethical Adoptions

The adoption process can come with risks. For example, some

groups may pressure parents to give up children. The global community is beginning to note risks of international adoption. Adoption

agencies are not always accredited by law.⁷ Accreditation is when an official third party confirms if a group or institution meets required

¹ "Adoption and Sibling Bonds: Legal and Social Perspectives," *LegalClarity*, November 23, 2024, legalclarity.org/adoption-and-sibling-bonds-legal-and-social-perspectives/

² Lisa Burden, "International Adoption Basics," *FindLaw*, last reviewed March 18, 2024, www.findlaw.com/family/adoption/international-adoption-basics.html

³ Peter Spelman, *Global Statistics for Intercountry Adoption: Receiving States and States of origin 2004-2022* (Newcastle University, 2024), assets.hcch.net/docs/a8fe9f19-23e6-40c2-855e-388e112bf1f5.pdf

⁴ University of Minnesota Human Rights Library. "Declaration of the Rights of the Child, G.A. res. 1386 (XIV), 14 U.N. GAOR Supp. (No. 16) at 19, U.N. Doc. A/4354 (1959).," February 1, 2023. hrlibrary.umn.edu/instree/k1drc.htm.

⁵ European Parliament, *Workshop on Adoption: Cross-border Legal Issues* (Brussels: Policy Department C – Citizens' Rights and Constitutional Affairs, December 2015), www.europarl.europa.eu/RegData/etudes/STUD/2015/536477/IPOL_STU%282015%29536477_EN.pdf

⁶ "Declaration of the Rights of the Child, G.A. Res. 1386 (XIV), 14 U.N. GAOR Supp. (No. 16) at 19, U.N. Doc. A/4354 (1959)."

⁷ "Orphan Fever: The Dark Side of International Adoption"



War orphans forcibly placed in institutions during the “homeless child hunt” in Japan- circa 1945 (Credit: Mainichi Shimbun)

standards and is qualified to perform specific duties.⁸ Without it, many agencies go unregulated. This lack of supervision creates blind spots where unethical practices can thrive. Without reliable records, it is difficult to measure harm, track success, or ensure accountability.

In early 2025, reports of an investigation into South Korea’s adoption system were released. This was the final report of the Truth and Reconciliation Commission, acknowledging widespread abuses dating back to the 1950s. Since then, South Korea has sent

about 200,000 children abroad.⁹ The Truth and Reconciliation Commission discovered that private adoption agencies changed records, faked identities, and pressured families into giving up children. Some agencies falsely claimed children were orphans and birth parents were told their children had died.¹⁰ Adoptive families sometimes paid high “processing fees” or made “charitable donations” to orphanages or agencies that may have functioned like bribes or informal payments. This turned adoption into a for-profit industry.¹¹ These situations undermine the

ethical foundation of international adoption and highlight the need for stronger regulations.

A similar pattern occurred in Spain during Francisco Franco’s dictatorship. From the mid to late 20th century, babies were taken from poor mothers and sold. Families were told their babies had died, but instead the babies were placed with other families using fake papers. Many placements followed religious beliefs, putting children in homes seen as more “morally suitable.” Officials systematically erased or altered records, concealing children’s true identities and family ties. This practice created a lost generation, many of whom are still searching for answers.¹²

These examples show repeated ethical failures. Agencies have historically sometimes put money or beliefs above children’s well-being. Faking records and hiding the truth violate children’s rights but can also make a profit. These groups treat adoption like a business deal and favor rich families who want fast placements, instead of the most qualified families.¹³ However, the Hague Adoption Convention protects children from trafficking and abuse. It requires that adoptions use licensed agencies to ensure legal and safe processes.

8 “What is Accreditation,” *International Accreditation Service*, Accessed June 15, 2025, www.iasonline.org/about-ias/what-is-accreditation/

9 Choe Sang-Hun, “World’s Largest ‘Baby Exporter’ Admits to Adoption Fraud,” *The New York Times*, March 26, 2025, www.nytimes.com/2025/03/26/world/asia/south-korea-adoption-fraud.html

10 The Associated Press, “Adoption fraud was widespread for many South Koreans adopted into Western countries, AP finds,” *NBC News*, September 23, 2024, www.nbcnews.com/news/asian-america/korean-adoptees-adoption-fraud-rcna172247

11 Tessa Wong, Hosu Lee and Jean Mackenzie, “South Korea admits to ‘mass exporting’ children for adoption,” *BBC News*, March 26, 2025, www.bbc.com/news/articles/cwyjryv1kpg0

12 Raphael Minder, “Spain Confronts Decades of Pain Over Lost Babies,” *The New York Times*, July 6, 2011, www.nytimes.com/2011/07/07/world/europe/07iht-spain07.html?pagewanted=all&_r=0

13 Tik Root, “The Baby Brokers: Inside America’s Murky Private-Adoption Industry,” *Time Magazine*, June 3, 2021, time.com/6051811/private-adoption-america/

The goal is to keep the child's best interests first.¹⁴ It also requires both sending and receiving countries to name Central Authorities. These offices oversee the process, check eligibility, and help prevent illegal acts like child trafficking. The Convention has improved safety and added structure, but some experts say it still favors receiving countries. This raises concerns about power imbalances and the spread of Western adoption models. These concerns must be addressed through better enforcement, clearer definitions, and stronger protections for birth families.¹⁵

The subsidiarity principle, outlined in the Preamble to the Convention, indicates that children should be raised by their birth or extended family whenever possible. If that is not feasible, national solutions like adoption, foster care, and kinship care should be prioritized.¹⁶ Intercountry adoption should be considered only after national options are explored when it demonstrably serves the best interests of the child. Some countries use the principle to block international adoption entirely. Others bypass it to speed up placements. Cross-border adoption cases disrupt children's identity

and family ties. Legal recognition does not always translate into real-world protection. These gaps show why stronger oversight and clearer rules are needed. Adoption must be guided by the best interests and rights of the child, rather than states' convenience.¹⁷

The UN Convention on the Rights of the Child (UNCRC) is a legally binding agreement signed by 196 countries. It lists fundamental rights for every child, regardless of background.¹⁸ The articles assert that children's rights are important, universal, and cannot be taken away. Article 8 protects identity, Article 9 says children should not be separated from family unless necessary, and Article 20 says children need care which respects their culture. Other articles cover play, safety, and education. The UNCRC also emphasizes the child's right to be heard in all matters affecting them, including adoption proceedings. While most countries have ratified the UNCRC, enforcement mechanisms remain weak.

Even with these guidelines, problems remain in how rules are applied. For example, the Hague Convention bans profit in adoption,

but it does not define key terms. This lack of clarity leaves space for inconsistent practices and potential abuse. Even among countries who have signed the Convention, compliance varies widely. Beyond this, questions of race, religion, and culture raise additional ethical concerns. Many agencies operate on a "moral mission." This creates a savior complex in which adoptive parents see themselves as rescuers rather than caregivers. Therefore, children's heritages can be erased as they are expected to fit into new cultures. When children struggle to adapt, they may face stigma or punishment, which compounds the trauma of separation from their roots. This ignores the importance of identity, which is essential to a child's long-term well-being.

Racial bias problematically impacts which children are separated from families. In New York City, Black people make up 23 percent of the population, but 38 percent of child welfare reports, and 52 percent of removals without court orders.¹⁹ White families make up only 6 percent of court cases. Latino families also face bias. Similar patterns also happen worldwide, though comprehensive global data is limited. In Canada,

14 "33: Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption," Hague Conference on Private International Law, May 29, 1993, www.hcch.net/en/instruments/conventions/full-text/?cid=69.

15 Sonja van Wichelen, "Moving Children through Private International Law: Institutions and the Enactment of Ethics," *Law and Society Review* (2024), doi.org/10.1017/lst.2023.6

16 *Guide to Good Practice: The Implementation and Operation of the 1993 Hague Intercountry Adoption Convention*, permanent bureau of the Hague Conference on Private International Law / UNICEF-Kazakhstan, 2008, <https://www.unicef.org/kazakhstan/media/2416/file/%C3%90%C5%B8%C3%91%C6%92%C3%90%C2%B1%C3%90%C2%BB%C3%90%C2%B8%C3%90%C2%BA%C3%90%C2%B0%C3%91%E2%80%A0%C3%90%C2%B8%C3%91%20%20.pdf>

17 Elizabeth Bartholet, "International Adoption: The Human Rights Position," *Global Policy* 1, no. 1 (January 27, 2010) doi.org/10.1111/j.1758-5899.2009.00001.x

18 UNICEF "UN Convention on the Rights of the Child (UNCRC)" UNICEF, 1989, www.unicef.org.uk/what-we-do/un-convention-child-rights/

19 *Racism at Every Stage: Data Shows How NYC's Administration for Children's Services Discriminates Against Black and Brown Families*, (New York: ACLU of New York, June, 2023), www.nyclu.org/report/racism-every-stage-data-shows-how-nycs-administration-childrens-services-discriminates

the UK, and Australia, Black and Indigenous families are significantly overrepresented in child protection systems. Systems also often treat financial hardship as neglect, instead of offering help. Poor families and families of color are most affected by child welfare systems.²⁰ Poor families and families of color are most affected, with many children removed not because of abuse, but because parents struggle with poverty, unstable housing, food insecurity, or lack of medical care. These challenges often stem from structural inequality rather than parental unfitness. Once removed, children are often placed into foster homes or group care, where they may not receive enough support.²¹ Many move from home to home, making it difficult to build lasting attachments or feel secure. This can disrupt one's sense of safety and attachment. These behaviors are linked to mental health difficulties like Post Traumatic Stress Disorders (PTSD).²² Instead of being removed from one's home, children and families could instead benefit from resources to keep families together.

Children who are adopted, especially from foster care or institutions, have likely lived through trauma or loss. They

may have emotional or behavioral issues. These children need care from adults who understand their needs, but adoptive families are often not fully prepared. They may not receive enough training or help after the adoption.²³ There is an urgent need to ensure that children are placed in stable and nurturing environments. Adoption should offer safety and care, but too often it leads to identity loss, cultural harm, and abuse. When safeguards fail, adoption systems risk harming the children they aim to protect. A just adoption system must put children's rights first.

Agency Regulation and Alternative Approaches

Many concerns surrounding adoption come from insufficient regulation or lack of supervision in the system. Regulation promotes transparency, holds people accountable, and protects everyone involved, especially the child. Accreditation increases public trust and signals higher standards. However, accreditation under the Hague Adoption Convention or equivalent systems is only mandatory in countries that have ratified and implemented

the Convention. Even then, implementation and enforcement can vary, and loopholes sometimes allow unaccredited players to operate.²⁴ Unaccredited agencies may avoid important safeguards, raising the risk of mistakes or abuse. Private agencies may also operate with different levels of oversight compared to government-run programs, depending on national law. This leaves space for unlicensed intermediaries or consultants to influence the process without being bound to consistent regulations.²⁵ Although not legally required, third-party checks like audits or external reviews help ensure these agencies meet legal and ethical standards.

Still, many agencies operate without independent oversight. In contrast to the UK's stricter system, Guatemala's adoption sector was long criticized for weak regulation and high vulnerability to corruption.²⁶ Before Guatemala suspended international adoptions in 2007, private lawyers and notaries often managed cases directly with little government monitoring. Reports documented forged papers, coercion of birth mothers, and payments that turned adoption into a profit-driven system.²⁷ These gaps in oversight

20 Elisa Minoff and Alexandra Citrin, *How Racism Structures Public Systems to Produce Child Neglect*, (March 2022), cssp.org/wp-content/uploads/2025/03/Systemically-Neglected-How-Racism-Structures-Public-Systems-to-Produce-Child-Neglect.pdf

21 Naomi Schaefer Riley, "What Happens When Abusive Parents Keep Their Children," *The New York Times*, May 9, 2024, www.nytimes.com/2024/05/09/opinion/child-abuse-foster-care.htm

22 *Emotional and Behavioural Outcomes Among Children in Foster Care*, (December 2023), bettercarenetwork.org/sites/default/files/2024-04/a_systematic_review_of_the_impact_of_placement_ins.pdf

23 Radha Jagannathan, "Social outrage and organizational behavior: A national study of child protective service decisions," *Science Direct*, (June 2017): doi.org/10.1016/j.chilcyouth.2017.03.015

24 "Orphan Fever: The Dark Side of International Adoption"

25 "How Do Adoption Agency Regulations Work?," American Adoptions, accessed June 15, 2025, www.americanadoptions.com/adopt/licensed-adoption-agency

26 Legislation.Gov.UK. "The Adoption Agencies Regulations 2005," 2005. www.legislation.gov.uk/ukxi/2005/389/contents.

27 Karen Smith Rotabi and Nicole F. Bromfield, *Intercountry Adoption Declines Lead to New Practices of Surrogacy in Guatemala: Global Human Rights Concerns in the Context of Violence and the Era of Advanced Fertility Technology*, accessed July 16, 2025, thetarrytownmeetings.com/

showed how, without strong national safeguards, accreditation requirements can be bypassed in practice, leaving children and families at risk.

Some organizations have tried to raise their own standards by adding extra measures like background checks and follow-ups. These practices improve quality for families and support them post-adoption. However, unless required by law, these improvements are optional. They act more like suggestions than enforced rules. This creates a gap between what is considered “best practice” and what is actually done. Improving adoption systems requires cultural understanding and long-term planning. A country’s ability to enforce adoption laws depends on its own institutions and social values. This makes global cooperation complicated, especially when adoption is tied to politics, religion, or economic agendas.

The Intercountry Adoption Act (IAA) of 2000 was an effort by the United States to apply Hague rules nationwide.²⁸ Canada passed a similar law in 1988, and Australia did the same that year through changes to its Family Law Act.²⁹ These laws were meant to protect children and build trust in the systems. The Philippines also passed a law to follow Hague



Orphans at a Health Check-up and Creative Ability Program in India (Credit: Biswarup Ganguly)

principles, named The Domestic Administrative Adoption and Alternative Child Care Act.³⁰ Such laws generally add safeguards to reduce risks of child trafficking, ensure due process, and prevent children from being separated from families without clear justification. However, interpretations of “clear justification” can differ by country. For example, in Norway, two children from India were taken from their parents by child welfare officials. Officials objected to cultural practices like hand feeding and co-sleeping, which are normal in Indian homes. The parents

were following their traditions and asserted it was a cultural misunderstanding. The Indian government got involved and the case became a diplomatic issue. This case shows how child-protection authorities in one country can make decisions that affect families from another culture, sometimes leading to contested removals. Similar controversies have been reported in Germany, Australia, Czechia, and other states. Differences in law, culture, and social expectations complicate how “the child’s best interest” is interpreted. These examples highlight the need for

[org/sites/default/files/AA_Intercountry_Adoption_Declines_New_Practices_Surrogacy_in_press.pdf](https://www.ontario.ca/laws/statute/98i29)

²⁸ US Congress. “PUBLIC LAW 105–89—NOV. 19, 1997,” November 19, 1997. www.congress.gov/105/plaws/publ89/PLAW-105publ89.pdf.

²⁹ Ontario E-Laws. “Intercountry Adoption Act, 1998, S.O. 1998, c. 29,” August 20, 2025. www.ontario.ca/laws/statute/98i29; Explanatory Memorandum, Family Law Amendment Bill (No. 1) 1998, Parliament of Australia, accessed August 29, 2025, parlinfo.aph.gov.au/parlInfo/search/display/display.w3p?query=Id%3A%22legislation%2Ffems%2F553_ems_d7fbd2d3-8085-4e94-b262-98eb2407a731%22.

³⁰ “Guide to Administrative Adoption in the Philippines,” Padin Law, accessed June 24, 2025, www.padinlaw.ph/features/guide-to-administrative-adoption-in-the



A father and his two adopted children (Credit: Brendon Connelly)

sensitivity to cultural practices in child welfare cases.

Children often have improved outcomes when they receive support to stay with families or in their home country. In North Carolina, some foster programs work closely with birth parents. Foster families and biological families are encouraged to work as a team, with the shared objective of safe reunification whenever possible. This type of family preservation model has shown benefits, but it is not consistently prioritized in many countries.³¹ However, systemic delays in domestic systems complicate these goals. These delays also drive some prospective parents

to seek international placements, viewing them as more efficient.

Children need to feel connected to their identity, culture, and community. Ethical adoption frameworks emphasize the child's right to celebrate their identity, not just receive physical care. Systems should not focus on what is easiest or fastest. They must focus on durable, rights-based solutions that reflect the child's best interests. This means setting high standards for everyone involved, including agencies, courts, and prospective adoptive parents.

Identity, Cultural Connection, and Non-Infant Adoptions

According to Article 7 and 8 of the UN Convention on the Rights of the Child (UNCRC), every child has the right to an identity, including their name, nationality, and family ties.³² Older children entering adoption systems usually have memories, cultural backgrounds, and emotional connections to their birth identity. Children aged five to 10 make up about 30-38 percent of international adoptees.³³ Children can spend years in institutions or foster care before being adopted internationally. Keeping a connection to their past helps children feel grounded. Semi-open adoption, ongoing cultural engagement, or access to birth family records can maintain these connections.³⁴ This can help adoptees feel connected. Many adoptees feel as if they are not fully part of their birth or adoptive cultures. This can be exacerbated when parents do not understand racism their children might face or if they dismiss important traditions. Some adoptees feel as if their culture is distant or broken, not living and current.³⁵ Instead of learning traditions in daily life, they see their culture in short trips or TV shows. Thus, children can end up

31 Laura Leslie, "Foster care overhaul advances in NC Senate," *WRAL News*, June 5, 2025, www.wral.com/story/foster-care-overhaul-advances-in-nc-senate/22039836/

32 "Convention on the Rights of the Child," United Nations Children's Fund

33 Jannik Linder, "Intercountry Adoption Statistics," Gitnux, April 29, 2025, gitnux.org/intercountry-adoption-statistics/

34 "Children deserve more love in their lives, not less," Preserving Family Bonds, accessed June 14, 2025, preservingfamilybonds.org/action/preserving-family-bonds

35 Mya Xiaoli Ballin, *'How Do We Pronounce Our Skin in English': Records of Transracial, Transnational Adoption and Their Implications for Archival Work* (Vancouver: The University of British Columbia), open.library.ubc.ca/media/stream/pdf/24/1.0413019/3

feeling like outsiders in both worlds and never fully connected to either.

If one's birth family cannot be preserved, the adoption process should prioritize maintaining cultural ties and identity continuity. Experts suggest that adoptive parents should talk openly with children about their background and story.³⁶ Evidence shows that children who stay connected to their birth culture often have stronger self-esteem, greater resilience, and improved long-term well-being. This is especially important in non-infant adoptions, where children already have a sense of who they are. Even small forms of contact, like letters or shared stories, can help. Greater openness leads to stronger families and fewer problems during adoptees' teen years.³⁷ This principle is particularly clear in the case of Indigenous children, where cultural loss has caused long-term harm and intergenerational trauma.

Cultural forgetting contributes to identity fragmentation and weakens connections across generations. To address this, some adoption agencies use cultural safety agreements. These agreements promise to support the child's birth language, include cultural

celebrations, and maintain extended family connections where possible. Agencies and governments could expand such agreements as a policy requirement, ensuring adoptees' rights to identity are protected.³⁸ Children can also benefit from storytelling and cultural support programs. Adoptive parents should share a child's past with care and truth. Avoiding or concealing difficult details may cause shame and confusion when the truth eventually emerges; transparent communication supports trust and healthier identity development.

Older children remain the least likely to be adopted, despite being a large part of foster care systems. Teens aged 13-17 only make up about five percent of all foster care adoptions.³⁹ Many age out of the system without ever finding a permanent adoptive family. This puts them at greater risk of problems later, like homelessness, jail, or unemployment.⁴⁰ This points to a broader failure. Older adoptees can thrive if they get the right support. Shifting public opinion to highlight strengths can help more people see the potential of older kids and reduce the number of kids left behind. Children with strong support are more likely to stay in

their new homes. Early and steady official help can cost less in the long run than failed placements. Children with disabilities also wait longer to get a placement and move around more often. Black and Indigenous children face similar placement challenges, usually because of a bias or a lack of culturally matching families.

Older child adoptions require different support than infant adoptions. Teens and older kids often come with trauma, learning gaps, and trust issues. A 1987 study showed that traditional post-adoption services, like counseling or classes for new parents, did not significantly help teens.⁴¹ Teens need more specific help like trauma care, peer support, and school planning. Older teens do best when there is a high availability and quality of support, even after adoption. A study of families who adopted teens found that most youth experienced trauma and had multiple home placements, but those who got mental health care and family support were doing well. Almost all had at least five Adverse Childhood Experiences (ACEs), yet 92 percent said they were currently happy with their family,

36 "Embracing Diversity: Cultivating Cultural Sensitivity in Adoption Journeys," Open Arms Adoption, accessed June 24, 2025, openarmsadopt.com/cultivating-cultural-sensitivity-in-adoption-journeys/

37 Debbie Wynne, "Putting the Pieces Together: The Significance of the Child's Story," *Adoption Advocate* No. 114, National Council for Adoption, December 1, 2017, adoptioncouncil.org/publications/adoption-advocate-no-114/

38 Abbie Goldberg, "I've been following families in open adoptions for 15 years, observing adoptive parents' struggles to share painful origin stories with kids," *The Conversation*, May 26, 2020, theconversation.com/ive-been-following-families-in-open-adoptions-for-15-years-observing-adoptive-parents-struggles-to-share-painful-origin-stories-with-kids-138672

39 Julie Selwyn and Wendy Quinton, "Costs and Outcomes of Non-Infant Adoptions," *British Journal of Social Work* 37, no. 6 (September 2007): 1120-1141, doi.org/10.1093/bjsw/bcm106

40 Julie Selwyn and Wendy Quinton, "Costs and Outcomes of Non-Infant Adoptions," *British Journal of Social Work* 37, no. 6 (September 2007): 1120-1141, doi.org/10.1093/bjsw/bcm106

41 Margaret Ward and John H. Lewko, "Adolescents in Families Adopting Older Children: Implications for Service," *Child Welfare League of America* 66, no. 6 (November/December 1987): 539-547, <http://www.jstor.org/stable/45389865>

and 77 percent said they leaned on adoptive parents for support.⁴²

Global programs stress long-term support planning. The NGO *Family for Every Child* says kids should have a say in their future, be offered culturally sensitive services, and have support after adoption. This program helps move kids out of institutions and into families. In Latin America, programs include government follow-ups, school help, and mentorship. These reduce disruptions and build stronger families, especially in international adoptions where culture may be lost. When systems invest in post-adoption infrastructure, families are overall better equipped.⁴³ Still, many adoptive families say they feel alone once the legal part is over. They may not access trauma-trained counselors, cultural tools, or support groups. Adoption professionals recommend building long-term support into the adoption plan itself, like with check-ins, therapy, and classes on teen development. Adopted children come with memories, cultures, and stories that should be protected.

Impact on Birth and Receiving Families, and International Responsibilities

Adoption has been misused as a tool to erase or control populations in certain settings. Even today, children from poor communities can be removed unfairly. In war and during colonization, children were taken to erase culture or for politics. These removals were framed as rescue, but served broader agendas. Governments and agencies often ignored the rights of birth families. Thousands of children were sent abroad after the Korean War ended in 1953 and many were taken without consent or proper records.⁴⁴ These cases were not rare. Adoption has been used throughout history to manage poverty, conflict, and racial displacement. Children have also been taken as a form of violence or coercion.⁴⁵

Coercion still can happen in modern adoptions. Families living in poverty can face pressure to give up children. This pressure may come from social workers, agencies, or legal systems that view poverty as neglect. Parents may lack housing, childcare, or medical care and are told that adoption is the only option. In some cases, they

are misled about how permanent adoption is. Others are denied legal help during key decisions, leaving them without a full understanding of their rights. These practices continue cycles of separation and loss.⁴⁶ They also reflect deeper problems in how society treats poor families- not with support, but with removal. Coercion can be quiet, legal, and framed as help. Sending and receiving countries must make sure adoptions are fair and clear. Adopted children should come from birth families who have given informed, voluntary consent. Money should not influence decisions or add pressure. Problems like poverty, lack of legal help, and racial bias must be addressed on both sides.

UNICEF backs global policies which keep families together. In places like Mexico, India, and Kenya, it works with partners to offer housing, healthcare, and legal support to families at risk.⁴⁷ Sibling separation is also a serious concern. When children are removed from their homes, they are often split up. This separation can happen during foster care, adoption, or institutional placement. Of 73-87 percent of foster children who have siblings, only 39-45 percent are adopted together. Children who lose contact with siblings

⁴² Wilder Research, *Long-Term Outcomes for Families: Ampersand Study* (Report, Wilder Research, January 2020), www.wilder.org/sites/default/files/imports/AmpersandFamilies_LT-Outcomes_1-20.pdf

⁴³ Maria Acciaiuoli Barbosa-Ducharne and Joana Soares, "Process of Adoption Communication Openness in Adoptive Families: Adopters' Perspective," *Redalyc*, (December 2016): www.redalyc.org/pdf/188/18845586027.pdf

⁴⁴ Park Eun-joo, "70 Years of Korean Adoption: Untold Struggles of Returning Overseas Adoptees," *The Chosun Daily*, June 7, 2024, www.chosun.com/english/long-reads-en/2024/06/07/FYJXBUD3OBBHVJATPXNQCTXVPI/

⁴⁵ Moon Joon-hyun, "S. Korea Admitted Flawed Adoption Practices. Adoptees Call It 'Empty' Gesture," *The Korea Herald*, April 2, 2025, www.koreaherald.com/article/10456348

⁴⁶ National Council for Adoption, *Adoptive Siblings: The Invisible Family Members* No. 147 (September 1, 2020), adoptioncouncil.org/publications/adoption-advocate-no-147/

⁴⁷ UNICEF. "Intercountry adoption," June 26, 2015. www.unicef.org/media/intercountry-adoption.

face more anxiety, depression, and behavior issues. These effects can last into adulthood and shape how they relate to others.⁴⁸ This is made worse when they have no access to information about their siblings or past.⁴⁹ One's past affects their identity, emotional growth, and social development. Siblings help a child understand their place in the world, especially when parents are absent. Children placed apart from their siblings were more likely to face unstable placements, have lower self-esteem, and face long-term emotional challenges.

Adoptive parents may have complex emotions as they welcome a child into their home. Parents may grieve infertility, worry about bonding, or feel unsure about how to honor their child's past while building a shared future.⁵⁰ These challenges should be anticipated and supported through pre-adoption counseling and post-adoption services. Siblings may feel confused or pushed aside, especially if the adopted child needs extra care. Structured family support programs can help siblings adjust and strengthen family unity. Adoption can reshape how families see themselves and how they relate to each other. These shifts require awareness and support.

Adopted children may feel grief, fear of being left, or confusion

about their role in the new family. These feelings can show up as withdrawal, hypervigilance, or trouble forming close bonds. Adoptees are more likely to face depression, PTSD, and identity issues.⁵¹ Mental health screenings and access to trauma-informed care should therefore be built into adoption systems. Language barriers also add stress, as it becomes harder to share feelings, build trust, or feel understood. Trouble with communication can slow bonding

Families living in poverty can face pressure to give up children. This pressure may come from social workers, agencies, or legal systems that view poverty as neglect.

and cause isolation, especially when families and children do not speak the same language. Agencies could require or provide language and cultural training for adoptive families, and ensure interpretation support in the early stages. These risks require care, patience, and support. Adoptive families benefit from training, resources, and

ongoing help to meet a child's emotional needs. Governments and accredited agencies should ensure continuous post-placement monitoring, counseling, and peer support networks. Without this support, even well-intentioned families may struggle to build lasting connections.

Ethical adoption is not just about placement. It is about long-term care, transparency, and justice. When laws fail to support these goals, children and families suffer. Adoption laws may differ, but global rules stress keeping families and siblings together. Courts and agencies should protect sibling bonds. Even in neonatal adoptions, decisions made during infancy can shape a child's entire life. Early maternal separation, for example, can interfere with the formation of secure attachments. It can increase cortisol reactivity, the body's stress response, and impair emotional regulation as the child grows.⁵² Infants placed for adoption had more trouble with adult relationships and mental health than non-adopted peers, even when income level was the same. These findings show that early decisions have lasting effects. They also show why ethical standards must be applied.

Countries who receive children should be involved even after the

48 Australian Family Lawyers, "Separation of Siblings in Family Law: Psychological Effects," accessed July 2, 2025, www.australianfamilylawyers.com.au/information-centre/separation-siblings-family-law-psychological-effects

49 Lawrence M. Perlman, "Memories of the Child Development Center Study of Adopted Monozygotic Twins Reared Apart: An Unfulfilled Promise," *Cambridge University Press*, 2012, doi.org/10.1375/twin.8.3.271

50 Lindner, *Adult Adoptee Access to Adoption and Birth Records: History, Controversy, Legislation, and Societal Change*.

51 All for Kids, "Effects of Adoption on Child Development," accessed July 2, 2025, www.allforkids.org/news/blog/effects-of-adoption-on-child-development/

52 Dana E. Johnson, "Adoption and the effect on children's development," *Early Human Development* 68, (2002): 39-54, doi.org/10.1016/S0378-3782(02)00017-8



Orphaned Iraqi boys pick from an assortment of toys, food and school supplies (Credit: Orphanage of Saint Joseph in Al Qosh, Iran)

adoption is done. A study looked at six countries in Europe and found that most had strong rules before placement, but after adoption, few states had systems to follow up or offer help.⁵³ Without support, adopted children may face serious problems. They might suffer from neglect or abuse and might feel confused or lost about who they are. This is especially true in closed adoptions, when all contact with one's birth family and culture is cut off.

Death of Parents and Adoptions in Conflict Zones

In times of war, children face great risks. Armed conflict, forced displacement, and broken civil systems separate children from families at alarming rates. Parents may be killed, detained, or disappear without warning. In this confusion, children are sometimes thought to be orphaned when they are not. Decisions about their care are often rushed and made under pressure. Half of all civilians

affected by war are children. Many are separated from their families and left vulnerable to abuse, trauma, and losing their identity.⁵⁴

Protecting children in conflict zones is urgent. Humanitarian actors often have few resources and must act fast. In these situations, adoption may seem like a quick solution. But if adoptions happen before confirming that a child's parents are truly dead, they can violate the child's rights. International treaties say adoption should only happen after efforts to find a birth family have failed, and even then, safe options for adoption in a child's home country should be pursued first.⁵⁵

In El Salvador, children were targeted for family removal in the 1980s to "terrorize the local population."⁵⁶ Children would be trafficked and adopted to foreign families while their relatives kept searching for them. In another example, 41 Rwandan children were adopted to Italy after the genocide and without government or family consent.⁵⁷ Historically, emergencies have seen irregular child transfers or adoptions with inadequate safeguards.

In 2007, the French charity Zoe's Ark proposed an evacuation of 10,000 orphans from Darfur in western Sudan, which was amidst

⁵³ Australian Family Lawyers, "Separation of Siblings in Family Law: Psychological Effects"

⁵⁴ War Childhood Museum, "Impact of War on Children," Accessed June 24, 2025, warchildhood.org/impact-of-war-on-children/

⁵⁵ "Intercountry Adoption," UNICEF, accessed July 1, 2025, www.unicef.org/media/intercountry-adoption

⁵⁶ Mike Lanchin, "Trafficked War Babies of El Salvador Search for Their Long-Lost Families," *BBC News*, April 12, 2024, www.bbc.com/news/articles/cgxw8n0q7k3o.

⁵⁷ Human Rights Watch, *Rwanda: Not So Innocent — When Girls Become Killers, Sexual Violence Against Children in Times of War*, April 2003, VI. Children Without Parents: Victims of Abuse and Exploitation, www.hrw.org/reports/2003/rwanda0403/rwanda0403-06.htm#P838_189656

a civil war.⁵⁸ The children were mostly under five years old and were intended for placement with French foster families. However, 103 children on the first mission back to France were discovered not to be orphans and most were not even from Darfur. This scheme played upon poor families who were coerced in various ways. It also tricked hopeful French families who believed they were performing noble acts. In a more contemporary example, in 2024, researchers specifically identified 314 Ukrainian children whom Russian officials had transferred from Ukraine to Russia for coerced adoption and fostering.⁵⁹ This followed the International Criminal Court's arrest warrants for Russia's President Putin on the basis of unlawfully deporting children. Since the war began, over 19,000 Ukrainian children have been taken to Russia and only about 1,200 have returned.⁶⁰

These above examples could lead to permanent family separation and loss of identity for thousands of children. Further, a 2024 review found that in many cases of

conflict-related adoption, children were adopted while family members were still trying to get them back. This shows how weak checks can lead to wrongful adoptions.⁶¹ Displaced children's parents may be willfully ignored in adoptions, or they could be temporarily missing and hard to track. Programs to find families are often slow, do not have enough money, or may be limited in operations during active conflicts. UNICEF says nearly 400 million children live in areas affected by conflict. These children face high risks of separation, abuse, and long-term trauma. In Gaza, about 17,000 children are now alone or separated from family.⁶² Many live in crowded shelters or informal care, without legal guardians. Families running from danger often get separated. Children may arrive at borders or camps alone. Some are sent ahead by parents hoping to keep them safe and others lose their parents on the way.⁶³ In places where systems are broken and communication is hard, family tracking efforts may be skipped. This could lead to quick

adoptions as fixes which cause long-term harm.

In South Sudan, more than 476,000 children have fled war zones since April 2023. Many arrived in poor health and without family at border camps. One in five children screened were severely malnourished. Most children lack documents and live in crowded, unsafe conditions. They face abuse and have little protection.⁶⁴ In Ethiopia, over 41,000 children were registered as separated or unaccompanied. Many do not have access to food, shelter, or legal help.⁶⁵ These figures highlight the urgent need for coordinated child protection mechanisms, including registration, family tracing, and reunification systems. Children who lose family feel grief, fear, and confusion. Delegates could consider strengthening frameworks for psychosocial support, safe shelters, and access to legal identity documents. UNICEF supports relief organizations focusing on children's physical and mental wellbeing in a country, and emphasizes that intercountry adoption should be a last resort,

58 BBC News, "Two French charity workers jailed in 'false orphans' case," February 12, 2013, www.bbc.com/news/world-europe-21431596

59 Nathaniel A. Raymond, Oona A. Hathaway, Caitlin N. Howarth, et al., "Russia's Systematic Program of Coerced Adoption and Fostering of Ukraine's Children," Humanitarian Research Lab, Yale School of Public Health, December 3, 2024, www.justsecurity.org/wp-content/uploads/2024/12/Russias_Systematic_Program_of_Coerced_Adoption_and_Fostering_of_Ukraines_Children.pdf

60 "Fact Sheet: Russia's Kidnapping and Re-Education of Ukraine's Children," Yale School of Medicine, March 17, 2025, medicine.yale.edu/news-article/fact-sheet-russias-kidnapping-and-re-education-of-ukraines-children/

61 Nana Charles Nguindip, "The Right to Family Reunification of Displaced Children in Armed Conflict: Crossing Legal Borders in the Implementation of International Humanitarian and Human Right Law," *Journal of Family & Adoption Law* 1, no. 1 (2020) www.openaccessjournal.com/article-file/2020121342139099440996737.pdf

62 "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, www.unicef.org/press-releases/stories-loss-and-grief-least-17000-children-are-estimated-be-unaccompanied-or

63 "Fleeing Unaccompanied," UNHCR, accessed June 24, 2025, www.unhcr.org/hk/en/unaccompanied-children

64 "South Sudan: Refugees Fleeing World's Worst Humanitarian Crisis in Sudan," Save the Children, September 11, 2024, www.savethechildren.org/us/about-us/media-and-news/2024-press-releases/south-sudan-refugees-fleeing-worlds-worst-humanitarian-crisis-in-sudan

65 "Ethiopia: Unaccompanied Eritrean Children at Risk," Human Rights Watch, April 21, 2020, www.hrw.org/news/2020/04/21/ethiopia-unaccompanied-eritrean-children-risk

pursued only when family reunification and national care solutions are not possible.⁶⁶

Global organizations have made recommendations to fix these problems. The Red Cross has called for shared registries and better coordination across borders. These steps help prevent children from being wrongly declared adoptable. Adoption in conflict zones needs strong laws, clear procedures, and global teamwork.

Strengthening Domestic, Maternal and Child Welfare Systems

Adoption is sometimes in the best interest of a child and family, but it may also happen in a moment of crisis or when a child is not anticipated. Unplanned pregnancies are shaped by social, cultural, and economic forces. Poor health education, poverty, and limited access to care all play a role. The United Nations Population Fund (UNFPA) reports that many pregnancies are unplanned, due to gaps in information and services.⁶⁷ Delegates could prioritize strengthening domestic

maternal, reproductive, and child-welfare systems as a way to reduce unnecessary international adoptions and keep birth families together.

Strengthening maternity care reduces both relinquishments driven by hardship and one's vulnerability to coercion.⁶⁸ When prenatal and postpartum services include support, such as paid leave, safe housing, counseling, and stipends, families are less likely to surrender children out of desperation and are less susceptible to deceptive tactics. Contact with trained providers also creates documentation and oversight, so a child is less likely to be removed from family without consent.

However, people dealing with unplanned pregnancies may get biased or incomplete advice. This is especially true in places where the law blocks certain options, or culture discourages honest discussion. When people receive open, values-based counseling, they are more satisfied with their decisions and less likely to feel regret or pressure.⁶⁹ Programs which teach parenting, emotional health, and future planning also lower the risk of rushed or unsupported

outcomes. Fewer unplanned births lead to fewer infant relinquishments, which in turn reduces referrals to intercountry adoption.

Education plays a major role in reproductive health and independence. People with limited health education are more likely to have early or unplanned pregnancies. This is especially true in places where health topics are not discussed openly.⁷⁰ Poverty adds another layer of difficulty. People in poorer areas are less likely to access quality health services, which leads to more unplanned pregnancies.⁷¹ People with fewer resources may struggle to reach clinics, pay for care, or find doctors who understand their cultural background. When local support is thin, families may feel pressure to relinquish a child. When people have supportive networks, safe in-country options increase and the pressure to look abroad falls.

A 2019 study by the World Health Organization looked at 36 countries and found that two-thirds of women who wanted to avoid pregnancy could not afford or reach reliable health care.⁷² In India,

66 Malinda L. Seymore, *Adoption Ouroboros: Repeating the Cycle of Adoption as Rescue*, Texas A&M University School of Law Legal Studies Research Paper No. 22-36 (2023), papers.ssrn.com/sol3/papers.cfm?abstract_id=3944784

67 "Nearly Half of All Pregnancies Are Unintended—A Global Crisis, Says New UNFPA Report," United Nations Population Fund, March 30, 2022, www.unfpa.org/press/nearly-half-all-pregnancies-are-unintended %E2 %80 %94global-crisis-says-new-unfpa-report#:~:text=Press

68 Isabelle Lammerant and Marlène Hofstetter, *Adoption: At What Cost? For an Ethical Responsibility of Receiving Countries in Intercountry Adoption*, Terre des Hommes International Federation, 2007, resourcecentre.savethechildren.net/document/adoption-what-cost-ethical-responsibility-receiving-countries-intercountry-adoption

69 Grace Keegan et al., "Trauma of Abortion Restrictions and Forced Pregnancy: Urgent Implications for Acute Care Surgeons," *Trauma Surgery & Acute Care Open* 8, no. 1 (2023), pmc.ncbi.nlm.nih.gov/articles/PMC9896239/

70 "Early Childbearing," UNICEF Data, last updated: November 2024, data.unicef.org/topic/child-health/early-childbearing/

71 Eskeziaw Abebe Kassahun et al., "Factors Associated with Unintended Pregnancy Among Women Attending Antenatal Care in Maichew Town, Northern Ethiopia, 2017," *BMC Research Notes* 12 (2019): 1–6, bmcresnotes.biomedcentral.com/articles/10.1186/s13104-019-4419-5

72 "High Rates of Unintended Pregnancies Linked to Gaps in Family Planning Services: New WHO Study," World Health Organization, October 25, 2019, www.who.int/news/item/25-10-2019-high-rates-of-unintended-pregnancies-linked-to-gaps-in-family-planning-services-new-who-study

women with limited education or income are more likely to face unplanned pregnancies, especially in rural areas with fewer health services. This is especially true in states like Bihar and Uttar Pradesh, where medical care is harder to find and maternal health is worse.⁷³ Economic pressure has made India one of the biggest sending countries.⁷⁴ These adoptions reflect deeper problems at the intersection of poverty and reproductive health. Improving access to care and education could help reduce both unplanned pregnancies and international adoptions.

The rise of children entering foster or state care and the lack of good health services are clearly connected. In areas where reproductive care is hard to get, child abuse reports and family separations go up, even when poverty and population size are considered. This has large effects on children and the agencies which support them. Foster care systems are largely short-staffed and strained. Now, they must take in



Siblings walk from school in China (Credit: Xfzhou-nccdc)

more children whose families might have stayed together with earlier help. Better access to counseling, housing, and medical care could lower foster care rates.⁷⁵

Strengthening services not only helps families stay together but also reduces stress on overwhelmed public systems. The World Health

Organization warns that policies limiting reproductive care often hit vulnerable people the hardest. These groups deserve better protections. A balanced approach would integrate reproductive rights, maternal healthcare, and adoption policies into a framework that prioritizes family preservation and reduces reliance on intercountry adoption.

CURRENT STATUS

China's One-Child Policy

In the early years of the People's Republic, birth control was

discouraged and pro-birth policies were promoted. Then, the Great Chinese Famine of 1959 - 1961 killed between 15 and 30 million people and showed the limits of

China's food supply. After that, the government began promoting birth control. In the early 1970s, it launched the "later, longer, fewer" campaign. This encouraged families

⁷³ United Nations Population Fund, *Key Insights: India – State of World Population Report 2025* (New Delhi: UNFPA India, 2025), india.unfpa.org/sites/default/files/pub-pdf/1_key_insights_india_final_web.pdf

⁷⁴ Nilcena Suresh, "International Migration from India," Data for India, February 7, 2025, www.dataforindia.com/international-migration/

⁷⁵ Kathryn Maguire-Jack and Hyunil Kim, "Rural Differences in Child Maltreatment Reports, Reporters, and Service Responses," *Children and Youth Services Review* 120 (2021), www.sciencedirect.com/science/article/abs/pii/S0190740920322143

to wait longer between children and to have fewer overall. That campaign alone dropped fertility rates from 5.9 births per woman in the 1950s to 2.7 by 1979.⁷⁶ By 1982, the one-child policy was constitutionalized and lasted 35 years.

The National Population and Family Planning Commission oversaw the policy, but local officials carried it out. In cities, the policy was generally strict. Breaking the rule could have meant losing a job, getting demoted, or losing access to state benefits.⁷⁷ In rural areas, families were sometimes allowed a second child, especially if the first was a girl. This was due to traditional preferences for sons and the need for help on farms. Facing growing criticism, the government began easing the policy in the 2000s. By 2013, some families could have a second child if one parent was an only child. In 2015, the one-child policy was officially replaced with a two-child limit.⁷⁸ The one-child policy did lower fertility, but it also prompted a gender imbalance,

child abandonment, and a rise in international adoptions.⁷⁹

A visible effect was the skewed sex ratio in many Chinese populations. In some areas, there were 117 boys for every 100 girls by the early 2000s. This was caused by sex-selective abortions, female infanticide, and child abandonment. The policy had a major impact on adoption, both inside China and abroad. The rise in abandoned girls, especially in rural areas, led to a wave of international adoptions, mainly to the United States. Tens of thousands of Chinese girls were adopted in the 1990s and 2000s.⁸⁰ Many were placed in orphanages, some of which were later accused of trafficking or changing records to meet foreign demand. The policy created conditions where stigma, poverty, and pressure led families to give up daughters without legal support or follow-up care.⁸¹

As more Western families looked to adopt, some orphanages began using illegal methods to meet demand. In provinces like Hunan, officials found cases where babies were taken from families and sold

to state-run orphanages. These children were labeled as orphans even though their parents were still alive. Records were often changed to make the adoptions look legal.⁸² China has signed several human rights treaties, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which says people have the right to choose how many children to have and when. The One Child policy thus raised questions about government responsibility and the limits of national control over personal rights.⁸³

By 2016, instead of recognizing only one child, the government subsidized two. This was done in an effort to increase the population and reduce population aging. There was a small baby boom in 2016, but it didn't last. In May 2021, the government announced the three-child policy, along with promises of tax breaks, longer parental leave, and better childcare.⁸⁴ But even with these changes, birth rates stayed low. Cultural habits, financial stress, and gender inequality continue to hold back population

76 Xizhe, *Fertility Transition in China* (Bonn: Institute for the Study of Labor / SSOAR, 2008), PDF, https://www.ssoar.info/ssoar/bitstream/handle/document/18392/ssoar-2008-xizhe-fertility_transition_in_china.pdf?sequence=1

77 Adam Hayes, "What Was China's One-Child Policy? Its Implications and Importance," *Investopedia*, last modified September 3, 2024, www.investopedia.com/terms/o/one-child-policy.asp

78 "Explainer: What Was China's One-Child Policy?" *BBC News*, October 29, 2015, www.bbc.com/news/world-asia-china-34667551

79 Tessa Berenson Rogers, "Here's How China's One Child Policy Started in the First Place," *TIME*, October 29, 2015, [time.com/4092689/china-one-child-policy-history/](https://www.time.com/4092689/china-one-child-policy-history/)

80 "China's One-Child Policy: Impacts on Adopted Girls," *Journalist's Resource*, December 7, 2015, journalistsresource.org/economics/china-one-child-girls-adopt/

81 Kristal Sotomayor, "The One-Child Policy Legacy on Women and Relationships in China," *Independent Lens – PBS*, February 5, 2020, www.pbs.org/independentlens/blog/the-one-child-policy-legacy-on-women-and-relationships-in-china/

82 Bao, Xiaojia, Sebastian Galiani, Kai Li, and Cheryl Long. "Where Have All the Children Gone? An Empirical Study of Child Abandonment and Abduction in China." National Bureau of Economic Research, November 2019. www.nber.org/system/files/working_papers/w26492/w26492.pdf

83 Victoria Xuan Wang, "Reproductive Governance in China: National Policies, Human Rights, and Accountability under International Law," *Northwestern Journal of Human Rights* 23, no. 2 (2025): 113–156, jhr.law.northwestern.edu/issues/reproductive-governance-in-china-national-policies-human-rights-and-accountability-under-international-law/

84 Andrew Mullen, "China's Three-Child Policy: Why Was It Introduced and What Does It Mean?" *South China Morning Post*, June 5, 2021, www.scmp.com/economy/china-economy/article/3136092/chinas-three-child-policy-why-was-it-introduced-and-what-does

growth. As of 2022, China's fertility rate had dropped to 1.08, which is far below the level needed to maintain the population.⁸⁵

In 2024, China announced it was ending international adoptions after thousands of children had been adopted. Many already-adopted individuals have expressed mixed emotions. Adoptees may have personally found a secure home, but they might also be critical of the systems which lead to their separation in the first place. Additionally, adoptees have higher rates of depression and mental anxiety compared to non-adoptees, with heightened risks among transnational and transracial adoptees.⁸⁶ China explained that it would no longer send children abroad "in line with the spirit of relevant international covenants," likely the subsidiarity principle.⁸⁷ However, there are instances where international adoption has provided a child with the benefits of a family, continued support past age 18, and solid future prospects. This case study highlights the need for policies that safeguard reproductive rights, strengthen domestic welfare systems, and ensure that adoption, when it occurs, is transparent, ethical, and centered on the child's best interests.



Local Kids in Street, Bahir Dar, Ethiopia (Credit: Adam Jones)

Ethiopia's Ban on Intercountry Adoptions

In January 2018, Ethiopia banned intercountry adoption by amending its Revised Family Code. This marked a major shift for a country that had been one of the world's top "sending" states for more than a decade. Between 1999 and 2017, over 15,000 Ethiopian children were adopted by families in the United States alone, and even more children were placed across Italy, Spain, France, and Canada.⁸⁸ Ethiopia's adoption program had grown quickly, attracting agencies

and families from around the world. Before the ban, Ethiopia ranked among the top five sending countries for intercountry adoption, along with China, Russia, Guatemala, and Colombia. But growing concerns about fraud, abuse, and poor oversight led lawmakers to take action.

In 2011, the death of Hana Williams, an adopted Ethiopian girl in Washington State, caused global outrage. Further investigations showed serious problems including pressure on birth families and false claims about orphan status. This pointed to deeper failures in the

⁸⁵ Yanan Zhang, "Why Didn't the Abolition of the One-Child Policy in China Increase the Fertility Rate?" *Oxford Institute of Population Ageing*, September 14, 2021, www.ageing.ox.ac.uk/blog/Why-did-not-the-abolition-of-the-One-Child-Policy-in-China-increase-the-fertility-rate

⁸⁶ ¹ Emily Feng, "China ends international adoption. Reactions range from shock to relief," *NPR*, October 17, 2024, www.npr.org/sections/goats-and-soda/2024/10/17/g-s1-28521/china-adoption-international.

⁸⁷ Yanzhong Huang, "A Closed Door for Orphans? Unpacking China's International Adoption Policy," *Council on Foreign Relations (Asia Unbound & Asia Program)*, September 6, 2024, www.cfr.org/blog/closed-door-orphans-unpacking-chinas-international-adoption-policy.

⁸⁸ "News Brief: Ethiopia Passes Law Banning Intercountry Adoption," *Adoptive Families*, January 9, 2018, www.adoptivefamilies.com/resources/adoption-news/ethiopia-passes-law-banning-intercountry-adoption-january-2018/

system.⁸⁹ Intercountry adoption had already declined worldwide; between 2004 and 2016, international adoptions dropped by more than 75 percent.⁹⁰ Ethiopia's decision was part of this global shift.

Ethiopia's national adoption system was especially vulnerable. The country is also not a part of the Hague Convention. Agencies often paid local brokers to find children, creating pressure on poor families to give them up. Some birth parents were told that adoption was temporary or that they could stay in touch but later, they found out that was not true.⁹¹ In 2014, the US Department of Justice prosecuted an adoption agency manager for submitting fraudulent documents and bribing Ethiopian officials.⁹² Officials accepted money and travel perks to ignore serious violations. These scandals reinforced Ethiopia's perception that foreign demand was driving child separations, rather than children's best interests.

Ultimately, Ethiopia's lawmakers concluded that the adoption system prioritized money over

enforcement, using vulnerable systems at the expense of innocent families. The 2018 ban was a careful decision based on the belief that stopping intercountry adoption was the best way to protect children.⁹³ The ban was put in place quickly. Any case not finalized in court by the deadline was canceled.⁹⁴ The Revised Family Code removed rules for foreign adoption, however no new system was built to support domestic options. As of 2025, thousands of children remain in institutional care due to limited kinship, foster, and domestic adoption systems. The African Child Policy Forum said that successful reform needs strong investment in domestic systems. This includes tools to track cases, help families reunite, and support communities. Ethiopia lacked a central database and had uneven services across regions. This made it hard to follow up on cases or know if children were getting the care they needed.⁹⁵

Without a clear plan, thousands of children were left in limbo. With international adoptions stopped and few local options, many children

stayed in institutions for long periods. These facilities became overcrowded. Staff struggled to meet basic needs and could not provide emotional support or long-term planning. Institutional care in Ethiopia can cost up to twelve times more per child than community-based care. Yet it remains the main option because there is little investment in kinship and foster systems. Institutional costs are paid by both the government and nonprofit groups.⁹⁶

Children placed with extended family or local sponsors often show stronger emotional health and better cultural ties than those raised abroad, but Ethiopia's domestic system is not fully ready to handle all the children who need homes. Foster care is still informal and local adoption rates have not gone up much since the ban.⁹⁷ Some recent court rulings have made small exceptions to the ban. In 2020, Ethiopia's Federal Supreme Court said the ban does not apply to foreigners of Ethiopian origin or to foreign nationals adopting their Ethiopian spouse's child. These rulings may allow

89 Casey Quackenbush, "Ethiopia Has Banned All Foreign Adoptions Amid Concerns Over Abuse," *TIME*, January 11, 2018, <https://time.com/5098300/ethiopia-foreign-adoption-ban/>

90 Miriam Jordan, "Overseas Adoptions Decline Sharply in the U.S.," *The New York Times*, April 13, 2017, www.nytimes.com/2017/04/13/us/overseas-adoptions-decline.html

91 Jennifer S. Jones, "Why Ethiopia Closed Their Doors to International Adoption," *Adoption.com*, July 8, 2018, adoption.com/why-ethiopia-closed-doors-international-adoption/

92 "Manager of Adoption Agency Pleads Guilty to Ethiopian Adoption Fraud Scheme," *U.S. Department of Justice – Office of Public Affairs*, August 6, 2014, www.justice.gov/archives/opa/pr/manager-adoption-agency-pleads-guilty-ethiopian-adoption-fraud-scheme

93 Meraf Tesfayesus, *The Ban on Inter-Country Adoption and Its Applicability to Foreigners of Ethiopian Origin*, Master's thesis, Addis Ababa University – College of Law and Governance, September 2020, www.etelsa.org/resources/thesis/1b789982-25e8-11ed-9578-0a0027000027/5431a3a9-2e77-11ed-ad9e-0a0027000027.pdf

94 "Ethiopia Intercountry Adoption Information," *U.S. Department of State – Bureau of Consular Affairs*, last updated January 30, 2025, travel.state.gov/content/travel/en/Intercountry-Adoption/Intercountry-Adoption-Country-Information/Ethiopia.html

95 *Guidelines for Action on Intercountry Adoption of Children in Africa*, African Child Policy Forum (ACPF), May 2012, clr.africanchildforum.org/Supplementary%20Documents/other-documents-8_en.pdf

96 Menna Asrat, "What Now? The Fate of Ethiopia's Vulnerable Children After the Ban on Inter-Country Adoption," *Ethiopian Business Review*, January 2018, ethiopianbusinessreview.net/what-now-the-fate-of-ethiopias-vulnerable-children-after-the-ban-on-inter-country-adoption/

97 Asrat, "Fate of Ethiopia's Vulnerable Children."

some intercountry adoption.⁹⁸

At the same time, Ethiopia has joined regional efforts to improve child welfare. In 2024, it signed a Child Policy Framework with other IGAD member states. This framework calls for better national protection systems, legal reform, data collection, and support for community-based care.⁹⁹

Ethiopia's 2018 ban on intercountry adoption marked a major change in global adoption policy. It continues to spark debate in legal, ethical, and humanitarian circles. The decision was based on real problems. As of 2025, Ethiopia's challenge is shifting from ending intercountry adoption to proving that strong, sustainable, and ethical domestic alternatives can take its place.

Sustainable Development Goals

The Sustainable Development Goals (SDGs) were formally adopted by 193 UN member states in 2015, as part of the 2030 Agenda for Sustainable Development. The SDGs emphasize cross-sector integration and universal accountability in areas such as education, healthcare, justice, and child protection.¹⁰⁰ International adoption has structural implications that place it within global



School girl in Ghana, holding SDG placard No.1 (Credit: Fquasie)

development policy. Children placed abroad are repositioned within systems shaped by global inequality, weak regulation, and variable access to social support.

SDG 1 “End poverty in all its forms everywhere” is essential to this topic. It remains one of the most persistent structural drivers of international adoption. The SDG framework recognizes this connection through Target 1.3, which calls for the implementation of nationally appropriate social protection systems to reduce vulnerability and prevent unnecessary family separation.¹⁰¹ Target 1.2 aims to reduce poverty in all its dimensions by at least

half by 2030, including access to housing, education, and healthcare, all of which directly influence a family's ability to retain custody of their children. Target 1.5 calls for reducing exposure to economic and environmental shocks, which disproportionately affect vulnerable families and increase the risk of child separation. Finally, SDG 1.6 and 1.7 call for resource mobilization and policy frameworks to support the poor, both of which are essential for building alternatives to adoption, including cash transfer programs, kinship care, and community-based support.¹⁰²

SDG 3, “Ensure healthy lives and promote well-being for all at all

⁹⁸ Jimma and Fulas, “Inter-Country Adoption and Best Interests,” 1–26

⁹⁹ “Ministers in Charge of Children Affairs Endorse the IGAD Child Policy Framework,” *Intergovernmental Authority on Development (IGAD)*, December 13, 2024, igad.int/ministers-in-charge-of-children-affairs-endorse-the-igad-child-policy-framework/

¹⁰⁰ *Transforming Our World: The 2030 Agenda for Sustainable Development*, United Nations Department of Economic and Social Affairs, September 25, 2015, sdgs.un.org/2030agenda

¹⁰¹ *UN DESA, 2030 Agenda for Sustainable Development*

¹⁰² “Goal 1: No Poverty – End Poverty in All Its Forms Everywhere,” *UNICEF Data*, July 18, 2023, data.unicef.org/sdgs/goal-1-no-poverty/

ages,” aims to ensure healthy lives and promote well-being for all. This goal is especially relevant to children placed across borders, many of whom face health disparities before and after placement.¹⁰³ Target 3.2 focuses on ending preventable deaths of children under five, a population disproportionately represented in intercountry adoption referrals.¹⁰⁴ Many children adopted internationally have experienced early-life malnutrition, inadequate medical care, or institutional neglect. Target 3.8 calls for universal health coverage, including financial protection and access to essential services. Older adoptees and those with disabilities often face barriers to care, especially when post-adoption services are underfunded or optional. Mental health is also central to SDG 3.

Following this requires not only medical screening, but long-term support for psychological well-being.¹⁰⁵

SDG 5, “Achieve gender equality and empower all women and girls” seeks to recognize that gender-based discrimination undermines development across all sectors.¹⁰⁶ Gender inequality influences the conditions under which children are removed from their families and the systemic pressures faced by birth mothers. Goal 5.6 calls for universal access to reproductive health and rights, which includes the ability to make informed decisions about childbearing and family planning.¹⁰⁷ In many sending countries, limited access to contraception and reproductive healthcare contributes to unintended pregnancies and coerced decisions. SDG 5.2

addresses the elimination of violence and exploitation. Aligning adoption policy with SDG 5 requires investment in reproductive justice and gender-sensitive social protection frameworks.¹⁰⁸

Aligning adoption with the SDGs does not mean eliminating intercountry placement, it means ensuring that every decision reflects the principles of equity, dignity, and long-term stability articulated in the 2030 Agenda. SDG 1, 3, and 5 directly address poverty, health, and gender. SDG 10 and SDG 16 remind us that reducing inequality and strengthening institutions are also essential for ethical, transparent systems. Together, these goals offer a framework for protecting children not just at the point of placement, but across the full arc of their care.

BLOC ANALYSIS

Points of Division

Different approaches to child welfare, legal oversight, and social support shape how countries handle intercountry adoption. These differences reflect economic gaps and political views. They also

show how cultures define family and childhood in different ways. For some governments, adoption is framed as a tool to provide children with stable homes, while others prioritize it only after national care options are explored.¹⁰⁹ Three key groups stand out in global discussions about the topic,

separated by their own perspectives. Variations arise from differences in resources, institutional capacity, and legal frameworks, as well as cultural values. Some countries developed strong regulatory systems that support more consistent and transparent adoption practices. Others continue to face challenges

¹⁰³ “Goal 3: Good Health and Well-Being – Ensure Healthy Lives and Promote Well-Being for All at All Ages,” *UNICEF Data*, accessed July 16, 2025, data.unicef.org/sdgs/goal-3-good-health-wellbeing/

¹⁰⁴ *UN DESA, 2030 Agenda for Sustainable Development*

¹⁰⁵ *Mental Health: Fact Sheet on Sustainable Development Goals (SDGs): Health Targets*, World Health Organization – Regional Office for Europe, October 14, 2018, www.who.int/europe/publications/i/item/WHO-EURO-2018-2364-42119-58012

¹⁰⁶ “Goal 5: Gender Equality,” *United Nations Department of Economic and Social Affairs*, accessed July 16, 2025, sdgs.un.org/goals/goal5

¹⁰⁷ “Goal 5: Gender Equality,” *The Global Goals*, accessed July 16, 2025, globalgoals.org/goals/5-gender-equality/

¹⁰⁸ *Reproductive Health – BioMed Central*, Springer Nature, accessed July 16, 2025, reproductive-health-journal.biomedcentral.com/?utm_medium=referral&utm_source=sn&utm_content=RM&utm_term=null&utm_campaign=HSSR_ALLPR_BAWG_GL_PHSS_00G7R_LP-SDG05

¹⁰⁹ Ann Smith, “We Have the Right Tools: An Examination and Defense of Spending in International Adoption,” *Harvard International Law Journal* 58, no. 2 (Spring 2017): 445–488, journals.law.harvard.edu/ilj/wp-content/uploads/sites/84/HILJ201_crop.pdf

linked to limited resources, institutional gaps, or external pressures. At the same time, more countries are working toward self-sufficiency and reform. This shift highlights the need for a fairer and more transparent global system that supports children and families without relying on unequal structures.

Countries with High Regulatory Standards and Receiving Power

Countries in this bloc, such as the United States, Canada, the Netherlands, and several Western European countries, have long been major receiving states in intercountry adoption. Their systems are grounded in strong legal frameworks, oversight mechanisms, and social programs designed to safeguard children and families. These states tend to emphasize informed consent, trafficking prevention, and alignment with the child's best interests.¹¹⁰

In day-to-day practice, these countries use strict checks for adoptive parents, including home studies, training, and post-placement follow-ups. Canada, for example, asks for approval

at the provincial level. It checks that adoptions follow both local and foreign laws. It also blocks adoptions during emergencies to avoid unethical placements.¹¹¹ These countries rank high on the child protection index because they invest in social services, legal systems, and strong oversight. Their laws aim to stop child laundering and forced placements. Agencies that break the rules face legal penalties.¹¹² Even though adoption numbers have dropped, these countries still shape global standards. The United States, for example, has seen a 93 percent drop in intercountry adoptions since 2004, but it still plays a key role in international talks and helps enforce global agreements.¹¹³ Western European countries have also changed their approach. They focus more on placing children within their own borders. At the same time, they continue to work with other countries through the Hague Convention.¹¹⁴

Therefore, may argue that intercountry adoption, if well-regulated, can provide children with permanent families faster than fragile domestic systems can. However, they would be wary of child exploitation. In committee debates, this bloc is likely to support

universal minimum standards, stronger oversight in sending states, and global monitoring mechanisms.

Countries with Vulnerable Welfare Systems and High Outflow

This bloc includes countries like Haiti, Guatemala, and Cambodia. These states have sent large numbers of children abroad through intercountry adoption. They face serious challenges such as poverty, conflict, weak child protection systems, and few domestic care options. These problems sometimes make international adoption a practical answer to the child welfare crises.¹¹⁵

The lack of strong oversight has led to serious abuses. Coercion, trafficking, and fake documents have all been reported. Prior to Guatemala's 2007 moratorium, private intermediaries played a dominant role, leading to reports of coerced consent, falsified documents, and payments to families.¹¹⁶ Haiti's adoption system has also faced problems. It suffers from weak coordination and is vulnerable to sudden

110 *Hague Process – Immigration Through Adoption*, U.S. Citizenship and Immigration Services (USCIS), accessed July 16, 2025, www.uscis.gov/adoption/immigration-through-adoption/hague-process

111 *Adopt a Child Abroad – Processes*, Immigration, Refugees and Citizenship Canada (IRCC), accessed July 16, 2025, www.canada.ca/en/immigration-refugees-citizenship/services/canadians/adopt-child-abroad/processes.html

112 Mia Dambach et al., *Manifesto for Ethical Intercountry Adoption*, International Social Service (ISS), May 18, 2015, iss-ssi.org/storage/2023/04/ISS_Manifesto_ANG.pdf

113 Jennifer S. Jones, "The International Adoption Decline Tragedy," *Adoption.com*, June 9, 2020, adoption.com/international-adoption-decline-tragedy/

114 Isabelle Lammerant and Marlène Hofstetter, *Adoption: At What Cost? For an Ethical Responsibility of Receiving Countries in Intercountry Adoption*, Terre des Hommes International Federation, 2007, resourcecentre.savethechildren.net/document/adoption-what-cost-ethical-responsibility-receiving-countries-intercountry-adoption

115 Peter Selman, "The Rise and Fall of Intercountry Adoption in the 21st Century," *International Social Work* 52, no. 5 (2009): 575–594, www.researchgate.net/publication/249729984_The_Rise_and_Fall_of_Intercountry_Adoption_in_the_21st_Century

116 Smith and Bromfield, *Intercountry Adoption Declines Lead to New Practices of Surrogacy in Guatemala*.

surges in demand. After the 2010 earthquake, adoption referrals rose quickly. Many skipped standard checks and raised concerns about separating children from living family members.

Countries in this bloc may have signed international agreements like the Hague Convention, but enforcement is uneven. These countries might face an international demand for children as well as domestic instability. This bloc is thus likely to argue for capacity-building support such as funding, training, and technical assistance from wealthier states and UNICEF. They may also stress the need for flexibility in emergencies, while calling for reforms to reduce the role of private intermediaries. In negotiations, they will emphasize aid and partnership, not punishment for weak enforcement.¹¹⁷

Countries Prioritizing Domestic Adoption and Family Preservation

This bloc includes countries like South Korea, Romania, India, and Ethiopia. These countries ground their policies in the principle of subsidiarity, or domestic solutions first. Many of these countries have shifted from being high “sending” states to strengthening domestic child welfare systems and limiting international placements. These countries stress the value of cultural ties, national control, and that children should stay in their communities whenever possible.¹¹⁸

Ethiopia, for example, banned intercountry adoption in 2018. The government shifted its focus to improving care options within the country.¹¹⁹ South Korea, once the top country for sending children abroad, has made major changes. For years, private agencies handled most adoptions. But in 2025, the government ratified the Hague Convention and passed

two new laws: the Special Act on Domestic Adoption and the Act on Intercountry Adoption. These laws gave the government more control and made domestic care a top priority.¹²⁰ Today, the Ministry of Health and Welfare is the central authority for Korean adoptions. This is overseen by the National Centre for the Rights of the Child, which reflects the broader reformations in adoptions since the 1970s.¹²¹

This bloc is likely to stress cultural identity, national sovereignty, and long-term investments in social services. This idea matches the goals of the Hague Convention and the UN Convention on the Rights of the Child. Despite these conventions, challenges remain. Adoptees continue to face barriers to accessing records and proper care. In many instances, strong stigmas still exist, especially around single parent families. These countries might have differing ideas on how to advocate for investment in social services, poverty reduction, and stigma reduction.¹²²

COMMITTEE MISSION

The United Nations Children’s Fund (UNICEF) was created to

protect the rights of every child.
As a fund rather than a treaty

body, UNICEF does not have legal authority over states but instead

117 *Intercountry Adoption in Transition: 2023 Statistical Trends Amid Rising Investigations and Reforms*, International Social Service (ISS), July 15, 2025, iss-ssi.org/resources/iss/n-278-intercountry-adoption-in-transition-2023-statistical-trends-amid-rising-investigations-and-reforms/

118 Lindsay Saligman, “Subsidiarity and the Best Interests of the Child,” *Chicago Journal of International Law* 25, no. 1 (2024): cjl.uchicago.edu/print-archive/subsidiarity-and-best-interests-child

119 “Ethiopia Adoption Fast Facts,” *Adoptive Families Magazine*, September 28, 2024, www.adoptivefamilies.com/how-to-adopt/ethiopia-adoption/

120 “South Korea Moves to End ‘Baby Exports’; State to Take Full Responsibility for Adoptions,” *The Straits Times*, July 16, 2025, www.straitstimes.com/asia/east-asia/south-korea-moves-to-end-baby-exports-state-to-take-full-responsibility-for-adoptions

121 *Search for Origins – South Korea*, International Social Service (ISS), March 2024, extranet.iss-ssi.org/wp-content/uploads/2024/04/SK_SFO_ENG.pdf

122 Yirong Han, “South Korea’s Ratification of the Hague Adoption Convention,” *Bloomsbury Intelligence and Security Institute (BISI)*, July 14, 2025, bisi.org.uk/reports/south-koreas-ratification-of-the-hague-adoption-convention

relies on partnerships and advocacy to influence child welfare policy. Its mission is to support survival, growth, and safety for children around the world.¹²³ UNICEF provides emergency aid, strengthens child protection systems, and promotes care that keeps families together. A main goal is to prevent children from being separated from their families. When children cannot stay with their biological parents, UNICEF works to find safe, long-term care.¹²⁴ These efforts are especially important in crisis zones, where children face higher risks of abuse, neglect, and displacement.¹²⁵

UNICEF's child protection work is based on human rights. The organization aims to end the use of large institutions and instead promotes family-based care. This includes kinship care, foster care, and adoption when needed.¹²⁶ Through programs like "Family for Every Child," UNICEF helps children reunite with relatives or find new families through community support. It also trains social workers and caregivers to offer trauma-informed care and to help families in crisis. These programs focus on healing and stability, not just placement.¹²⁷

When adoption is considered, UNICEF works to ensure it is safe

and ethical. UNICEF supports practices that are transparent and centered on the child's best interests. It promotes systems that protect children from harm and ensure they grow up in loving homes. Adoption is seen as a last resort, not a quick fix.¹²⁸ UNICEF also pushes for reforms that make adoption fairer and more accountable. This includes building national databases, training judges and social workers, and improving support after adoption. These steps help families prepare and ensure children get the care they need.¹²⁹ UNICEF advises on compliance and supports governments in strengthening safeguards. It works with legal, social, and health sectors to make sure adoption is safe and truly in the child's best interest.¹³⁰

Delegates are urged to support reforms that reduce delays, stop exploitation, and help families before and after adoption. Strong policies should follow global standards and promote teamwork across borders. The goal is to protect children and give them the chance to grow up in permanent, stable homes.

123 "Mission Statement," *UNICEF*, accessed July 27, 2025, www.unicef.org/about/mission-statement

124 "Family for Every Child," *UNICEF Belarus*, accessed July 27, 2025, help.unicef.org/family-for-every-child?language=en

125 "Child Protection," *UNICEF*, accessed July 27, 2025, www.unicef.org/child-protection

126 "Children in Alternative Care," *UNICEF*, accessed July 27, 2025, www.unicef.org/protection/children-in-alternative-care

127 *UNICEF Belarus*, "Family for Every Child."

128 *UNICEF*, "Children in Alternative Care."

129 UNICEF Rwanda, *Child Care Reform Programme in Rwanda* (Kigali: UNICEF, August 2019), www.unicef.org/rwanda/reports/child-care-reform-programme-rwanda

130 "Child Protection," *UNICEF Innocenti – Global Office of Research and Foresight*, accessed July 27, 2025, www.unicef.org/innocenti/areas-of-work/child-protection



Combating the Rise of Infectious Diseases in Children

Photo Credit: Russell Watkins

UNICEF has worked to ensure children everywhere have access to healthcare, education, nutrition, and protection from harm.¹ Guided by the Convention on the Rights of the Child (UNCRC), UNICEF promotes the survival, protection and development of children as necessary for a global sustainable future.² Children's rights include the right to good health and wellness, which faces many historic and modern barriers.

Today, infectious diseases are a large threat to children's health around the world. These illnesses are caused by bacteria, viruses, or parasites that spread from one person to another through air, water, food, or direct contact. These diseases spread easily, especially in places where families live in crowded conditions, do not have clean water, or cannot reach proper

medical care.³ Beyond the loss of life, infectious diseases also have long-term effects on children who survive. Many experience stunted growth, learning difficulties, and a weaker immune system. This is not only a public health crisis, but also a social and economic issue. When sick children's families face medical costs, parents may lose income because they must stay home and take care of sick children. This continues a cycle of poverty and poor health.⁴

Childhood diseases are responsible for millions of preventable deaths every year. Children living in poverty are especially vulnerable. Those in war zones or refugee camps face even higher risks because hospitals and clinics are often destroyed, vaccines delayed, and diseases spread quickly. Poor nutrition also makes infections

more dangerous since a weak body cannot fight illnesses as well as healthy ones. These overlapping problems of poverty, conflict, and poor nutrition mean that even a small infectious disease outbreak can become deadly for children.

Vaccines, better nutrition, and improved healthcare saved millions of children's lives, reducing death from diseases like measles and malaria.⁵ However, many vaccination campaigns have been delayed, health systems are overwhelmed, and trust in public health declined in several countries.⁶ As a result, diseases that were once under control have started to return. Malnutrition has also increased in many less developed countries, leaving children with weak immune systems that cannot fight infections.⁷ Together, these factors have created a global crisis.

TOPIC BACKGROUND

Post-Pandemic Vaccine Hesitancy

In the past 50 years, childhood vaccines under WHO's Expanded

Programme on Immunization have saved about 154 million lives, correlating to around six lives every minute. 101 million of these were infants.⁸ However, since the Coronavirus (COVID-19)

pandemic, public trust in vaccines has declined sharply in many countries. Many parents have delayed or avoided vaccinating children because of factors like

1 UNICEF. "Mission Statement." UNICEF. Accessed July 27, 2025. www.unicef.org/about/mission-statement.

2 UNICEF. "Health." UNICEF. Accessed July 27, 2025. www.unicef.org/health.

3 World Health Organization. "Diarrhoeal Disease." Last updated 9 May 2024. Accessed July 26, 2025. www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease.

4 United Nations Children's Fund (UNICEF). "Childhood Diseases." Accessed July 26, 2025. www.unicef.org/health/childhood-diseases.

5 United Nations Children's Fund (UNICEF). "Under-Five Mortality." UNICEF Data. Last updated March 24, 2025. Accessed July 26, 2025. data.unicef.org/topic/child-survival/under-five-mortality.

6 United Nations Children's Fund (UNICEF). "New Data Indicates Declining Confidence in Childhood Vaccines by 4 Percentage Points in Some Regions." UNICEF ROSA Press Release. Accessed July 26, 2025. www.unicef.org/rosa/press-releases/new-data-indicates-declining-confidence-childhood-vaccines-4-percentage-points-some.

7 United Nations Children's Fund (UNICEF). "Malnutrition." UNICEF Data. Accessed July 26, 2025. data.unicef.org/topic/nutrition/malnutrition/.

8 World Health Organization. "Global Immunization Efforts Have Saved at Least 154 Million Lives over the Past 50 Years." Last modified April 24, 2024. Accessed June 18, 2025. www.who.int/news/item/24-04-2024-global-immunization-efforts-have-saved-at-least-154-million-lives-over-the-past-50-years.



A young girl gets vaccinated against COVID-19 (Credit: Governo do Estado de São Paulo)

misinformation, political division, and confusion.

This growing crisis could undo years of progress in lowering children's deaths from preventable diseases. Childhood vaccinations declined in 52 out of 55 countries studied between 2019-2022.⁹ The COVID-19 pandemic disrupted health services and contributed to lasting distrust in medical institutions, creating space for diseases once nearly eliminated to resurface. Contributing factors include inconsistent messaging from health agencies and the rapid spread of misinformation.¹⁰ The result is that more children are being left unprotected. If these trends

continue, preventable illnesses are likely to re-emerge, posing serious setbacks to global child health.

During the COVID-19 pandemic, false information spread rapidly on social media platforms like Facebook, WhatsApp, and Telegram.¹¹ These platforms became echo chambers where conspiracy theories and unproven claims were widely shared, creating fear and confusion among the public. What started as doubt about COVID-19 vaccines soon grew into doubt about other childhood vaccinations. The spread of false information hurts communities with little access to clear and reliable medical advice. In these settings, false claims can

easily shape people's beliefs and behaviors regarding vaccines.

Even before the pandemic, health misinformation was present. Just like viruses, misinformation spreads and can be very harmful. One major example is the 1998 study that falsely linked vaccines to autism.¹² Although the study was fully retracted and disproven years ago, its impact is still felt today. Misleading narratives have been amplified by prominent anti-vaccine voices throughout the world. The childhood immunization schedule is a list of vaccines recommended at a specific age to protect children from serious, potentially life-threatening disease. These vaccines have saved millions of lives by preventing illnesses that were once fatal, such as polio and diphtheria. However, misinformation has damaged public trust, even in long-standing vaccines. Parents who believe false claims often delay or skip vaccines, putting both their children and whole communities at risk of outbreaks.

Children from low-income communities are especially at risk when vaccination rates decline. These children often face multiple barriers to healthcare, such as limited access to medicine, transportation challenges, and low levels of health education. Parents in these settings may also lack health insurance or work jobs that do not provide paid time off,

⁹ UNICEF, "New Data Indicates Declining Confidence in Childhood Vaccines."

¹⁰ UNICEF, "New Data Indicates Declining Confidence in Childhood Vaccines."

¹¹ Biancovilli, Priscila, Lilla Makszin, and Claudia Jurberg. 2021. "Misinformation on Social Networks during the Novel Coronavirus Pandemic: A Quali-Quantitative Case Study of Brazil." *BMC Public Health* 21 (1): 1200. doi.org/10.1186/s12889-021-11165-1.

¹² QUICK, JONATHAN D., and HEIDI LARSON. "The Vaccine-Autism Myth Started 20 Years Ago. Here's Why It Still Endures Today." *Time*, February 28, 2018. time.com/5175704/andrew-wakefield-vaccine-autism/.

making it difficult to bring the children to medical appointments. Limited support and information can also contribute to vaccine hesitancy.¹³ In addition, some communities decline vaccines for religious reasons, believing that immunization interferes with God's divine will or conflicts with religious practices related to certain ingredients. These gaps in coverage affect not only individual families but also entire communities. Lower vaccination rates increase pressure on healthcare systems and heighten risks for infants, older adults, and people with weakened immune systems who cannot be vaccinated themselves.

After COVID-19, routine vaccine coverage dropped to levels not seen in over a decade in many countries. As a result, millions of children were more vulnerable to diseases that had previously been under control. Even the COVID-19 vaccines were given to children later due to limited trial data, which left some children unprotected for longer.¹⁴ The rapid changes in health guidelines during the COVID-19 pandemic and the sudden rollout of new vaccines also caused more people to lose some

trust in health authorities, especially in low- and middle-income countries. Normally, vaccines go through multiple testing phases. During the pandemic, many steps were sped through to respond more quickly to the global crisis.

Even before the lockdowns, the World Health Organization started a working group in 2018 called the BeSD (Behavioural and Social Drivers of Vaccination). This team works to understand why people choose to get vaccines or not.¹⁵ The BeSD framework looks at four main things: what people think and feel about vaccines, how others around them influence their decision, whether they are motivated or hesitant, and how easy it is for them to get the vaccine. The WHO also created surveys and interviews to collect vaccine data in different countries and communities. These tools help identify problems like poor transportation, gender roles, and distrust in public health systems.¹⁶

An additional cause of vaccine hesitancy is the lack of trust in doctors. A study from 2011 showed that when parents trusted doctors, they were much more likely to

vaccinate their children. In Quebec, Canada, healthcare workers used a technique called motivational interviewing when talking to new mothers. This simple and respectful conversation helped increase the number of mothers who planned to vaccinate their babies by 12 percent.¹⁷ Talking kindly and clearly with parents can make a big difference in fighting fear and misinformation. Another major reason behind vaccine hesitancy is political polarization. Vaccine hesitancy is often linked to the rise of populist and right-wing governments.¹⁸ Political division can make people focus on information that supports what they already believe, making it easier for misinformation to spread. As a result, trust in science and health regulations have weakened.

Nearly eliminated diseases, like measles and polio, are now appearing in areas where vaccination rates have dropped, according to the World Health Organization.¹⁹ Children who do not get vaccinated on time are at a greater risk of catching diseases that vaccines are meant to prevent. Parents may choose to

13 Yao, Xuelin, Mao Fu, Jin Peng, Da Feng, Yue Ma, Yifan Wu, Liuxin Feng, Yu Fang, and Minghuan Jiang. "Socioeconomic Disparities in Childhood Vaccine Hesitancy Among Parents in China: The Mediating Role of Social Support and Health Literacy." *Human Vaccines & Immunotherapeutics* 21, no. 1 (January 8, 2025). doi.org/10.1080/21645515.2024.2444008.

14 World Health Organization, "Immunization Coverage," fact sheet, July 15, 2024, www.who.int/news-room/fact-sheets/detail/immunization-coverage.

15 Simon Nicholas Williams, "Vaccine Hesitancy Is One of the Greatest Threats to Global Health – and the Pandemic Has Made It Worse," *The Conversation*, July 4, 2023, theconversation.com/vaccine-hesitancy-is-one-of-the-greatest-threats-to-global-health-and-the-pandemic-has-made-it-worse-208227.

16 Sabin Vaccine Institute, "Meet the 2023-2024 Social and Behavioral Research Grant Partners: Operationalizing of the WHO BeSD Framework," Sabin Resources, June 5, 2023, www.sabin.org/resources/meet-the-2023-2024-social-and-behavioral-research-grant-partners-operationalizing-of-the-who-besd-framework/

17 Allison Kempe et al., "Prevalence of Parental Concerns about Childhood Vaccines: The Experience of Primary Care Physicians," *American Journal of Preventive Medicine* 40, no. 5 (2011): 548–55, doi.org/10.1016/j.amepre.2010.12.025.

18 Marc Debus and Jale Tosun, "Political Ideology and Vaccination Willingness: Implications for Policy Design," *Policy Sciences* 54, no. 4 (2021): 477–491, doi.org/10.1007/s11077-021-09428-0.

19 World Health Organization, "Increases in Vaccine-Preventable Disease Outbreaks Threaten Years of Progress, Warn WHO, UNICEF, Gavi," World Health Organization, April 24, 2025, www.who.int/news/item/24-04-2025-increases-in-vaccine-preventable-disease-outbreaks-threaten-years-of-progress-warn-who-unicef-gavi.



A nurse from the Ministry of Health gives a child a vaccine in 2019 (Credit: OptimusPrimeBot)

delay shots or follow alternative vaccine schedules. Children are thus unprotected for longer and might get sick or spread illness to others. This not only puts their own health at risk but also weakens herd immunity, or the protection that helps people who cannot be vaccinated, such as newborns or those with weak immune systems.²⁰ Vaccines are one of the most powerful tools in public health. They help the immune system fight off dangerous viruses, bacteria, and parasites, and have saved millions of lives. When vaccination rates

drop, children lose their protection, and the entire community becomes more vulnerable.

Impact of Conflict Zones on Sanitation, Healthcare, and Disease

Conflicts have a great impact on children. Heavy destruction in war creates a humanitarian crisis with shortages of nutritious foods, clean water, and medicine. One out of four children worldwide live in these dangerous situations.²¹ In many conflict areas, water

sources are unsafe due to damaged infrastructure, broken pipelines, or risky collection methods. Without clean water, children get sick, schools and hospitals cannot function, and disease and malnutrition spread. Presently, 420 million children do not have proper toilets and 210 million do not have safe drinking water.²² In October 2019, UNICEF published a report called “Water under fire,” asking for urgent help to bring clean water, toilets, and hygiene services to children living in war zones.²³ The report showed that civilian deaths in war doubled between 2010 and 2016, and many deaths happened because people did not have basic services. Access to safe water is crucial for combating infectious diseases, as it prevents the spread of illnesses like cholera, diarrhea and other waterborne infections.

Nearly a quarter of the global population lives in settings affected by conflict.²⁴ Hospitals can be destroyed or attacked during conflict, medicines can be stolen or ruined, equipment damaged, and overall, the entire health system is strained. Health workers also often flee for their own safety. Without trained professionals, many children are left with no one to care for them. This leads to a shortage of medical help, especially in areas

20 Dylan Antonio S. Talabis et al., “Individually Optimal Choices Can Be Collectively Disastrous in COVID-19 Pandemic: A Game-Theoretic Model,” *BMC Public Health* 21, no. 1 (2021): 10829, doi.org/10.1186/s12889-021-10829-2.

21 “Children in Conflict Zones,” *Medical Journal Armed Forces India* 65, no. 2 (April 1, 2009): 166–69. doi.org/10.1016/s0377-1237(09)80134-2.

22 Sánchez, Erica, and Leah Rodriguez. “420 Million Children Living in Crisis Don’t Have Basic Sanitation: UNICEF.” *Global Citizen*, August 28, 2019. www.globalcitizen.org/en/content/unicef-wash-children-crisis-conflict-report/.

23 UNICEF. “Water under fire For every child, water and sanitation in complex emergencies,” n.d. www.unicef.org/reports/water-under-fire-2019.

24 “Accessing Essential Health Services in Fragile, Conflict-affected and Vulnerable Settings,” June 27, 2025. www.who.int/activities/accessing-essential-health-services-in-fragile-conflict-affected-and-vulnerable-settings.

of great need.²⁵ Routine medical services, like vaccinations and surgeries, are no longer available. Small problems can turn deadly, since a simple infection or treatable wound might become fatal without antibiotics or health professionals. In countries like Yemen, Syria, and Ukraine, many children die because they cannot get necessary healthcare and untreated injuries can quickly lead to life-threatening complications.²⁶

Another critical concern is how conflict zones limit the ability to detect, monitor and respond to infectious disease outbreaks. In stable countries, public health systems track infectious diseases, share data, and try to respond as fast as possible to prevent diseases from spreading. But in war-impacted zones, these systems collapse.²⁷ Deadly diseases, such as serious respiratory infections, diphtheria, measles, varicella, and cholera, can spread widely. The lack of testing, medical records, and communication between health teams makes it nearly impossible to organize a fast response and predict the pattern of the spread. Children in these areas are not only more exposed to diseases, but also less

likely to receive timely treatment or protection.²⁸

There is also a great psychological impact on children's health in conflict zones. These children are exposed to traumatic events such as violence, loss of family members, leaving their homes behind, and the destruction of their communities.

Anxiety, depression and post-traumatic stress disorder (PTSD) can result. Children with PTSD may have upsetting memories of the trauma they experienced, nightmares, trouble concentrating, and emotional distress. They may also show behavioral issues, such as aggression or social withdrawal.²⁹ This prolonged stress can weaken their immune system, making them more vulnerable to infectious diseases. Unfortunately, mental health services are often limited or non-existent in areas affected by conflict. Without intervention, psychological wounds can continue even if conflict has ended. This affects children's ability to learn, form healthy relationships, and feel secure. Ensuring good mental health is crucial, as a child's mental and physical state can impact how their bodies fight the illness.³⁰ The destruction of essential services

like clean water, healthcare access, and disease prevention makes children's survival and well-being more difficult. Addressing these issues with urgent humanitarian aid and long-term support is critical to protect and restore the health and future of children living in these conditions.

Impacts of Malnutrition and Food Insecurity on Disease Susceptibility

Food insecurity is the disruption of regular food intake or eating patterns. Malnutrition occurs when a person's diet does not provide the right amount of energy and nutrients, whether through deficiencies, excesses, or imbalances. The World Health Organization (WHO) categorizes malnutrition into undernutrition and overweight/obesity.³¹ Malnutrition affects children worldwide, even in places with generally high levels of food security. Undernutrition is particularly devastating for children. Beyond the immediate health risks, malnutrition violates a child's fundamental right to survival and development. The long-term consequences include physical

25 UNICEF. "A Triple Threat of Water-Related Crises Is Endangering the Lives of 190 Million Children." Press release. UNICEF China, March 20, 2023. www.unicef.cn/en/press-releases/triple-threat-water-related-crises-endangering-lives-190-million-children-unicef.

26 UNICEF. "A Triple Threat of Water-Related Crises Is Endangering the Lives of 190 Million Children." Press release. UNICEF China, March 20, 2023. www.unicef.cn/en/press-releases/triple-threat-water-related-crises-endangering-lives-190-million-children-unicef.

27 "The Impact of Conflict on Infectious Disease: A Systematic Literature Review." *Conflict and Health* 18, no. 1 (April 8, 2024). doi: [10.1186/s13031-023-00568-z](https://doi.org/10.1186/s13031-023-00568-z).

28 "Goal 6: Ensure Access to Water and Sanitation for All." United Nations Sustainable Development, accessed July 14, 2025. www.un.org/sustainabledevelopment/water-and-sanitation/.

29 Center For Substance Abuse Treatment. "Understanding the Impact of Trauma." National Library of Medicine, n.d. www.ncbi.nlm.nih.gov/sites/books/NBK207191/#:~:text=from%20traumatic%20stress,-Developmental,DeWolfe%20&%20Nordboe%2C%20202000b.

30 PsyD, Iman Farajallah, Omar Reda MD, H. Steven Moffic MD, John R. Petzet MD, and Ahmed Hankir MD. "The Psychosocial Impacts of War and Armed Conflict on Children." *Psychiatric Times*, March 8, 2022. www.psychiatrictimes.com/view/the-psychosocial-impacts-of-war-and-armed-conflict-on-children.

31 World Health Organization, "Malnutrition: Emergencies and Disasters," Questions and Answers, January 20, 2020, World Health Organization, www.who.int/news-room/questions-and-answers/item/malnutrition-emergencies-and-disasters.

stunting, cognitive delays, and diminished life opportunities.

When children are undernourished, their body lacks essential nutrients like vitamin A, B, C and E, or minerals like zinc and iron. Their bodies have a harder time fighting off infections, impacting growth and body functions. This makes them more prone to infections such as pneumonia, measles, and tuberculosis, and increases the risk that these illnesses may be life-threatening. Undernutrition may happen because families cannot afford or access enough nutritious foods, like fresh fruit and vegetables, legumes, meat and milk. Foods and drinks high in fat, sugar, and salt are often cheaper and more readily available.³² Undernourished children can die from common infections because their immune systems are too weak to fight. Repeated infections and inflammation can also damage the gut, making it harder to absorb nutrients, which further worsens malnutrition. Malnutrition can cause important cells that help protect the body not to work properly, causing inflammation levels in the body to remain high.³³ Sometimes, poor nutrition during

pregnancy can cause permanent changes in how a child's body and immune system work. Overall, being sick makes it harder for children to grow and stay healthy.

The most common and deadly infections for children, as mentioned above, are pneumonia, measles, and tuberculosis. Undernutrition contributes to 44 percent of pneumonia deaths and 47 percent of measles deaths in children under five.³⁴ About 64 million children under five, or one in three, live in severe childhood food poverty. This means they eat only one or two types of food per day, usually just milk and starchy foods like rice, maize or wheat. Many cannot access fruits and vegetables and also lack healthy proteins, like eggs, meat, or fish.³⁵ Children living in food poverty are 50 percent more likely to get life-threateningly thin. Malaria, tuberculosis, and other diseases are more dangerous when combined with malnourished children. Impoverished families might not have enough money to buy healthy foods or get proper health care. In 2019, about 144 million children under five suffered from stunted growth, 47 million were underweight, and 38 million were

overweight.³⁶ Children can also suffer from consuming too much of the wrong kind of food, which makes them lack essential nutrients. Fruits, vegetables, and protein can be costly and harder to obtain. Malnourished children get sick more often, may not do as well in school, and may struggle to grow healthy.

Organizations like UNICEF and partners work to give women and children essential vitamins and minerals. These also help to strengthen the immune system. UNICEF also promotes giving infants only breast milk for the first six months of life.³⁷ They teach families about healthy eating and provide special foods, called "ready-to-use therapeutic foods" (RUTFs) to treat severe malnutrition. Community health workers are trained to help families locally, especially in poor or crisis affected areas. Larger programs and global partnerships, like the Scaling Up Nutrition Movement, also help address malnutrition early. In addition to nutrition help, vaccines against diseases like measles and pneumonia are given to protect children who are more vulnerable due to malnourishment.³⁸ These efforts save lives and reduce illness,

32 WHO, "Malnutrition: Emergencies and Disasters."

33 Woodcock, B. J., and G. M. Tate. "Immune Dysfunction as a Cause and Consequence of Malnutrition." *Trends in Immunology* 37, no. 3 (March 2016): 150–159. doi.org/10.1016/j.it.2016.01.001.

34 VoICE (Value of Immunization Compendium of Evidence), "The Vicious Cycle of Undernutrition and Infectious Disease: How Does It Work and What Role Do Vaccines Play?" VoICE evidence brief, April 24, 2018, immunizationevidence.org/the-vicious-cycle-of-undernutrition-and-infectious-disease-how-does-it-work-and-what-role-do-vaccines-play/.

35 United Nations Children's Fund (UNICEF), "13 Million Children Malnourished in Eastern and Southern Africa in 2025," press release, 23 April 2025, www.unicef.org/esa/press-releases/13-million-children-malnourished-in-eastern-and-southern-africa-2025

36 Organización Mundial de la Salud (OMS), Levels and Trends in Child Malnutrition: UNICEF/WHO/The World Bank Group Joint Child Malnutrition Estimates: Key Findings of the 2021 Edition (Ginebra: OMS, 5 de mayo de 2021), www.who.int/publications/i/item/9789240025257.

37 World Health Organization, "Exclusive Breastfeeding," ELENA intervention tool, accessed September 19, 2025, https://www.who.int/tools/elena/interventions/exclusive-breastfeeding

38 Sarah Boseley, "How to Save Two Million Lives," *The Guardian*, April 12, 2013, www.theguardian.com/society/sarah-boseley-global-health/2013/apr/12/vaccines-child-mortality.

especially in poor parts of the world.

Malnutrition and food insecurity are serious global problems that greatly increase the risk of infectious diseases, especially in children. Lack of access to nutritious foods weakens the immune system, making it harder for children to fight common illnesses. Poverty plays a big role in this issue as it limits access to healthy foods, clean water, and healthcare. While the situation is serious, global organizations and local programs work together to provide vitamins, healthy foods, vaccines, and education to families in need. However, continued coordinated efforts are still needed to reach the most vulnerable children and end malnutrition.

The Spread of High-Risk Communicable Diseases on Children

Communicable diseases are caused by viruses or bacteria that people spread to one another through contact with contaminated surfaces, bodily fluids, blood products, insect bites, or through the air.³⁹ Many infections in children are mild and treatable, but some diseases are much more dangerous. High-risk



A young girl is checked for signs of malnutrition, Sindh, Pakistan, April 2012
(Credit: Dan Casperz)

communicable diseases are major causes of death in young children worldwide, killing nearly 1.5 million children under the age of five each year.⁴⁰

Unlike common childhood infections like colds or the flu, these diseases often require long term treatments, special medications, and strong healthcare systems to control them. Infectious diseases are extremely common worldwide, with up to half of the world's populations at risk of epidemic diseases.⁴¹ These diseases spread quickly through dirty water, poor

sanitation, mosquito bites, or close contact with sick individuals. Young children are especially vulnerable because their immune systems are still developing. This is particularly true in the first year of life, where infants are still developing natural immunities and may not be fully vaccinated.⁴² Pneumonia is responsible for more child deaths each year than any other infection type, despite being preventable and treatable (in most cases) with antibiotics and vaccines.⁴³ Malaria and tuberculosis continue to affect millions of children each year, and many do not receive treatment

³⁹ World Health Organization, Malaria, in World Health Organization Model Formulary for Children 2010 (Geneva: World Health Organization, 2010), www.ncbi.nlm.nih.gov/books/NBK470303/.

⁴⁰ UNICEF, "Childhood Diseases," UNICEF, 2023, www.unicef.org/health/childhood-diseases.

⁴¹ World Health Organization. Infectious diseases kill over 17 million people a year: WHO warns of global crisis. January 1, 1996. www.who.int/news/item/01-01-1996-infectious-diseases-kill-over-17-million-people-a-year-who-warns-of-global-crisis#:~:text=Up%20to%20half%20the%20world's,and%20viruses%2C%20the%20report%20says.

⁴² "Is Infant Immunity Actively Suppressed or Immature?" *Virology Research and Treatment* 5 (January 1, 2014): VRT.S12248. doi: [org/10.4137/vrt.s12248](https://doi.org/10.4137/vrt.s12248).

⁴³ World Health Organization, "Pneumonia," WHO Fact Sheets, accessed July 10, 2025, www.who.int/news-room/fact-sheets/detail/pneumonia

in time. In 2023, 4.8 million children under five died (about 13,100 every day), with infectious diseases and preventable neonatal conditions among the leading causes.⁴⁴ These diseases can also lead to long-term health problems, learning difficulties, and weakened immunity.

Pneumonia affects people everywhere, but most deaths occur in South Asia and Sub-Saharan Africa, where health care systems are weaker and access to treatment is limited.⁴⁵ Pneumonia can be caused by bacteria, viruses, or fungi, and spreads mainly through airborne droplets from coughing or sneezing, exposure to indoor air pollution or second-hand smoke, and in newborns through infections acquired during or shortly after birth. Crowded living conditions also contribute to the spread of disease. In many households, multiple family members share single rooms. This increases the chance of respiratory illnesses spreading from person to person through coughing or sneezing.⁴⁶

Pneumonia caused by bacteria can be treated with antibiotics, but only about one third of children worldwide receive the

antibiotics they need. The first line of treatment is amoxicillin, which can be given as easy-to-use tablets.⁴⁷ Children with severe cases may require hospitalization, oxygen therapy, or intravenous antibiotics. WHO and UNICEF developed a global action plan for pneumonia and diarrhea (GAPD) to protect, prevent, and treat pneumonia through practical intervention. This includes vaccines, breastfeeding, clean air and improved access to antibiotics and fresh oxygen.⁴⁸ Bangladesh, Kenya, India, and Zambia have already adopted strong national strategies to fight pneumonia and reduce child mortality.

Malaria is also a leading cause of death among children. In sub-Saharan Africa, it is estimated to cause nearly a quarter of all childhood deaths.⁴⁹ The disease is transmitted by mosquitoes, but infection can also be passed from mother to child during pregnancy. Diagnosing malaria can be difficult, especially in low-resource settings where access to reliable laboratories is limited. Despite this, early treatment is critical. Prevention strategies, such as insecticides, bed nets, and more recently malaria

vaccines, have shown significant success in lowering infection and mortality rates.⁵⁰ However, this disease remains a serious threat, especially in communities with poor access to healthcare and preventative tools.

In low-resource areas, health care systems face a shortage of trained health workers, a lack of essential medicines like antibiotics and anti-malaria drugs, and limited access to vaccines.⁵¹ Even when treatments are available, families may be far from health clinics. These issues are made worse during times of conflict, displacement, or natural disasters when healthcare services are often disrupted. In such conditions, routine vaccination is delayed, and outbreaks can spread quickly.

Progress has been made in fighting high-risk diseases through vaccines, treatments, and prevention strategies. However, millions of children around the world remain at risk. Solving these problems requires strong partnerships, long-term investment, and a commitment to ensuring that every child, no matter where they are born, can live a healthy life.

44 United Nations Children's Fund (UNICEF), "Under-Five Mortality," UNICEF Data, last updated March 24, 2025, <https://data.unicef.org/topic/child-survival/under-five-mortality>.

45 World Health Organization, "Pneumonia," Fact Sheets, accessed July 10, 2025.

46 "Household Air Pollution," October 16, 2024. www.who.int/news-room/fact-sheets/detail/household-air-pollution-and-health.

47 Cedars-Sinai Medical Center, "Pneumonia in Children," Cedars-Sinai Health Library (accessed July 10, 2025), www.cedars-sinai.org/health-library/diseases-and-conditions/pediatrics/p/pneumonia-in-children.html.

48 World Health Organization, "Pneumonia," WHO Fact Sheets, accessed July 10, 2025, www.who.int/news-room/fact-sheets/detail/pneumonia.

49 Schumacher, Richard-Fabian, and Elena Spinelli, "Malaria in Children," *Mediterranean Journal of Hematology and Infectious Diseases* 4, no. 1 (November 6, 2012), doi.org/10.4084/MJHID.2012.073.

50 Hedayati-Moghaddam, M. R., et al. "Host Immune Response to Oral *Candida albicans* Infection." *Frontiers in Microbiology*, vol. 3, 2012, p. 307. doi.org/10.3389/fmicb.2012.00307.

51 Kaspar Wyss, "An Approach to Classifying Human Resources Constraints to Attaining Health-Related Millennium Development Goals," *Human Resources for Health* 2, artículo 11 (2004), doi.org/10.1186/1478-4491-2-11

The Resurgence of Measles and its Impact on Children

Measles can spread very easily and is a growing problem around the world. In 2023, about 10.3 million people were infected.⁵² This infectious disease is a highly contagious viral illness that affects the respiratory system. It starts with fever, cough, runny nose, red eyes, and is often followed by a distinctive rash and spots inside the mouth. People get infected with measles because it spreads through the air when somebody coughs or sneezes. One sick person can infect up to 18 others if they are not vaccinated. One to three out of every 1,000 infected children can die from it. Others suffer from hearing loss, lung infections, or brain swelling that causes long-term damage. Measles can quickly cross national borders too; if someone who is not vaccinated gets sick while traveling, they can bring the disease back to their home country and spread it to others.

Measles outbreaks were largely controlled in many back in the 2000s, but today, outbreaks can still happen. For example, in 2019, the US had nearly 1,300 measles cases in 31 states.⁵³ In 2025, the United States faced its biggest measles



Child with measles in the Philippines, 2014 (Credit: Jim Goodson, M.P.H.)

outbreak since 2019. The outbreak started in Texas, where most of the infected children were not vaccinated. By early April, a total of 607 cases had been confirmed across 22 areas in the country.⁵⁴ This disease is a global concern. In 2024, Yemen had around 15,683 measles cases, Pakistan had 12,732, and India had 10,299, making them the countries with the highest number of cases in the world.⁵⁵ Health experts worry that health misinformation and fear of vaccines could erase years of eradication progress. This is the case in the United States, where the resurgence of measles outbreaks in recent years

is largely due to vaccine hesitancy. These outbreaks happen despite advanced healthcare systems within the country.

The measles vaccine is safe, effective, and necessary, but in many parts of the world, including high income countries, fewer children are getting vaccinated on time. At least 95 percent of people in a community need to be fully vaccinated to stop the spread of measles. This creates herd immunity, which protects even those who cannot get vaccines.⁵⁶ However, vaccination rates have dropped in recent years. In Texas, where the 2025 US outbreak

52 Centers for Disease Control and Prevention. "Global Measles Outbreaks." CDC Global Measles Vaccination, last modified July 2025. www.cdc.gov/global-measles-vaccination/data-research/global-measles-outbreaks/index.html.

53 Centers for Disease Control and Prevention. "Global Measles Outbreaks." CDC Global Measles Vaccination, last modified July 2025. www.cdc.gov/global-measles-vaccination/data-research/global-measles-outbreaks/index.html.

54 Bhadelia, Nahid, Laura White, and Lawrence O. Gostin. "The Perfect Storm: Measles Resurgence in an Era of Vaccine Disinformation and the Dismantling of Public Health." *Milbank Quarterly*, April 10, 2025. doi.org/10.1599/mqop.2025.0410.

55 Centers for Disease Control and Prevention. "Global Measles Outbreaks." CDC Global Measles Vaccination, last modified July 2025. www.cdc.gov/global-measles-vaccination/data-research/global-measles-outbreaks/index.html.

56 Harvard Health Publishing, "Measles Is Making a Comeback—Can We Stop It?" Harvard Health Blog, March 6, 2025, www.health.harvard.edu/blog/measles-is-making-a-comeback-can-we-stop-it-202503063091.



Prime Minister David Cameron at the opening of the GAVI Alliance conference in London (Credit: UK Department International Development)

started, only 82 percent of children were vaccinated in the area.⁵⁷

Overall, many countries have recently struggled to keep up vaccination numbers, even after the pandemic ended. Vaccine coverage in Europe has still not returned to pre-Covid levels.⁵⁸ One dangerous myth is that the MMR (measles, mumps, rubella) vaccine causes autism, a claim that has been completely disproven by years of scientific research.

A study from Stanford University used computer models to show what could happen if the vaccination rates keep falling. It found that even a 10 percent drop could lead to over 11 million measles cases, 10 million hospitalizations and 159,000 deaths in the next 25 years.⁵⁹ The study also showed that small increases in vaccination, even just five percent higher coverage, could prevent thousands of cases and deaths. However, logistical problems

are obstacles to higher coverage. People may even simply miss their appointments or forget follow up doses. In 2023, 500,000 children in Europe missed their first measles shot.⁶⁰ To respond to this crisis, UNICEF and the WHO support governments with emergency vaccination campaigns, community outreach, and health worker training. They urge countries to track cases, vaccinate people, and invest in public trust.⁶¹

The return of measles puts a serious burden on the healthcare system and communities. Over half the measles cases in Europe during 2024 required hospitalization.⁶² Outbreaks can overwhelm hospitals, especially in under-resource areas. Measles also has hidden long-term effects, as it also weakens the immune system by destroying memory immune cells, which remember past infections or vaccines so the body can fight diseases faster. This makes children more vulnerable to other diseases after having the measles.⁶³ Other consequences go beyond health. Outbreaks can disrupt education by causing children to miss school and forcing families into isolation during recovery or quarantine. Low-income families are hit the hardest,

57 Shmerling, Robert H. "Measles Is Making a Comeback: Can We Stop It?" Harvard Health Blog, July 9, 2025. <https://www.health.harvard.edu/blog/measles-is-making-a-comeback-can-we-stop-it-202503063091>.

58 World Health Organization Regional Office for Europe. "European Region Reports Highest Number of Measles Cases in More Than 25 Years – UNICEF, WHO/Europe." WHO Europe, March 13, 2025. www.who.int/europe/news/item/13-03-2025-european-region-reports-highest-number-of-measles-cases-in-more-than-25-years—unicef—who-europe.

59 Stanford Medicine. Measles Vaccination Rates Drop, Raising Alarm among Health Experts. April 2025. med.stanford.edu/news/all-news/2025/04/measles-vaccination.html#:~:text=If%20immunization%20rates%20drop%20further,Stanford%20Medicine%20and%20other%20universities.

60 World Health Organization. "European Region Reports Highest Number of Measles Cases in More than 25 Years – UNICEF & WHO Europe." March 13, 2025. www.who.int/europe/news/item/13-03-2025-european-region-reports-highest-number-of-measles-cases-in-more-than-25-years—unicef—who-europe.

61 World Health Organization. "European Region Reports Highest Number of Measles Cases in More than 25 Years."

62 World Health Organization. "European Region Reports Highest Number of Measles Cases in More than 25 Years."

63 Robert H. Shmerling, "Measles Is Making a Comeback: Can We Stop It?" Harvard Health Blog, July 9, 2025, www.health.harvard.edu/blog/measles-is-making-a-comeback-can-we-stop-it-202503063091.

especially when they lack access to healthcare or cannot take time off work. Even though measles is preventable, it poses a serious threat to children's health, family stability, and the strength of public systems.⁶⁴ Organizations like Gavi, the vaccine

alliance, are helping low and middle income countries strengthen routine immunization programs and recover from pandemic-related setbacks.⁶⁵ Falling vaccination rates, growing misinformation, and cuts to public health programs have allowed

preventable diseases to resurface and spread. Therefore, improving access to vaccines, restoring trust in science, and supporting community health initiatives can stop outbreaks.

CURRENT STATUS

Yemen's Ongoing Crisis

After more than a decade of war, Yemen has become one of the most dangerous places in the world to grow up. The conflict has caused a massive humanitarian crisis, leaving millions of children without basic needs like food, clean water, and healthcare. The country's health system has nearly collapsed and outbreaks of diseases like cholera, measles, and diphtheria continue to threaten young lives.⁶⁶ There has been a decrease in civilian attacks since 2022, but violence still affects many regions, and no political solution has been reached. As a result, children in Yemen face hunger, disease, trauma, and loss of education on a daily basis. Over 2.5 million children are now at risk of diarrheal diseases due to poor sanitation. Hundreds of thousands suffer from malnutrition. Families

are largely unable to access medical care. The situation is made worse by reduced food assistance and major gaps in vaccination programs. Children in Yemen are growing up where survival is uncertain and basic rights are threatened.

Today, more than 18.2 million people in Yemen need urgent assistance.⁶⁷ About 14 percent of the population has fled their homes, many people more than once. Tens of thousands of people are already living in famine-like conditions and another five million are facing extreme food shortages. Children have been especially affected. Around 3.2 million are out of school and many who attend are facing overcrowded classrooms and lack of teachers and materials. Although a truce declared in 2022 helped reduce some violence, fighting continues in parts of the country and no lasting peace has been reached.⁶⁸

After 10 years of war, more than half of the country's healthcare facilities are either partially working or completely shut down. Those that are working often lack doctors, medicine, electricity, and basic medical supplies.⁶⁹ Healthcare workers are underpaid, overworked, and face serious risks to their lives. In 2022 alone, at least seven health workers were killed and five were kidnapped while doing their jobs. Over 120 attacks on medical centers have been reported since the war began, including direct bombing of hospitals.⁷⁰ Traveling to health facilities is also risky, as people often face checkpoints, shelling, or bombings on the way to get help. For the average Yemeni, especially those with serious illnesses like cancer, access to health care is nearly impossible. Many cancer clinics have been forced to close. The few remaining centers, in cities like Sanaa or Aden, are overwhelmed

⁶⁴ Shmerling, "Measles Is Making a Comeback: Can We Stop It?"

⁶⁵ World Health Organization, "European Region Reports Highest Number of Measles Cases in More than 25 Years."

⁶⁶ United Nations Children's Fund (UNICEF), *Yemen Crisis* (UNICEF Emergencies), accessed July 19, 2025, <https://www.unicef.org/emergencies/yemen-crisis>.

⁶⁷ USA for UNHCR, "Yemen Crisis Explained," news article, March 27, 2025, www.unrefugees.org/news/yemen-crisis-explained/

⁶⁸ "Yemen Crisis Explained."

⁶⁹ DAWN, "The Human Cost of Yemen's Health Care Collapse," DAWN, accessed July 10 2025, dawnmena.org/the-human-cost-of-yemens-health-care-collapse/.

⁷⁰ Ammar Alraimi and Abhijeet Shelke, "Effects of Ongoing Conflict on Healthcare Workers in Yemen," *Archives of Medicine and Health Sciences* 13, no. 1 (2025): 153–155, doi.org/10.4103/amhs.amhs_275_24.

and underequipped. Around 25,000 to 30,000 new cancer cases are reported each year, but almost 60 percent of them die from treatable conditions due to lack of medicine and medical tools.⁷¹

For many Yemeni children, getting sick is often a death sentence. In 2022 alone, 41,000 children in Yemen died from diseases that could have been prevented with vaccines or basic treatment. In Yemen, fewer than 30 percent of toddlers are fully vaccinated.⁷² Coverage for critical immunizations remains far below safe levels, with measles at 41 percent, polio at 46 percent, and whooping cough at 55 percent.⁷³ Healthcare centers also cannot store vaccines properly because they lack electricity and fuel.⁷⁴ Some families seek care internationally, but the journey is long, expensive, and filled with obstacles like visa issues and the high cost of treatment.

Malnutrition in Yemen has reached catastrophic levels, especially in children. Over 16 million people are skipping meals almost every day and many mothers go hungry to feed their children.⁷⁵ According to the UN, more than 377,000 people

have died due to hunger and the collapse of healthcare systems, with women and children suffering the most.⁷⁶ A recent Integrated Food Security Phase Classification (IPC) analysis shows that in just one year, cases of acute malnutrition in children under five rose by 34 percent in areas controlled by the Yemeni government. Now over 600,000 children are accurately malnourished, and 120,000 are considered severe cases.⁷⁷ Severe acute malnutrition is the deadliest form of hunger as it also weakens children's immune system to the point that even very treatable diseases are a threat.

Diseases that are preventable in most parts of the world are killing children in Yemen every day. While the Saudi-led coalition lifted several restrictions on imports to southern ports in 2023, the impact of years of conflict, malnutrition, and disrupted health services remains severe.⁷⁸ Millions of children are still vulnerable without sufficient access to vaccines, nutrition, clean water, or reliable medical care. If humanitarian aid and healthcare access are not scaled quickly, these vulnerabilities will persist and may worsen.

Sudan's Cholera Outbreak Among Young Children in Conflict Zones

Since January 2025, Sudan has been facing a major cholera outbreak. In Khartoum State alone, more than 1,700 cases have affected children under the age of five. The outbreak has now spread to 17 out of the country's 18 states, putting millions at risk.⁷⁹ This public health emergency is happening due to one of the worst conflicts in Sudan's history. In April 2023, a Civil War began between Sudan's armed forces and the rapid support forces of a powerful paramilitary group. The violence destroyed hospitals and blocked access to food and medicine.⁸⁰ Nearly 12 million people have fled their homes and over 150,000 people have died in the conflict so far.

Cholera was already a recurring health issue in Sudan, but the conflict has caused the water, sanitation, and hygiene (WASH) infrastructure to collapse. There is no functioning national response system, and many humanitarian groups have been forced to leave.

71 DAWN, "The Human Cost of Yemen's Health Care Collapse."

72 UNICEF, Vaccination in Yemen: Saving Lives, Protecting the Economy, April 2024, www.unicef.org/yemen/reports/vaccination-yemen-saving-lives-protecting-economy.

73 UNICEF, Vaccination in Yemen: Saving Lives, Protecting the Economy, April 2024, www.unicef.org/yemen/reports/vaccination-yemen-saving-lives-protecting-economy.

74 DAWN, "The Human Cost of Yemen's Health Care Collapse."

75 Lidija Mišić, "Yemen's Intensifying Malnutrition Crisis Leaves Children Most Vulnerable," Humanium, October 1, 2024, www.humanium.org/en/yemens-intensifying-malnutrition-crisis-leaves-children-most-vulnerable/.

76 Mišić, "Yemen's Intensifying Malnutrition Crisis Leaves Children Most Vulnerable."

77 Mišić, "Yemen's Intensifying Malnutrition Crisis Leaves Children Most Vulnerable."

78 Al Jazeera, "Saudi-led Coalition Lifts Import Restrictions in South Yemen," Al Jazeera, April 7, 2023, www.aljazeera.com/news/2023/4/7/saudi-led-coalition-lifts-import-restrictions-in-south-yemen.

79 UNICEF USA, "UNICEF Battles Deadly Cholera Outbreak in Sudan," accessed July 18, 2025, www.unicefusa.org/stories/unicef-battles-deadly-cholera-outbreak-sudan.

80 BBC News, "Sudan in Danger of Self-Destructing as Conflict and Famine Reign," April 4, 2025, accessed July 18, 2025, www.bbc.com/news/articles/cjel2nn22z9o.

Thus, this outbreak is the most widespread and deadly Sudan has faced in recent years. Direct attacks on infrastructure have also damaged water systems in 13 states, affecting millions of people's access to safe drinking water.⁸¹ In response, UNICEF and partners have distributed water tanks and purification tablets to households and facilities across the country. Over 2.5 million people have received clean water and sanitation and hygiene supplies, which helps slow the spread of waterborne diseases. However, many sewage networks, pumping stations, and chlorination services have not yet been replaced.

Cholera is spreading faster than healthcare workers can respond. The situation is even more dangerous in children when they do not receive treatment quickly. More than 3 million children in Sudan are at increased risk of cholera and other deadly diseases because there is not reliable treatment available.⁸² Cholera causes severe diarrhea and other symptoms. It spreads through water and food that have been contaminated with bacteria and can cause death within a few hours. In Sudan, more than 10 million people have been internally displaced, and live in at-risk camps or makeshift



Schoolchildren pick up oral rehydration salts distributed by Mercy Corps at a community cholera awareness activity (Credit: USAID)

shelters with no access to clean water, toilets, or healthcare.⁸³

With many families still forced to rely on untreated water sources, the risk of fecal-oral transmission has spiked. By late 2024, cholera had a fatality rate of 2.6 percent.⁸⁴ In the same year, heavy rains and floods damaged over 11,000 homes and nearly 6,000 acres in nine states, contaminating water sources and increasing the risk of cholera outbreaks even in areas not directly affected by war.⁸⁵ With water treatment services

no longer working properly, millions of people rely on unsafe water for drinking and cooking. Latrines in displacement camps are overflowing, handwashing facilities are largely absent, and solid waste disposal systems have collapsed, all of which accelerate outbreaks.

To control the outbreak, Sudan's Federal Ministry of Health declared a cholera emergency on August 12, 2024, and began response operations across the most affected states. Oral cholera vaccination (OCV) campaigns

81 UNICEF. "Fight Against Cholera in Sudan." UNICEF Sudan, accessed July 18, 2025. www.unicef.org/sudan/fight-against-cholera-sudan.

82 UNICEF, "Over Three Million Children at Heightened Risk of Cholera and Other Deadly Diseases in Sudan," UNICEF, February 27, 2024, accessed July 18, 2025, www.unicef.org/sudan/press-releases/over-three-million-children-heightened-risk-cholera-and-other-deadly-diseases-sudan

83 Abdalah, Babiker A., et al. "Cholera Resurgence in Sudan Amid Conflict: Magnitude, Trends and Lessons Learned (July 2023 – April 2024)." *The Lancet* (2025), accessed July 18, 2025, [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02290-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02290-6/fulltext).

84 World Health Organization Regional Office for Africa, Cholera in South Sudan: Past, Present and Future, Knowledge Management Series for Health, March 2025, accessed July 18, 2025, [www.afro.who.int/sites/default/files/2025-03/Knowledge %20Management %20Series %20for %20Health_Cholera %20in %20South %20Sudan_ %20Past %20Present %20and %20Future.pdf](http://www.afro.who.int/sites/default/files/2025-03/Knowledge%20Management%20Series%20for%20Health_Cholera%20in%20South%20Sudan_%20Past%20Present%20and%20Future.pdf).

85 Boisson-Walsh, Alix. Cholera in Sudan amid war and health system collapse. *The Lancet Infectious Diseases*, 2024. [www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00683-2/fulltext](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00683-2/fulltext).



Kenyan health worker weighs a young boy during a Medical Civic Action Progra (Credit: Gregg Tooley)

have been crucial. In addition, Oral Rehydration Points (ORPs) and Cholera Treatment Units (CTUs) were set up in high-burden areas, ensuring rapid rehydration and antibiotic treatment for severe cases. Hygiene promotion campaigns, distribution of soap, and large-scale water trucking with chlorination tablets are being used to cut transmission while vaccines take effect.⁸⁶ Oral cholera vaccination campaigns have been crucial. By January 2025, 7.4 million people had received the vaccine across eight states, including border areas

with South Sudan. UNICEF has delivered over 13 million doses of the vaccine since 2023.⁸⁷ In addition to vaccines, the WHO and partners have built and operated 12 cholera treatment units and more than 90 oral rehydration points across the country to treat both severe and mild cases.⁸⁸ These centers have provided care to thousands of patients, saving lives through early treatment and hydration therapy.

Public awareness and community involvement are also crucial. UNICEF has trained more

than 100 community health volunteers to educate people about cholera, including the symptoms, prevention, and importance of handwashing and hygiene. These volunteers also support household chlorination of drinking water, monitoring diarrhea cases at the community level, and linking suspected cholera patients quickly to ORPs or CTUs. These volunteers go door-to-door, and use radio, posters, and social media to share important messages.⁸⁹ Despite this, the situation remains critical. Attacks continue to damage power and water plants, and health workers often go unpaid and lack supplies they need.⁹⁰ However, national and international efforts are vital steps toward protecting Sudanese families, especially children, in the face of ongoing conflict and disease.

The cholera outbreak in Sudan shows how conflict, poor sanitation, and collapsing health systems can lead to serious public health crises. Millions of people, especially children, are at risk due to unsafe water, overcrowded living conditions, and lack of medical care. The crisis in Sudan highlights the urgent need for peace, stronger health services, and long-term solutions that focus on prevention, not just emergency

⁸⁶ World Health Organization, "How WHO Is Supporting Cholera Outbreak Response in Sudan," WHO Regional Office for the Eastern Mediterranean, accessed July 18, 2025, www.emro.who.int/sdn/sudan-news/how-who-is-supporting-cholera-outbreak-response-in-sudan.html.

⁸⁷ Maryanne Buechner and Tong Su. "UNICEF Protects Children in Sudan as Malaria, Cholera Cases Rise." UNICEF USA, June 4, 2025. www.unicefusa.org/stories/unicef-protects-children-sudan-malaria-cholera-cases-rise.

⁸⁸ World Health Organization Regional Office for the Eastern Mediterranean. "How WHO Is Supporting Cholera Outbreak Response in Sudan." WHO EMRO, January 19, 2025. www.emro.who.int/sdn/sudan-news/how-who-is-supporting-cholera-outbreak-response-in-sudan.html.

⁸⁹ UNICEF. "Over Three Million Children at Heightened Risk of Cholera and Other Deadly Diseases in Sudan." UNICEF Sudan, September 17, 2024. www.unicef.org/sudan/press-releases/over-three-million-children-heightened-risk-cholera-and-other-deadly-diseases-sudan

⁹⁰ "The Fight against Cholera in Sudan."

response. Protecting children and communities from diseases like cholera will require continued support, global attention, and better access to basic services.

Sustainable Development Goals

The Sustainable Development Goals (SDGs), adopted by the United Nations in 2015, are a shared plan to promote peace, prosperity, and sustainability by 2030. They are made up of 17 interconnected goals that aim to address the world's most urgent challenges.⁹¹ The goals range from ending poverty and hunger to ensuring quality education, gender equality, climate action, and universal healthcare. These goals are built with a strong focus on reaching the most vulnerable population, including children.

Sustainable Development Goal 3, also known as Good Health and Wellbeing, is the most directly related to children's health. Its main purpose is to ensure healthy lives and promote well-being for all people at all ages. This includes reducing preventable deaths of children, improving access to vaccines, and strengthening the health system so no community is left without care.⁹² The goal also

focuses on building resilience in countries with weaker healthcare systems, many of which are in regions affected by poverty or conflict. This can be done by improving healthcare access and making vaccines available. Goal three helps protect children from diseases that once caused millions of deaths every year.

Health cannot improve on its own. It depends on other important goals, for example, SDG 2, Zero Hunger, which works to end hunger and all forms of malnutrition. It aims to ensure that everyone, especially children, have access to enough safe and nutritious food year-round.⁹³ This includes supporting small farmers, improving food systems, and building resilience to climate change. Proper nutrition strengthens a child's immune system, making vaccines more effective and recovery from illness faster. By ending hunger, goal two supports the work of goal three in creating healthier futures.

Similarly, Goal 6, Clean Water and Sanitation, is also related to health and well-being. This goal focuses on ensuring that safe drinking water and proper sanitation is available for everyone by 2030. This is key to preventing many diseases before they even

begin. Clean water and proper sanitation reduce the spread of infectious diseases, like cholera, which are major causes of illnesses in children.⁹⁴

These goals are deeply connected. Together, they create a stronger foundation for a healthier future. International corporations and local initiatives are making progress through vaccination programs, improved nutrition, and better access to clean water. This aligns with target 3.2, which aims to end preventable deaths of newborns and children, and target 3.3, which seeks to end epidemics of diseases like AIDS, tuberculosis, malaria and neglected tropic diseases.⁹⁵ Additionally, target 3.8 emphasizes achieving universal health coverage, ensuring access to essential medicines and vaccines for all. With collective effort, it is possible to create a world where every child can grow up, healthy, safe and free from preventable diseases.

91 United Nations Development Programme, "Sustainable Development Goals," UNDP, accessed July 18, 2025. www.undp.org/sustainable-development-goals.

92 United Nations Development Programme, "Goal 3: Good Health and Well-being," UNDP, accessed July 18, 2025. www.undp.org/sustainable-development-goals/goal-3-good-health-and-well-being.

93 United Nations, "Health: Sustainable Development Goal 3," United Nations, accessed July 18, 2025, www.un.org/sustainabledevelopment/health/.

94 United Nations, "Clean Water and Sanitation: Sustainable Development Goal 6," United Nations, accessed July 18, 2025. www.un.org/sustainabledevelopment/water-and-sanitation/.

95 United Nations, SDG Resource Document: Targets Overview. Prepared for the 4th SDG Youth Summer Camp, September 2020 (published online), accessed July 27, 2025, [sdgs.un.org/sites/default/files/2020-09/SDG %20Resource%20Document_Targets %20Overview.pdf](https://sdgs.un.org/sites/default/files/2020-09/SDG%20Resource%20Document_Targets%20Overview.pdf)

BLOC ANALYSIS

Point of Division

Infectious diseases are a leading cause of preventable deaths worldwide, especially in low- and middle-income countries. Some states have established healthcare systems that maintain strong disease control, whereas others face structural barriers such as limited access to vaccines, medicine, clean water, and immunization programs. Addressing these barriers through international cooperation can be a key policy goal in committee. Conflicts, poverty, and governance challenges often worsen these problems, leaving millions of children at high-risk. Delegates could explore frameworks for stabilizing health services in crisis settings, such as mobile clinics or flexible vaccine delivery systems. According to the WHO, almost half of the deaths in children under five are caused by infectious diseases, many of which could be prevented with care and immunization.⁹⁶

A country's ability to prevent and respond to these diseases depends on several factors, such as healthcare infrastructure, economic stability, vaccination coverage, and

emergency preparedness.⁹⁷ High income countries usually have widespread vaccine programs, well equipped hospitals, and advanced disease surveillance systems.⁹⁸ In contrast, low income states often lack medical workers, funding, and basic health services.⁹⁹ War and political instability can also impact the healthcare systems. These differences create clear divisions in how countries approach child health policies and international aid.

Infectious diseases cross borders, so no country can face this challenge alone. Global corporation funding for vaccine programs and improved access to basic healthcare are essential for reducing child mortality everywhere. Understanding how different countries fit into these blocs help explain their priorities and policies on this issue.

Countries that Require Aid to Manage Child Infectious Diseases

These countries are characterized by weak health systems, limited financial resources, and fragile,

political, or social conditions that make it difficult to manage infectious diseases without external support. Many countries experience ongoing challenges which create ideal conditions for outbreaks of preventable diseases. In these countries, access to clean water, sanitation, and routine medical care is often severely limited. Vaccination rates also tend to be low, due to damaged healthcare systems or lack of funding, and the supply of essential medicine is often unreliable. As a result, child mortality from infectious diseases remains significantly higher than the global average.

These countries have a limited capacity to train sufficient healthcare workers, create resilient hospital networks, or develop early disease detection systems. They rely on international support for supplies. Humanitarian agencies provide emergency vaccination campaigns, distribute life-saving treatment such as oral rehydration, salts, and antibiotics, as well as supply clean water and sanitation facilities to prevent the spread of communicable diseases.¹⁰⁰ Countries like South Sudan, Yemen, and the Democratic Republic of

⁹⁶ World Health Organization. "Child Mortality under 5 Years." WHO Fact Sheets. Accessed July 18, 2025. www.who.int/news-room/fact-sheets/detail/child-mortality-under-5-years.

⁹⁷ Public Health Agency of Canada. Chief Public Health Officer's Report on the State of Public Health in Canada, 2024. Ottawa: Government of Canada, 2024. www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2024/report.html.

⁹⁸ Public Health Agency of Canada. Chief Public Health Officer's Report on the State of Public Health in Canada, 2024. Ottawa: Government of Canada, 2024. www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2024/report.html.

⁹⁹ Kaushik, S., Sharma, M., & Chandel, D. S. "Role of Gut Microbiome in Pediatric Health." *Indian Journal of Gastroenterology* 39, no. 5 (2020): 437–45. link.springer.com/article/10.1007/s12664-020-01056-5.

¹⁰⁰ UNICEF USA, "UNICEF Protects Children in Sudan as Malaria, Cholera Cases Rise," 2024. www.unicefusa.org/stories/unicef-protects-children-sudan-malaria-cholera-cases-rise.

Congo face these challenges, with weak health infrastructure and constant reliance on aid. Without external support, outbreaks in these regions can quickly escalate.

This bloc's national policies often reflect dependence on external aid as domestic funding and governance structures are too weak to support large scale health programs. Without this international assistance, many children in these settings would continue to die from diseases that are easily preventable and treatable in more stable states.

Countries That Can Largely Manage Child Infectious Diseases on Their Own

These countries have stronger healthcare systems, stable governments, and enough financial resources to effectively prevent, detect, and treat infectious diseases in children without depending heavily on international aid. They maintain high vaccination coverage, disease surveillance programs, and well-equipped hospitals that can respond to outbreaks before they spread widely. In these states, child mortality from infectious diseases is significantly lower. Parents are generally able to bring their children to clinics or hospitals for early diagnosis and care, reducing the risk of preventable deaths. Strong public health campaigns

also educate families about hygiene, nutrition, and disease prevention, further protecting vulnerable populations.

However, the states of this bloc have a primarily domestic focus. They may have the capacity to maintain current health standards for their own populations, but their contributions to international health efforts vary. Delegates could encourage these states to share technical expertise, engage in regional cooperation agreements, or co-finance vaccine procurement initiatives, even if large-scale aid is not feasible. Their budgets are directed mainly toward sustaining internal healthcare services, rather than international efforts.¹⁰¹ If their systems are neglected or underfunded, they could still face a resurgence of preventable diseases. These countries may lack the financial and technological capacity to make significant global contributions. Their investments in research and healthcare innovations are mainly intended to safeguard their own populations, but delegates could propose incentives for knowledge-sharing, joint research platforms, and technology transfers that extend benefits beyond national borders.¹⁰² As a result, while they remain stable internally, they are not major players in global health assistance and can become vulnerable again if economic or political stability weakens.

Because of their general economic stability and technological advancements, these states are often able to manage outbreaks independently. They can implement measures like contact tracing, quarantine protocols, and mass vaccination campaigns without much external assistance. As a result, child mortality due to infectious diseases is largely under control.

Countries that Provide Aid and Expertise

These countries possess the financial resources, advanced healthcare systems, and political stability needed to support other states. They are home to some of the world's leading medical research institutions, vaccine manufacturers, and global health organizations, enabling this bloc to contribute significantly to the fight against the infectious diseases worldwide.

Such states often fund large-scale vaccination campaigns, donate medicine, and provide technical expertise to countries struggling with outbreaks. They play a crucial role in international partnerships and humanitarian missions. Delegates could propose expanding international cooperation and developing more equitable vaccine donation models, as well as increasing transparency in aid allocation to ensure resources reach

¹⁰¹ Johri, Mira; Ryoa Chung; Angus Dawson; and Ted Schrecker. Global health and national borders: the ethics of foreign aid in a time of financial crisis. *Globalization and Health* 8, no. 1 (June 2012): 19. Accessed July 27, 2025. globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-8-19

¹⁰² Center for Global Development. *The Future of Global Health Spending Amidst Multiple Crises*. CGD Policy Paper (2023). Accessed July 27, 2025. www.cgdev.org/publication/future-global-health-spending-amidst-multiple-crises

the most vulnerable children.¹⁰³ They support organizations like WHO, UNICEF, and Gavi the Vaccine Alliance, who coordinate global efforts to reduce child mortality.¹⁰⁴

Because this bloc has well developed disease surveillance networks and laboratories, these countries contribute to global health security by detecting new pathogens

early and sharing critical data with the international community. Their research helps create new vaccines and treatments, which are later distributed to countries in need.

¹⁰⁵ Further, these governments usually allocate significant portions of the budget to global health initiatives, often using billions of dollars to fight diseases like measles, polio, malaria, and cholera in the

world's vulnerable regions. By providing funding and expertise, these states help reduce the gap between low-resource settings and modern healthcare. In committee, delegates could strengthen mechanisms for accountability and sustainability, ensuring that aid translates into long-term health system improvements rather than temporary relief.

COMMITTEE MISSION

UNICEF plays a very important role in the fight against infectious diseases. It supports vaccination campaigns, provides emergency medical care in crisis zones, and helps countries build stronger health systems.¹⁰⁶ By working with governments, local communities and other organizations, UNICEF delivers vaccines, clean water, and medicine to the children who need them the most. It also focuses on helping children in their early years by making sure even those living with disabilities, those living in poverty, and those affected by war and disasters have the healthcare they need to survive.¹⁰⁷

UNICEF uses new technology and data to improve how diseases are tracked by working with researchers in private companies. It helps countries prepare for how

to respond to outbreaks quickly. These responses have saved lives in past outbreaks of diseases like measles, cholera, and Ebola.¹⁰⁸ As UNICEF is a fund, it is unable to enforce legal frameworks or decisions. UNICEF instead works through partnerships, advocacy and supports problems like poverty, misinformation in health systems and political instability. This emphasizes the importance of partnerships with corporations beyond the UN.

In this committee, delegates have the chance to create solutions that will protect millions of children from preventable diseases. Delegates are called to discuss how to reduce vaccine hesitancy, how to bring healthcare to children living in war, and how to address the reasons diseases spread, like malnutrition

and poor sanitation. Infectious diseases take young lives and steal the future of communities. Together, delegates can find short- and long-term solutions and make sure that every child has a chance to survive, grow and reach their potential.

¹⁰³ UNICEF, "UNICEF Protects Children in Sudan as Malaria and Cholera Cases Rise," 2024. www.unicefusa.org/stories/unicef-protects-children-sudan-malaria-cholera-cases-rise

¹⁰⁴ Gavi, the Vaccine Alliance, "Our Mission and Work," 2024. www.gavi.org/our-alliance/about

¹⁰⁵ World Health Organization, "Global Health Initiatives and Partnerships," 2024. www.who.int/initiatives

¹⁰⁶ UNICEF, "Health," UNICEF. Accessed July 27, 2025. www.unicef.org/health

¹⁰⁷ UNICEF, "Health and Child Development," UNICEF. Accessed July 27, 2025. www.unicef.org/health/health-and-child-development

¹⁰⁸ "UNICEF, "Fighting Epidemics." Office of Innovation, UNICEF. Accessed July 27, 2025. www.unicef.org/innovation/fighting-epidemics

RESEARCH AND PREPARATION QUESTIONS

The following research and preparation questions are meant to help you begin your research on your country's policy. 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 international and domestic regulations does your country have to oversee international adoptions, and how do they ensure compliance with international agreements?
2. How do cultural factors such as social attitudes toward infertility, family honor, public narratives, societal expectations, or gender roles affect the number of children entering the adoption system in your country?
3. What measures has your country implemented to prevent child trafficking within its adoption system, especially in conflict zones?
4. What follow-up mechanism does your country have to ensure the well-being and identity preservation of international and domestic adoptions?
5. Is your country a part of the Hague Convention? When did it join? If it is part, what is the relationship between your country and other countries that are part of the convention?
6. Does your country have a functioning foster care system? What regulations do they have in place to create a safe and local system?

Topic B

1. What conditions in your country contribute to the spread of infectious diseases? Which is the most common infectious disease among children in your country, and why?
2. What communication strategies can your country use to improve public trust on vaccines?
3. What programs exist in your country to improve child nutrition and food security?
4. What health system challenges does your country face?
5. What cultural, social, or religious beliefs in your country influence vaccine acceptance or refusal?
6. What policies or international cooperation initiatives (e.g., Vaccine equity, combatting misinformation, funding health workers, improving sanitation, conflict zone aid delivery) does your country most align with UNICEF?

IMPORTANT DOCUMENTS

Topic A

Hague Conference on Private International Law, Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption, (entered into force 1 May 1995), <https://www.hcch.net/en/instruments/conventions/full-text/?cid=69>.

“Intercountry Adoption,” UNICEF, accessed July 16, 2025, www.unicef.org/media/intercountry-adoption

Peter Spelman, Global Statistics for Intercountry Adoption: Receiving States and States of origin 2004-2022 (Newcastle University, 2024), assets.hcch.net/docs/a8fe9f19-23e6-40c2-855e-388e112bf1f5.pdf

UNICEF “UN Convention on the Rights of the Child (UNCRC)” UNICEF, 1989, www.unicef.org.uk/what-we-do/un-convention-child-rights/

United Nations General Assembly, Resolution 64/142, Guidelines for the Alternative Care of Children, A/RES/64/142, (Feb. 24, 2010), docs.un.org/en/A/RES/64/142

Topic B

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World Health Organization. “Malnutrition in Emergencies and Disasters.” World Health Organization, accessed August 3, 2025. www.who.int/news-room/questions-and-answers/item/malnutrition-emergencies-and-disasters.

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