

NHSMUN50

National High School Model United Nations



UNICEF BACKGROUND GUIDE



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Dear Delegates,

Welcome to NHSMUN 2024! I am Alina Castillo, and I am the director for UNICEF Session I. I am extremely excited about this year's conference. We have worked so hard to create an engaging and educational background guide to help you with your research.

This will be my second year participating in NHSMUN. Last year, I had a great time as an assistant director for UNICEF. I am hoping this year will be even better! I hope you will engage in interesting debate, but this conference is much more than that. You will also be able to meet people from around the world and participate in meaningful conversations about problems that affect society today. I hope you enjoy every part of the conference as much as I did.

I have participated in Model United Nations for over six years. It has been an essential part of my life. Currently, I am a law student at the University of Costa Rica. My interest in law is partly due to Model UN. Besides MUN, my hobbies include watching Netflix and spending time with my family and friends. I also practice track and field and compete at a national level. Additionally, I love to read whenever I have free time.

UNICEF is an essential committee since it is focused on helping young people everywhere. This committee helps ensure that we will have a thriving future with great leaders and professionals who will lead the world to a more peaceful future. However, we need to take a step back and ensure that children are healthy and can participate in the opportunities offered. That is why this year's UNICEF topics are essential. It is necessary to eliminate child abuse and domestic violence so that children can grow up in safe environments. Additionally, it is vital to ensure children's health, which can be done through improved immunizations, so that children can reach their full potential. Hence, this year's topics are not only significant to children today, but are essential to the world's future.

Feel free to reach out if you have any questions or need help preparing. Even though participating in a big conference can seem overwhelming, you are already doing a great job. Please keep in mind that we are here to help you every step of the way. I am looking forward to meeting all of you, and I hope you are as excited as I am about the conference. I wish you all the best of luck.

See you in New York!

Alina Castillo

United Nations Children's Fund, Session I

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Dear Delegates,

First and foremost, I extend my warmest welcome to the National High School Model United Nations 2024 and your committee, the United Nations Children's Fund (UNICEF). I hope this document, along with your background guide, proves to be a valuable resource, empowering you to make a substantial contribution during the session, which was developed alongside Alina. Allow me to introduce myself and share my journey in MUN.

I began my MUN experience at Instituto Cenca, a school in Mexico where I spent eleven enriching years. My journey started at the age of ten when I took on the role of delivering diplomatic notes between delegates. To participate, we attended weekly training sessions, which ignited a strong desire in me to express my opinions and defend them. Consequently, I requested a change in my role, to become a delegate in my first MUN, and it was granted. It was during CENMUN 2015 that I had the privilege of representing Italy in the World Health Organization, and that's when I truly fell in love with the dynamics of Model United Nations.

From then on, I eagerly anticipated each MUN event, committing to participate in at least one every year. In CENMUN 2018, I served as chair, gaining insights into the behind-the-scenes workings of MUNs, further fueling my passion. As the years passed, I seized more opportunities, culminating in 2020 when I joined the secretariat. In summary, my MUN journey includes participation in 20 Model United Nations events, earning three Best Delegate awards, one Best Chair award, and contributing to the protocol for CENMUN 2020. My early aspiration to become the Secretary-General for CENMUN was realized in 2022, and during my tenure, my team and I successfully organized a municipal model featuring six committees and a hundred participating delegates.

I'm currently in my second year of pursuing an undergraduate degree in international relations at Anáhuac University in Mexico. Within this academic environment, I'm actively involved in organizing the university's Model United Nations event, where I serve as the Secretary of Logistics. I believe that every delegate has a driving force, compelling them to work towards common solutions.

NHSMUN offers an opportunity to showcase your potential. We have high expectations for your performance. Represent your delegation with pride, and we're here to support your efforts towards our common goal—world peace. I encourage you to respect your country's stance, as our diverse ideologies make the world beautiful and varied.

During these days, make the most of your knowledge. Embrace the challenge, fulfill your responsibilities, propose solutions, and become agents of change. Don't let your experience be reduced to comments about untapped potential. As these sessions progress, your aspirations will become tangible goals, and as they conclude, they will be realized dreams.

Sincerely,

Layla Fuentes

United Nations Children's Fund, Session II

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A Note on the NHSMUN Difference

Esteemed Faculty and Delegates,

Welcome to NHSMUN 2024! We are Dennis Zhang and Christian Hernandez, and we are this year's Secretary-General and Director-General. Thank you for choosing to attend NHSMUN, the world's largest and most diverse Model United Nations conference for secondary school students. This year is particularly special as NHSMUN celebrates its **50th Anniversary**, and we are thrilled to welcome you to our hometown, New York City, this March for this landmark year!

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

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

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

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

Extremely engaged staff: At NHSMUN, our staffers care deeply about delegates' experiences and what they take away from

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

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

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

As always, we welcome any questions or concerns about the substantive program at NHSMUN 2024 and would be happy to discuss NHSMUN pedagogy with faculty or delegates.

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

Best,

Dennis Zhang
Secretary-General

Christian Hernandez
Director-General

A Note on Research and Preparation

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

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

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

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

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

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

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

Each delegation is responsible for sending a copy of its papers to their committee Directors via [myDais](#) on or before **February 23, 2024**. If a delegate wishes to receive detailed feedback from the committee's dais, a position must be submitted on or before **February 2, 2024**. The papers received by this earlier deadline will be reviewed by the dais of each committee and returned prior to your arrival at the conference.

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

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

Committee History

The United Nations Children’s Fund (UNICEF) was established on December 11, 1946, with the purpose of mitigating the consequences of World War II. In 1989, UNICEF updated its mandate to uphold and protect the rights of children in the Convention on the Rights of the Child (CRC).¹ Unchanged since then, this mandate has continued to ensure the health, education, and protection of children and women. The Fund, however, has expanded in various ways to further its mission, such as the adoption of Sustainable Development Goals (SDGs) to better implement actionable plans.

UNICEF became a permanent body of the United Nations in 1953, making it an officially recognized leader in the cause of children’s rights around the world.² The Fund’s distinctiveness in the United Nations is found within its membership, wherein representatives from individual countries share their opinions and work together on resolutions. UNICEF often works through the General Assembly, but it also has an Executive Board of 36 member states that are elected to three-year terms by the Economic and Social Council.³ On the Executive Board, Africa holds eight seats, Asia with seven, Eastern Europe with four, Latin America and the Caribbean with five, and Western Europe and others with 12. UNICEF is made up of seven regional offices and over 124 country offices on five continents.⁴

With triennial meetings in New York, UNICEF has made significant contributions in fulfilling its mandate by collaborating with governments, planning alliances with non-governmental organizations (NGOs), and educating the larger global community on the protection of children’s rights in education, immunization, and nutrition.⁵ It was granted the Nobel Peace Prize in 1965 due to its impressive efforts and contributions. In 1950, UNICEF provided more than six million children worldwide with access to daily meals.⁶ By 1973, it had helped more than 70 countries to reduce deaths caused by drinking unsanitary water.⁷ UNICEF initiated the Child Survival and Development Revolution in 1982, focusing on monitoring growth, supplying immunization, and promoting breastfeeding and thus, increasing life expectancy by over 33 percent of what it had been at the end of World War II.⁸ Most recently, the Fund has taken strides in the education of children as a response to the effects of the COVID-19 pandemic.⁹ By helping these students continue their education whether in-person, remote, or hybrid, they have improved hundreds of millions of children’s lives. Today, UNICEF works in over 190 countries to promote children’s welfare.¹⁰ In 2022, UNICEF received 471 USD million. This went towards the development and humanitarian programming from governments, UN agencies, global funds, and the World Bank.¹¹

UNICEF partners with both private and public sector organizations, as well as civil society organizations, to work towards its goals. The top three largest contributors to UNICEF include the United States of America, Germany, and the World Bank Group. UNICEF works through both Global Programme Partnerships (GPPs) and International Financial Institutions (IFIs). GPPs represent global initiatives working towards advancing similar international goals.¹² Examples include the Global

1 “Our mandate: no child left behind,” *United Nations Children’s Fund*, accessed September 20, 2023, <https://www.unicef.org/eca/our-mandate-no-child-left-behind>.

2 “Our history,” *United Nations Children’s Fund*, Accessed September 20, 2023, https://sites.unicef.org/about/who/index_history.html.

3 “About: The UNICEF Executive Board,” *United Nations Children’s Fund*, accessed September 20, 2023, <https://www.unicef.org/executiveboard/about>.

4 “About: The UNICEF Executive Board.”

5 “Every Child Educated,” UNICEF USA, accessed September 20, 2023, <https://www.unicefusa.org/what-unicef-does/childrens-education/every-child-educated>.

6 “UNICEF’s Greatest Achievements,” 2015, *Origami for Hope. Origami for Hope*, August 18, 2015, <https://origamiforhope.wordpress.com/2015/08/18/unicefs-greatest-achievements/>.

7 “UNICEF’s Greatest Achievements.”

8 “UNICEF’s Greatest Achievements.”

9 “Every Child Educated.”

10 “Every Child Educated.”

11 “UN inter-organizational arrangements,” *United Nations Children’s Fund*, accessed September 20, 2023, <https://www.unicef.org/partnerships/funding/UN-inter-organizational-arrangements>.

12 “UNICEF public partnerships,” for every child, *United Nations Children’s Fund*, accessed September 20, 2023, <https://www.unicef.org/partnerships/public#publicsectorpartners>

Partnership for Education and the Global Partnership to End Violence Against Children. IFIs assist with large-scale financing to further development efforts. Within the United Nations, UNICEF has historically worked closely with the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).¹³ In 2020, UNICEF and UNDP collaborated to launch their second virtual Innovation Week. This was established with the purpose of jointly devising innovative ideas that help work towards addressing issues faced in Guatemala.¹⁴

Through these essential volunteers and partnerships, UNICEF has changed the lives of millions. From eradicating polio to providing immunizations that save lives, they have driven international impacts to help the world's most vulnerable children.

¹³ "UNICEF public partnerships."

¹⁴ "Guatemala UNICEF and UNDP Innovating Together," for every child, *United Nations Children's Fund*, accessed September 20, 2023, <https://www.unicef.org/innovation/stories/guatemala-unicef-and-undp-innovating-together>



UNICEF

NHSMUN 2024



TOPIC A:

ELIMINATING CHILD ABUSE AND DOMESTIC VIOLENCE

Photo Credit: U.S. Navy photo by Mass Communication Specialist 2nd Class Eddie Harrison

Introduction

It is estimated that up to one billion children aged two to 17 experienced abuse in 2022.¹ Child abuse is defined by the World Health Organization (WHO) as physical and emotional mistreatment that results in harm to a child’s development, health, or dignity.² Child abuse is a common component of domestic violence. It is often used as a way to punish and control the child. Likewise, when the victim of domestic violence is an adult in the domestic unit, children are still in danger as they may be victimized and threatened. Alternatively, they may be injured inadvertently when acts of violence happen in their presence.³

Violence against children has long-term consequences for children’s health and well-being, as well as the health and well-being of families, communities, and countries.⁴ It can result in death, severe injuries, impaired child development, negative coping, unintended pregnancies, non-communicable diseases, and impact their opportunities for the future.⁵

To successfully eradicate and prevent child abuse, it is important to understand what constitutes the term “abuse.” There are four main types of abuse: neglect, physical, psychological, and sexual abuse. Neglect may include inadequate health care, education, supervision or unmet basic necessities such as clothing and food are examples of neglect.⁶ Physical abuse means to physically harm an individual. Psychological abuse includes verbal abuse, humiliation, and behaviors that terrify or terrorize a youngster, which can lead to future psychological disorders in the child.⁷ Lastly, sexual abuse is defined as the involvement of children in sexual activities, most of which they cannot understand or give consent to.⁸

Both child abuse and domestic violence are very complex issues that intersect in many contexts and are affected by external factors. It is important to comprehend and be aware

of these factors. Both domestic violence and child abuse have a gender dimension. Girls are more likely to be victims of abuse and violence than boys. According to the Rape, Abuse & Incest National Network (RAINN), 82 percent of all victims under the age of 18 are girls.⁹ Females between the ages of 16 and 19 are four times more likely than anyone else to be victims of sexual assault or abuse.¹⁰ Considering these gender dimensions will allow effective, long-lasting solutions to be created.

Domestic violence can take many different shapes. One that is very prevalent worldwide is child marriages. Child marriage relationships refer to any formal or informal union between a person under the age of 18 and another individual. Child marriages can occur between two children, or between a child and an adult.¹¹ The United Nations Children’s Fund (UNICEF) estimated that 640 million girls and women alive today were married in childhood.¹² Child marriage deprives girls of their childhood and puts their health at risk. Girls who marry before the age of 18 are more likely to experience domestic violence further in life and drop out of school. They have lower economic and health outcomes than their unmarried

1 “Violence against Children,” World Health Organization (WHO), accessed June 8, 2023, <https://www.who.int/news-room/fact-sheets/detail/violence-against-children>.

2 Dulce Gonzalez, Arian Bethencourt Mirabal, and Janelle D. McCall, *Child Abuse and Neglect* (Treasure Island: StatsPearls Publishing, 2023), <https://www.ncbi.nlm.nih.gov/books/NBK459146/>.

3 “Domestic/Intimate Partner Violence,” Child Welfare Information Gateway, accessed October 5, 2023, <https://www.childwelfare.gov/topics/can/factors/family/domviolence/>.

4 WHO, “Violence against Children.”

5 WHO, “Violence against Children.”

6 Gonzalez, Bethencourt, and McCall, *Child Abuse and Neglect*.

7 Gonzalez, Bethencourt, and McCall, *Child Abuse and Neglect*.

8 Gonzalez, Bethencourt, and McCall, *Child Abuse and Neglect*.

9 “Children and Teens: Statistics,” Rape, Abuse & Incest National Network (RAINN), accessed October 5, 2023, <https://www.rainn.org/statistics/children-and-teens>.

10 RAINN, “Children and Teens: Statistics.”

11 “Child Marriage,” United Nations Children’s Fund (UNICEF), accessed September 13, 2023, <https://www.unicef.org/protection/child-marriage>.

12 “Is an End to Child Marriage within Reach?,” UNICEF, accessed September 13, 2023, https://data.unicef.org/resources/is-an-end-to-child-marriage-within-reach/?_gl=1.

counterparts, which is passed down to their own children. This results in a strain on a country's ability to provide decent health and education services.¹³

It is not only important to understand the types of abuse, its dimensions and nature, but also their causes and risk factors. Child abuse is a complex issue rooted in intimate relationships, community, and social levels. Some risk factors are biological and personal aspects such as gender and age, lower levels of education, low income, family dysfunction and separation, high population density, and post-conflict situations or natural disasters.¹⁴ By understanding the risk factors of child abuse, better solutions, and preventive measures can be adopted.

In addition, it is important to recognize and analyze the attempts and efforts done to combat and prevent child abuse. Many countries along with International organizations are currently working to eradicate this pressing issue. Many governments and organizations have created support and advice programs for victims, as well as facilities for them to live in violent settings. There are many other initiatives in place to eradicate child abuse. For example, many countries and organizations are aiming to better their legal systems and legislations so that cases of child abuse and domestic violence are fairly and efficiently handled. Laws are also being created to make the protection and prevention of children more holistic and diverse.

Lastly, the urgent need to eliminate child abuse transcends borders, cultures, and socioeconomic differences. The well-being of children is a shared duty. To create a world free of child abuse and domestic violence, each individual, community, and country must work together to prioritize the safety and dignity of society's most vulnerable members. Child abuse must be eradicated and prevented by a comprehensive, inclusive, and culturally sensitive approach that embraces education, awareness, preventive measures, and strong support systems

for survivors. As UNICEF members, it is our responsibility to safeguard, hear, and defend the rights of children all across the world. Only then will they have a chance at a happy and thriving future.

History and Description of the Issue

Types of Child Abuse

Child abuse is defined as any action or failure to act on the part of a parent, guardian, or carer that results in the death, serious physical or emotional harm, sexual abuse, or exploitation of a child, or places the child in imminent danger of serious harm, and/or has a serious impact on the child's long-term development and potential.¹⁵ Child abuse takes place in children's homes, schools, the workplace, care and justice institutions, and in communities at large.¹⁶ It can also be inflicted by a wide range of people, including parents, caregivers, household members, educational professionals, and more. There are four main types of child abuse that are globally recognized: physical, sexual, emotional, and neglect. Each of these contains a list of potential behavioral and physical signs connected with that type of abuse.¹⁷

According to the National Child Traumatic Stress Network (NCTSN), physical abuse is one of the most common types of child abuse.¹⁸ NCTSN defines physical abuse as "when a parent or caregiver commits an act that results in physical injury to a child or adolescent, even if the injury was unintentional."¹⁹ According to a 2021 article published by WHO, approximately 60 percent of all children aged two to 14 regularly suffer from violent discipline and physical abuse from their parents or other caregivers. In some countries, nearly all students additionally report being physically punished by school staff.²⁰ This high global level of physical abuse against children has drastic effects on the health of children. Physical abuse of

13 UNICEF, "Child Marriage."

14 WHO, "Violence against Children."

15 "Definitions of Child Abuse and Possible Indicators of Harm," Save the Children's Resource Centre, accessed September 7, 2023, <https://resourcecentre.savethechildren.net/document/definitions-child-abuse-and-possible-indicators-harm/>.

16 Rana Flowers, "Child Sexual Abuse," UNICEF, last modified February 27, 2018, <https://www.unicef.cn/en/stories/child-sexual-abuse>.

17 Save the Children's Resource Centre, "Definitions of Child Abuse and Possible Indicators of Harm."

18 Sarah Peterson, "Physical Abuse," The National Child Traumatic Stress Network, last modified May 25, 2018, <https://www.nctsn.org/what-is-child-trauma/trauma-types/physical-abuse>.

19 Sarah Peterson, "Physical Abuse."

20 "Corporal Punishment and Health," WHO, accessed September 13, 2023, <https://www.who.int/news-room/fact-sheets/detail/corporal-punishment-and-health>.

children can have short and long-lasting consequences. The short-term effects include physical injuries such as cuts, welts, bruises, sprains, burns, bite marks, broken bones, head trauma, effects of poisoning, and more.²¹ In the short term, children experiencing physical abuse can also suffer from emotional and behavioral consequences. These signs include fear, anxiety, guilt, low self-esteem, seeming frightened by their caregivers, shrinking away at the approach of adults, and more.²² In addition to the short-term consequences of physical abuse, child abuse is linked to lifelong impacts. These severe and long-lasting consequences can include scaring, brain damage, functional limitations, vision problems, chronic fatigue syndrome, and more.²³ In the long term, physically abused children can also suffer from a variety of emotional and behavioral effects related to childhood physical abuse. These can include post-traumatic stress disorder (PTSD), attachment disorders, diminished cognitive skills, substance abuse, adult criminality, and more.²⁴ Therefore, both short-term and long-term consequences of physical abuse have severe impacts on the physical and mental health of children. Not only does the physical abuse of children impact their development, but it is also a violation of children's rights to have physical safety, human dignity, health, freedom from degrading treatment, and more.²⁵

In addition to physical abuse, children can also face emotional abuse. Emotional abuse refers to a pattern of behaviors that constantly undermine a child's emotional development and well-being, often seeking to criticize, intimidate, and withhold support.²⁶ Verbal actions like name-calling, shaming, yelling, threatening, and more can all hurt a child emotionally.²⁷

Further signs of emotional abuse can include humiliation, rejection, exposure to upsetting or unsafe situations, manipulation, isolation, and more.²⁸ Actions seeking to intimidate a child, like slamming or throwing items, are also forms of emotional abuse. Based on a 2023 study published in *Child Abuse & Neglect*, an estimated 39 percent of children experience emotional abuse worldwide.²⁹ However, emotional abuse is often underreported and can be difficult to identify by others. There is a general lack of understanding about what defines emotional abuse, and it is often viewed as less harmful to children than other forms of abuse.³⁰ Therefore, the true number of children experiencing emotional abuse is difficult to determine. Like physical abuse, emotional abuse has severe lifetime consequences that are seen through both short-term and long-term health consequences. In the short run, children often experience feelings of anxiety, shame, fear, confusion, guilt, and powerlessness. Physically, they may be prone to muscle tension, aches and pains, frequent crying, and more due to emotional abuse. In the long run, people who have been emotionally abused in childhood may experience depression, anxiety, learning disabilities, withdrawal from social settings, PTSD, suicidal thoughts or behaviors, and more. Physically, they may also have chronic pain, substance misuse, weight fluctuations, speech disorders, and more. In their relationships, someone who faced emotional abuse as a child may have difficulties creating healthy social and romantic relationships as an adult.³¹ So, short-term and long-term consequences of emotional abuse can have drastic impacts on the well-being of children. This form of child abuse has harsh effects on a child's development and their ability to exercise

21 "Signs of Physical Abuse," Brighton & Hove Safeguarding Children Partnership, accessed September 11, 2023, <https://www.bhscp.org.uk/preventing-abuse-and-neglect/spotting-the-signs/signs-of-physical-abuse/>.

22 Brighton & Hove Safeguarding Children Partnership, "Signs of Physical Abuse."

23 Child Welfare Information Gateway, *Long-Term Consequences of Child Abuse and Neglect* (Washington, D.C.: U.S. Department of Health and Human Services, 2019), https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf.

24 Child Welfare Information Gateway, *Long-Term Consequences of Child Abuse and Neglect*.

25 WHO, "Corporal Punishment and Health."

26 "Kids and Emotional/Psychological Abuse," Child Crime Prevention & Safety Center, accessed September 14, 2023, <https://childsafety.losangelescriminallawyer.pro/kids-and-emotional-psychological-abuse.html>.

27 "Preventing Child Abuse & Neglect," Centers for Disease Control and Prevention, accessed September 14, 2023, <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>.

28 "Emotional Abuse," National Society for the Prevention of Cruelty to Children, accessed September 14, 2023, <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/emotional-abuse/>.

29 Hyun Lee and Eunkyung Kim, "Global Prevalence of Physical and Psychological Child Abuse During COVID-19: A Systematic Review and Meta-Analysis," *Child Abuse & Neglect* 135, (January 2023), <https://doi.org/10.1016/j.chiabu.2022.105984>.

30 Cadonna Dory, "Emotional Abuse Often Goes Unreported by Protective Agencies, Report Says," University of South Carolina School of Social Work, last modified April 16, 2009, <https://dworakpeck.usc.edu/news/emotional-abuse-often-goes-unreported-protective-agencies-report-says>.

31 Jenna Fletcher and Beth Sissons, "What are the Effects of Emotional Abuse?," Medical News Today, last modified May 23, 2023, <https://www.medicalnewstoday.com/articles/327080>.



Union Home Minister Shri Rajnath Singh addressing a meeting of leaders to find solutions to violence against children.

Credit: Indian Ministry of Home Affairs

their human rights.

Sexual abuse is another type of abuse that affects children. Child sexual abuse is “any interaction between a child and an adult (or another child) in which the child is used for sexual [acts by] the perpetrator or an observer.”³² This can take the form of harassment, touching, exploitation, child pornography, and more.³³ UNICEF published in 2022 that at least one in 10 girls, or 120 million girls, under the age of 20 have been sexually abused at some point in their lives.³⁴ However, the true number of child sexual abuse cases cannot be determined because many cases are unreported. In some countries, social stigmas prevent careful tracking of abuse cases, and laws do not always fully protect children experiencing sexual abuse. For example, the sexual abuse of boys is much more likely to be underreported than girls, and many countries do not track data on the sexual abuse of boys.³⁵ Considering the number of children affected by child sexual abuse, it is essential to

understand the effects that this type of abuse has on children. Immediately, children may have feelings of fear, anxiety, shame, anger, low self-esteem, behavioral problems, and more.³⁶ In addition to short-term consequences, sexual abuse has lasting effects on the health and well-being of children. Adults who suffered from sexual abuse as a child may have PTSD, anxiety, depression, anger, self-blame, and more. They are also more likely to have chronic abdominal and pelvic pain, substance abuse problems, self-neglect, and more.³⁷ Therefore, the immediate and long-lasting effects of childhood sexual abuse impact the health of children in a variety of ways. UNICEF must develop solutions to combat childhood sexual abuse for children’s rights to safe development.

Finally, neglect is another form of abuse that concerns UNICEF. Neglect is the “ongoing failure to meet a child’s basic needs.”³⁸ This can be the failure to provide goods like food, clothing, and shelter that are necessary for a child’s

32 “Sexual Abuse,” The National Child Traumatic Stress Network, accessed September 14, 2023, <https://www.nctsn.org/what-is-child-trauma/trauma-types/sexual-abuse>.

33 Flowers, “Child Sexual Abuse.”

34 “Sexual Violence Against Children,” UNICEF, accessed September 14, 2023, <https://www.unicef.org/protection/sexual-violence-against-children>.

35 Flowers, “Child Sexual Abuse.”

36 Joseph H. Beitchman, Kenneth J. Zucker, Jane E. Hood, Granville A. daCosta, and Donna Akman, “A Review of the Short-term Effects of Child Sexual Abuse,” *Child Abuse & Neglect* 15, no. 4 (1991): 538-545, [https://doi.org/10.1016/0145-2134\(91\)90038-F](https://doi.org/10.1016/0145-2134(91)90038-F).

37 “Adult Manifestations of Childhood Sexual Abuse,” The American College of Obstetricians and Gynecologists, accessed September 14, 2023, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2011/08/adult-manifestations-of-childhood-sexual-abuse>.

38 “Neglect,” National Society for the Prevention of Cruelty to Children, accessed September 14, 2023, <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/neglect/>.

development. Neglect also includes a lack of proper education and health care services.³⁹ In a 2020 article published in the *Journal of Advanced Pediatrics and Child Health*, researchers examined the status of neglect among children worldwide. They found that approximately 16 to 26 percent of children worldwide are estimated to experience neglect.⁴⁰ It is difficult to find the exact percentage since many countries have different data collection methods and neglect is often grouped together with other types of abuse. Not only does child neglect impact many children, but it also has a variety of short and long-lasting consequences. Neglect can result in developmental delays in speech and emotion, difficulty in school, and significant mental trauma.⁴¹ Physical signs of neglect include nutritional deficiencies, issues with bone and muscular development, poor growth, and worsening health problems.⁴² In addition to issues that appear immediately, child neglect can have a severe mental and physical impact on a child's future. Over time, adults who suffered from neglect during their childhood have an increased risk for depression, poor impulse control, personality disorders, learning difficulties, and more.⁴³ They are also more likely to have heart, lung, and liver disease, obesity, diabetes, substance abuse problems, and more. Socially, adults who had been neglected as children are also more likely to engage in criminal behavior and unsafe sexual behavior.⁴⁴ Therefore, both immediate and long-lasting effects of child neglect have serious impacts on the health of children. Overall, this form of child abuse has harsh effects on a child's development and violates their ability to exercise their human rights.

It is critical to consider the types and the reality of abuse that children face. UNICEF is tasked with protecting the safety and development of children. Delegates of UNICEF must work together to develop dynamic solutions to reduce all forms of child abuse and domestic violence globally.

Gender Dimensions of Child Abuse

Gender-based violence (GBV) is the term given to violent acts against someone based on their gender.⁴⁵ GBV results in the harm or even death of individuals who don't have access to any protection against this abuse. This is, unfortunately, a reality for many women and girls around the world. It is globally estimated that more than half (1 billion) of the world's children, with ages ranging from two to 17, have experienced some form of violence or abuse within the past year.⁴⁶ For young girls, this problem is even worse. Many young girls are victims of violence in countries or situations where they do not have any legal protections against violence.⁴⁷ Recognizing this problem, the UN has created various declarations and policies to address gender-based violence. These include the 1995 Beijing Declaration and Platform for Action and the 1993 UN Declaration on the Elimination of Violence Against Women.⁴⁸ While these declarations were significant, they don't specifically address gender-based violence against children. They also have yet to be ratified by many countries. In order to eliminate violence against children, it is essential for UNICEF to address the gender dimensions of violence and abuse.

A study of homicide rates in 66 different countries found

39 "What are Child Abuse and Neglect?," Centers of Disease Control and Prevention, accessed September 14, 2023, <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>.

40 Björn Tingberg and Doris Nilsson, "Child Neglect - Still Neglected Problem in the Global World: A Review," *Journal of Advanced Pediatrics and Child Abuse* 3, (September 2020): 38-46, <http://doi.org/10.29328/journal.japch.1001016>.

41 "Short and Long-term Effects of Abuse on Children and Teens," Indiana Chapter of National Children's Alliance, accessed September 15, 2023, <https://incacs.org/prevention/short-and-long-term-effects-of-abuse-on-children-and-teens/>.

42 "Child Abuse," Mayo Foundation for Medical Education and Research, accessed September 15, 2023, <https://www.mayoclinic.org/diseases-conditions/child-abuse/symptoms-causes/syc-20370864>.

43 "Neglect," Harvard University Center on the Developing Child, accessed September 15, 2023, <https://developingchild.harvard.edu/science/deep-dives/neglect/>.

44 "Impact of Child Abuse & Neglect," Prevent Child Abuse North Carolina, accessed September 15, 2023, <https://preventchildabusenc.org/resource-hub/impact-of-child-abuse-neglect/>.

45 "Gender-Based Violence," UNHCR, accessed September 8, 2023, <https://www.unhcr.org/what-we-do/protect-human-rights/protection/gender-based-violence>.

46 UNICEF, *Gender Dimensions of Violence against Children and Adolescents* (Vienna: UNICEF, 2020), <https://www.unicef.org/media/93986/file/Child-Protection-Gender-Dimensions-of-VACAG-2021.pdf>.

47 "Gender-Based Violence Creates an Unequal World for Children," Save the Children, accessed September 8, 2023, <https://www.savethechildren.org/us/charity-stories/gender-based-violence>.

48 United Nations General Assembly. *Declaration on the Elimination of Violence Against Women, Proceedings of the 85th Plenary Meeting*. Geneva: United Nations, 1993. www.ohchr.org/en/professionalinterest/pages/violenceagainstwomen.aspx.

that women are six times more likely than men to experience homicide by an intimate partner.⁴⁹ This means that women and girls are at a very high risk of being killed by a husband, boyfriend, or other partner. From birth, the patterns of gender-based violence are apparent. Around the world, 60 million girls are ‘missing’, or were killed in secret at birth.⁵⁰ However, GBV also applies to boys, as some boys are disproportionately targeted due to their gender in some cases.

Gender differences are not always clear, depending on the region being studied. However, women and children are all more likely than adult men to experience violence from someone they know. This is common when the individual is financially dependent on the perpetrator of the violence.⁵¹ Many studies conclude that girls face higher amounts of sexual violence than boys, but boys may be more likely to experience physical violence. In 2013, a UNICEF analysis found that in 16 out of 33 countries with data, boys experienced higher levels of physical violence discipline by their parental figures compared to girls.⁵² Another study found that in areas such as Europe, boys experienced a higher level of physical abuse but in areas such as the US or Asia girls experienced more physical abuse.⁵³ Evidently, there are different dimensions of GBV that have to be taken into account.

When viewing the gender dimensions of violence, there are many negative cycles that reinforce themselves. Gender inequality often increases girls’ helplessness in the face of violence, and violence is used to reinforce the same inequalities. This has caused rising trends in domestic violence around the world. One case study emphasizes how these play out in Uganda. In many families, the male-centered family structure

has been the root cause of violence against women, as it has become normalized and reinforced. Violence against women and children often occurs together in these households, and one can further promote the other.⁵⁴ One of the ways in which this occurs is due to bystander trauma, where children may witness violence against others in their household. This teaches young boys that it is acceptable to be violent against women, while it teaches young girls that this is the reality that they must accept.⁵⁵ Because of this, these cycles are never broken, but are instead reinforced with each new generation. This is not simply a problem in Uganda, but can be seen in countries around the world.

Another contributor to violence against at-risk groups such as women is unequal gender roles. These can occur on both the individual and societal levels. Male-centered power structures are commonly referred to as the patriarchy. Patriarchal norms place men at a higher position than women, which can often reinforce ideas of male superiority. This superiority can lead to attitudes and actions of dominance and aggression, which are often used to justify violent or derogatory behavior. Oftentimes, patriarchal norms can blame victims for actions committed against them, and diminish the importance of girls’ experiences. For example, a study done in 2015 analyzed 44 countries and found norms that encouraged physical violence in the home. These were done under the excuse of controlling female behavior.⁵⁶

The violent discipline of children, especially girls, has continued to spread in all regions of the world. In 83 countries, nearly eight in 10 children ages ranging from one to 14 experience regular violent discipline by caregivers in the

49 Heidi Stöckl, Karen Devries, Alexandra Rotstein, Naeemah Abrahams, Jacquelyn Campbell, Charlotte Watts, and Claudia Garcia Moreno, “The Global Prevalence of Intimate Partner Homicide: A Systematic Review,” *The Lancet* 382, no. 9895 (September 2013): 859–865, [https://doi.org/10.1016/S0140-6736\(13\)61030-2](https://doi.org/10.1016/S0140-6736(13)61030-2).

50 Claudia Hasanbegovic, *Children and Gender-Based Violence* (Sweden: Save the Children, 2007), <https://resourcecentre.savethechildren.net/pdf/1530.pdf/>.

51 WHO, *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence* (Geneva: WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, and South African Medical Research Council, 2013), https://iris.who.int/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1.

52 UNICEF, *Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle Income Countries* (New York: UNICEF, 2010), www.unicef.org/protection/Child_Disciplinary_Practices_at_Home.pdf.

53 “Gender Dimensions of Violence against Children and Adolescents,” UNICEF, accessed June 27, 2023, <https://www.unicef.org/documents/gender-dimensions-violence-against-children-and-adolescents>.

54 Sophie Namy, Catherine Carlson, Kathleen O’Hara, Janet Nakuti, Paul Bukuluki, Julius Lwanyaaga, Sylvia Namakula, Barbrah Nanyunja, Milton L. Wainberg, Dipak Naker, and Lori Nichau, “Towards a Feminist Understanding of Intersecting Violence Against Women and Children in the Family,” *Social Science & Medicine* 184, (July 2017), <https://doi.org/10.1016/j.socscimed.2017.04.042>.

55 Namy, “Towards a Feminist Understanding of Intersecting Violence Against Women and Children in the Family.”

56 Lori L. Heise and Andreas Kotsadam, “Cross-national and Multilevel Correlates of Partner Violence: An Analysis of Data from Population-Based Surveys,” *The Lancet Global Health* 3, no. 6 (June 2015), [https://doi.org/10.1016/S2214-109X\(15\)00013-3](https://doi.org/10.1016/S2214-109X(15)00013-3).

home, which includes verbal abuse and physical punishment.⁵⁷ In 106 countries, statistics suggest that 18 percent of women and girls ages ranging from 15 to 49 have experienced physical and/or sexual violence in the previous 12 months. This number jumps to 24 percent in countries with lower development rates.⁵⁸ UNICEF estimates that one in four (176 million) children under the age of five live in a household where domestic violence has been experienced. In a WHO study, adolescent girls aged 15 to 19 were more likely to report past relationship violence than women older than 35.⁵⁹ These statistics point to a large problem when it comes to violence against young girls — one that must be solved in order to achieve sustainable, healthy communities.

Research has demonstrated that domestic and sexual violence against adolescents disproportionately affects at-risk groups. Despite growing research on child abuse, data on sexual abuse and exploitation of children and adolescents remains limited due to the fact that there is a lack of specific definitions on how to carry out this research.⁶⁰ Without clear standards on what is considered child abuse and child gender-based violence, it will remain difficult to address this issue. Some believe that current definitions are too narrow, and should be widened to include a larger range of actions that could cause harm to children. Research gathered from South Africa found that reported levels of domestic abuse varied widely by data collection methods and location. This issue was especially visible in interviews with men, who may have been intimidated by the research methods, societal norms, or other issues. This highlights a problem with some research results.⁶¹ For example, currently, there is more data available for violence against young girls

than for boys. For example, in September 2020, only 11 of 58 countries surveyed had statistics available for violence conducted against boys. A UNICEF review noted that data on violence and exploitation against boys remains severely limited because of “underreporting, definitional ambiguities and inconsistencies, misconceptions, social stigma, and a lack of research.”⁶² Without an accurate perception of how violence affects children, it is nearly impossible to understand how GBV takes place.

Since the COVID-19 pandemic, increasing economic insecurity and inequality have placed more girls at risk of violence.⁶³ UNICEF estimates that the COVID-19 pandemic will result in 10 million additional cases of violence occurring before the end of the decade. Statistics provided by the United Nations Population Fund (UNFPA) estimate that there may be as many as two million more cases by the end of 2030 that would have been a direct cause of the pandemic.⁶⁴ In order to break the cycle of violence and rescue girls from unsafe situations, it is essential for UNICEF to consider its current outlook and respond appropriately. Only through collaborative international efforts can this issue be addressed.

Dimensions of Domestic Violence

Domestic violence is defined by the UN as any kind of behavior that is done to gain control over a close family member or partner.⁶⁵ This abuse can be mental, physical, sexual, or economic. With children, this is most regularly mental or physical. However, there are many different forms of domestic violence that affect children depending on their

57 United Nations Economic and Social Council (ECOSOC), *Special Edition: Progress Towards the Sustainable Development Goals* (New York: ECOSOC, 2019), <https://undocs.org/E/2019/68>.

58 United Nations, *Special Edition: Progress towards the Sustainable Development Goals*.

59 Tanya Abramsky, Charlotte H Watts, Claudia Carcia-Moreno, Karen Devries, Ligia Kiss, Mary Ellsberg, Henrica AFM Jansen, and Lori Heise, “What Factors are Associated with Recent Intimate Partner Violence? Findings from the WHO Multi-country Study on Women’s Health and Domestic Violence,” *BMC Public Health* 11, no. 109 (February 2011), <https://doi.org/10.1186/1471-2458-11-109>.

60 UNICEF, *INSPIRE Indicator Guidance and Results Framework - Ending Violence Against Children: How to Define and Measure Change* (Vienna: UNICEF, 2018), <https://www.unicef.org/media/66896/file/INSPIRE-IndicatorGuidance-ResultsFramework.pdf>.

61 Catherine L. Ward, Lillian Artz, Lezanne Leoschut, Reshma Kassanjee, and Patrick Burton, “Sexual Violence Against Children in South Africa: A Nationally Representative Cross-sectional Study of Prevalence and Correlates,” *The Lancet Global Health* 6, no. 4 (April 2018), [https://doi.org/10.1016/S2214-109X\(18\)30060-3](https://doi.org/10.1016/S2214-109X(18)30060-3).

62 UNICEF, *Research on the Sexual Exploitation of Boys: Findings, Ethical Considerations and Methodological Challenges* (Vienna: UNICEF, 2020), <https://data.unicef.org/resources/sexual-exploitation-boys-findings-ethical-considerations-methodological-challenges/>.

63 UNICEF, *Global Annual Results Report 2021: Every Child Is Protected from Violence and Exploitation* (Vienna: UNICEF, 2021), <https://www.unicef.org/reports/global-annual-results-2021-goal-area-3>.

64 United Nations Population Fund (UNFPA), *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage* (New York: UNFPA, 2020), <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>.

65 “What is Domestic Abuse?” United Nations, accessed September 19, 2023, <https://www.un.org/en/coronavirus/what-is-domestic-abuse>.

country or socioeconomic background. Child marriages are a common form of domestic violence against children. However, many adolescent children face intimate partner violence (IPV) as well.

Forced marriages and forced child marriages are a matter of international focus. A forced marriage can be defined as a marriage where one or both parties do not consent freely to the marriage. Oftentimes, these marriages can include abuse or threats of abuse if an individual does not consent.⁶⁶ It is important to note that forced marriages are not the same as arranged marriages. An arranged marriage is where both parties give full consent, but they are chosen through family members.⁶⁷ While all forced marriages are arranged, not all arranged marriages are forced. Research has demonstrated that in practice, there are often blurred lines between both of these practices.⁶⁸

Preventing forced marriage is essential to ensuring every individual can have freedom of choice, expression, and life. Unfortunately, there is a strong connection between coercion, entry into marriage, racism, and domestic violence. By addressing domestic violence, forced marriages can also decline, and vice versa. Because these problems are linked, it is essential to address them together. Many NGOs are working to address this issue in many ways. For example, Girls Not Brides is a collective of organizations across Asia and Africa that work to keep children in school. Because there is a direct connection between girls dropping out of school and forced child marriages, keeping children in school can directly help to prevent this. In fact, for every year that a young girl stays in school, her chances of entering a forced marriage are reduced by six percent.⁶⁹ Additionally, education is an essential step towards gender equality. Because forced child marriages

disproportionately affect young girls, ensuring young girls can receive education is essential.⁷⁰

Research in this area often lacks an appropriate cultural focus. For example, research conducted in the UK on families in India, Pakistan, and Bangladesh painted these cultures in a harsh negative way. Although some cultural practices can promote child marriages, many cultures are moving away from forced child marriages into consensual arranged marriages. In many cultures, child marriages are a product of tradition rather than having a cultural or religious basis.⁷¹ Some of these traditions represent a difficult reality that must be addressed with cultural sensitivity. External researchers often cannot reach the level of sensitivity required to properly understand these traditions and their sources. This is why internal research and education are so important so that individuals can feel empowered to understand and correct many of these issues internally.

No matter the cultural focus, however, child and forced marriages are still considered a violation of human rights by the United Nations Human Rights Council (UNHRC). This issue has recently gained much attention from human rights advocates, which has resulted in the creation of many new policies and agreements.⁷² This has resulted in the prevention of 25 million child marriages in the last 10 years. This is thanks to increases in education and public awareness surrounding the harms of this practice. However, on a global scale, there is still much to be done. Currently, no region has made significant progress toward ending this practice.⁷³ These agreements have brought to light many issues that prevent progress from occurring against child marriages. For example, a resolution by the UNHRC highlighted the many risk factors that increase the probability of child marriage. They highlighted the lack of

66 Working Group on Forced Marriages, Nazir Ahmed, and Pola Manzila Uddin, *A Choice by Right: The Report of the Working Group on Forced Marriage* (London: Home Office, 2000).

67 Sharan-Jeet Shan, *In My Own Name* (Cambridge: Cambridge University Press, 1990).

68 Lucy Carroll, "Arranged Marriages: Law, Custom, and the Muslim Girl in the U.K.," *Women Living Under Muslim Laws Dossier* 20, (July 1998), <https://www.wluml.org/wp-content/uploads/2022/12/Dossier-20-Arranged-Marriages.-Law-Custom-and-the-Muslim-Girl-in-the-UK.pdf>.

69 "Child Marriage and Education," Girls Not Brides, accessed September 19, 2023, <https://www.girlsnotbrides.org/learning-resources/child-marriage-and-education/>.

70 Girls Not Brides, "Child Marriage and Education."

71 Marianne Hester, Khatidja Chantler, Geetanjali Gangoli, Jasvinder Devgon, Sandhya Sharma, and Ann Singleton, *Forced Marriage: The Risk Factors and the Effect of Raising the Minimum Age for a Sponsor, and of Leave to Enter The UK as a Spouse or Fiancé(e)* (Bristol: Bristol University Press, 2007), <https://www.bristol.ac.uk/media-library/sites/sps/migrated/documents/rk6612finalreport.pdf>.

72 "Child and Forced Marriages, Including in Humanitarian Settings," OHCHR, accessed September 19, 2023, <https://www.ohchr.org/en/women/child-and-forced-marriage-including-humanitarian-settings>.

73 OHCHR, "Child and forced marriages, including in humanitarian settings."

accountability that exists in many countries so that perpetrators often do not face consequences for their actions.⁷⁴ This means that although countries may have some initiatives and laws in place to prevent child marriages, these are not enforced correctly.

A lack of training and capacity building related to child marriages is an issue when it comes to law enforcement. Numerous government agencies in the UK are not aware of official policies and guidelines on forced marriages. For example, in Northumbria, a northern region of the UK, only a few staff members had received training on forced marriages. Representatives from three agencies (social services, domestic violence forum, and probation) had limited awareness of official guidelines. This led to a lack of enforcement and unfair punishments for individuals who were not violating these guidelines. Overall, there is still much to be done in order to prevent child marriages around the world, and improving law enforcement is a key aspect of this.

Childhood abuse can oftentimes be a predictor of intimate

partner violence later in life. Intimate partner violence (IPV) is a specific form of domestic violence. About 29 percent of US women and 23 percent of men have experienced IPV, which in this case is defined by the psychological, physical, or sexual violence perpetrated by a current or former spouse or partner—during their lifetimes.⁷⁵ Dating violence in children is alarmingly common, with adolescents with 32 percent of in-school adolescents reporting forms of mental or physical abuse by their partner.⁷⁶ A recent study from the National Longitudinal Study of Adolescent Health looked at the impact of child abuse and dating violence on the likelihood of IPV in young adults.⁷⁷ They found a strong connection between child abuse and IPV, which is valuable information to be able to prevent these situations from happening. Some additional risk factors of IPV victimization include gender and adolescent dating violence, but the percentages vary by gender identification.⁷⁸

The cycle of violence predicts that children who experience abuse and maltreatment are more likely to experience and

74 OHCHR, “Child and forced marriages, including in humanitarian settings.”

75 Ann L. Coker, Keith E. Davis, Ileana Arias, Sujata Desai, Maureen Sanderson, Heather M. Brandt, and Paige H. Smith, “Physical and Mental Health Effects of Intimate Partner Violence for Men and Women,” *American Journal of Preventive Medicine* 23, no. 4 (November 2002), [https://doi.org/10.1016/s0749-3797\(02\)00514-7](https://doi.org/10.1016/s0749-3797(02)00514-7).

76 Carolyn Tucker Halpern, Selene G. Oslak, Mary L. Young, Sandra L. Martin, and Lawrence L. Kupper, “Partner Violence Among Adolescents in Opposite-Sex Romantic Relationships: Findings from the National Longitudinal Study of Adolescent Health,” *American Journal of Public Health* 91, no. 10 (October 2001), <https://doi.org/10.2105/ajph.91.10.1679>.

77 “About Add Health,” Add Health, accessed September 19, 2023, <https://addhealth.cpc.unc.edu/about/#additional-add-health-data>.

78 Add Health, “About Add Health.”

Somalis participating in the 16 Days of Activism against Gender-Based Violence campaign

Credit: AMISOM Public Information



have violent relationships as they age.⁷⁹ Abused children tend to feel rejected by peers who have not experienced violence, and seek friendships with groups that project the same energy that they experience at home and when choosing romantic partners.⁸⁰ Because they have not experienced stable, loving relationships, returning to their trauma is a form of comfort. Parental maltreatment of children can play a large role in increasing the risk for children to experience IPV. Different social, economic, cultural, and environmental influences that are passed from parents to children are risk factors for later aggression.⁸¹ For example, a birth cohort study in New Zealand found that participants who reported maltreatment at the age of 18 had a tendency to come from disadvantaged families and experience more childhood struggles than those who were not maltreated. When looking at findings like these, it should be noted that social and contextual factors correlated with both child abuse and the risk of adult IPV may reflect in the direct effects of violence. Research on child abuse often fails to consider the effects of adolescent dating violence. Women who experience dating violence during their adolescence are found to be at risk of repeat violence in young adults ages 20–26.⁸² Patterns of IPV do not stop after childhood; however, prevention must begin from a young age.

Social disorganization theory is a social theory that attempts to explain how some communities see higher rates of violence than others. This theory considers how environmental factors cause crime to concentrate in certain neighborhoods.⁸³ The theory suggests that a lack of neighborhood unity affects communities' ability to mobilize resources to address crime and violence. The impact of poverty, racism, and housing instability affect community efforts by limiting the formation

of lasting relationships.⁸⁴ Since young adolescents in these communities are not being raised in a safe environment that encourages healthy relationships, negative patterns are formed. These neighborhood social characteristics often include disadvantaged individuals, such as immigrants, who are at additional risk of IPV.

There is a significant difference in violence experienced by gender. Women are more likely to report violence because it is considered less costly and acceptable, although it may be more traumatizing. Men tend to underreport violence perpetration because it exemplifies a lack of control over their partners.⁸⁵ However, when it comes to children, they mainly rely on adults to report violence to them. If children are raised in households that already contain IPV, they will be less likely to report it, as they consider it to be the norm. Educating children about IPV and how to report it to a trusted adult is an essential step to protecting children and teenagers.

Although women are at a higher risk of IPV, this does not mean it does not occur in men and boys as well.⁸⁶ The physical health implications of female-inflicted IPV may not be as profound as males. However, emotional IPV will harm partners at an equal rate, regardless of gender. The gender imbalance in domestic violence has increased over time, but it is important to remember that anyone can be affected by IPV. Understanding and believing children and adolescents when they disclose IPV is very important to stopping cycles of abuse. Child abuse and IPV have severe effects on mental health and can cause issues such as complex post-traumatic stress disorder (PTSD). In order to help children everywhere to escape IPV, it is important to understand how it arises and what effects it can have. Overall, violence against children,

79 Richard E. Heyman and Amy M. Smith Slep, "Do Child Abuse and Interparental Violence Lead to Adulthood Family Violence?," *Journal of Marriage and Family* 64, no. 4 (November 2002), <https://www.jstor.org/stable/3599988>.

80 C. Feiring and W. C. Furman, "When Love is Just a Four Letter Word: Victimization and Romantic Relationships in Adolescence." *Child Maltreat* 5, no. 4 (November 2000), <https://doi.org/10.1177/107755950005004001>.

81 R. Neugebauer, "Research on Intergenerational Transmission of Violence: The Next Generation," *Lancet* 1, no. 355 (April 2000), [https://doi.org/10.1016/S0140-6736\(00\)02056-0](https://doi.org/10.1016/S0140-6736(00)02056-0).

82 Paige Hall Smith, Jacquelyn W. White, and Lindsay J. Holland, "A Longitudinal Perspective on Dating Violence Among Adolescent and College-Age Women," *American Journal of Public Health* 93, no. 7 (July 2003), <https://doi.org/10.2105/ajph.93.7.1104>.

83 Charles E. Kubrin, *Handbook on Crime and Deviance: Social Disorganization Theory: Then, now, and in the future* (New York: Springer, 2009), https://doi.org/10.1007/978-1-4419-0245-0_12.

84 Robert J. Sampson, Stephen W. Raudenbursh, and Felton Earls, "Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy," *Science* 277, no. 5328 (August 1997), <https://doi.org/10.1126/science.277.5328.918>.

85 Russell P. Dobash, R. Emerson Dobash, Kate Cavanagh, and Ruth Lewis, "Separate and Intersecting Realities: A Comparison of Men's and Women's Accounts of Violence Against Women," *Violence Against Women* 4, no. 4 (August 1998), <https://doi.org/10.1177/1077801298004004002>.

86 Michael S. Kimmel, "'Gender Symmetry' in Domestic Violence: A Substantive and Methodological Review," *Violence Against Women* 8, no. 11 (November 2002), <https://doi.org/10.1177/107780102237407>.

whether it be forced marriages or IPV, must be addressed holistically by this committee.

Risk Factors Leading to Child Abuse

According to WHO, there are several risk factors for child abuse. They categorized these risk factors into several groupings that include the characteristics of the child, the parent, society, and more.⁸⁷ These risk factors help UNICEF understand which children are unequally targeted by abusers and help delegates form more developed solutions to all areas of child abuse.

It is important to emphasize that children are the victims of child abuse, and they are not to blame for their abuse. However, there are certain characteristics out of a child's control that increase their likelihood of being abused. These may include being under the age of four years old, experiencing disabilities or special health care needs, identifying as a member of the LGBTQI+ community, and more. Children under the age of four suffer from child abuse more than older children. According to a 2022 estimate from WHO, nearly three in four children between the ages of two and four regularly suffer from physical and/or emotional abuse by parents and other caregivers. This includes approximately 300 million children worldwide.⁸⁸ Younger children, including infants and toddlers, have a greater dependency on their caregivers for their basic needs. They also require more time and attention from their caregivers compared to older children.⁸⁹ This state of dependence and constant contact with adults opens young children to child abuse. Not only are young children more likely to receive abuse, they are also more likely to have more

severe health issues related to abuse than older children.⁹⁰

In addition to children between the ages of zero and four, children experiencing disabilities or requiring specialty healthcare are more likely to suffer from child abuse at the hands of their caregivers. The UN currently estimates that children with disabilities are three to four times more likely than other children to experience physical abuse, sexual abuse, and neglect.⁹¹ Children with disabilities may be more dependent on adults for care. They may also require frequent interactions with multiple caregivers and healthcare providers. This greater reliance on and contact with a variety of adults increases the likelihood for children with disabilities to experience abuse.⁹² Additionally, abusers may also take advantage of children who have difficulties speaking, hearing, or understanding social situations. By targeting children who may be unable to report their abuse, children with disabilities are more likely to suffer from abuse than other children.⁹³

Children who are members of the lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) community are also more likely to suffer from child abuse. In all regions, children who do not conform to traditional gender and sexuality norms are more vulnerable to abuse.⁹⁴ In the US, for example, children within the LGBTQI+ community are 3.8 times more likely to experience sexual abuse and 1.2 times more likely to be physically abused by a parent or caregiver.⁹⁵ After coming out or not conforming to societal norms, LGBTQI+ children may face new or increased abuse from their caregivers.⁹⁶ They are also more likely to be rejected and neglected by their family because of their gender or sexuality. This unsupportive and harmful relationship with caregivers

87 "Child Maltreatment," WHO, accessed October 1, 2023, <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>.

88 WHO, "Child Maltreatment."

89 Anna E. Austin, Alexandria M. Lesak, and Meghan E. Shanahan, "Risk and Protective Factors for Child Maltreatment: A Review," *Current Epidemiology Reports* 7, no. 4 (October 2020), <https://doi.org/10.1007/s40471-020-00252-3>.

90 UNICEF, *Global Status Report on Preventing Violence Against Children 2020* (New York: UNICEF, 2020), 49, <https://www.unicef.org/media/70731/file/Global-status-report-on-preventing-violence-against-children-2020.pdf>.

91 "Children with Disabilities," UN Special Representative of the Secretary-General on Violence Against Children, accessed October 1, 2023, <https://violenceagainstchildren.un.org/content/children-disabilities>.

92 Austin, Lesak, and Shanahan, "Risk and Protective Factors for Child Maltreatment: A Review."

93 "Childhood Maltreatment among Children with Disabilities," Centers for Disease Control and Prevention, accessed October 1, 2023, <https://www.cdc.gov/ncbddd/disabilityandsafety/abuse.html>.

94 UNICEF, *Eliminating Discrimination Against Children and Parents Based on Sexual Orientation and/or Gender Identity* (Vienna: UNICEF, 2014), <https://www.unicef.org/media/91126/file>.

95 Mark S. Friedman, Michael P. Marshal, Thomas E. Guadamuz, Chongyi Wei, Carolyn F. Wong, Elizabeth Saewyc, and Ron Stall, "A Meta-Analysis of Disparities in Childhood Sexual Abuse, Parental Abuse, and Peer Victimization Among Sexual Minority and Sexual Nonminority Individuals," *American Journal of Public Health* 101, no. 8 (August 2011), <https://doi.org/10.2105/AJPH.2009.190009>.

96 Kathryn Xian, Shaylin Chock, and Dustin Dwiggin, "LGBTQ Youth and Vulnerability to Sex Trafficking," in *Human Trafficking Is a Public Health Issue: A Paradigm Expansion in the United States*, ed. Makini Chisolm-Straker and Hanni Stoklosa (New York: Springer, 2017), 146, https://link.springer.com/chapter/10.1007/978-3-319-47824-1_9.

opens children to further abuse, especially in the case when LGBTQI+ youth become homeless or reliant on secondary, unqualified caretakers.⁹⁷ Additionally, many laws fail to protect LGBTQI+ children from abuse or increase the risk of abuse by criminalizing same-sex relationships.⁹⁸ Considering this reality, children within the LGBTQI+ community are more likely to experience abuse. Outside of their control, children have an array of characteristics that may make them more likely to experience child abuse including age, disability, gender, sexuality, and more.

Parents and caregivers also have certain characteristics that increase their risk of inflicting child abuse. However, unlike children, they are responsible for any dangerous actions or situations that inflict abuse on a child. Some characteristics may include substance abuse, unresolved mental health issues, having been abused themselves as a child, and more.⁹⁹ Parents or caregivers with substance abuse disorders are at

an increased risk of inflicting child abuse. Substance abuse refers to the excessive use and dependence on a substance like alcohol or drugs in a way that affects all areas of life.¹⁰⁰ It is estimated that children in a home with caregiver substance abuse are three times more likely to suffer from physical, emotional, and sexual abuse. They are also four times more likely to experience neglect from their caregiver.¹⁰¹ Drugs and alcohol impact a caregiver's ability to effectively take care of a child's needs and function in a parental role. Caregivers may become more forgetful, depressed, aggressive, violent, unable to control themselves, and more under the influence of drugs and alcohol. This places children at a greater risk for abuse in the form of health problems, violence, instability, and more.¹⁰² Additionally, substance abuse can expose children to unsafe aspects of substance abuse, such as manufacturing controlled substances and selling drugs.¹⁰³ This places children in an unsafe environment in which they may be harmed. Ultimately,

⁹⁷ Jotepreet Bhandal, "Tackling the LGBTQ+ Youth Homelessness Crisis," National Housing Federation, last modified February 13, 2023, <https://www.housing.org.uk/news-and-blogs/blogs/jotepreet-bhandal/tackling-the-lgbtq-youth-homelessness-crisis/>.

⁹⁸ "Contribution to Special Rapporteur on the Sale and Sexual Exploitation of Children, Including Child Prostitution, Child Pornography, and Other Child Sexual Abuse Material Forthcoming Report to the 77th Session of the UN General Assembly in October 2022," Office of the United Nations High Commissioner for Human Rights, accessed October 1, 2023, <https://www.ohchr.org/sites/default/files/documents/issues/children/cfi/vulnerabilities-children/others/2022-07-26/submission-sdgs-other-UNICEF.docx>.

⁹⁹ WHO, "Child Maltreatment."

¹⁰⁰ John B. Griffin, JR., "Substance Abuse" in *Clinical Methods: The History, Physical, and Laboratory Examinations*, ed. H. Kenneth Walker, W. Dallas Hall, and J. Willis Hurst (Boston: Butterworths, 1990), <https://www.ncbi.nlm.nih.gov/books/NBK319/>.

¹⁰¹ "Children Dually Exposed to Batterers and Parental Substance Abuse," Illinois Department of Human Services, accessed October 5, 2023, <https://www.dhs.state.il.us/page.aspx?item=38483>.

¹⁰² "Parental Substance Abuse," Child Welfare Information Gateway, accessed October 5, 2023, <https://www.childwelfare.gov/topics/can/people/substance/>.

¹⁰³ Child Welfare Information Gateway, *Parental Substance Use as Child Abuse* (Washington, D.C.: U.S. Department of Health & Human



Substance abuse, including prescription substances, can be a strong predictor of violence against children.

Credit: epSos.de

caregiver substance abuse results in an increased likelihood of child abuse.

In addition to substance abuse, caregivers with unresolved mental health issues increase the risk of child abuse. It is important to note that a caregiver's mental health alone does not cause child abuse.¹⁰⁴ However, a parent's poor behavior as a result of any unresolved mental health issues does cause an increased likelihood of child abuse, especially when these behaviors harm the health and well-being of a child. It is estimated that parents with mental health issues are two times more likely to abuse and neglect their children.¹⁰⁵ Symptoms among caregivers with mental health issues can include emotional numbness, avoidance, low impulse control, difficulties in concentrating, irritability, and more.¹⁰⁶ Untreated, these symptoms harm a caregiver's capability to be an effective parent and provide a child's basic needs. This can create an unstable environment for children and increase their likelihood of experiencing abuse. A caregiver's unresolved mental health issues become "key sources of stress for children" and corresponding abuse and neglect are linked to future, long-term health problems.¹⁰⁷ Therefore, a caregiver's unresolved mental health issues can have a tangible impact on a child's risk of abuse.

A final characteristic among parents and caregivers that makes them more likely to abuse a child is having a history of being abused as a child themselves. Despite this fact, it is essential to note that the majority of children who have experienced abuse and neglect do not go on to abuse their own children. An estimated 30 percent of abused and neglected children will later abuse their own children as parents.¹⁰⁸ In the long term, caregivers who had been abused as children typically have

negative psychological and behavioral consequences related to abuse. They may also have a distorted understanding of their abuse and neglect and view these actions as an appropriate way to parent.¹⁰⁹ For example, some caregivers create a harsh and punitive parenting style that relies on physical force, verbal aggression, and neglect to discipline a child. Caregivers may also be emotionally withdrawn from their children as a result of their own abuse during childhood, resulting in the neglect of their children.¹¹⁰ This history and related consequences of child abuse influence a caregiver's capability to provide care for their child. Overall, certain characteristics like substance abuse, unregulated mental health issues, and a history of abuse increase the risk of parents and other caregivers inflicting child abuse.

In addition to the characteristics of children and caregivers, there are also aspects of society that make child abuse more likely in some circumstances. These characteristics may include high levels of poverty, inefficient or inadequate child protection systems, and more.¹¹¹ While most people with financial issues do not abuse or neglect their children, poverty increases the risk for children to be abused. Worsened by the COVID-19 pandemic, an estimated 333 million children are living in extreme poverty.¹¹² The link between child abuse and poverty can be explained in many different ways. Poverty may increase stress and anger in the family. This can take the form of increased violent discipline or verbal aggression, resulting in physical and mental abuse of a child. Poverty may also reduce a caregiver's or parent's ability to provide adequate care to their child. In this situation, caregivers may not be able to provide proper housing or may not be able to supervise their child while working. This inability may result in the abuse or neglect

Services, 2019), <https://www.childwelfare.gov/pubPDFs/parentalsubstanceuse.pdf>.

104 "Parenting with a Mental Health Condition," Mental Health America, accessed October 5, 2023, <https://www.mhanational.org/parenting-mental-health-condition>.

105 Patricia L. Kohl, Melissa Jonson-Reid, and Brett Drake, "Maternal Mental Illness and the Safety and Stability of Maltreated Children," *Child Abuse & Neglect* 35, no. 5 (May 2011): 309, <https://doi.org/10.1016/j.chiabu.2011.01.006>.

106 Ana Isabel Lopes, João Leal, and Ana Isabel Sani, "Parental Mental Health Problems and the Risk of Child Maltreatment: The Potential Role of Psychotherapy," *Societies* 11, no. 3 (September 2021), <https://doi.org/10.3390/soc11030108>.

107 Christina Kamis, "The Long-Term Impact of Parental Mental Health on Children's Distress Trajectories in Adulthood," *Society and Mental Health* 11, no. 1 (March 2020), <https://doi.org/10.1177/2156869320912520>.

108 "Child Maltreatment Statistics," American Society for the Positive Care of Children, accessed October 5, 2023, <https://americanspcc.org/child-maltreatment-statistics/>.

109 Child Welfare Information Gateway, *Long-Term Consequences of Child Abuse and Neglect*.

110 Carolyn A. Greene, Lauren Haisley, Cara Wallace, and Julian D. Ford, "Intergenerational Effects of Childhood Maltreatment: A Systematic Review of the Parenting Practices of Adult Survivors of Childhood Abuse, Neglect, and Violence," *Clinical Psychology Review* 80, (July 2020), <https://doi.org/10.1016/j.cpr.2020.101891>.

111 WHO, "Child Maltreatment,"

112 "Child Poverty," UNICEF, accessed October 5, 2023, <https://www.unicef.org/social-policy/child-poverty>.

of a child.¹¹³ Additionally, this economic crisis forces children into vulnerable situations with the heightened likelihood of child abuse. This can include unstable and violent household dynamics, child marriage, child labor, and more.¹¹⁴ In these situations, children face all types of abuse and neglect as a result of poverty.

In addition to poverty, the presence of inadequate and inefficient child protection systems also increases the risk of child abuse. Child protection systems aim at reducing child abuse by providing children with essential goods and services that they are otherwise unable to access. So when these systems are not established or working correctly, children are especially prone to abuse. Child protection systems cover many different services like welfare, social security benefits, and emergency humanitarian relief. For example, children who were separated from their families require child protection systems to receive alternative care. According to UNICEF, an estimated 2.7 million children live in alternative residential care, but the actual number is likely higher.¹¹⁵ These systems are designed to protect children and provide them with an environment that allows them to prosper. This is mostly the case, but children receiving alternative care are more likely to suffer from child abuse than in the general population. These children may be interacting with caregivers who never should have been able to provide care to children in need. Alternative care systems may also fail to properly and continuously assess, support, and supervise children in some alternative care settings. As a result of this vulnerability, children within child protection systems are more likely to suffer from child abuse.¹¹⁶ At a societal level, poverty and inadequate and inefficient child protection systems are characteristics that increase the risk of child abuse.

Despite it never being a child's fault, there are certain characteristics that increase the risk for a child to experience abuse. These include characteristics of the child, parent, and

society. Ultimately, delegates of UNICEF must consider the inequalities of child abuse and develop solutions that reduce the abuse of all children at risk.

Current Status

Case Study: Child Abuse and Domestic Violence in Nigeria

Child abuse and domestic violence affects children in all countries. However, some countries experience higher levels of violence because of a variety of social, political, and economic factors. To showcase one country with worsening levels of child abuse and domestic violence, Nigeria serves as an informative case study into the reality of child abuse in 2023. UNICEF's Multiple Indicator Cluster Survey (MICS) concluded that Nigeria has seen a five percent increase in violence against children between 2016 and 2021.¹¹⁷ Not only is violence against children increasing, it is also commonplace. According to UNICEF's most recent comprehensive report, violence against children impacts six out of every 10 children in Nigeria.¹¹⁸ Currently in Nigeria, violence takes on many different forms that include: child marriage, female genital mutilation (FGM), violence through political conflict, and more. These issues are worsening in Nigeria, but affect numerous member states of UNICEF. Delegates of UNICEF must develop dynamic solutions to address the reality of child abuse and domestic violence affecting children in 2023.

Child Marriage in Nigeria

One form of child abuse, child marriage, is currently prevalent in Nigeria. Child marriage refers to "any formal marriage or informal union between a child under the age of 18 and an adult or another child."¹¹⁹ As of 2023, Nigeria has the largest number of child marriages in Africa, with the vast majority of marriages impacting women and girls. Over 23 million

113 Shadi Houshyar, "Poverty and Child Neglect: What We Know and What We Need to Do," First Focus, last modified January 27, 2014, <https://firstfocus.org/blog/poverty-and-child-neglect-what-we-know-and-what-we-need-to-do>.

114 UNICEF, *Global Annual Results Report 2021*.

115 "Children in Alternative Care," UNICEF, accessed October 5, 2023, <https://www.unicef.org/protection/children-in-alternative-care>.

116 Abigail Hessing, "Sexual Abuse of Children in the United States Foster Care System," Ballard Brief, last modified Winter 2022, <https://ballardbrief.byu.edu/issue-briefs/sexual-abuse-of-children-in-the-united-states-foster-care-system>.

117 Mariam Ileyemi, "Violence Against Children in Nigeria Increased by 5% in Five Years - Report," *Premium Times*, August 20, 2022, <https://www.premiumtimesng.com/health/health-news/549694-violence-against-children-in-nigeria-increased-by-5-in-five-years-report.html>.

118 "Child Protection," UNICEF Nigeria, accessed August 20, 2023, <https://www.unicef.org/nigeria/child-protection>.

119 UNICEF, "Child Marriage."



Selenat, from Ethiopia, was married at 13.

Credit: DFID - UK Department for International Development

women and girls in Nigeria were married as children.¹²⁰ Of these 23 million, at least 46 percent of girls in Nigeria are married before they turn 18 years old, and 18.5 percent of girls are married before 15.¹²¹ Therefore, child marriage currently impacts a detrimental number of women and girls in Nigeria. This is expected to worsen in the next several decades without intervention. The rate of child marriage is steadily decreasing in Nigeria, but this decrease will not be enough to offset rapid population growth. Since 2003, child marriage has decreased by nine percent and a further six percent decrease is expected by 2030. However, current population growth estimates expect more than one million additional children will be victims of child marriage by 2030 and more than two million children by 2050.¹²²

A multitude of factors make child marriage a common practice in Nigeria. These include economic security, traditional and religious practices, avoidance of social stigma related to teen pregnancy, and more. For many families facing economic difficulties, child marriage is seen as a tool to alleviate poor financial conditions. By marrying a daughter off, families have

fewer economic responsibilities or, in some cases, may even gain a bride price from the man marrying their daughter.¹²³ Traditional and religious practices also increase the rate of child marriages in Nigeria and, specifically, in Northern regions. In many of these cases, child marriage is reinforced by religious and traditional justifications that determine adulthood with puberty instead of being 18 years old. This results in much higher rates of child marriage. Other cultural factors that influence the prevalence of child marriage include societal shame attached to unintended pregnancies in adolescents. These pregnancies are often considered dishonorable to the family and result in child marriages. Pregnant girls are often forced into marriages by their parents to prevent social shame and secure future financial security for both mother and child.¹²⁴ These factors lead to the prevalence of child marriage in Nigeria, despite the detrimental effects on the well-being of women and girls.

Child marriage has a multitude of effects on women and girls in Nigeria. It severely threatens their health and prosperity and exposes children to further child abuse. Girls who were

120 UNICEF Nigeria, "Child Protection."

121 UNICEF, *16 Facts About Violence Against Women and Girls in Nigeria* (New York: UNICEF, 2022), <https://www.unicef.org/nigeria/media/6696/file/16%20facts%20document.pdf>.

122 UNICEF Nigeria, "Child Protection."

123 "Child Marriage: Facts, FAQs, and How to Help End it," World Vision, accessed August 20, 2023, <https://www.worldvision.org/child-protection-news-stories/child-marriage-facts>.

124 "Nigeria: Child Marriage Violates Girls' Rights," Human Rights Watch, accessed August 22, 2023, <https://www.hrw.org/news/2022/01/17/nigeria-child-marriage-violates-girls-rights>.

married before turning 18 are more likely to experience domestic violence at home than girls who were married in adulthood.¹²⁵ In Nigeria, child marriages generally have power imbalances where girls have little to no access to bodily autonomy, decision-making power, or rights.¹²⁶ These factors open women and girls in child marriages to increased levels of future domestic violence.¹²⁷ In addition to domestic violence, girls in child marriages are also more likely to contract sexually transmitted infections and suffer from complications related to pregnancies and childbirth. In 2021, approximately 1 out of 10 births in Nigeria were by adolescent mothers.¹²⁸ Adolescent mothers are at more risk of health complications like postpartum endometritis, eclampsia, and infection following birth than mothers in their 20s. Children born to adolescent mothers are also more likely to suffer low birth weight, preterm birth, and more.¹²⁹ Girls are also less likely to remain in school after marriage. In 2022, UNICEF found that 87 percent of married adolescent girls in Nigeria do not return to school after getting married.¹³⁰ This limits the development of girls because they have fewer employment opportunities, are limited to savings, and may be dependent on their spouses for economic support. It is essential for delegates of UNICEF to consider the effects of child marriage as they develop solutions to mitigate this current crisis.

The Nigerian government has developed various laws to address and eradicate child marriage in Nigeria. In 2003, Nigeria implemented the Child Rights Act, which protects the rights of all children in Nigeria and criminalizes marriage under the age of 18.¹³¹ This was the first comprehensive law to prohibit child marriage. Currently, three out of 36 states have not passed and assented to this law. Therefore, Adamawa, Bauchi, and Gombe have not fully accepted the Child Rights Act into their state laws.¹³² Nigeria has also ratified multiple international

and regional treaties that ban child marriage, including the African Charter on the Rights and Welfare of the Child and the United Nations Convention on the Rights of the Child. Despite these developments, many states have still failed to adequately address child marriage.¹³³ In addition to efforts by the Nigerian government, international organizations are also heavily involved in fighting child marriage in Nigeria. Some prevalent organizations include UNICEF Nigeria, Girls Not Brides, Save the Children International (SCI), and more. With Nigeria's Ministry of Women Affairs and Social Development, these organizations worked on the National Strategy to End Child Marriage in Nigeria 2016-2021. This program aimed to reduce factors that make girls more prone to child marriage. Some of these policies included increasing access to poverty reduction programs, promoting girls' attendance at schools, providing accurate reproductive health information for school boys and girls, and more. Despite these policies, little has been done to actually implement the strategies in this document. It was not broken into an actionable work plan and little progress has been made since its launch.¹³⁴ As UNICEF proposes new solutions to stop child marriage, it is essential to consider which previous policies have been effective or not.

Ultimately, child marriage is a form of child abuse that has severe consequences for the well-being of children in Nigeria. UNICEF must take more proactive steps to protect the rights of children by assessing factors leading to child marriage and previous policies.

Female Genital Mutilation in Nigeria

According to the WHO, female genital mutilation (FGM) describes all procedures that “involve partial or total removal of the external female genitalia, or other injury to the female

125 UNICEF, “Child Marriage.”

126 Human Rights Watch, “Nigeria: Child Marriage Violates Girls’ Rights.”

127 Rachel Kidman, “Child Marriage and Intimate Partner Violence: A Comparative Study of 34 Countries,” *International Journal of Epidemiology* 46, no. 2 (April 2017): 662-675, <https://academic.oup.com/ije/article/46/2/662/2417355>.

128 Save the Children International, *Global Childhood Report 2021* (Fairfield: Save the Children, 2021), <https://www.savethechildren.org/content/dam/usa/reports/advocacy/2021-global-childhood-report.pdf>.

129 “Adolescent Pregnancy,” WHO, accessed August 23, 2023, <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>.

130 “Child Marriage in Nigeria: Wedded to Poverty,” Yale University, accessed August 23, 2023, <https://archive-yaleglobal.yale.edu/content/child-marriage-nigeria-wedded-poverty>.

131 Human Rights Watch, “Nigeria: Child Marriage Violates Girls’ Rights.”

132 “Child Rights Act Tracker,” Partners Nigeria, accessed August 24, 2023, <https://www.partnersnigeria.org/childs-rights-law-tracker/>.

133 Human Rights Watch, “Nigeria: Child Marriage Violates Girls’ Rights.”

134 “Nigeria,” Girls Not Brides, accessed August 24, 2023, <https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/regions-and-countries/nigeria/>.

genital organs for nonmedical reasons.”¹³⁵ According to UNICEF, more than 200 million girls and women have been subjected to FGM in 31 countries as of June 2023.¹³⁶ FGM has zero health benefits and causes both short-term and long-term health consequences for women and girls.¹³⁷ In Nigeria, this practice is most commonly performed in infancy, but girls as old as 15 also have this procedure done. By causing severe physical and emotional pain, FGM is considered child abuse. In Nigeria, FGM currently affects 19.9 million women and girls between 15–49 years old. The rates of FGM among Nigerian girls aged 0–14 have been rising from 16.9 percent in 2013 to 19.2 percent in 2018. UNICEF estimates that this rate will only increase in the future.¹³⁸ Similarly to child marriage, future population estimates also predict that the number affected by FGM will remain unchanged by 2030 despite current initiatives to stop the practice.¹³⁹

There are a variety of factors that make FGM prominent in Nigeria. This practice is associated with prevailing social norms, religion, and education.¹⁴⁰ Socially, FGM is viewed as a necessary step to be a woman, an active member of the community, and a wife. In Nigeria, the highest prevalence of FGM is within the Southern ethnic groups Yoruba and Igbo due to long-standing cultural beliefs.¹⁴¹ In communities practicing FGM, it is believed that the practice will improve cleanliness, femininity, fertility, chastity, and a future child's chance of survival.¹⁴² Social acceptance also justifies this practice. A 2022 study published in the *International Journal of Maternal and Child Health and AIDS* found that Nigerian mothers who had experienced FGM were more likely to do the

same to their daughters than those who had not experienced it.¹⁴³ In addition to societal norms influencing the prevalence of FGM, the practice often has religious justification, despite not being endorsed by Christianity, Judaism, or Islam. As of 2022, FGM is more common among Muslims in Nigeria, but FGM is ultimately practiced by followers of all religions.¹⁴⁴ Finally, education is significantly related to the decision to perform FGM on young girls. The majority of women with FGM or who support the practice of FGM tend to live in rural areas, receive less education and are illiterate. In 2022, highly educated women in Nigeria tend to have less positive attitudes towards FGM. They are less prone to societal pressure related to the practice, and they are more likely to recognize the harmful nature of the procedure.¹⁴⁵ These factors all increase the likelihood of FGM among young girls despite its harmful effect on physical and mental health.

FGM constitutes child abuse because of the effects on girl's physical and mental well-being. It has no health benefits and has severe short-term and long-term complications. The severity of the effects usually depends on the type of removal or injury, the expertise of the practitioner, the girl's health and level of resistance to the procedure, and the hygienic conditions of the place in which it is performed. Immediate complications include severe pain, tetanus or infection, hemorrhage, shock, fever, septicemia, and more. When serious, these complications can result in death.¹⁴⁶ Mentally, psychological complications impact many women who have undergone FGM. A 2023 study published in the *Lancet* determined that many women have anxiety, depression,

135 “Female Genital Mutilation,” WHO, accessed August 26, 2023, <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

136 “Female Genital Mutilation (FGM),” UNICEF, accessed August 26, 2023, <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>.

137 WHO, “Female Genital Mutilation.”

138 UNICEF, “UNICEF Warns FGM on the Rise Among Young Nigerian Girls,” press release, February 6, 2022, <https://www.unicef.org/nigeria/press-releases/unicef-warns-fgm-rise-among-young-nigerian-girls>.

139 UNICEF Nigeria, “Child Protection.”

140 Ankita Siddhanta and Atreyee Sinha, “Attitude and Perception Towards Female Circumcision: a Study of Vulnerability Among Women in Kenya and Nigeria,” *Journal of Family Welfare* 62, no. 2 (December 2016): 36, https://www.researchgate.net/publication/327200268_ATTITUDE_AND_PERCEPTION_TOWARDS_FEMALE_CIRCUMCISION_A_STUDY_OF_VULNERABILITY_AMONG_WOMEN_IN_KENYA_AND_NIGERIA.

141 Chidimma Ezenwa Anyanwu, Kwasi Torpey, Olaiya Paul Abiodun, Olaniyi Felix Sanni, and Ifeanyi Donald Anyanwu, “Variations in the Prevalence of Female Genital Mutilation Among Reproductive-aged Women in Nigeria Across Three Generations,” *International Journal of Maternal and Child Health and AIDS* 11, no. 2 (August 2022), <https://doi.org/10.21106/ijma.548>.

142 “Female Genital Mutilation (FGM) Frequently Asked Questions,” UNFPA East and Southern Africa Regional Office, accessed August 27, 2023, <https://esaro.unfpa.org/en/female-genital-mutilation-fgm-frequently-asked-questions>.

143 Anyanwu et al., “Variations in the Prevalence of Female Genital Mutilation.”

144 Anyanwu et al., “Variations in the Prevalence of Female Genital Mutilation.”

145 Anyanwu et al., “Variations in the Prevalence of Female Genital Mutilation.”

146 UNFPA East and Southern Africa Regional Office, “Female Genital Mutilation (FGM) Frequently Asked Questions.”

PTSD, memory loss, substance abuse, poor self-esteem, and more as a result of FGM.¹⁴⁷ These consequences on mental and physical health are extremely detrimental to the health of young girls throughout their lives. It is essential for delegates of UNICEF to consider the effects of FGM as they develop solutions to prevent this current practice.

A number of policies are in place to combat FGM in Nigeria. In 2015, the Nigerian government enacted the Violence Against Persons Prohibition (VAPP) Act. This Act formally prohibits FGM and punishes practitioners with imprisonment or fines.¹⁴⁸ This is the most comprehensive law against FGM and violence against girls in Nigeria. However, this law has not been passed and assented to by all states in Nigeria. Other states that have passed the VAPP Act have additionally been slow in actually enforcing this law.¹⁴⁹ International organizations also help with ending FGM in Nigeria. Some organizations include: WHO, UNICEF Nigeria, the African Union, the Federation of International Obstetrics and Gynecology (FIGO), and more. As of 2022, UNICEF is launching a community-led initiative to combat FGM. Named “The Movement for Good,” the program will hopefully reach five million adolescents, pregnant women, community leaders, and state officials through a virtual pledge to “say no to FGM.”¹⁵⁰ This program hopes to challenge the misconceptions of FGM at a household level to protect girls. However, this program is only present in five states: Ebonyi, Ekiti, Imo, Osun, and Oyo, and has had little tangible impact so far on the rate of young girls undergoing FGM.¹⁵¹ As UNICEF proposes new potential solutions to stop FGM, it is essential to consider which previous policies have been effective or not.

Legal and Justice Systems Combating Child Abuse

Countries’ legal and justice systems often fall short in

defending the rights of children, revealing numerous gaps and systemic issues that demand urgent attention to eradicate child abuse. These shortcomings can manifest in various ways, including inadequate legislation, insufficient resources for child protection agencies, and lengthy delays in court proceedings. Furthermore, securing consistent implementation of child protection legislation is difficult, particularly in distant or marginalized populations. Certain legal systems may fail to effectively prioritize child victims’ rights and voices during legal procedures, thereby retraumatizing children in the search for justice. Likewise, with the evolving technology, many new forms of perpetrated child abuse keep emerging, and legal frameworks are falling short to identify and tackle these. To eradicate child abuse for good and maintain this issue, countries must develop strong, comprehensive, and inclusive institutions and justice systems.

There are various reasons why global justice systems and legal frameworks fail to safeguard children. ECPAT International, a global network of civil society organizations working to end child abuse, released a report stating that outdated laws and insufficient legal enforcement are increasing the risk of abuse of children throughout Southeast Asia.¹⁵² Many countries fail to have the right laws in place and to implement them correctly due to their unique and diverse cultural backgrounds and multiple circumstances. Cultural differences can influence how child protection laws are interpreted and applied, with some habits or norms possibly contradicting internationally recognized child rights standards. For example, in Nigeria, child marriage remains popular because the federal and state governments have not sufficiently enforced anti-child marriage laws.¹⁵³ Nigeria has some of the highest rates of child marriage on the African continent. Although the federal Child Rights Act (CRA, 2003) prohibits marriage before the age of 18, the Nigerian constitution appears to contradict this

147 Esho Tammary and Kumar Manasi, “Mental and Sexual Health Outcomes Associated with FGM/C in Africa: a Systematic Narrative Synthesis,” *The Lancet* 56, (February 2023), <https://doi.org/10.1016/j.eclinm.2022.101813>.

148 “Violence Against Persons (Prohibition) Act 2015,” UN Women, accessed August 27, 2023, <https://evaw-global-database.unwomen.org/en/countries/africa/nigeria/2015/violence-against-persons-act-fgm>.

149 The Westminster Foundation for Democracy (WFD), *The Impact of the Violence Against Persons (Prohibition) Act and Related Laws in Nigeria* (London: WFD, 2021), <https://www.wfd.org/sites/default/files/2023-02/Report%20of%20the%20Impact%20of%20the%20VAPP%20and%20related%20laws%20in%2012%20states.pdf>.

150 UNICEF, “UNICEF Warns FGM on the Rise Among Young Nigerian Girls.”

151 UNICEF, “UNICEF Warns FGM on the Rise Among Young Nigerian Girls.”

152 “Sexual Exploitation of Children in Southeast Asia Is an Increasing Concern,” End Child Prostitution and Trafficking (ECPAT), accessed August 28, 2023, <https://ecpat.org/sexual-exploitation-children-increasing-concern-across-southeast-asia-new-report/>.

153 Human Rights Watch, “Nigeria: Child Marriage Violates Girls’ Rights.”



A protest against child abuse in Seoul, South Korea

Credit: 고려

viewpoint. States with Islamic legal systems have similarly failed to embrace both federal law and the marriage age of 18. Some southern states that have taken this stance have not taken the necessary steps to implement it.¹⁵⁴ Child marriage in Nigeria is driven by gender inequity and the assumption that girls are somehow less than boys. It is further exacerbated by poverty, poor education, and religion, which is a supportive frame for enduring cultural norms in Nigeria that excuse underage marriage.¹⁵⁵

In other countries, child abuse is fully not penalized, meaning there are no laws that protect children at all. For example, in the United States, child marriage is legal in 43 states. Over a quarter million children were married in the United States between 2000 and 2018.¹⁵⁶ Only in 2018, Delaware became the first US state to prohibit child marriage.¹⁵⁷ Similarly, no state in the United States has outlawed all forms of child corporal punishment, and 23 states allow it in both public and private schools. According to US Department of Education figures, around 160,000 children are subjected to corporal

punishment in schools each year. Only two states, New Jersey and Iowa, prohibit both public and private school corporal punishment.¹⁵⁸ The United States also remains the only country in the world that punishes people under the age of 18 to life in prison without the possibility of parole.¹⁵⁹

Widespread corruption in governmental and law enforcement institutions, ineffective or inadequate law enforcement responses, and weak justice and child protection systems are other reasons that affect the law to effectively penalize and control child abuse. An example of this is Larry Nassar's case. A former USA Gymnastics team doctor was convicted in 2018 of sexually abusing hundreds of young female athletes under the guise of medical treatment. Many victims reported Nassar's assault to coaches, trainers, and others in positions of power, but these reports were frequently disregarded or ignored.¹⁶⁰

Moreover, nations facing challenging situations such as political instability, economic disparities, or conflict may find

154 Human Rights Watch, "Nigeria: Child Marriage Violates Girls' Rights."

155 "Child Marriage Atlas - Nigeria," Girls Not Brides, accessed September 5, 2023, <https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/atlas/nigeria/>.

156 Ben Wiseman, "US States Fail to Protect Children's Rights," Human Rights Watch, last modified September 13, 2022, <https://www.hrw.org/news/2022/09/13/us-states-fail-protect-childrens-rights>.

157 Wiseman, "US States Fail to Protect Children's Rights."

158 Wiseman, "US States Fail to Protect Children's Rights."

159 Wiseman, "US States Fail to Protect Children's Rights."

160 Hadley Freeman, "How Was Larry Nassar Able to Abuse so Many Gymnasts for so Long?," *The Guardian*, January 26, 2018, <https://www.theguardian.com/sport/2018/jan/26/larry-nassar-abuse-gymnasts-scandal-culture>.

it difficult to allocate resources and focus on enforcing child protection laws effectively. For instance, children in conflict zones are extremely vulnerable to a wide range of types of violence, including trauma, kidnapping, abuse, child labor, trafficking, and direct recruitment into armed conflict.¹⁶¹ For instance, 72 million children—17 percent of the 426 million children living in conflict zones worldwide, or one in every six—live near armed organizations that commit violence against them.¹⁶² In addition, between 2005 and 2022, more than 315,000 grave violations against children were verified by warring parties in over 30 crisis situations across Africa, Asia, the Middle East, and Latin America. Because of the nature of armed conflicts, where reporting and legal proceedings are affected by the instability, the real figure is certainly much higher.¹⁶³ A more concrete example is the case of child soldiers in Yemen. The recruitment of minors as actual or auxiliary combatants in Yemen's ongoing conflict is one of the most concerning developments since the conflict's inception in 2014.¹⁶⁴ Children in Yemen have been recruited by the internationally recognized government of Yemen (IRGY), pro-government militias, the Houthis, unidentified perpetrators, the Security Belt Forces, and the Islamic State, according to the UN Secretary-General's Annual Report on Children and Armed Conflict, which was released in July 2022.¹⁶⁵ Survivors of child abuse in conflict zones confront a number of obstacles, which are exacerbated by wars. They include a lack of reporting methods and protocols, stigma, fear of retaliation, and a lack of support and resources.

Lastly, evolving technology is another challenge for legal frameworks and justice systems regarding child abuse. Technology presents both opportunities and challenges in the context of legislation surrounding child abuse. While technology can enhance efforts to combat child abuse, it can

also create significant gaps in existing legislation. For example, the rise of the internet and social media has introduced new avenues for the distribution of child pornography and the grooming of minors by predators, often operating across international borders. Legislation may struggle to keep pace with these rapidly changing digital environments, making it difficult to effectively address emerging threats.

These complicated elements highlight the importance of a nuanced, context-specific approach to child rights advocacy and enforcement. It is crucial to recognize that one-size-fits-all solutions are frequently insufficient in addressing the diverse difficulties of global child protection. Catering laws and programs to each unique country emphasize the significance of cultural sensitivity, teamwork, and customized strategies in bridging the gap between legal frameworks and children's lived experiences around the world.

In addition, the international community has been also working on creating new legislation and proceedings regarding child abuse perpetrated through the Internet. At the moment, services are not always created with child safety in mind, and many tech companies do not check for and do not disclose child sexual abuse material when they find it. This is due to the fact that the decision is left up to each individual firm.¹⁶⁶ Clear standards are required to effectively address the misuse of web services for the purposes of child sexual abuse. For example, the European Union (EU) is now planning to make prevention, detection, reporting, and removal mandatory through a law. This legislation would require the EU to impose a legal requirement on firms such as Meta, TikTok, and Google to detect, remove, and report any child sexual abuse content on their platforms.¹⁶⁷ This law will assist the police in locating additional evidence of child sexual abuse

161 "How Gender is Shaping Violence against Children in Conflict Zones," End Violence Against Children, accessed September 5, 2023, <https://www.end-violence.org/articles/how-gender-shaping-violence-against-children-conflict-zones>.

162 "1 in 6 Children Living in Conflict Zones at Risk of Sexual Violence by Armed Groups," Save the Children International, accessed September 5, 2023, <https://www.savethechildren.net/news/1-6-children-living-conflict-zones-risk-sexual-violence-armed-groups>.

163 "Children under Attack," UNICEF, accessed September 5, 2023, <https://www.unicef.org/children-under-attack>.

164 Afrah Nasser, "Child Soldiers in Yemen: Cannon Fodder for an Unnecessary War," Arab Center Washington, D.C., last modified February 2, 2023, <https://arabcenterdc.org/resource/child-soldiers-in-yemen-cannon-fodder-for-an-unnecessary-war/>.

165 UN General Assembly, Promotion and Protection on the Rights of Children: Children and Armed Conflict, A/76/871-S/2022/493, (June 23, 2022), <https://www.un.org/unispal/document/children-and-armed-conflict-report-of-the-secretary-general-a-76-871-s-2022-493-excerpts/>.

166 Directorate-General for Migration and Home Affairs, "How the New EU Law to Tackle Child Sexual Abuse Will Make a Difference," *European Commission News*, October 26, 2022, https://home-affairs.ec.europa.eu/news/how-new-eu-law-tackle-child-sexual-abuse-will-make-difference-2022-10-26_en.

167 Eurochild, "New Legislation Could Put EU on the World Map by Holding Big Tech Accountable for the Dissemination of Child Sexual

and ensuring that it is removed as soon as possible.¹⁶⁸

All of these endeavors reflect a growing commitment to creating a safer and more just environment for children, with a focus on early prevention, swift intervention, and robust accountability measures to end child abuse and protect the most vulnerable members of society.

To bridge these legislative gaps, there is a growing need for updated and comprehensive laws that address the evolving challenges while still safeguarding children's rights and privacy. Extensive reforms, higher financing for child welfare services, enhanced coordination among key authorities, and a commitment to protecting children's rights are a top priority. Only by working together can we hope to create a safer and more just world for children, free of abuse.

Sustainable Development Goals

The 2030 Agenda for Sustainable Development is a plan for all United Nations Member States to bring peace and prosperity to all people now and in the future. This plan involves 17 Sustainable Development Goals (SDGs) that require all Member States to take action. In the fight against child abuse and domestic violence, several SDGs are involved. This includes “good health and well-being,” “gender equality,” “reduced inequalities,” and “peace, justice, and strong institutions.”¹⁶⁹

SDG 3: Good Health and Well-Being is critical for achieving the 2030 Agenda for Sustainable Development and for the protection of children. This goal promotes the health and well-being of everyone by focusing on all major health priorities including maternal and child health, diseases, universal health coverage, and access to medicines.¹⁷⁰ This topic is concerned with the physical and mental health of children who face child abuse and domestic violence. To address this SDG, delegates

should consider solutions to provide and improve health services for the development of children.

SDG 5: Gender Equality is central to obtaining to empowering and protecting all women and girls. This goal focuses on gender inequalities that push girls into unequal amounts of domestic work, child marriage, early pregnancy, and GBV.¹⁷¹ In the topic of child abuse and domestic violence, gender inequality has resulted in acts of violence like child marriage and FGM. Delegates of UNICEF should consider this SDG while specifically addressing global violence and exploitation of women and girls.

SDG 10: Reduced Inequalities is essential to reaching the 2030 Agenda for Sustainable Development and limiting inequality among children. This goal concerns the discrimination of people based on age, gender, ethnic or racial group, migratory status, sexual orientation, disability, and more. These factors may disadvantage people in different and in invisible ways, so goal 10 focuses on working toward equality.¹⁷² Child abuse and domestic violence have an unequal impact on certain groups of children, including children experiencing poverty, disability, racism, and more. Delegates should consider this SDG while forming solutions to provide equal support and break intergenerational inequalities.

SDG 16: Peace, Justice, and Strong Institutions provides peaceful and inclusive societies worldwide and protects the rights of children. This goal promotes ending violence, creating effective justice for all, and forming government institutions that are able to keep children safe.¹⁷³ The topic of child abuse and domestic violence is directly concerned with the violence that children face and with their ability to remain safe through justice and government institutions and programs. Delegates should carefully think about creating solutions that are able to provide peace, justice, and accountable institutions for the well-being of all children.

Abuse Materials,” news release, February 22, 2023, <https://www.eurochild.org/news/new-legislation-could-put-eu-on-the-world-map-by-holding-big-tech-accountable-for-the-dissemination-of-child-sexual-abuse-materials>.

168 Directorate-General for Migration and Home Affairs, “How the New EU Law to Tackle Child Sexual Abuse Will Make a Difference.”

169 “The 17 Goals,” United Nations Department of Economic and Social Affairs, accessed September 15, 2023, <https://sdgs.un.org/goals>.

170 “Goal 3: Good Health and Well-Being,” UNICEF Data, accessed September 15, 2023, <https://data.unicef.org/sdgs/goal-3-good-health-wellbeing/>.

171 “Goal 5: Gender Equality,” UNICEF Data, accessed September 15, 2023, <https://data.unicef.org/sdgs/goal-5-gender-equality/>.

172 “Goal 10: Reduced Inequalities,” UNICEF Data, accessed September 15, 2023, <https://data.unicef.org/sdgs/goal-10-reduced-inequalities/>.

173 “Goal 16: Peace, Justice and Strong Institutions,” UNICEF Data, accessed September 15, 2023, <https://data.unicef.org/sdgs/goal-16-peace-justice-strong-institutions/>.

Bloc Analysis

Child abuse and domestic violence affecting children are present in all countries. However, countries will likely suggest ideas based on the severity of child abuse domestically. This way, delegates can propose solutions with other countries that are specific to the reality of child abuse and domestic violence in their countries. Child abuse and domestic violence include many different behaviors that harm a child's childhood, health, and development. These behaviors include child labor, child marriage, adolescents having children, violence, and more. It is essential to consider the combination of these behaviors to have a full understanding of child abuse in a given country.

In 2021, Save the Children International (SCI) released a report named the Global Childhood Report. SCI is an international non-governmental organization that helps children in over 100 countries through emergency relief, education programs, protection programs, and more.¹⁷⁴ Protecting children from violence, abuse, and exploitation is a strong part of SCI's mission. In their 2021 report, SCI created the Complete End of Childhood Index to assess child abuse country by country. The index uses several categories of child abuse to measure the full extent of abuse. These categories include: "Child Begins Work Life," "Child Marries," "Child has a Child," and "Child is a Victim of Extreme Violence."¹⁷⁵ Each data set is classified into various colored ratings to reflect how prevalent that category of child abuse is. There are four colors to describe how common child abuse is: gray represents low levels of child abuse, yellow indicates moderate levels, orange reflects high levels, and red displays very high levels.¹⁷⁶ The color of a member state's child abuse data will be used as a baseline for bloc divisions. If data is unavailable for all five categories, delegates are asked to rely on the other categories to understand which bloc best aligns with their country's policy.

Delegates should also consider that there are other types of abuse that children face not included in this report. Some sets

of national data regarding child protection are inaccessible, and many cases of abuse are not always reported. Additional research into a country's position is highly recommended for a complete understanding. Regardless, SCI's Complete End of Childhood Index offers a helpful introduction to the issue of child abuse and domestic violence within individual countries.

Countries with Low Levels of Child Abuse and Domestic Violence

Countries in this bloc showcase low levels of child abuse and domestic violence by having no colored ratings and gray-colored data in all five categories. There are no ratings of moderate, high, or very high levels of child abuse or domestic violence in these countries. These countries include but are not limited to Belarus, Chile, Singapore, and Sweden.

In 2021, Singapore received very low rankings in the Complete End of Childhood Index. Only 0.3 percent of adolescent girls between the ages of 15 and 19 are married. Per 1,000 births in Singapore, 3.5 births were by adolescent girls aged 15 to 19. There are also few cases of children experiencing extreme violence, with 0.0 percent of Singaporeans forcibly displaced and 0.2 homicide deaths per 100,000 people aged zero to 19.¹⁷⁷ This collection of data suggests that Singapore has relatively low levels of child abuse and domestic violence. The Government of Singapore has a number of laws to create a violence-free environment for children. Some of these policies include criminalizing child abuse, neglect, and sexual exploitation. Singapore also has laws protecting children from the entertainment industry, gambling, and more. Some of these measures include: the Children and Young Persons Act (CYPA), the Child Abuse Protection Team (CAPT), Singapore's Penal Code, and more.¹⁷⁸ These policies aim to protect children from all forms of child abuse through proper management of child abuse cases, harsh penalties for offenders and welfare services to meet the needs of children. These measures have all contributed to Singapore's low ranking in 2021.

174 "Where We Work," Save the Children, accessed August 23, 2023, <https://www.savethechildren.org/us/where-we-work>.

175 Save the Children International, *Global Childhood Report 2021*.

176 Save the Children International, *Global Childhood Report 2021*.

177 Save the Children International, *Global Childhood Report 2021*.

178 Singapore Children Society, *Protection of Children in Singapore: An Overview* (Singapore: Singapore Children Society, 2005), https://www.childrensociety.org.sg/resources/ck/files/child_protection.pdf.

Similarly to Singapore, Sweden also received very low rankings in the Complete End of Childhood Index. 2.3 percent of girls aged 15 to 19 are married in Sweden. Per 1,000 births in Sweden, the birth rate of adolescent girls between the ages of 15 and 19 is 5.1. Despite being higher than Singapore, this data is still comparatively low with other countries. In Sweden, very few children are victims of extreme violence and physical abuse. 0.0 percent of Swedes are forcibly displaced by conflict and the child homicide rate is 0.6. The Government of Sweden aims to protect the best interests of children through a series of measures. Sweden prohibits all forms of violence against children, the act of exposing children to crime, child marriage, and neglect.¹⁷⁹ Some actions that Sweden has done to limit child abuse and domestic abuse include: the Social Services Act, the Care of Young Persons (Special Provisions) Act, the Children and Parents Code, and more.¹⁸⁰ These policy decisions protect children by providing a variety of support and protection systems in cases of abuse and domestic violence. These measures have all contributed to Sweden's low ranking in 2021.

Countries with Moderate Levels of Child Abuse and Domestic Violence

Countries in this bloc showcase moderate levels of child abuse and domestic violence by having one to two colored ratings in the five categories. This means that these countries have some serious child abuse and domestic violence rates in their countries, but still have low levels in other related categories. These countries include but are not limited to: Bangladesh, Peru, South Africa, and Ukraine.

Bangladesh depicts moderate levels of child abuse and domestic violence according to the 2021 Complete End of Childhood Index. Bangladesh has two colored ratings for the categories of child marriage and adolescent childbirth. 6.8 percent of children aged five to 17 in Bangladesh are engaged

in child labor. Scoring high, 32.7 percent of girls aged 15 to 19 are currently married or in unions. Moderately scored, the birth rate for children born to adolescent mothers is 82.3 per every 1,000 births. However, the rates of extreme violence against children are much lower. Only 0.1 percent of Bangladeshis are forcibly displaced by conflict and the child homicide rate is 1.5 deaths per 100,000 people between the ages of zero and 19.¹⁸¹ The combination of this data indicates that Bangladesh has moderate levels of child abuse and domestic violence. The Government of Bangladesh has a number of measures to limit current levels of child abuse. These seek to limit physical abuse, forced labor, sexual exploitation, and more.¹⁸² Some reforms that Bangladesh has implemented to reduce child abuse include: the Penal Code of 1860, the National Children Policy of 2011, and the Child Act.¹⁸³ These policies ensure the rights of children and penalize acts of child abuse. However, there are few reforms that target the forms of abuse that disproportionately impact girls. These measures have all added to Bangladesh's moderate ranking in 2021.

South Africa also depicts moderate levels of child abuse and domestic violence according to the 2021 Complete End of Childhood Index. South Africa has two colored rankings for the category of adolescent childbirth and child homicide. 3.6 percent of children in South Africa are engaged in child labor and 3.0 percent of adolescent girls are married. However, the adolescent birth rate scores moderate. Per every 1,000 births in South Africa, 67.8 births were by adolescent mothers. Extreme violence against children in South Africa is varied: 0.0 percent of South Africans are forcibly displaced by conflict, but a high number of children are the victims of homicide at the rate of 15.8.¹⁸⁴ This assessment of data places South Africa as a country experiencing moderate levels of child abuse and domestic violence. South Africa addresses this reality through several notable policies. These seek to preserve the most basic rights of children in South Africa by protecting children from

179 "Children's Rights and the Child Convention," Informationverige, accessed August 28, 2023, <https://www.informationsverige.se/en/om-sverige/att-bilda-familj-och-leva-med-barn-i-sverige/barns-rattigheter-och-barnkonventionen.html>.

180 "Every Child in Sweden has the Right to a Safe, Secure and Bright Future," Government Offices of Sweden, accessed August 28, 2023, <https://www.government.se/articles/2023/07/every-child-in-sweden-has-the-right-to-a-safe-secure-and-bright-future/>.

181 Save the Children International, *Global Childhood Report 2021*.

182 Mohammad Saiful Islam, "Child Abuse and the Recent Trends in Bangladesh: A Critical Analysis from Islamic and Bangladesh Laws," *The International Organization of Scientific Research Journal of Humanities and Social Science* 20, no. 12 (December 2015): 63-65, <https://www.iosrjournals.org/iosr-jhss/papers/Vol20-issue12/Version-5/J0201255866.pdf>.

183 "National Children Policy 2011," Bangladesh Early Childhood Development Network, accessed August 28, 2023, <http://ecd-bangladesh.net/resource/ecd-document-details/1>.

184 Save the Children International, *Global Childhood Report 2021*.

all forms of abuse, neglect, and degradation. Policies that highlight this include: The Children’s Act, the Child Justice Bill, the National Strategy for Child Protection, and more.¹⁸⁵ These measures protect children from physical and mental abuse, child marriage, and FGM by prohibiting these practices under the force of law. However, these reforms are often not supported by enough qualified personnel and do not cover the needs of all children.¹⁸⁶ These policies have all impacted South Africa’s moderate ranking in 2021.

Countries with High Levels of Child Abuse and Domestic Violence

Countries in this bloc showcase high levels of child abuse and domestic violence by having three to five colored ratings in the five categories. There are few to no ratings of low child abuse or domestic violence in these countries. These countries include but are not limited to the Central African Republic, Guatemala, Iraq, and South Sudan.

Guatemala presents high levels of child abuse and domestic violence according to the 2021 Complete End of Childhood Index. Guatemala has four colored rankings for the categories of child labor, child marriage, adolescent childbirth, and child homicide. Scoring moderately, 25.8 percent of children aged five to 17 years old are engaged in child labor. 20.0 percent of children between the ages of 15 to 19 are currently married, and 69.8 births out of 1,000 belong to adolescent mothers. Both of these indicators are considered moderate by SCI. Additionally, Guatemalan children are also victims of extreme violence. 0.9 percent of Guatemalans have been forcibly displaced by conflict and child homicide has a high rating with a rate of 10.4 deaths per 100,000 people.¹⁸⁷ Therefore, Guatemala depicts a high level of child abuse and domestic violence. The government of Guatemala has a number of policies to address this high level. These laws address the rights of children and guarantee the State’s role

in providing necessary services to children. Some notable policies that emphasize this include: the Comprehensive Protection of Children and Adolescents, the Regulation on Labour Protection for Working Children and Adolescents, the Law Against Sexual Violence, Exploitation and Trafficking in Persons, and more.¹⁸⁸ These laws protect children from physical, sexual, and emotional abuse, promote anti-human trafficking initiatives, and provide welfare systems to promote children’s well-being. However, a history of political unrest and limited government spending means that these reforms are not highly effective, and child abuse is still common.¹⁸⁹ These measures have all affected Guatemala’s high ranking in 2021.

South Sudan also shows high levels of child abuse and domestic violence according to the 2021 Complete End of Childhood Index. South Sudan has three colored rankings in the categories of child marriage, adolescent childbirth, and children displaced by conflict. Both rank moderately, 22.9 percent of girls aged 15 to 19 are married and 59.4 births out of 1,000 belong to adolescent mothers. Extreme violence also impacts children in South Sudan. Ranking very high on the index, 36.3 percent of South Sudanese are forcibly displaced by conflict. The rate of child homicide is low with 2.7 deaths per 100,000 people.¹⁹⁰ So, South Sudan portrays a high level of child abuse and domestic violence. The South Sudanese government has implemented several policies to mitigate this high level of abuse. These reforms guarantee the rights of children and seek to protect children from all types of abuse. Some of these measures include the South Sudanese Constitution, the Child Act, and more. These laws protect children from harmful practices such as child marriage, forced circumcision, sexual abuse and exploitation, and human trafficking. However, despite these laws, there continues to be no reliable support system for children in South Sudan amid severe political conflict and instability.¹⁹¹ These policies have

185 Joan van Nickerk, *The Status of Child Abuse and Neglect Policy and Child Protection Practice in South Africa* (Durban: Childline South Africa, 2007), <https://www.childlinesa.org.za/wp-content/uploads/status-of-child-abuse-and-neglect-law-and-policy-in-south-africa.pdf>.

186 Nickerk, *The Status of Child Abuse and Neglect Policy*.

187 Save the Children International, *Global Childhood Report 2021*.

188 “Guatemala: National Laws,” Child Rights International Framework, accessed August 28, 2023, <https://archive.crin.org/en/library/publications/guatemala-national-laws.html>.

189 “Children of Guatemala,” Humanium, accessed August 28, 2023, <https://www.humanium.org/en/guatemala/>.

190 Save the Children International, *Global Childhood Report 2021*.

191 Office of the United Nations High Commissioner for Human Rights (OHCHR), “Experts of the Committee on the Rights of the Child Praise South Sudan’s Child Act, Ask about the Recruitment of Children by Government Forces and Armed Groups, and about School Feeding Schemes,” *OHCHR News*, September 2, 2022, <https://www.ohchr.org/en/news/2022/09/experts-committee-rights-child-praise->

all contributed to South Sudan's high ranking in 2021.

Committee Mission

In the aftermath of World War II, the United Nations International Children's Emergency Fund (UNICEF) was formed in 1946. The mandate was clear: assist children and young people whose lives and futures were in jeopardy, regardless of the country's role in the conflict.¹⁹² UNICEF is directed by the Convention on the Rights of the Child and works to establish children's rights as enduring ethical principles and worldwide standards of child behavior. UNICEF ensures that children's survival, protection, and development are universal development imperatives that are essential to human progress. Given the committee's mission, UNICEF is the organization destined to address the pressing issue of child abuse and domestic violence.

As part of its broader goal to defend children's rights and well-being, UNICEF plays a critical role in tackling child abuse and domestic violence. The organization recognizes that child abuse and domestic violence are grave violations of children's rights, with devastating physical, emotional, and psychological consequences.¹⁹³ UNICEF strives to prevent child abuse and domestic violence through a variety of programs and activities, including legal advocacy, awareness campaigns, and survivor assistance. In addition, UNICEF provides services to safeguard children from violence in conflict and disaster circumstances, such as safe spaces, psychosocial assistance, and family reunification initiatives. UNICEF works with governments, non-governmental organizations (NGOs), and communities to create a world where children are free from the shadows of abuse and violence, allowing them to grow up in secure and nurturing homes where their rights are respected and upheld.¹⁹⁴

UNICEF's global commitment to assisting and protecting children is channeled via advocacy, programs, and education. While UNICEF's efforts in raising awareness, advocating best practices, and supporting change are invaluable, it is critical to

remember that the organization's decisions and positions are not legally binding on a global scale. Therefore, the solutions created to end child abuse and domestic violence need to be in accordance with UNICEF's scope. Regardless of this UNICEF's influence is substantial, as it collaborates with governments, organizations, and communities to implement policies and initiatives that prioritize children's rights.

Ending child abuse and domestic violence demands a collaborative, diverse, and all-encompassing endeavor. As a global society, we can work together to create a world in which every child grows up safe, loved, and free of abuse. We can design comprehensive plans that leave no child behind by using the potential of many viewpoints, cultures, and experiences. Members of this committee must stand together to end the cycle of violence, speak up for the voiceless, and create a future in which every child's rights and dignity are preserved and protected.

south-sudans-child-act-ask-about-recruitment.

192 "UNICEF History," UNICEF, accessed September 6, 2023, <https://www.unicef.org/history>.

193 "Child Protection," UNICEF, accessed September 6, 2023, <https://www.unicef.org/child-protection>.

194 "UNICEF Mission Statement," UNICEF, accessed September 6, 2023, <https://www.unicef.org/about-us/mission-statement>.



UNICEF

NHSMUN 2024



TOPIC B:

ENSURING CHILDREN'S HEALTH THROUGH IMPROVED IMMUNIZATION

Photo Credit: U.S. Department of State

Introduction

Immunization is the most vital prevention for every primary disease and sickness. Throughout history, vaccines have helped protect millions of people from the most devastating diseases. Diseases that were once feared are now managed or even extinct. Vaccines prevent deaths of people in all age groups every single year. According to the World Health Organization, 1.5 million deaths could be avoided if vaccination coverage around the world improves.¹ Immunization does not only save lives, but it is essential to providing a good quality of life. It allows children to walk, play, dance, and learn. It also helps promote good health and well-being in children around the world. Immunization is one of the most successful measures of public health interventions. Not only that, but it is also one of the most cost-effective methods. This means it produces great results without costing a lot of money.

Vaccines help prevent the spread of contagious diseases. As a result, they protect individuals and the whole community. Immunization is a necessary aspect of healthcare. Vaccination has become even more critical in recent years as new diseases emerge and adapt. Despite their necessity, many children miss out on life-saving vaccines every year. In 2021, over 25 million children missed out on life-saving vaccines.² The lack of access to immunization is only worsening. The world is currently facing the largest sustained backslide of childhood vaccinations in three decades.³ The backslide results from increased conflicts and displacements, misinformation about vaccines, and disruptions caused by the COVID-19 pandemic. Low vaccination rates can lead to more deaths. That is why UNICEF has made it its mission to promote access to immunization worldwide and ensure no child misses out on vaccines that could save their lives. In the last 20 years, UNICEF has helped reach over 760 million children with life-saving vaccines.⁴ As a result, they have helped save 13 million lives.⁵

Immunization is, therefore, essential to guarantee that children and adults are protected against infectious diseases. This applies especially to marginalized children who have the poorest living conditions. These children are more vulnerable because of a general lack of resources. Nevertheless, these children are the least likely to receive vaccines. This is because

there are several barriers to providing access to vaccinations. If a specific area faces too many obstacles, it can make children completely lose access to immunization. This creates missed communities and promotes zero-dose children. These are children who have had no access to any vaccine. Neglected communities are also challenging to identify. This means children can go their whole lives without receiving a vaccine. Conflict zones also make it more difficult for children to obtain vaccines. When a country faces a crisis or an armed conflict, it is difficult to ensure that the children in these countries receive the proper vaccines. Transporting vaccines becomes even more complicated, and reaching children in more remote areas becomes nearly impossible. Two-thirds of children who have not been vaccinated live in vulnerable countries or conflict areas.⁶

Many children miss out on vaccination even though they have access to it. This is a result of vaccine hesitancy. Vaccine hesitancy is when parents or caregivers do not understand the importance of immunization and choose not to vaccinate their children. This problem has been growing due to misinformation and misconceptions spread through social media. Without proper education about the topic, parents may even fear vaccination and, as a result, miss out on life-saving treatments for their children. This was seen with the COVID-19 pandemic. This emergency changed immunization

1 "Immunization," World Health Organization, accessed August 13, 2023, <https://www.who.int/news-room/facts-in-pictures/detail/immunization>.

2 Vaccines and immunization," World Health Organization, accessed July 12, 2023, https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1

3 "Immunization," UNICEF, accessed June 22, 2023, <https://www.unicef.org/emergencies>.

4 "Child health and survival," UNICEF, accessed July 3, 2023, <https://www.unicef.org/child-health-and-survival>.

5 UNICEF, "Child health and survival."

6 "Vaccinating every child," UNICEF, accessed July 12, 2023, <https://www.unicef.org/armenia/en/stories/vaccinating-every-child>.

systems throughout the world. The COVID-19 vaccine, once implemented, became a priority. As a result, it delayed or even stopped routine immunizations from happening. It also increased vaccine hesitancy worldwide, as many people chose not to receive the COVID-19 vaccine.

UNICEF has been working alongside other organizations to promote vaccination worldwide. It has implemented innovative solutions to overcome this problem in the modern world. However, there is still work to do. Millions of children still miss out on one or several doses of essential vaccines. The world is changing, and so is the international perception of immunization. It is vital to consider solutions that are practical in the changing world. The world needs immunization to promote health, education, the economy, and other aspects essential to a working society. Hence, it is necessary to focus energy and resources on improving vaccination coverage around the globe.

Immunization is key to the well-being of every single child. It is essential to consider how to ensure that zero-dose children and children in conflict areas can access the vaccines they so desperately need. If childhood vaccination is not prioritized, children will miss out on life-saving vaccinations.⁷ UNICEF and the international community need to unite to promote access to vaccines and guarantee that no child is left behind.

History and Description of the Issue

Immunization for All

Immunization is a global health success story, as it helps save millions of lives every year. It has revolutionized global healthcare by reducing the burden of infectious diseases. Throughout human history, millions have suffered devastating contagious disease outbreaks. These have claimed countless lives and disrupted entire communities. However, vaccines

have fundamentally changed how humans face diseases by creating adequate protection against them. Four million deaths worldwide are prevented every year by childhood vaccination.⁸ Today, immunization is an essential part of disease prevention and control.

Immunization is the process of giving a vaccine to a person to protect them from an infectious disease. Being immune to a disease means you can be exposed to it and will not be infected. Immunization is also a form of primary prevention. This means its goal is to prevent a disease from ever occurring. It targets healthy individuals and tries to reduce exposure to an infection. Vaccines are a preparation to help stimulate the body's response to a disease. They are usually administered through injections, but can also be given by mouth or sprayed into the nose. Vaccines reduce the risk of infection by working with the body's defenses to build immunity.⁹ When someone is immunized, their body is tricked into thinking it has been infected with a disease. As a result, it creates the antibodies needed to kill the germs. By doing so, the body learns how to fight the disease. This makes it highly unlikely for someone to get severely sick from a disease they are vaccinated against. However, if they still get the disease, it is more likely that they will not suffer any severe complications.¹⁰ Currently, there are vaccines to protect people from over 20 life-threatening diseases.¹¹ Vaccination has completely eradicated smallpox, and several other diseases like polio, measles, and tetanus are near eradication.¹²

Immunization has become one of the most important measures of protection. While it varies from country to country, childhood vaccination is usually part of maternal and child health services. Immunization can help prevent disabilities in children. A clear example is through preventing measles. It is estimated that by 2030, nearly 19 million lives can be saved by measles vaccinations.¹³ Measles can lead to blindness and deafness in children who survive the disease.

7 UNICEF, "Vaccinating every child."

8 "Fast Facts on Global Immunization," Centers for Disease Control and Prevention, last modified April 20, 2023, <https://www.cdc.gov/globalhealth/immunization/data/fast-facts.html>.

9 World Health Organization, "Vaccines and immunization."

10 "What is immunization?" Fraser Health, accessed July 12, 2023, <https://www.fraserhealth.ca/health-topics-a-to-z/immunizations/immunization-basics/what-is-immunization>.

11 World Health Organization, "Vaccines and immunization."

12 "8 Diseases (Almost) Eradicated from Existence Thanks to Vaccines," Makati Medical Center, accessed July 30, 2023, <https://www.makatimed.net.ph/blogs/8-diseases-almost-eradicated-from-existence-thanks-to-vaccines/>.

13 Centers for Disease Control and Prevention, "Fast Facts on Global Immunization."

Additionally, immunization can help protect future generations because it leads to the eradication of several contagious and debilitating diseases. This means that by vaccinating people today, future generations will not have to face the spread of these serious diseases and can grow up healthier.

Immunization also helps protect more vulnerable populations, including children. Children are more vulnerable to diseases and infections because of their developing immune systems. People with weakened immune systems are more likely to suffer complications from vaccine-preventable diseases. Immunization can also create herd immunity, which occurs when enough people in a community are immune to a disease that it reduces the chance of an outbreak. To have herd immunity against a disease, over 74 percent of the people in a community have to be immunized.¹⁴ Furthermore, immunization helps ensure global health security. In an outbreak, disease can easily cross borders and spread worldwide. Vaccines can help prevent the spread of the virus across borders. In recent years, at least 30 new infectious diseases have emerged, making immunization more important than ever.¹⁵

Immunization is also a determining factor in a child's education. In several countries, immunization has been shown to prevent school absences and even allow children to perform well academically. Being immunized allows children to participate in their education without constantly missing school because of diseases that could be prevented with vaccines. For example, in India, a study shows that fully vaccinated children saw a six to 12 percent improvement in their reading, writing, and math skills.¹⁶

On the other hand, immunization can also present economic benefits to a country. Supporting a sick family member is

time-consuming and can be very difficult. The necessary care and medicine can be very expensive. Additionally, if the sick person requires full-time care, this prevents another member of the family from working or contributing to the family income. A single person with an infectious disease can cost up to USD 675; if the case is more severe, the cost can be as much as USD 4,250.¹⁷ Considering it only costs around USD 18 to fully vaccinate a child in low-income countries, immunization is cheaper long-term. International immunization also presents economic benefits. It is estimated that for every dollar spent on an immunization program in low and middle-income countries, there is USD 52 saved.¹⁸

A clear example that shows the importance of immunization is the case of polio. Polio is a highly contagious viral disease, primarily affecting children under five. The disease attacks the nervous system and often leads to paralysis. The fight against polio has come a long way. Worldwide polio cases have decreased by over 99 percent since 1998.¹⁹ Of the three known strains of polio, two have been eradicated, and the other type only remains in Pakistan and Afghanistan. These countries have been affected by political instability and prolonged conflict brought on by the Taliban rule. This has led to weakened health systems and constrained vaccination efforts.²⁰ Additionally, many families still refuse to vaccinate their children because of fear created by misconceptions about immunization.²¹ Efforts to eradicate polio still remain. They have helped ensure the safety of children worldwide and prevented over 20 million cases of paralysis. Additionally, it has been shown that eradicating polio is cost-effective. Polio vaccines cost about USD 0.07, and they prevent paralysis or even death. It is estimated that eradicating the disease would save USD 33 billion by 2100.²² This is why several partners and national governments are working together to vaccinate

14 Fraser Health, "What is immunization?"

15 Shuvankar Mukherjee, "Emerging Infectious Diseases: Epidemiological Perspective," *Indian Journal of Dermatology* 62, no. 5 (2017): 459-467, https://doi.org/10.4103/ijd.IJD_379_17; Moini Midhat, "Top five reasons why immunization is important", UNICEF, April 25, 2022, <https://www.unicef.org/india/stories/top-five-reasons-why-immunization-important>.

16 UNICEF, *The State of the World's Children 2023: For every child, vaccination* (Florence: UNICEF Innocenti – Global Office of Research and Foresight, April 2023), <https://www.unicef.org/media/108161/file/SOWC-2023-full-report-English.pdf>.

17 Hung Trinh, "Direct Medical Costs of Tetanus, Dengue, and Sepsis Patients in an Intensive Care Unit in Vietnam," *Frontiers in Public Health* 10, (2022), <https://doi.org/10.3389/fpubh.2022.893200>.

18 Centers for Disease Control and Prevention, "Fast Facts on Global Immunization."

19 World Health Organization, "Poliomyelitis (polio)," accessed July 12, 2023, https://www.who.int/health-topics/poliomyelitis#tab=tab_1

20 "Polio eradication," UNICEF Afghanistan, accessed July 31, 2023, <https://www.unicef.org/afghanistan/polio-eradication>

21 UNICEF Afghanistan, "Polio eradication."

22 "Why CDC is Working to End Polio Globally", Centers for Disease Control and Prevention, last modified June 28, 2023, <https://www.cdc.gov/polio/why-are-we-involved/index.htm>

over 400 million children yearly and eradicate polio.

Currently, many children remain unvaccinated and lack access to all immunization benefits. One in five children worldwide do not have access to immunization.²³ The failure to immunize children can pose risks to the unvaccinated child and the wider community. Unvaccinated children can become a source of transmission. Hence, the consequences of failing to immunize children go beyond the individual child and their health. Unimmunized children can also harm public health and the overall well-being of communities. These risks will only increase in years to come. Climate crises are constantly increasing, so children worldwide are constantly being exposed to new infectious diseases. Furthermore, these crises will reduce access to essential services that ensure children's health, such as clean water and primary healthcare facilities. Natural disasters can delay or completely stop vaccination for periods. Moreover, failing to immunize children increases the risk of having outbreaks of vaccine-preventable diseases.²⁴

A clear example of this can be seen with the flooding in India. In India, heavy rains have led to the flooding of the northern

part of the country. These floods have greatly impacted over 18 million people in India, 7.5 million of them being children. The floods have displaced 51,244 families and have led to the deaths of 123 people.²⁵ The floods have also increased the risk of disease. However, the climate change disasters in India have been delaying children's immunizations, making them even more vulnerable to diseases. In some villages, vaccines are not available at all. The number of children with infectious diseases has increased with increased vulnerabilities and decreased vaccinations. Due to the floods, only 31.9 percent of children from 24 to 25 months old have received a second dose of the measles vaccine. As a result, measles cases increased eight times from 2021 to 2022.²⁶ Outbreaks like this often saturate healthcare facilities, so there are not enough medical professionals to care for the patients.

On the other hand, failing to immunize children violates their right to health as established in the Convention on the Rights of the Child. The United Nations Convention on the Rights of the Child is the most widely ratified human rights treaty in history, adopted by 196 countries.²⁷ Immunization

23 Centers for Disease Control and Prevention, "Fast Facts on Global Immunization."

24 United Nations Children's Fund, *The State of the World's Children 2023: For every child, vaccination.*

25 Sunir Pandey, "Flooding Affects Millions in Bangladesh, India and Nepal," UNICEF, August 21, 2017, <https://www.unicef.org/stories/flooding-affects-millions-bangladesh-india-and-nepal>.

26 Sanket Jain, "Childhood Immunization Schedules Increasingly Delayed in India As Floods and Other Climate Change Impacts Get In the Way," *Toward Freedom*, July 10, 2023, <https://towardfreedom.org/story/archives/asia-archives/childhood-immunization-schedules-increasingly-delayed-in-india-as-floods-and-other-climate-change-impacts-get-in-the-way/>

27 "Convention on the Rights of the Child," UNICEF, accessed July 31, 2023, <https://www.unicef.org/child-rights-convention>; "UN



COVID-19 Vaccination at Naval Medical Center Portsmouth (NMCP)

Credit: Petty Officer 2nd Class Donald White

is essential to ensuring children's basic rights and their health and well-being. Hence, it should be an international priority to guarantee that every child has access to vaccines and to promote worldwide immunization.

Global partnerships among governments and organizations help ensure children worldwide can access vaccines. In most countries, the government provides access to vaccines and is also responsible for health infrastructure. Health infrastructure can include healthcare facilities, laboratory and support facilities, access to pharmaceuticals and other materials, trained staff, and mechanisms to distribute resources and expertise.²⁸ Several low- and middle-income countries struggle to ensure access to primary healthcare facilities that provide immunizations. This is why international cooperation and the help of organizations have been essential in promoting worldwide immunization. Thanks to the cooperation of governments, communities, and donors, millions of children in low- and middle-income countries have gained access to life-saving vaccines.²⁹

UNICEF acknowledges the importance of immunization and is working hard to promote access to vaccines for children worldwide. With the help of partners, UNICEF reaches almost half the children in the world, providing them with life-saving vaccines. UNICEF also cooperates with governments, non-governmental organizations, the private sector, and other United Nations agencies to distribute vaccines. Currently, 45 percent of children under five years old have been reached with vaccines.³⁰ Furthermore, UNICEF works to keep supplies safe and effective and helps ensure affordable access for everyone. UNICEF also invests in community health workers. They do this to build stronger systems that can lead to better healthcare. Nevertheless, much work must be done to achieve this goal and ensure international access to immunization.

Access to Immunization

Immunization is essential for every child. However, for children to be immunized, they must have access to vaccines. This is why the United Nations and international governments are working together to ensure vaccine access. They have made progress in ensuring every child has access to immunization. In 2021, about 81 percent of infants received three doses of the diphtheria-tetanus-pertussis (DTP3) vaccine, which protects them against a serious illness that can lead to a disability or even be fatal. Moreover, there were 25 vaccine introductions in 2021, which is an increase from the previous year. Further progress can be shown in eradicating diseases such as smallpox and polio. However, coverage has decreased over the last decade, primarily due to the COVID-19 pandemic. Global coverage decreased from 86 percent in 2019 to 81 percent in 2021. Additionally, in 2021, the number of unvaccinated children increased by five million.³¹ This shows that despite efforts, many children still lack access to vaccines.

A study on immunization grouped its barriers in different systems.³² These include healthcare provider barriers, such as having medical professionals who are not educated on vaccines or who are poorly trained. This can also be a result of poor communication between physicians and parents about the importance of immunizations and the timelines they should follow. Additionally, providers can face barriers such as lacking proper vaccine storage or records. Providers might also struggle with the costs of vaccines, whether it be for storage, transport, or training. Another significant system barrier is parent and patient barriers, which include being afraid of vaccines and their possible side effects. If parents lack knowledge about vaccines, they may have unreasonable fears about them. However, this can easily be changed with more information and supportive healthcare professionals.³³

Convention on the Rights of the Child (UNCRC)," Save the Children, accessed July 31, 2023, <https://www.savethechildren.org.uk/what-we-do/childrens-rights/united-nations-convention-of-the-rights-of-the-child>

28 Khadijeh (Roya) Rouzbehani, "Beyond Digital Tools: A Transdisciplinary Approach to Healthcare," in *Handbook of Research on Transdisciplinary Knowledge Generation*, ed. Viktor Wang (Hershey, PA: IGI Global, 2019), 132, <https://doi.org/10.4018/978-1-5225-9531-1.ch010>.

29 United Nations Children's Fund, *The State of the World's Children 2023: For every child, vaccination*.

30 UNICEF, "Immunization."

31 "Immunization coverage," World Health Organization, July 14, 2022, <https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>.

32 Sanford R. Kimmel, Ilene Timko Burns, Robert M. Wolfe, and Richard Kent Zimmerman, "Addressing immunization barriers, benefits, and risks," *The Journal of Family Practice* 56, no. 2 (2007): 61, <https://pubmed.ncbi.nlm.nih.gov/17270112/>.

33 Edwin L. Anderson, "Recommended solutions to the barriers to immunization in children and adults," *Missouri Medicine* 111, no. 4 (2014): 344-348, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6179470/#b6-ms111_p0344.

The most significant system barrier, though, is supply and distribution. This is due to the fact that vaccines have been in short supply because of low manufacturing capacity. Vaccine manufacturing is one of the most challenging industries because of the difficult processes needed to create safe, effective, and consistent vaccines. If not made properly, vaccines can vary. This is because they are made with microorganisms that have biological variability. Any minor mistake can change the outcome of the vaccine. Additionally, the necessary supplies can be difficult and expensive to obtain.³⁴ Because of these barriers, many people miss out on the opportunity to get vaccinated.

Communities located in more remote spaces especially struggle to access vaccines. This can be seen with the situation in the country of Mali, located in West Africa. In its central region, Mopti, growing insecurity makes it difficult to provide access to vaccines. Walking to the nearest health center is too far, and too dangerous. Additionally, adequate immunization tools are usually too expensive to transport for the majority of the population there. This is why Mopti is one of the regions in Mali with the lowest levels of fully vaccinated children, with only 37 percent of children being fully vaccinated. Additionally, due to the high insecurity, the region has deteriorated, and the number of unvaccinated children has increased four times, reaching over 70,000 unvaccinated children. For this region, it is clear that vaccine access is a serious problem. Due to the security situation, there are limited transportation options. Recently, motorcycles were banned because militant groups were known to use them. Although this made a difficult situation even more challenging, the people of Mopti chose to persist and fight for their children. Like many others in the region, Aissata lost her first child to an undiagnosed illness. Her third child was infected by measles in an epidemic their health district suffered in 2019. The child almost died, and since then, Aissata has made sure that all her children are vaccinated. However, this has been challenging due to

vaccine transportation issues. To provide access to vaccines, health workers like Mamadou have come up with creative solutions to replace motorcycles. They travel on donkeys for hours with an insulated box filled with life-saving vaccines to help immunize children in Mopti, including Aissata's three-month-old daughter. Other people have started to use horse carts and even wooden dugout boats when water becomes an issue.³⁵ It is clear that the people in this town understand the importance of immunization and will go to any lengths necessary to protect their children. This shows how, even in the face of severe accessibility barriers, health worker's efforts are still making sizable impacts on unvaccinated people.

Another problem of ensuring access to vaccines is to guarantee equal access to immunization for children in every part of the world. Usually, the children who miss out on essential vaccines are those living in low-income and rural areas. For example, during the COVID-19 pandemic, over 67 million children missed out on vaccines. Of those, 60 percent lived in only ten countries: Angola, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Indonesia, Myanmar, Nigeria, Pakistan, and the Philippines.³⁶ Additionally, only 16 percent of low-income countries have received a single dose of the COVID-19 vaccine, while in high-income countries, this number is around 80 percent.³⁷ In these countries, healthcare workers, the elderly, children, and those with weaker immune systems are even more vulnerable and susceptible to infectious diseases. However, they are often unprotected because they lack adequate immunization access. In the case of COVID-19, many of them do not have access to even the first dose, while healthy adults in wealthier countries are receiving booster doses.³⁸ To ensure access to immunization worldwide, it is essential to consider the equity gap in immunization.

Vaccine inequity jeopardizes the safety of everyone and contributes to inequalities between countries. This will lead to prolonged pandemics and slow economic recovery for countries. Additionally, labor markets will suffer, and public

34 Stanley Plotkin, James M. Robinson, Gerard Cunningham, Robyn Iqbal, and Shannon Larsen, "The complexity and cost of vaccine manufacturing - An overview," *Vaccine* 35, no. 33 (July 24, 2017): 4064-4071, <https://doi.org/10.1016/j.vaccine.2017.06.003>.

35 Elian Luthi, "Swapping motorcycles for donkeys to deliver life-saving vaccines in central Mali," UNICEF, May 14, 2019, <https://www.unicef.org/stories/donkeys-help-deliver-vaccines-mali>.

36 "Immunization," UNICEF Data, July 2022, <https://data.unicef.org/topic/child-health/immunization/>.

37 "COVAX calls for urgent action to close vaccine equity gap," World Health Organization, May 20, 2022, <https://www.who.int/news/item/20-05-2022-covax-calls-for-urgent-action-to-close-vaccine-equity-gap>.

38 World Health Organization, "COVAX calls for urgent action to close vaccine equity gap."

debt will remain high. Studies have shown that if low-income countries had the same vaccination rate as high-income countries, they would have increased their gross domestic product (GDP) by USD 16 billion in 2021. Yet, the clear inequity in vaccine accessibility prevented this from happening. For example, in South Sudan, the income lost from COVID-19 vaccine inequity could have covered all social assistance programs and education costs in the country. In Burundi, lost income could have provided healthcare for over 4.7 million people. The countries that lost the most potential income due to vaccine inequity are Ethiopia, the Democratic Republic of Congo, and Uganda.³⁹

A study by the United Nations Development Program (UNDP) shows that the most vulnerable countries are located in Sub-Saharan Africa.⁴⁰ Africa has the highest mortality rate of children under five years old. Africa makes up 40 percent of total child deaths worldwide. This is mainly due to vaccine-preventable diseases. In 2016, one in five African children missed out on life-saving vaccines. International efforts have been made to improve the coverage. However, the immunization rates are still meager. This is because most African countries still struggle to reach the most vulnerable children, especially those in more remote areas and rural communities. Several system barriers to immunization in these areas also contribute to the lack of immunization. One of these is parental barriers. In Sub-Saharan Africa, lack of access to vaccine information for parents is a major contributor to low child vaccination rates. The health system barriers include vaccine shortages and difficulty transporting vaccines to more remote locations. Also, some hard-to-reach areas do not have health facilities nearby, which reduces the number of complete vaccination series. This is because the longer the distance from the vaccination site, the lower the chances of childhood vaccination.⁴¹

UNICEF considers the fight to improve access to vaccines and

immunization critical. UNICEF uses a pooled procurement process to provide vaccines to low-income countries. This means it determines the vaccine demand for each country and shares this information with manufacturers to lower vaccine prices. This highly reduces the cost of vaccines and makes them available to populations and countries that would not be able to access them otherwise. UNICEF's pooled procurement of vaccines has helped countries significantly improve their immunization rates.⁴² It is necessary to provide vaccine access for the poorest countries and a support system that is specific to their current situation. For example, this could include vaccine campaigns by international organizations. Additionally, international cooperation is necessary to promote vaccine access. If this issue is not addressed soon, it could escalate social tensions and violence. It could even result in a lost decade of growth and development.

Zero-Dose Children and Missed Communities

Zero-dose children are children who do not receive routine vaccinations. Missed communities are the homes of zero-dose and under-immunized children. The people in these communities often face deprivations and vulnerabilities. This includes a lack of services as well as socioeconomic and gender inequalities. Missed communities often suffer high child mortality and high maternal deaths. Mothers will often miss out on basic vaccines. 47 percent of mothers in missed communities do not receive prenatal care and professional assistance during their births.⁴³ In 2021, 18 million zero-dose children did not receive any vaccines despite being in the middle of a pandemic.⁴⁴ To better understand the true level of immunization, organizations such as Gavi, the Vaccine Alliance (Gavi), and the World Health Organization (WHO) measure zero-dose children based on whether they have received the first dose of the diphtheria-tetanus-pertussis-containing (DTP) vaccine.

39 "UN analysis shows link between lack of vaccine equity and widening poverty gap," United Nations, March 28, 2022, <https://news.un.org/en/story/2022/03/1114762>.

40 United Nations, "UN analysis shows link."

41 Joseph Benjamin Bangura, Shuiyuan Xiao, Dan Qiu, Feiyun Ouyang, and Lei Chen, "Barriers to childhood immunization in sub-Saharan Africa: A systematic review," *BMC Public Health* 20, no. 1108 (2020): 2, <https://doi.org/10.1186/s12889-020-09169-4>.

42 "Transforming global access to vaccines," UNICEF, May 2, 2023, <https://www.unicef.org/supply/stories/transforming-global-access-vaccines>.

43 "Reaching zero-dose children," Gavi, May 25, 2023, <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025/equity-goal/zero-dose-children-missed-communities>.

44 Centers for Disease Control and Prevention, "Fast Facts on Global Immunization."

Gavi is dedicated to providing vaccines to children worldwide. Gavi has helped vaccinate over 981 million children in the world's poorest countries.⁴⁵ According to Gavi, the primary causes for a child to be zero-dose include socioeconomic factors, barriers due to poverty, conflict, migration, homelessness, and marginalization.⁴⁶ Additionally, there are usually systemic barriers to delivering the necessary healthcare services and in addressing vaccine hesitancy. Zero-dose children often live in places without adequate primary healthcare, and even if it does exist, there is a failure to reach most of the population. Zero-dose children are already vulnerable, making them susceptible to the consequences of infectious diseases, but they often lack access to immunization. This is closely linked to extreme poverty, which most missed communities face. Poverty is key in determining whether a child can be immunized against vaccine-preventable diseases. According to the report for the State of the World's Children 2023, children from the poorest households were less likely to be immunized than those in the wealthiest households. In households with an income in the bottom 10 percent of the population, 22.6 percent of the children are zero-dose, while those in the wealthiest 10 percent corresponded to only 4.9 percent. In West and Central Africa, for example, 48.6 percent of children in the lower income households are zero-dose children, while only 6.3 percent were zero-dose in the wealthiest households. This is similar to the situation in Latin America and the Caribbean, where 11.3 percent of children in the poorest households were zero-dose compared to five percent in the wealthiest.⁴⁷ Additionally, about two-thirds of zero-dose children in countries that work with Gavi live in households with an income of less than USD 1.90 a day, which represents the international poverty line.⁴⁸ This shows a correlation between extreme poverty and missed communities.

The same trend is seen at the country level as well. Until 2007, 10 percent of children in low- and middle-income countries

were zero-dose children.⁴⁹ In fact, almost all zero-dose children live in lower and middle-income countries.⁵⁰ In recent years, there has been a significant increase in coverage of vaccines in low- and middle-income countries. However, this progress has stalled. In many countries, coverage levels still do not meet the targets set by the World Health Organization.⁵¹ To reach those targets, there is a growing international interest in reaching zero-dose children.

Location also plays a key role in determining whether a child has access to immunization. Several of the barriers to providing immunization that missed communities face are due to geographic constraints. About 45 percent of all the zero-dose children in the world live in rural areas, conflict settings, or peri-urban areas, which are in transition from rural to urban.⁵² Therefore, rural, remote locations and conflict areas are more likely to be missed communities than urban locations. However, the gap between rural and urban areas is usually higher in lower-income countries. According to UNICEF, in 74 low- and middle-income countries, 9.4 percent of children in urban areas are zero-dose, while 15.1 percent of children in rural areas are zero-dose. The geographic vaccination gap in West and Central Africa is the widest in the world. While 16.2 percent of children in urban areas are zero-dose, 34.6 percent of children in rural areas are zero-dose.⁵³

Moreover, marginalization can lead to a high number of zero-dose children around the world. Two main types of marginalization prevent immunity: ethnicity and gender. In some countries, certain ethnic groups have less access to immunization. This usually affects minority ethnic communities and creates disparities in immunization. An analysis by UNICEF in over 53 countries showed a high prevalence of zero-dose children in minority ethnic communities. Gender is another factor that contributes to missed communities. In most communities, mothers are

45 "About our Alliance," Gavi, accessed July 31, 2023, <https://www.gavi.org>.

46 Gavi, "Reaching zero-dose children."

47 UNICEF, *The State of the World's Children 2023: For every child, vaccination*.

48 Gavi, "Reaching zero-dose children."

49 Bianca O. Cata-Preta, Thiago M. Santos, Tewodaj Mengistu, Daniel R. Hogan, Aluisio J. D. Barros, and Cesar G. Victoria, "Zero-dose children and the immunisation cascade: Understanding immunisation pathways in low and middle-income countries," *Vaccine* 39, no. 32 (July 22, 2021): 4564-4570, <https://doi.org/10.1016/j.vaccine.2021.02.072>.

50 Centers for Disease Control and Prevention, "Fast Facts on Global Immunization."

51 World Health Organization, "Immunization coverage."

52 Gavi, "Reaching zero-dose children."

53 UNICEF, *The State of the World's Children 2023: For every child, vaccination*.



Polio vaccination in Somalia
Credit: PV2 Andrew W. McGalliard

responsible for their children's health. However, several cultural and social conditions limit their status and, as a result, their access to education and power to make decisions. Many women do not have the proper education on the importance of vaccination or what timelines to follow, which often leads to unimmunized children. The prevalence of zero-dose children declines as the education levels of mothers increase. About 24 percent of children whose mothers do not have any education are zero-dose; however, only about 7 percent of those whose mothers have at least a secondary education are.⁵⁴ A study on the effects of maternal education demonstrated that the probability of a child being fully vaccinated was 2.3 times greater in children whose mothers had secondary or higher education compared to those who had no education.⁵⁵ Furthermore, some mothers want to immunize their children but cannot do so. This can be because gender norms do not allow them to make decisions about healthcare and finances, which are relevant to the administration of vaccines. This can often interfere with their ability to act independently and on their child's behalf. According to a study by the Global Index, the prevalence of zero-dose children with mothers with a low level of empowerment was 53.2 percent, while with mothers

with a high level of empowerment, it was 20.8 percent.⁵⁶ It is important to address barriers to vaccination based on ethnicity and gender to reach zero-dose children.

Nigeria is home to the second-largest number of zero-dose children in the world. This is mainly because the population is in constant transition. This makes reaching children for immunization extremely difficult since it requires daily outreach, which can be very expensive. Additionally, for proper immunization, the country requires more funding and more primary healthcare accessible in neighborhoods. Moreover, several cities in the country, such as Gengere, have deficient access to vaccination because the population faces poverty, low levels of education, little available time for healthcare, and limited means to access health services. This has also led to mothers being afraid to vaccinate their children. UNICEF and international governments have worked together to overcome the barriers that prevent immunization in Nigeria and have made progress. However, there are still about 2.2 million zero-dose children in the country.⁵⁷

Nigeria is not the only country that is facing problems with

54 UNICEF, *The State of the World's Children 2023: For every child, vaccination.*

55 Jennifer Forshaw, Sarah M. Gerver, Moneet Gill, Emily Cooper, Logan Manikam, and Helen Ward, "The global effect of maternal education on complete childhood vaccination: a systematic review and meta-analysis," *BMC Infectious Diseases* 17, no. 801 (December 28, 2017): 10, <https://doi.org/10.1186/s12879-017-2890-y>.

56 UNICEF, *The State of the World's Children 2023: For every child, vaccination.*

57 UNICEF, *The State of the World's Children 2023: For every child, vaccination.*

vaccinating children. Due to the COVID-19 pandemic, there has been a worldwide increase in the number of zero-dose children.⁵⁸ Since 2019, there have been increased economic crises and conflicts, along with a decline in vaccine conscience. This has led to a significant increase in the number of children who have not received any type of vaccination. There are still huge inequalities between regions worldwide regarding the prevalence of zero-dose children. It is essential to identify zero-dose children, including those in communities facing extreme poverty or remote locations. To do this, it is necessary to invest in researching missing communities. This way, it is possible to reach every child with life-saving vaccines.

Immunization in Conflict

While there has been great progress in creating new vaccines to protect people from infectious diseases, there are still several gaps in ensuring their accessibility worldwide. A significant gap is that of children in areas with conflict. Around 40 percent of all children who are under-vaccinated or not vaccinated at all are partially or entirely affected by conflict.⁵⁹ Additionally, there are about 11 million under-immunized and unvaccinated children who live in countries facing armed conflict.⁶⁰ A lack of immunization affects the children in some of the most vulnerable conditions in conflict zones. Moreover, under-vaccination also makes children more vulnerable. As a result, this creates a vicious cycle.

Conflict is usually defined as a dispute between two parties. It can be between two or more countries, which is referred to as international conflict. However, conflict can result within one country with various groups fighting for economic, social, and political power. All types of conflict negatively affect the people living where they take place. Conflicts usually are

armed conflicts, meaning they involve the use of weapons. Armed conflicts can often lead to war. This is why conflicts have been a concern for human development for a long time. They will often destroy infrastructure, tools, and capital. This will create economic problems for the country or countries involved. Conflict can also create political problems, as having an internal armed conflict can challenge the state's control and power. Additionally, an undeniable consequence is that it risks the public's security as they become more vulnerable.⁶¹

Furthermore, a major consequence of conflicts is the health problems it creates. Both combatants and civilians are killed and seriously injured during conflicts.⁶² This clearly affects the general primary health care of a country. The consequences of violent conflicts, however, extend beyond the battlefield. For example, conflict will usually delay or completely stop immunization processes. In fact, according to the World Health Organization, in 2021, five out of the ten countries with the lowest coverage of the DTP3 vaccine were also within the top ten countries on the Fragile State Index. This is a database that shows the social, economic, and political factors that make the states more vulnerable to crisis and violence.⁶³ This means that children are missing out on life-saving vaccines in countries that are affected by armed conflicts, which has already made them more vulnerable.

In conflicts, there are often disease outbreaks, such as measles and polio. These diseases can cause death or severe disabilities. Children are usually the most vulnerable to these outbreaks. However, the impact of the conflict usually places them even more at risk.⁶⁴ First, children living in conflict zones usually face poor nutrition. This is detrimental to their general health and makes them more vulnerable to disease.⁶⁵ It also becomes difficult to maintain good sanitary practices that prevent

58 "Zero-dose: The children missing out on life-saving vaccines," UNICEF, April 2023, <https://data.unicef.org/resources/zero-dose-the-children-missing-out-on-life-saving-vaccines/>.

59 "Immunization and conflict," UNICEF, accessed June 22, 2023, <https://www.unicef.org/immunization/immunization-and-conflict>.

60 Centers for Disease Control and Prevention, "Fast Facts on Global Immunization".

61 Gudrun Østby, Olga Shemyakina, Andreas Forø Tollefsen, Henrik Urdal, and Marijke Verpoorten, "Public Health and Armed Conflict: Immunization in Times of Systemic Disruptions," *Population and Development Review* 47, no. 4 (November 23, 2021): 1143-1177, <https://doi.org/10.1111/padr.12450>.

62 Havard Strand and Marianne Dahl, "Defining conflict-affected countries," UNESCO, 2010, <https://unesdoc.unesco.org/ark:/48223/pf0000190711.locale=en>.

63 Katherine Bliss and Mackenzie Burke, "Reaching People in Fragile and Conflict-Affected Settings with Immunization Services," Center for Strategic and International Studies, March 10, 2023, <https://www.csis.org/analysis/reaching-people-fragile-and-conflict-affected-settings-immunization-services>.

64 UNICEF, "Immunization and conflict."

65 Grace J. Carroll, Sonam D. Lama, Josefa L. Martinez-Brockman, and Rafael Pérez-Escamilla, "Evaluation of Nutrition Interventions in Children in Conflict Zones: A Narrative Review," *Advances in Nutrition* 8, no. 5 (September 7, 2017): 770, <https://doi.org/10.1093/advan/nkx011>.

infectious diseases in conflict areas. For this reason, disease outbreaks spread very rapidly once they occur.⁶⁶ Furthermore, children with poorly trained or unavailable health personnel have low access to treatment facilities. This lack of control of a virus could make it spread further and even reach other countries.⁶⁷ All of these factors increase the risk and severity of the consequences of an otherwise preventable disease.

Besides these, there are multiple reasons why armed conflict and violence decrease immunization and make children more vulnerable. For instance, wars and conflicts make it more difficult for children to access primary health care and immunization. Additionally, countries often focus their political and economic efforts on winning the war and providing safety. These actions divert resources that might have been used for public health systems or immunization programs.⁶⁸ Moreover, armed conflict usually reduces the number of medical professionals. Many armed groups will specifically target health personnel through abductions, imprisonments, and even killings. They will often achieve their results as medical personnel will try to flee the country for their safety.⁶⁹ This means a lot of children will miss their routine healthcare and become even more vulnerable. Another obstacle to immunization brought on by conflict is mistrust. It is common that in armed conflict, people stop trusting their government and other international institutions, as it may seem that they failed them. As a result, people can also stop trusting the healthcare system and the mass immunization campaigns. This causes a lack of vaccine confidence.⁷⁰

Conflicts, as mentioned previously, can damage infrastructure,

including vital health services. Medical facilities are often destroyed as collateral damage of an attack, or even as a deliberate action to try and hurt an opposing party. As a result, supplies and equipment are also destroyed. This can make it more challenging to store vaccines, which must be kept under precise temperatures.⁷¹ Additionally, damaged roads and conflict zones make it unsafe to transport vaccines to children in remote areas.⁷² Many families also struggle to pay for vaccines since their prices tend to rise during times of conflict. This is due to the decreased supply of vaccines in conflict zones. Conflicts often create economic problems for families, communities, and entire countries.⁷³ This reduces the accessibility and affordability of vaccines, meaning that many children miss out on life-saving vaccines. However, since these children are already more vulnerable to a disease outbreak, the risk of having unimmunized or under-immunized children becomes exponentially more significant.⁷⁴

Conflict also forces people to leave their homes. This leads to the displacement of children and families. These people can resort to different locations for safety, such as refugee and internally displaced person camps or even informal settlements.⁷⁵ Regardless of where they end up, displaced families face more challenges to achieving overall well-being.⁷⁶ Since families have to leave the healthcare systems they know and depend on, it is more difficult for them to access health services, including vaccines.⁷⁷ Additionally, displacement affects families' finances. Due to other stressors displaced families face, vaccination is not their priority. As a result, vaccination coverage declines amongst displaced

org/10.3945%2Fpn.117.016121.

66 Michelle Gayer, Dominique Legros, Pierre Formenty, and Marie A. Connolly, "Conflict and Emerging Infectious Diseases," *Emerging Infectious Diseases* 13, no. 11 (November 2007): 1625, <https://doi.org/10.3201%2F1311.061093>.

67 UNICEF, "Immunization and conflict."

68 Graeme MacQueen and Joanna Santa-Barbara, "Peace building through health initiatives," *The BMJ* 321, no. 7256 (July 29, 2000): 293, <https://doi.org/10.1136%2Fbmj.321.7256.293>.

69 UNICEF, "Immunization and conflict."

70 Madeline Drexler, "The Troubled History Of Vaccines And Conflict Zones," *NPR*, August 29, 2021, <https://www.npr.org/sections/goatsandsoda/2021/08/29/1031007332/the-troubled-history-of-vaccines-and-conflict-zones>.

71 Chimeremma Nnadi et al., "Approaches to Vaccination Among Populations in Areas of Conflict," *The Journal of infectious diseases* 216, no. 1 (July 1, 2017): 368-372, <https://doi.org/10.1093/infdis/jix175>.

72 Luthi, "Swapping motorcycles for donkeys to deliver life-saving vaccines in central Mali."

73 UNICEF, *The State of the World's Children 2023: For every child, vaccination*.

74 Centers for Disease Control and Prevention, "Fast Facts on Global Immunization."

75 Matthew Mpoke Bigg, "Support for internally displaced people needs to be 'urgently stepped up,'" UNHRC, April 16, 2020, <https://www.unhcr.org/news/stories/support-internally-displaced-people-needs-be-urgently-stepped>.

76 "Refugee and migrant health," World Health Organization, May 2, 2022, <https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health>.

77 UNICEF, "Immunization and conflict."

people.⁷⁸ However, displaced children are also very vulnerable to infectious diseases. These children face a higher risk of malnutrition and are likely to have weakened immune systems. They are also more likely to contract a disease because of overcrowding in camps and informal settlements. This makes them more susceptible to contracting and becoming extremely sick from infectious diseases.⁷⁹

One country that experienced this issue in the past was Sierra Leone. Sierra Leone suffered a civil war from 1991 to 2001, in which a military action group targeted civilians and even children. In the civil war, there were over 50,000 deaths and over one million displaced people. This civil war led to the destruction of infrastructure and the loss of essential healthcare workers. This affected their ability to obtain vaccines. Only half of all children in Sierra Leone under the age of three received full immunization during the civil war.⁸⁰ This shows that children who live in conflict zones are more likely to miss out on life-saving vaccines.

Nigeria has also struggled with constant conflicts throughout the years. The most notable is the case of Boko Haram, a group created as a social movement to protest poverty. However, Boko Haram became one of the most extreme Islamist groups in Sub-Saharan Africa. This conflict displaced over 2 million people between 2009 and 2019. It also led to a significant decline in vaccination. A 2019 study analyzed the relationship between the armed conflict in Nigeria and child vaccination rates. The study demonstrated that if an armed conflict occurred within 10 kilometers of where children live, then those children would most likely not be immunized. A child's chance of receiving vaccination declined by 47 percent when they lived near a conflict zone.⁸¹ Armed conflict presents an obstacle to child vaccination in Nigeria, which makes their population more vulnerable to vaccine-preventable diseases.

While most major conflicts lead to decreased vaccination

rates among children, minor conflicts often lead to higher child vaccination rates. Minor conflict consists of a violent situation that causes from 25 to 999 deaths yearly due to battles. Major conflicts are those with over 1,000 battle-related deaths every year. The positive effect of minor conflicts on vaccination rates results from international help provided to a country facing minor conflict. When there is a smaller conflict or a newer one, NGOs and international governments tend to assist those affected by the conflict. This usually includes healthcare providers and vaccine programs. Due to international efforts and cooperation, families have more information about immunization and its importance during a minor conflict situation. More importantly, vaccines became more accessible to everyone in the area, making it easier for children to become fully immunized.⁸²

In major conflicts, on the other hand, there tend to be more consequences for the healthcare system that make it more difficult to vaccinate children. This can be seen in the case of Sudan, a country that is currently facing an armed conflict. The conflict has led to the destruction of health infrastructure, including two regional vaccine facilities. This threatened the accessibility of vaccines in the area. Considering Sudan already had a fragile health system before the conflict, a lack of vaccination could increase the risk of disease outbreaks. However, the country has not seen a decline in vaccination. UNICEF, the Federal Ministry of Health, and Gavi have been working together to maintain the delivery of healthcare services and vaccines. Their efforts have been successful, as they maintained an uninterrupted immunization supply chain. Vaccines have been successfully delivered to over 12 states in the country. Thanks to these efforts, health centers in several states offer vaccination.⁸³ This means children can still get their proper vaccinations on time.

Due to the importance of vaccination, UNICEF has worked hard to ensure immunization is still possible amidst conflict.

78 United Nations Children's Fund, *The State of the World's Children 2023: For every child, vaccination*.

79 UNICEF, "Immunization and conflict."

80 Charles Senessie, George N. Gage, and Erik von Elm, "Delays in childhood immunization in a conflict area: a study from Sierra Leone during civil war," *Conflict and Health* 1, no. 14 (December 9, 2007), <https://doi.org/10.1186/1752-1505-1-14>

81 Ryoko Sato, "Effect of armed conflict on vaccination: evidence from the Boko haram insurgency in northeastern Nigeria," *Conflict and Health* 13, no. 49 (October 29, 2019): 1, <https://doi.org/10.1186/s13031-019-0235-8>.

82 Gita Smith, "Immunization in Times of Armed Conflict," Georgia Tech, accessed July 25, 2023, <https://econ.gatech.edu/projects/immunization-times-armed-conflict>.

83 Proscovia Nakibuuka Mbonye, "Child immunization continues amidst conflict," UNICEF, May 26, 2023, <https://www.unicef.org/sudan/stories/child-immunizations-continue-amidst-conflict>.

This includes children in conflict areas, who are usually deprived of quality healthcare. Vaccines are essential to ensure their well-being. UNICEF collaborates with its partners to provide affordable and accessible vaccination. UNICEF works to advocate for health workers' safety to provide immunization in conflict-affected communities. These efforts have helped provide vaccines to countless children across the world. In 2019, UNICEF delivered healthcare to millions of children in 61 countries facing conflicts. These efforts to improve immunization have also improved other health and social services. Increased immunization and successful immunization campaigns have helped reach communities with health and nutrition services.⁸⁴ It is vital to continue these services to ensure children in conflict zones can access vaccines.

Building Vaccine Confidence

Vaccines have been proven to save lives worldwide. However, 1.5 million children die yearly of diseases that existing vaccines could prevent.⁸⁵ In addition to issues with accessibility and affordability, parents' distrust of vaccines causes some children to miss out on them. Nowadays, many people do not believe in the benefit of vaccines, which influences whether children are immunized. This is referred to as vaccine hesitancy. According to the World Health Organization, vaccine hesitancy consists of refusing or delaying safe vaccines even though they are available.⁸⁶ A vaccine-hesitant is unsure of or against vaccinating themselves or their children against infectious diseases. Vaccine hesitancy is present in 90 percent of countries in the world.⁸⁷ However, vaccine hesitancy is not something new. The lack of trust in vaccines has existed since the first immunization practice.

Since 1796, when the first smallpox vaccine was developed,

there has been suspicion and misconceptions about immunization.⁸⁸ Nevertheless, the effectiveness of vaccines has created vaccine confidence and promoted their use throughout history. Currently, most people accept vaccination in at least some form.⁸⁹ Even so, some people are vaccine-hesitant today. There is a range of opinions and practices of immunization. This ranges from some people delaying vaccination or being unsure of it, to total refusal of vaccination. Additionally, vaccine hesitancy is a very complex issue because it is context-specific. It varies depending on the circumstances and sometimes the vaccine. It can also vary between different regions, countries, cities, and even households. For example, in the European Union, vaccine hesitancy and confidence vary between countries. Portugal has the highest number of vaccine confidence, with over 90 percent of the population agreeing on the effectiveness of vaccines. In Slovakia, however, vaccine confidence is much lower, with only 66 percent of the population thinking vaccines are effective.⁹⁰

While a major factor that influences vaccine hesitancy is trust, accepting vaccination is a decision influenced by multiple factors. There have been several models created to understand the determinants behind vaccine hesitancy. One of the most important models is the "3 C's model" proposed by the World Health Organization. This model analyzes three major factors of vaccine hesitancy: complacency, convenience, and confidence.⁹¹ This model has become essential to understanding vaccine hesitancy.

The first term, complacency, refers to a lack of effort or care from a person to get vaccinated. It occurs when there is a vaccine that helps prevent a disease, but it is not deemed as a necessary measure. Ironically, the success of immunization programs can lead to complacency since it minimizes the risk

⁸⁴ UNICEF, "Immunization and conflicts."

⁸⁵ "Vaccine hesitancy: A growing challenge for immunization programmes," World Health Organization, August 18, 2015, <https://www.who.int/news/item/18-08-2015-vaccine-hesitancy-a-growing-challenge-for-immunization-programmes>.

⁸⁶ World Health Organization, "Vaccine hesitancy."

⁸⁷ "Vaccine hesitancy: a generation at risk." *The Lancet Child & Adolescent Health* 3, no. 5 (May 2019): 281, [https://doi.org/10.1016/S2352-4642\(19\)30092-6](https://doi.org/10.1016/S2352-4642(19)30092-6).

⁸⁸ Rina Fajri Nuwarda, Iqbal Ramzan, Lynn Weekes, and Veysel Kayser, "Vaccine Hesitancy: Contemporary Issues and Historical Background," *Vaccines* 10, no. 10 (October 2022): 1595, <https://doi.org/10.3390/vaccines10101595>.

⁸⁹ Noni E. MacDonald, "Vaccine hesitancy: Definition, scope and determinants," *Vaccine* 33, no. 34 (August 14, 2015): 4161, <https://doi.org/10.1016/j.vaccine.2015.04.036>.

⁹⁰ A. de Figueiredo, R.L. Eagan, G. Hendrickx, E. Karafillakis, P. van Damme, and H.J. Larson, *State of Vaccine Confidence in the European Union 2022* (Luxembourg: Publications Office of the European Union, November 2022), https://health.ec.europa.eu/system/files/2023-02/2022_confidence_rep_en.pdf.

⁹¹ MacDonald, "Vaccine hesitancy: Definition, scope and determinants," 4161.

of a contagious disease, and people can deem the vaccine as unimportant. Complacency is often linked with people not following safety precautions to prevent disease transmission. This is usually because the people do not believe the risk is worth getting the vaccine or think they are safe by taking precautions like washing hands. A person might also be vaccine complacent if they have other health concerns of life responsibilities they feel are more important.⁹²

The second term, convenience, refers to people who do not get vaccinated because it is inconvenient to their day-to-day lives. A clear example is people who can not miss work or studies to receive a vaccine. They can also fear that the side effects of a vaccine could interfere with the responsibilities they have to meet. This is often influenced by the availability, affordability, and accessibility of vaccines, as it can determine how easy it can be to get vaccinated. Therefore, making vaccines as easy to access as possible is important to ensure people are not deterred from receiving them.⁹³

The third C refers to confidence. This is especially important regarding vaccine hesitancy. A lack of confidence in

vaccination means that the person does not trust the vaccine and is unwilling to receive it for themselves or their children. Having vaccine confidence means trusting the effectiveness and safety of the vaccine. It also requires trust in the healthcare system, professionals who deliver vaccines, and policymakers who decide which vaccines are necessary. Without trust in all these elements, people will not have confidence in a vaccine and usually will not be immunized.⁹⁴

Another important aspect to consider when discussing vaccine hesitancy is misinformation. This can cause a person to have false or misguided beliefs about a specific vaccine or immunization.⁹⁵ Some people understand immunization from myths that only create negative beliefs. For example, some people consider vaccines unnecessary since good hygiene and nutrition are enough to control diseases. While nutrition and hygiene have helped reduce the number of diseases, there are remaining diseases for which the only effective protection is vaccination.⁹⁶ Another misconception is that vaccines are ineffective because people can still get sick while vaccinating. While it is true, people might still contract a disease despite being vaccinated against it. Vaccines develop an immunity

92 MacDonald, "Vaccine hesitancy: Definition, scope and determinants," 4162-4163.

93 MacDonald, "Vaccine hesitancy: Definition, scope and determinants," 4163.

94 MacDonald, "Vaccine hesitancy: Definition, scope and determinants," 4163.

95 Sun Kyong Lee, Juhung Sun, Seulki Jang, and Shane Connelly, "Misinformation of COVID-19 vaccines and vaccine hesitancy," *Scientific Reports* 12, no. 13681 (August 11, 2022): 1, <https://doi.org/10.1038/s41598-022-17430-6>.

96 Apichaya Korkawin and Ella Vehmas, *Vaccination: Beliefs and Cultural Aspects* (Lahti: LAB University of Applied Sciences, 2021), https://www.theseus.fi/bitstream/handle/10024/505775/Korkawin_Apichaya_Vehmas_Ella.pdf.pdf?sequence=2&isAllowed=y.



Young girl being immunized
Credit: SELF Magazine

shield that helps protect the person and reduce their chances of infection. It can also mitigate their symptoms if they do become infected.⁹⁷

Another common misconception about vaccines is that they can cause chronic disease and other health problems. A clear example is the misconception that vaccination leads to infertility, which is a false claim.⁹⁸ Some people also believe that disease can lead to diabetes and allergies, even though insufficient evidence supports this belief.⁹⁹ Additionally, one of the biggest misconceptions about vaccines is that they can cause autism. This became a widespread misconception regarding the measles–mumps–rubella (MMR) vaccine. In 1998, a hypothesis suggested that the MMR vaccine could cause autism.¹⁰⁰ The vaccine helped reduce the prevalence of MMR, but vaccine coverage decreased radically. This has led to a 30 percent rise in measles cases worldwide in recent years.¹⁰¹ Studies by the Institute of Medicine have reported there is no connection between the MMR vaccine and an increased risk of autistic spectrum disorder.¹⁰² However, the misconception about the vaccine remains. This is because many people associate a vaccine they received with health problems they may encounter afterward. Immediately, people assume the vaccine is the cause of the problem, even though this might not be true. Vaccines can have possible side effects, but there is no evidence that they cause chronic diseases or serious health problems.¹⁰³ This shows how misinformation and misconceptions about vaccines can lead to a lack of confidence in immunization and vaccine hesitancy.

Furthermore, culture can also influence vaccine hesitancy.

Culture influences a person's identity and the way they think, which can shape their opinions towards vaccines. Differences in cultural viewpoints and value systems can lead to different perspectives on vaccination.¹⁰⁴ Several countries require citizens to receive some vaccines, while others make this an optional measure.¹⁰⁵ This is because some prefer to protect the overall health of all people, while others value the freedom to choose whether to be vaccinated.¹⁰⁶ Country policies on vaccination usually influence the public perception of immunization. Vaccine hesitancy can also be a result of different religious beliefs. Some religions and belief systems are completely against the practice of immunization or present alternative perspectives on vaccination. For example, some religions believe that the human body is sacred and should not receive any medicine. They believe God and natural means should instead heal the body.¹⁰⁷

Vaccine hesitancy can also result from distrust towards vaccines in global communities. For example, in certain parts of Asia and Africa, there is suspicion that vaccines are part of a “Western plot” to infect non-Western communities. In this case, a myth or misconception about a vaccine will lead to distrusting entire communities. As a result of these theories, mistrust towards vaccines has existed in worldwide communities for the past 20 years. This often leads to vaccine hesitancy and a significant decrease in immunizations in an area.¹⁰⁸ A person's beliefs and identity could lead to a lack of vaccine confidence.

In more recent years, social media has also led to vaccine hesitancy. According to UNICEF, trust in vaccination is hard

97 Korkawin and Vehmas, *Vaccination: Beliefs and Cultural Aspects*.

98 “More Evidence That COVID-19 Vaccines Do Not Cause Infertility,” National Institutes of Health, accessed September 19, 2023, <https://covid19.nih.gov/news-and-stories/more-evidence-covid-19-vaccines-do-not-cause-infertility>.

99 Paul A. Offit and Charles J. Hackett, “Addressing Parents’ Concerns: Do Vaccines Cause Allergic or Autoimmune Diseases?” *Pediatrics* 111, no. 3 (March 2003): 659, <https://doi.org/10.1542/peds.111.3.653>.

100 Frank DeStefano and William W. Thompson, “MMR vaccine and autism: an update of the scientific evidence,” *Expert Review of Vaccines* 3, no. 1 (2004): 19–22, <https://doi.org/10.1586/14760584.3.1.19>.

101 *The Lancet Child & Adolescent Health*, “Vaccine hesitancy: a generation at risk,” 281.

102 DeStefano and Thompson, “MMR vaccine and autism,” 19–22.

103 “Question: Do vaccines cause chronic illnesses or other long-term health problems?” Immunize BC, last modified January 31, 2022, <https://immunizebc.ca/ask-us/questions/do-vaccines-cause-chronic-illness-or-other-long-term-health-problems>.

104 James M. Leonhardt, “How does culture affect vaccination acceptance?” SagePerspectives, August 17, 2022, <https://perspectivesblog.sagepub.com/blog/research/how-does-culture-affect-vaccination-acceptance>.

105 “Which countries have mandatory childhood vaccination policies?” Our World in Data, June 11, 2021, <https://ourworldindata.org/childhood-vaccination-policies>.

106 Leonhardt, “How does culture affect vaccination acceptance?”

107 “Cultural perspectives on vaccination,” History of Vaccines, accessed July 23, 2023, <https://historyofvaccines.org/vaccines-101/ethical-issues-and-vaccines/cultural-perspectives-vaccination/#Source-11>.

108 History of Vaccines, “Cultural perspectives on vaccination.”

to gain but easy to lose in this age of instant information.¹⁰⁹ Social media has made information and also opinions about new vaccines easily accessible. While this has helped spread information about the importance of immunization, it has also led to misinformation. Social media can help spread myths and misconceptions about vaccines that are not supported by any scientific evidence. It can also exaggerate the side effects of a vaccine and instill fear in the public. The WHO Director-General even stated that we face an “infodemic” that must be controlled.¹¹⁰ A study on how different social media platforms impacted the public opinion of COVID-19 identified that these means of communication can lead to three main types of misinformation. These include medical misinformation, false notions about vaccine development, and conspiracies. The study concluded that the misinformation spread on social media harmed vaccine hesitancy and decreased vaccine uptake.¹¹¹

An example of the power of social media can be observed through the spread of misinformation in Pakistan. In 2019, a staged video was published on social media platforms all over Pakistan. The video claimed that the vaccine had hospitalized children and showed staged images of several children in hospital beds. Despite being completely fake, the video drew a lot of attention. Within 24 hours of being published, it had 24,000 interactions on Twitter. This led to misinformation and created panic among parents who had already vaccinated their children with the polio vaccine. In the week that the video was published, over 45,000 children were taken to the hospital in Peshawar because of the video. Additionally, a mob set fire to a health clinic in Peshawar that same week. This resulted in the death of two police officers and a health worker.¹¹² This demonstrates social media's negative effects on spreading misinformation about immunization and its overall impact on vaccine hesitancy.

Multiple factors can lead to vaccine hesitancy or influence a person's opinion of immunization. While the reason someone decides not to vaccinate their child can be very complex, the consequences are straightforward: a greater risk of getting sick and even dying. Vaccines are only useful if they are used. Even though accessible and affordable vaccines are essential, current research has shown the importance of the human element of trust.¹¹³ This makes confidence in vaccines and those who provide them extremely important. These can even play a key role in parent's decisions to immunize their children.¹¹⁴ Many parents who are hesitant to vaccinate their children are willing to accept new information from medical professionals who answer their concerns. This can also help reduce misconceptions about vaccines. This is why physicians need to provide accurate information about the benefits and risks of vaccines.¹¹⁵

Previous UNICEF Vaccination Efforts

Vaccine hesitancy has been increasing in recent years, so even if people can access vaccines, many choose not to apply them. Therefore, many factors have made it extremely difficult to vaccinate children worldwide. Millions of children miss out on life-saving vaccines all over the world. This makes them more vulnerable to infectious diseases and increases the health risks they are exposed to.¹¹⁶ Due to the many challenges of vaccination, immunization has decreased worldwide. The number of children who missed out on vaccination has increased by six million since the start of the COVID-19 pandemic, reaching the highest number of missed children since 2009.¹¹⁷ This has made immunization more important than ever. That is why UNICEF has been working extremely hard to increase immunization coverage worldwide and to overcome obstacles that might prevent a child from accessing vaccines.

109 UNICEF, *The State of the World's Children 2023: For every child, vaccination.*

110 Heidi Larson, Emmanuela Gakidou, and Christopher J. L. Murray, “The Vaccine-Hesitant Moment,” *The New England Journal of Medicine* 387, no. 1 (June 29, 2022): 58-65, <https://doi.org/10.1056/nejmra2106441>.

111 Ingrid Skafle, Anders Nordahl-Hansen, Daniel S. Quintana, Rolf Wynn, and Elia Gabarron, “Misinformation About COVID-19 Vaccines on Social Media: Rapid Review,” *Journal of Medical Internet Research* 24, no. 8 (August 4, 2022), <https://doi.org/10.2196/37367>.

112 UNICEF, *The State of the World's Children 2023: For every child, vaccination.*

113 UNICEF, *The State of the World's Children 2023: For every child, vaccination.*

114 World Health Organization, “Vaccine hesitancy.”

115 Anderson, “Recommended solutions to the barriers to immunization in children and adults,” 344-348.

116 World Health Organization, “Immunization coverage.”

117 Centers for Disease Control and Prevention, “Fast Facts on Global Immunization.”

UNICEF has health programs in approximately 130 countries and is supplying vaccines to 45 percent of the world's children under five years old.¹¹⁸ UNICEF is uniquely positioned to improve immunization since it is the largest vaccine buyer in the world. UNICEF purchases over two billion doses of vaccines annually in nearly 100 countries.¹¹⁹ As a result, UNICEF understands how to provide vaccines to children in need. One specific example of a vaccination effort UNICEF has been involved in is the Measles & Rubella Partnership (M&RP), previously known as the Measles & Rubella Initiative. According to the American Red Cross, measles is “one of the most contagious and severe childhood diseases.”¹²⁰ It only costs about USD two to vaccinate a child against measles and rubella. It is also one of the most cost-effective diseases to prevent. The Measles & Rubella Partnership was originally established in 2001 as the Measles Initiative. The M&RP's founding members include the American Red Cross, the United States Center for Disease Control and Prevention, the United Nations Foundation, UNICEF, and the World Health Organization. This Partnership has been extremely successful. Since its founding, the Partnership has contributed to saving over 56 million lives globally, has invested more than USD 1.2 million in measles and rubella control activities, and has a target to save another 50 million lives by the end of 2030. In a joint statement, the M&RP further explained their success: “from 2000 to 2021, the annual number of estimated measles deaths decreased 83 percent, from 761,000 to 128,000.”¹²¹ Due to their large contributions, the Partnership has recently expanded to include Gavi and the Bill & Melinda Gates Foundation (BMGF).¹²²

However, not all vaccination efforts have been flawless. An

important factor in tracking the success of vaccination efforts is backsliding. As we saw with the COVID-19 vaccination, mass vaccination efforts focused on a singular illness or disease can lead to harmful backsliding.¹²³ This issue is not exclusive to the COVID-19 vaccination. Despite its successes, the effort to eradicate polio has led to unintended consequences for other vaccine-preventable diseases. Similar to the COVID-19 pandemic, the effort to eradicate polio has led to vaccine hesitancy. Additionally, this effort has taken the attention away from other vaccine-preventable diseases, leading to outbreaks in some areas of the world.¹²⁴

UNICEF has created a roadmap from 2022 to 2030, aiming to try and improve immunization coverage worldwide. A roadmap is a plan or schedule created to achieve a specific goal.¹²⁵ The vision of UNICEF's roadmap is creating “a world where every woman, child, and adolescent fully and equally benefits from vaccinations for good health, well-being, and full realization of their potential.”¹²⁶ This roadmap will help achieve UNICEF's mandate by promoting the rights of every child and focusing on equity. The roadmap has three major goals. The first goal is to catch up and recover. This means to help vaccinate children who have not received proper immunization or missed out during the pandemic or a conflict. To do this, it is necessary to help restore immunization services that may have been stopped for different circumstances and to accelerate progress to achieve goals. The second goal is to leave no one behind. This means equitable access and affordability for existing vaccines is necessary. The last goal consists of strengthening and sustaining. This means to help strengthen immunization and primary healthcare to provide full vaccination and essential health services to children

118 UNICEF, *Immunization Road Map to 2023*, (New York: UNICEF, January 2023), 9, <https://www.unicef.org/media/138976/file/UNICEF%20Immunization%20Roadmap%20To%202030.pdf>.

119 “COVAX: Ensuring Global Equitable Access to COVID-19 Vaccines,” UNICEF, accessed June 22, 2023, <https://www.unicef.org/supply/covax-ensuring-global-equitable-access-covid-19-vaccines>.

120 “Measles & Rubella Initiative,” American Red Cross, accessed September 18, 2023, <https://www.redcross.org/about-us/our-work/international-services/measles-and-rubella-initiative.html>.

121 American Red Cross, “Measles & Rubella Initiative.”

122 “Multi-country learning study to reduce drop-out from the infant primary immunization series to the 9-month immunization touchpoint,” Bill & Melinda Gates Foundation, accessed September 18, 2023, https://submit.gatesfoundation.org/prog/multi-country_learning_study_to_reduce_drop-out_from_the_infant_primary_immunization_series_to_the_9-month_immunization_touchpoint/.

123 “COVID-19 pandemic fuels largest continued backslide in vaccinations in three decades,” World Health Organization, July 15, 2022, <https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>.

124 Divyansh M. Budhia, Arpita Jaiswal, Roshan Prasad, Seema Yelne, and Mayur B. Wanjari, “From Polio to COVID-19: Examining the Impact of Pandemics on Childhood Vaccination Programs,” *Cureus* 15, no. 5 (May 25, 2023), <https://doi.org/10.7759%2Fcureus.39460>.

125 “Roadmap Basics,” ProductPlan, accessed September 19, 2023, <https://www.productplan.com/learn/roadmap-basics/>.

126 UNICEF *Immunization Roadmap To 2030* (New York: UNICEF, January 2023), 10, <https://www.unicef.org/media/138976/file/UNICEF%20Immunization%20Roadmap%20To%202030.pdf>.

worldwide.¹²⁷

With this in mind, UNICEF has planned to achieve its immunization goals by 2023. UNICEF is looking to create an environment that facilitates immunization and primary healthcare. To do so, UNICEF is planning to research immunization rates through generations. It has been tracking the global immunization rates and the impact the COVID-19 pandemic has had on vaccine coverage worldwide. With this information, it looks to strengthen national and global systems to improve vaccine collection, availability, and quality. This will be done by strengthening partnerships, implementing National Immunization Strategies, and creating Annual Operation Plans directed for a specific region. On the other hand, UNICEF is looking to increase equitable access to quality immunization services through primary healthcare. For this, it plans to expand the areas reached by immunization services with new vaccines. Also, UNICEF aims to help improve response plans to outbreaks of disease that vaccines could prevent. It seeks to do this by creating response plans to emergencies and new disease outbreaks in places more vulnerable to them. This is so countries can have uninterrupted access to affordable vaccines and the supplies necessary to deliver them.¹²⁸

UNICEF has not been the only one working towards these goals. Gavi has helped vaccinate over 981 million children since 2000.¹²⁹ The World Health Organization has also invested in this cause.¹³⁰ To achieve its goals, UNICEF works alongside many other corporations and partners to truly make an impact. This is why UNICEF is leading COVAX, the largest vaccine supply operation since 2021. Due to the cooperation of international organizations, COVAX has become the leading vaccine procurement agency for low and middle-income countries. COVAX aims to ensure equitable access to COVID-19 vaccines for all participating countries. Together, they work to transport immunization supplies

like syringes, safety boxes to dispose of them, and proper equipment to store vaccines at the required temperatures to countries with lower vaccination coverage. UNICEF and its partners also support upper-middle-income and high-income states with vaccine access.¹³¹

UNICEF has worked hard to implement new innovative solutions and to achieve the Immunization Roadmap 2023 goals. Regardless, these actions have not been enough. Instead of increasing, immunization has declined. Vaccination coverage has gone down in 112 countries in the past four years. This means that all of the measures that UNICEF and other international organizations have taken have not been able to fully reach their goals. The world is currently at its largest backslide in immunization coverage in 30 years.¹³² For this reason, it is necessary to implement new solutions to tackle the worldwide vaccination obstacles. Therefore, UNICEF, other organizations, and international governments must work together to improve immunization coverage.

Current Status

The Impact of COVID-19 on Global Vaccination

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. The first case was reported in Wuhan, China, in 2019.¹³³ The virus is spread through droplets of the virus that can be found in the air, which are released when someone infected coughs, sneezes, talks, or even breathes.¹³⁴ The symptoms of COVID-19 can also vary from person to person. Most infected people face respiratory illness, fever, cough, tiredness, body aches, and loss of taste or smell. The severity of the symptoms can also vary.¹³⁵ According to the World Health Organization, most people will recover without any special treatment. However, some people will become very

127 UNICEF *Immunization Roadmap To 2030*, 15-17.

128 UNICEF *Immunization Roadmap To 2030*, 33.

129 "Vaccine Alliance reaches more than one billion children," Gavi, accessed September 19, 2023, <https://www.gavi.org/news/media-room/vaccine-alliance-reaches-more-than-one-billion-children>.

130 World Health Organization, "Immunization coverage."

131 UNICEF, "COVAX: ensuring global equitable access."

132 UNICEF Office of Innovation, "Innovate to vaccinate."

133 "Coronavirus, COVID-19," Cleveland Clinic, accessed August 6, 2023, <https://my.clevelandclinic.org/health/diseases/21214-coronavirus-covid-19>.

134 "Coronavirus disease (COVID-19)," World Health Organization, accessed August 8, 2023, https://www.who.int/health-topics/coronavirus#tab=tab_1.

135 Cleveland Clinic, "Coronavirus."



COVID-19 vaccines
Credit: Agência Brasília

ill and even require medical attention.¹³⁶ This can especially affect those more vulnerable to COVID-19, such as people with weak immune systems or people over 60 years old.¹³⁷ Nevertheless, anyone can get infected and become seriously ill because of COVID-19. The best way to slow the spread of the virus is to be informed about it and to follow the safety regulations. These include wearing a mask properly, washing your hands, and staying at least a meter apart from others.¹³⁸

Since the first reported case of the virus in 2019, COVID-19 has rapidly spread worldwide. As a result, the World Health Organization declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC) on January 30, 2020. A Public Health Emergency of International Concern is an extraordinary event that presents a public health risk to the international community through the spread of disease. Furthermore, COVID-19 was declared a pandemic on March 11, 2020.¹³⁹ A pandemic consists of a disease outbreak that spreads across countries and continents. In the first two

years of the pandemic, there were over 450 million cases of COVID-19 worldwide.¹⁴⁰ The spread of COVID-19 was also affected by the development of new variants. As with any virus, the SARS-CoV-2 virus is constantly changing. These changes lead to new strains or variants of the virus, which can be even more contagious or dangerous. There are over 768 million confirmed cases of COVID-19 and almost 7 million deaths.¹⁴¹

However, the international community has worked together to reduce the impact of the COVID-19 pandemic. On May 5, 2023, COVID-19 was no longer a Public Health Emergency of International Concern (PHEIC).¹⁴² This does not mean the pandemic is over, but the global emergency is over for now. This was achieved through an international response, and much of the success is attributed to vaccines.¹⁴³ The COVID-19 vaccine was developed quickly. The first vaccine delivered outside a clinical trial was the Pfizer-BioNTech, administered on December 8, 2020. After this, many other vaccines were

136 World Health Organization, "Coronavirus disease."

137 Cleveland Clinic, "Coronavirus."

138 World Health Organization, "Coronavirus disease."

139 "Coronavirus disease (COVID-19) pandemic," World Health Organization, accessed August 9, 2023. <https://www.who.int/europe/emergencies/situations/covid-19>.

140 "COVID-19," European Centre for Disease Prevention and Control, accessed August 9, 2023, <https://www.ecdc.europa.eu/en/covid-19>.

141 "WHO Coronavirus (COVID-19) Dashboard," World Health Organization, accessed August 9, 2023, <https://covid19.who.int>.

142 World Health Organization, "Coronavirus disease (COVID-19) pandemic."

143 "After three years of COVID-19, surveillance and vaccination key to ending pandemic in the Americas," Pan American Health Organization, March 9, 2023, <https://www.paho.org/en/news/9-3-2023-after-three-years-covid-19-surveillance-and-vaccination-key-ending-pandemic-americas>.

developed. Other popular vaccines are the Moderna and the Oxford/AstraZeneca vaccines. Nevertheless, all vaccines share one goal: reducing the spread of COVID-19. The vaccines were also distributed very quickly. A year after the first COVID-19 vaccine was administered to the public, 55.9 percent of the population had received at least one dose.¹⁴⁴ It is recommended to apply an additional dose or booster vaccines. A booster vaccine increases the immunity against COVID-19 and helps protect against the new variants.¹⁴⁵ By December 2021, 45.5 percent of the population had received two doses, and 4.3 percent had received at least one more booster vaccine.¹⁴⁶

Today, about 1.7 billion doses of COVID-19 vaccines have been administered worldwide.¹⁴⁷ The COVID-19 vaccine proved to be very successful. Studies on the impact of the vaccine have shown that it prevented over 18 million deaths worldwide.¹⁴⁸ Additionally, the number of daily COVID-19 cases has decreased significantly. In February 2022, there were over 3.8 million new cases every day. A year later, in February 2023, the number of cases was around 200 thousand.¹⁴⁹ Overall, the vaccine showed great efficacy in reducing the risk of infections of the SARS-CoV-2 virus. Moreover, the vaccine is the best way to prevent serious complications and even deaths as a result of COVID-19.¹⁵⁰ A study on the impacts of the vaccine demonstrated that the COVID-19 vaccine can prevent 17 percent of all cases, 32 percent of hospitalizations and 29 percent of admissions to the intensive care unit.¹⁵¹

Despite how successful the vaccines have proven to be, over 2.2 billion people remain unvaccinated against COVID-19. Most of those who remain unvaccinated live in low-income countries that struggle to access immunization. 69 percent of the unvaccinated population lives in lower-middle-income and low-income countries.¹⁵² Yet, these places are the ones that would benefit the most from the vaccine. In low-income countries, an additional 45 percent of deaths could have been prevented if the vaccination coverage had reached 20 percent by 2021.¹⁵³ Though many people did not have access to the COVID-19 vaccine, many others chose not to get the vaccine. The COVID-19 vaccine can present several side effects. Most are mild effects such as soreness or pain at the place of the injection, headaches, chills, and fever.¹⁵⁴ It is possible to suffer from more severe side effects, such as heart inflammation, though it is doubtful.¹⁵⁵ Nevertheless, the fear of side effects kept many people from getting the COVID-19 vaccine. A study in Syria showed that the most common reason for not getting the vaccine was concerns about the side effects. In the study, 44 percent of the people faced this fear and hesitated to get the vaccine.¹⁵⁶

Additionally, much of the information about the COVID-19 virus and vaccines is spread through social media. Social media is filled with misinformation and misconceptions about the virus and the vaccines. For this reason, many people chose not to get the vaccine despite it being free and easy to access.¹⁵⁷ Most studies show that COVID-19 has an acceptance

144 Oliver J. Watson, Gregory Barnsley, Jaspreet Toor, Alexandra B. Hogan, Peter Winskill, and Azra C. Ghani, "Global Impact of the First Year of COVID-19 Vaccination: a Mathematical Modelling Study," *The Lancet Infectious Diseases* 22, no. 9 (June 23, 2022): 1293-1302, [https://doi.org/10.1016/S1473-3099\(22\)00320-6](https://doi.org/10.1016/S1473-3099(22)00320-6).

145 "Vaccines," California All, accessed August 14, 2023, <https://covid19.ca.gov/vaccines/#Booster-shots-and-additional-doses>.

146 Watson et al., "Global Impact of the First Year of COVID-19 Vaccination."

147 World Health Organization, "Coronavirus disease (COVID-19) pandemic."

148 Watson et al., "Global Impact of the First Year of COVID-19 Vaccination."

149 "Coronavirus Cases," Worldometer, accessed August 9, 2023, <https://www.worldometers.info/coronavirus/coronavirus-cases/#daily-cases>.

150 Watson et al., "Global Impact of the First Year of COVID-19 Vaccination."

151 Moawiah Khatatbeh et al., "Children's Rates of COVID-19 Vaccination as Reported by Parents, Vaccine Hesitancy, and Determinants of COVID-19 Vaccine Uptake Among Children: A Multi-country Study from the Eastern Mediterranean Region," *BMC Public Health* 22, no. 1375 (July 2022), <https://doi.org/10.1186/s12889-022-13798-2>.

152 Philip Schellekens, "Mapping our unvaccinated world," *Pandem-ic*, August 6, 2023, <https://pandem-ic.com/mapping-our-unvaccinated-world/>.

153 Watson et al., "Global Impact of the First Year of COVID-19 Vaccination."

154 Michel Najjar, et al., "Covid-19 Vaccination Reported Side Effects and Hesitancy Among the Syrian Population: A Cross-sectional Study," *Annals of Medicine* 55, no. 2 (August 6, 2023): 2241351, <https://doi.org/10.1080/07853890.2023.2241351>.

155 "Can COVID-19 or COVID-19 Vaccines Cause Heart Damage?" UnityPoint Health, accessed September 19, 2023, <https://www.unitypoint.org/news-and-articles/can-covid19-or-covid19-vaccines-cause-heart-damage>.

156 Najjar et al., "Covid-19 Vaccination Reported Side Effects."

157 Neha Puri, Eric A. Coomes, Hourmazd Haghbayan, and Keith Gunaratne, "Social Media and Vaccine Hesitancy: New Updates for the Era of COVID-19 and Globalized Infectious Diseases," *Human Vaccines & Immunotherapeutics* 16, no. 11 (July 2022): 2586-2593, <https://doi.org/10.1080/21645515.2020.1780846>.

rate below 60 percent.¹⁵⁸ This is concerning because many people choose not to get a life-saving vaccine, endangering themselves and others. The lowest vaccine acceptance rates were in the Middle East, Eastern Europe, Africa, and Russia. Vaccine hesitancy can be attributed to social media, as it disproportionately promotes anti-vaccine content. A study on how COVID-19 is presented on social media demonstrated that in YouTube videos that mentioned the vaccine, about 65 percent were anti-vaccines. Of that 65 percent, 36.8 percent provided no scientific evidence.¹⁵⁹ This means the information they provide is not supported by reports or data proving it is real. As a result, information can often be fake or misleading. Social media is an essential form of communication, especially with younger audiences. The information it presents about a vaccine could influence people's opinions about it and their willingness to be immunized.

Vaccinating children against COVID-19 has been particularly challenging. Since COVID-19 is very new, there have been many concerns regarding vaccinating children and infants. The vaccination of children under 18 years old was initially delayed. This is because children are considered a vulnerable population. Therefore, testing the vaccine on younger people takes longer to ensure they are not placed under any major risks.¹⁶⁰ This also means the process of vaccinating children has been slower. Moreover, out of the many COVID-19 vaccines, only the Pfizer and Moderna vaccines have been approved by the World Health Organization for children over six months old.¹⁶¹ This means infants have limited options for vaccines. This can be especially challenging since some countries do not have access to the approved vaccinations, which means their children have no way of being immunized. Another obstacle has been that many governments still do not

allow vaccination for children or only allow for children over a certain age to be vaccinated. For example, India only provides vaccines to children over 12 years old.¹⁶² Additionally, some people may consider it less important to vaccinate children. Children are less likely to get seriously ill from COVID-19. However, vaccinating children helps prevent the spread of the virus. As a result, this protects others and helps ensure the children's well-being.¹⁶³

The success of the COVID-19 vaccine led to worldwide problems in overall immunization rates. During the three years of the pandemic, over 67 million children missed out on one or more vaccinations.¹⁶⁴ This can be attributed to several factors. As COVID-19 vaccines became more emergent, many countries had to prioritize their efforts in vaccinating people to prevent the spread of coronavirus. Unfortunately, routine immunization was often delayed or even stopped completely while focusing on the pandemic. According to UNICEF, routine immunization programs cannot reach as many children as they normally do. Furthermore, many families could not travel to access the routine immunization due to lockdowns.¹⁶⁵ Additionally, COVID-19 caused many people to be hospitalized or even need to be placed in the intensive care unit. With thousands of cases daily, COVID-19 strained health systems. This left little time and no medical professionals available for non-emergent medical procedures and routine immunizations. The virus also made medical resources and equipment scarce. Most countries were unprepared for a pandemic, so COVID-19 response became a priority. This drained healthcare facilities and disrupted health services. The American Hospital Association faced a USD 202.6 billion loss in revenue because of COVID-19. Additionally, it costs low and middle-income countries about

158 Malik Sallam, "COVID-19 Vaccine Hesitancy Worldwide: A Concise Systematic Review of Vaccine Acceptance Rates," *Vaccines* 9, no. 2 (February 2021): 160, <https://doi.org/10.3390/vaccines9020160>.

159 Puri, et al., "Social Media and Vaccine Hesitancy."

160 Bianca Nogrady, "Why aren't kids getting vaccinated?" *MIT Technology Review*, February 8, 2021, <https://www.technologyreview.com/2021/02/08/1017621/why-arent-kids-getting-vaccinated/>.

161 "Children and COVID-19 Vaccines — Parents' Questions Answered," UNICEF South Asia, accessed August 9, 2023, <https://www.unicef.org/rosa/stories/children-and-covid-19-vaccines>.

162 UNICEF South Asia, "Children and COVID-19 Vaccines."

163 Anna Christina Sick-Samuels and Allison Messina, "COVID Vaccine: What Parents Need to Know," Johns Hopkins Medicine, last modified June 22, 2022, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid19-vaccine-what-parents-need-to-know>.

164 UNICEF, "New data indicates declining confidence in childhood vaccines of up to 44 percentage points in some countries during the COVID-19 pandemic."

165 "#BuildBackImmunity," UNICEF, accessed June 22, 2023, <https://www.unicef.org/child-health-and-survival/build-back-immunity>.

USD 52 billion each month to provide an effective response to the pandemic.¹⁶⁶ Furthermore, COVID-19 decreased vaccine confidence worldwide. With great exposure to misinformation, people started to doubt not only the COVID-19 vaccine, but immunization as a whole.¹⁶⁷ Therefore, the COVID-19 pandemic led to an overall decrease in immunization.

An example of the impact of COVID-19 on immunization is that all UNICEF regions had a decline in the DTP3 coverage between 2019 and 2021. This impact has not been equal worldwide. The East Asia and Pacific region suffered the most from the pandemic. Their DTP3 immunization coverage fell 10 percent. As a result, cases of vaccine-preventable diseases like cholera, measles, and polio are increasing in the countries where children missed out on vaccines. Due to this, UNICEF has now started to work on helping countries recover from the impact of the pandemic. UNICEF has started large-scale catch-up vaccination campaigns to help the children who missed their doses. Also, any funds left over from the COVID-19 response have been repurposed for routine immunization activities. UNICEF is focusing its efforts on the countries with the highest number of children who missed out on vaccines. Additionally, with the COVID-19 cases decreasing, the world has been able to start recovering from its effects.¹⁶⁸ It is important for UNICEF and its partners to take advantage of this recovery and return vaccination rates to their pre-pandemic levels.

Case Study: Immunization in Afghanistan

Afghanistan is located in Central Asia. Since the 1970s, the country has been facing several political crises and violence. This was only exacerbated when the Taliban rose to power in 1995. The Taliban are an Islamic fundamentalist group. After intervention from the United States in 2001, the Taliban were forced out of Afghanistan. However, when the United States withdrew its troops from Afghanistan in February 2020, the

Taliban quickly regained control. In August 2021, the Taliban took over Afghanistan. The Taliban regime has created a human rights crisis in Afghanistan. Since they regained power, the Taliban have imposed policies that violate the human rights of women and girls. Women and girls have lost many of their freedoms. They are only allowed in public with a male chaperone and are forced to wear burqas. The Taliban banned women from going to secondary schools and universities. Women are also not allowed to work. According to the United Nations Development Program, restricting women's ability to work could cost the country five percent of its gross domestic product (GDP).¹⁶⁹

Moreover, the Taliban regime has threatened the political rights of its citizens as presented in Afghanistan's previous constitution. The Taliban security forces have carried out arbitrary detentions, tortures, and executions.¹⁷⁰ The Taliban have also repressed everyone's freedom on social media and prohibited any criticism of the Taliban rule. The government also has extensive censorship over the Afghan media. They have intimidated journalists and closed over two hundred news organizations.¹⁷¹ Journalists are not allowed to report various topics that might negatively show the Taliban regime. If they break any of these rules, they are often beaten for it. About 80 percent of journalists lost their jobs since the Taliban takeover. As a result, people can only access limited information that the Taliban government has approved. The humanitarian crisis in Afghanistan was also worsened by the economic collapse they faced in 2022. When the Taliban took over, most donor countries started to cut off income assistance. This led to wage losses nationwide. As a result, prices for food and fuel increased.¹⁷² Also, the funding for education, healthcare, and other vital services became nonexistent. To make matters worse, there was an agricultural crisis in 2022 because of a drought and a lack of affordable fertilizer and other essential products. This has caused 90

166 Alan Kaye et al., "Economic impact of COVID-19 Pandemic on Healthcare Facilities and Systems: International Perspectives," *Best Practice & Research Clinical Anaesthesiology* 35, no. 3 (October 2021), 293–306, <https://doi.org/10.1016/j.bpa.2020.11.009>.

167 World Health Organization, "COVID-19 pandemic fuels largest continued backslide."

168 UNICEF, "#BuildBackImmunity."

169 Lindsay Miazaland, "The Taliban in Afghanistan," *Council on Foreign Relations*, January 19, 2023, <https://www.cfr.org/backgrounder/taliban-afghanistan>.

170 "Afghanistan," Human Rights Watch, accessed August 10, 2023, <https://www.hrw.org/world-report/2023/country-chapters/afghanistan>.

171 Miazaland, "The Taliban in Afghanistan."

172 Human Rights Watch, "Afghanistan."

percent of the population to suffer from food insecurity.¹⁷³ Food insecurity refers to not having access to enough food or good quality food to meet a person's basic needs.¹⁷⁴ Women have suffered from this disproportionately. According to the World Food Program, nearly 100 percent of female-headed households lacked adequate food.¹⁷⁵ Since they cannot work, women have no income of their own. Women have taken drastic measures to obtain food for themselves and their families. Many have had to sell vital items of their households, send their sons to work, or even marry their daughters for a bride price.¹⁷⁶ A bride price is a payment given by or on behalf of a prospective husband to the bride's family.¹⁷⁷ This has significantly worsened the human rights crisis in Afghanistan.

Additionally, the people in Afghanistan are exposed to armed conflict. The Islamic State of Khorasan Province (ISK) is a terrorist group that has caused widespread violence throughout Afghanistan. The group has increased attacks on civilians throughout the country. In 2022, the ISK took

responsibility for bombings and attacks that killed and injured over 700 people. Several attacks have occurred on education centers, injuring both staff and students. The attacks have also created medical burdens for survivors and their families. This makes them unable to maintain a constant salary and restricts their daily lives. The situation worsened because the Taliban failed to provide medical assistance or any support to the survivors and affected families.¹⁷⁸

The crisis in Afghanistan has also had an impact on the country's healthcare system. Even before the Taliban regained control, Afghanistan was one of the least medically equipped countries. The country had an average of only three doctors for every 10,000 people.¹⁷⁹ The country remains one of the most dangerous places to be a baby, a child, or a mother. This is because access to hospitals or health facilities is minimal. As a result, Afghanistan has one of the highest infant mortality rates.¹⁸⁰ Additionally, Afghanistan had difficulties vaccinating children before the Taliban took control of the country. In

173 Miazaland, "The Taliban in Afghanistan."

174 "Hunger and food insecurity," FAO, accessed September 19, 2023, <https://www.fao.org/hunger/en/>.

175 Human Rights Watch, "Afghanistan."

176 Ángel Sastre, "Selling a child for food: 'Several suitors showed up and I tried to choose the youngest,'" *El País English*, July 5, 2022, <https://english.elpais.com/international/2022-07-06/selling-a-child-for-food-several-suitors-showed-up-and-i-tried-to-choose-the-youngest.html>.

177 "Bride-price Definition & Meaning," Merriam-Webster, accessed September 19, 2023, <https://www.merriam-webster.com/dictionary/bride-price>.

178 Human Rights Watch, "Afghanistan."

179 Lynzy Billing, "Afghanistan Has Entered a New Era — But Its Vaccination Challenges on the Ground Remain," *Global Citizen*, August 11, 2023, <https://www.globalcitizen.org/en/content/vaccine-delivery-in-afghanistan/>.

180 "Health," UNICEF Afghanistan, accessed August 9, 2023, <https://www.unicef.org/afghanistan/health>.

Afghani girl receiving a medical examination
Credit: Sfc. Larry Johns (U.S. Army)



2018, one out of every three children remained unimmunized in Afghanistan. The country also had about 200,000 zero-dose children before facing armed conflict.¹⁸¹ Afghanistan worked alongside UNICEF to improve their immunization coverage. Nevertheless, Afghanistan still has a long way to go. It is one of two countries where polio has not been eradicated.¹⁸²

However, vaccinating children became extremely difficult once the Taliban took over. Afghanistan lost foreign aid from several donors, like the World Bank, when the Taliban took power. This forced many hospitals to close down because of a lack of funding. In a country where many people struggled to access healthcare, this exacerbated the situation and limited access even more. The economic instability faced has led to numerous vaccination gaps.¹⁸³ As a result, the most vulnerable populations face disease outbreaks from contagious diseases that were nearly eradicated. Moreover, the Taliban regime made it more difficult to distribute vaccines. After the first ten days of the regime, the COVID-19 vaccinations in Afghanistan dropped by 80 percent.¹⁸⁴

In addition to the challenges brought on by the Taliban regime, Afghanistan was facing another crisis: the COVID-19 pandemic. This health crisis had consequences for the whole world, including a decline in routine immunizations. A clear example of this is measles, a vaccine-preventable disease. The number of measles cases has been increasing because of the low vaccination coverage in Afghanistan. In 2022, five times more children had measles than in 2020.¹⁸⁵ This shows the impact the Taliban regime, combined with the pandemic, had on routine immunization in Afghanistan. Additionally, the efforts to eradicate polio in the country were affected by COVID-19. The house-to-house polio immunization campaign stopped because of the pandemic.¹⁸⁶ Furthermore,

children are still not allowed to be vaccinated against COVID-19 in Afghanistan.¹⁸⁷ This facilitates the spread of the virus and exacerbates the impact of the pandemic.

This can also be seen in the case of Zarmina. Zarmina is a 30-year-old Afghan woman. She is a mother of two children and believes immunization is essential to ensure her children's survival. This became even more important during the COVID-19 pandemic. Like many women in Afghanistan, Zarmina was unable to complete her education. Nevertheless, because of the social mobilization campaigns from the Ministry of Public Health, Zarmina understands the importance of immunization. She even encourages her neighbors to vaccinate their children. All Zarmina wants is for her children to be healthy and to receive an education. Both the pandemic and the Taliban regime have made Zarmina's goal difficult to achieve. However, with the help of UNICEF, progress has been made towards vaccination coverage in Afghanistan.¹⁸⁸

UNICEF has been working on new ways to ensure access to immunization in Afghanistan, despite the obstacles it currently faces. For example, UNICEF implemented polio social mobilizers. Social mobilizers are community members who trace each child's planned immunization schedule since birth. Mobilizers ensure families know when children are supposed to be vaccinated. After identifying a child's health needs, they also provide families with referral vouchers. During the pandemic, the polio social mobilizers provided routine immunization services to over 37,000 children in Afghanistan in just one month.¹⁸⁹ Additionally, Afghanistan has benefited from the support of the international community. The country received 26 metric tons of vaccines from the European Union during the pandemic. This allowed the vaccination of over

181 UNICEF, "1 in 3 children still unimmunized in Afghanistan," news release, April 25, 2018, <https://www.unicef.org/afghanistan/press-releases/1-3-children-still-unimmunized-afghanistan>.

182 UNICEF Afghanistan, "Polio eradication."

183 Billing, "Afghanistan Has Entered a New Era — But Its Vaccination Challenges on the Ground Remain."

184 Francesco Guarascio, "U.N. Sees Massive Drop in COVID Vaccinations in Afghanistan after Taliban Takeover," *Reuters*, August 25, 2021, <https://www.reuters.com/world/asia-pacific/un-sees-massive-drop-covid-vaccinations-afghanistan-after-taliban-takeover-2021-08-25/>.

185 Günter Boussery, "Measles Cases are Surging — and I'm Scared for Vulnerable Children," UNICEF South Asia, April 26, 2023, <https://www.unicef.org/rosa/blog/measles-cases-are-surging-and-im-scared-vulnerable-children>.

186 Tamara Abu Sham, "Scaling up routine immunization amidst Covid 19," UNICEF, May 16, 2020, <https://www.unicef.org/afghanistan/stories/scaling-routine-immunization-amidst-covid-19>.

187 UNICEF South Asia, "Children and COVID-19 Vaccines — Parents' Questions Answered."

188 Monique Awad, "Immunization continues amid COVID-19," UNICEF, September 23, 2020, <https://www.unicef.org/afghanistan/stories/immunization-continues-amid-covid19>.

189 Abu Sham, "Scaling up routine immunization amidst Covid 19."

390 thousand infants and over 900 thousand women.¹⁹⁰ Additionally, Japan donated USD 10.4 million to UNICEF Afghanistan to help provide access to essential vaccines. The funds will help vaccinate over 1.4 million children and 3.1 million women against infectious diseases.¹⁹¹

Additionally, the international community is working together to help Afghanistan during the Taliban regime. The United Nations Security Council has had several debates on Afghanistan and placed several sanctions on the Taliban as a result.¹⁹² Moreover, Afghanistan depended on assistance from other countries, which was suspended after the Taliban took over. Yet, in 2022, aid picked up again, helping the country recover. Donors provided USD 2.6 billion. The United States alone has contributed over USD 1.1 billion.¹⁹³ Currently, the Taliban are under investigation by the International Criminal Court (ICC) for abuse of the Afghan people and crimes against humanity. The prosecutor of the ICC stated that the Taliban “are not continuing, cannot continue, and will not continue.”¹⁹⁴ The world is working together to help promote peace in Afghanistan and ensure that child vaccination can continue.

Sustainable Development Goals

The Sustainable Development Goals (SDGs) were adopted by the United Nations in 2015. They consist of 17 goals focused on improving aspects of different areas worldwide. Each goal is a call to action to protect the planet and its people. Their objective is to ensure that by 2030, all people will enjoy prosperity and peace. The 17 goals show that working on one area will affect the others. Therefore, it is important that development also considers social, economic, and environmental sustainability. To achieve the SDGs, it is necessary to employ creative solutions, use new technology, and work together as an international community. The United Nations Secretary-General presents a progress report on

the SDGs every year. This works as a global indicator with information collected from a national and regional level. Moreover, the Global Sustainable Development Report is produced every four years to inform the General Assembly on the SDGs.¹⁹⁵

All areas the United Nations has focused on improving can be connected to the SDGs. Ensuring children's health through improved immunizations is no exception. While this topic can be connected to several SDGs, there is one that aligns the most with its objectives. That goal is Goal 3: Good Health and Well-Being. The focus of SDG 3 is to “ensure healthy lives and promote well-being for all at all ages.”¹⁹⁶ This aligns with this topic's mission, as it aims to ensure healthy lives, specifically for children. Immunization is also an important part of SDG 3 and is connected to several specific targets. Each target represents a more focused goal that falls under the category of the major one. One target of SDG 3 is to end the epidemic of several infectious diseases by 2030. These include tuberculosis, malaria, and hepatitis, which are all preventable with vaccines. While progress varies throughout the diseases, most are still far behind their goals. For example, the goal for 2025 is to have less than 370,000 new Human Immunodeficiency Virus (HIV) cases. Yet, in 2021, there were about 1.5 million new HIV infections, meaning there is still a long way to go.¹⁹⁷ To achieve this target, the international community must consider improving immunization worldwide.

The topic of improving immunization can also be connected directly to another target of SDG 3. This target focuses on supporting the research and development of vaccines for the communicable and non-communicable diseases that primarily affect developing countries. Additionally, it looks to provide affordable vaccines and access to medicines for all.¹⁹⁸ This target aligns completely with the idea of improved immunization, as it looks to improve the quality of vaccines. UNICEF recognizes that there are countries where access

190 Awad, “Immunization continues amid COVID-19.”

191 “Japan contributes US\$ 10.4 million to UNICEF Afghanistan for administration of essential vaccines,” UNICEF, press release, May 19, 2022, <https://www.unicef.org/afghanistan/press-releases/japan-contributes-us-104-million-unicef-afghanistan-administration-essential>.

192 Human Rights Watch, “Afghanistan.”

193 Miazaland, “The Taliban in Afghanistan.”

194 Human Rights Watch, “Afghanistan.”

195 “The 17 Goals,” United Nations, accessed September 19, 2023, <https://sdgs.un.org/goals>.

196 “Goal 3,” United Nations, accessed August 10, 2023, <https://sdgs.un.org/goals/goal3>.

197 United Nations, “Goal 3.”

198 United Nations, “Goal 3.”

to vaccines is more difficult than others. Just like SDG 3 proposes, UNICEF is focusing on providing vaccines to those areas that require more help. Finally, UNICEF is working to ensure affordable vaccines are provided everywhere, as it is the largest vaccine buyer in the world. Therefore, some of the targets from SDG 3 intersect with UNICEF’s goals and actions as well.

Ensuring access to immunization for children worldwide can also be connected to other SDGs. One of these goals is Goal 4: Quality Education.¹⁹⁹ Immunization is connected to SDG 4 because immunization improves a child’s overall health and well-being, reducing the number of sick days. As a result, children can regularly attend school and receive a proper education. Children who are sick cannot study, so immunization is essential for proper education.²⁰⁰ Moreover, a good education can also be beneficial to immunization. Being educated about vaccines helps reduce misconceptions and misinformation about them.²⁰¹

Additionally, immunization of children can be connected to Goal 10: Reduced Inequalities.²⁰² This is because global

immunization efforts have been made to ensure everyone has access to vaccines. UNICEF is looking to reduce inequalities in healthcare by ensuring everyone can be immunized, regardless of where they live or their economic status.²⁰³ Hence, ensuring equitable access to vaccines is a way to reduce inequalities worldwide.

Finally, the topic of immunization can be connected to Goal 17: Partnerships for the Goals. This goal focuses on strengthening global partnerships to achieve sustainable development.²⁰⁴ This aligns directly with immunization. Global vaccination and disease eradication efforts require collaboration between all countries. As SDG 17 suggests, international partnerships and cooperation are necessary to achieve worldwide sustainable development, which includes immunizations.

199 “Goal 4,” United Nations, accessed September 19, 2023, <https://sdgs.un.org/goals/goal4>.
 200 David E. Bloom, David Canning, and Erica S. Shenoy, “The effect of vaccination on children’s physical and cognitive development in the Philippines,” *Applied Economics* 44, no. 21 (2012): 2777-2783, <https://doi.org/10.1080/00036846.2011.566203>.
 201 “Vaccination,” Healthy People 2030, accessed September 19, 2023, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination>.
 202 “Goal 10,” United Nations, accessed September 19, 2023, <https://sdgs.un.org/goals/goal10>.
 203 UNICEF *Immunization Roadmap To 2030*, 1.
 204 “Goal 17,” United Nations, accessed September 19, 2023, <https://sdgs.un.org/goals/goal17>.



United Nations Sustainable Development Goals
Credit: United Nations



Bloc Analysis

Points of Division

Global immunization can be measured in several ways. It can be analyzed through the vaccine coverage of each specific type of vaccine. This is very commonly done with the DPT1 vaccine and, more recently, with the COVID-19 vaccine. This helps understand the position of the country or region regarding immunization. This information can be very useful in understanding the status of a country, but it can also be minimal as it depends on only one vaccine. This can lead to unfair assessments, as a county can be very focused on vaccinating the population against one disease but not so much others. Another way to measure immunization can be through an index, such as The Global Health Security (GHS) Index.

The GHS Index, launched in October 2019, is the first comprehensive analysis of the health security and capabilities of 195 countries. The countries analyzed are those in which the International Health Regulations (IHR) are legally binding.²⁰⁵ The IHR is an international agreement created to improve each country's ability to detect and report public health emergencies worldwide.²⁰⁶ The Index is a combined project of the Nuclear Threat Initiative (NTI), the Johns Hopkins Center for Health Security, and the Economist Impact. The project aims to change national health security and improve the international capability to address infectious disease outbreaks. Therefore, it will lead to preventing epidemics and pandemics. To do this, the GHS Index is designed to inform leaders of each country's key elements to prepare for future outbreaks. This helps countries understand where they must invest and which aspects of healthcare should be the priority.²⁰⁷

The Index assesses several aspects of a country's healthcare every two to three years. The last assessment was in 2021 during the COVID-19 pandemic.²⁰⁸ The GHS Index assesses each

country's overall healthcare and gives it a score of one to 100, with 100 being the highest possible score. It also has an overall page for each country, detailing the best parts of its healthcare systems and showing which require some improvement. The Index also focuses on six areas of healthcare: prevention, detection, response, health, norms, and risk. All of these also have subtopics that help understand a country's situation more in-depth or more specifically. Under the section on prevention is the subtopic of immunization. This section ranks countries depending on their overall immunization coverage and gives them each an index score.²⁰⁹ A country's score reflects its policies on child immunization and determines its capability to provide children with vaccines. For this reason, blocs are divided based on countries' GHS Index scores.

Countries with a GHS Index Score Above 60

Countries in this section ranked the highest regarding immunization coverage. This means that these countries have a high percentage of vaccination coverage overall. Furthermore, countries in this bloc have easy access to vaccination for all infectious diseases. These countries have invested in immunization and have worked to improve their vaccination coverage. Therefore, they have healthcare systems that promote immunization in children and adults. For this reason, most countries with a high score in immunization also have high scores in overall health systems.²¹⁰ While this is not necessary, a good health system will often facilitate immunization.²¹¹ Additionally, these countries have great response plans to disease outbreaks. This is something that was most likely reflected in the COVID-19 pandemic. Countries that acted faster and were able to get their population immunized quickly received higher GHS Index Scores. It could also represent countries that, after the pandemic, opted to create new plans to prepare for another outbreak.²¹²

The countries in this bloc also share similarities outside the

205 "About," Global Health Security Index, accessed September 19, 2023, <https://www.ghsindex.org/about/>.

206 "International Health Regulations (IHR)," Centers for Disease Control and Prevention, accessed August 9, 2023, <https://www.cdc.gov/globalhealth/healthprotection/ghs/ihr/index.html>.

207 Global Health Security Index, "About."

208 Global Health Security Index, "About."

209 "GHS Index Map," Global Health Security Index, accessed August 9, 2023, <https://www.ghsindex.org/#l-section--map>.

210 Global Health Security Index, "GHS Index Map."

211 UNICEF, *The State of the World's Children 2023: For every child, vaccination*.

212 Global Health Security Index, "GHS Index Map."

healthcare system. Most of the countries are high-income or upper-middle-income. This shows how a country's economic status can affect immunization rates, as it can make vaccines more accessible. Furthermore, these countries have more means to invest in immunization or preventing new disease outbreaks. Most countries in this bloc are found in Europe, with some in North America and East Asia as well. However, some countries in other regions are part of this bloc, like Uruguay and Morocco.²¹³ Additionally, while the population varies amongst these countries, several have populations ranging from one to ten million people. Smaller populations can make working within a state of emergency easier by creating prevention plans for fewer people.

The GHS Index further divides this bloc into two sections. The first consists of countries with a score above 80. This represented 42 of the 195 countries analyzed by the Index. These countries are often recognized for their good healthcare. Some examples include the United States, Portugal, Hungary, and the United Arab Emirates. The second division consists of countries with a score between 60.1 and 80. These countries still have strong healthcare systems, but their immunization coverage is slightly lower. Some examples are Costa Rica, Egypt, Finland, and Japan.²¹⁴ While both sections have higher immunization rates, those in the first are better positioned to help countries more in need and can also serve as a guide to implement emergency plans.

Countries with a GHS Index Score Between 40 and 60

This bloc is the largest of the three, including 71 of the 195 countries analyzed by the GHS Index. Most of the countries still have decent healthcare systems, but they might be more difficult to access. Their healthcare systems could also be lacking in some areas. Additionally, some people in the country might not be able to access healthcare at all. Nevertheless, these

countries still have a GHS Index score above the world average of 38.9. Most countries in this bloc have the majority of their population immunized.²¹⁵ Countries in this bloc often support vaccination but still miss many people. They might have tried to vaccinate their population but encountered barriers, such as economic limitations to buy proper equipment, difficulty transporting vaccines, and vaccine hesitancy.

Countries in this bloc also have similar traits besides their GHS Index score. Most countries in this bloc are lower-middle income. Yet, some upper-middle-income and low-income countries are also in this bloc. Moreover, the populations of the countries in this bloc tend to be higher than those with a higher score. The most common population range is from ten to 50 million people. Countries in this bloc might struggle to fully immunize their populations because it requires more vaccines. Several countries in this bloc are in Latin America, the Caribbean, and Southeastern Asia.²¹⁶

One example of a country in this bloc is Guatemala, which has a score of 50 and is ranked 101.²¹⁷ The country has a population of 17.1 million people and is located in Central America. Guatemala has high poverty and inequalities, reflected in its healthcare system. Additionally, low government revenues lead to low healthcare expenditures.²¹⁸ However, Guatemala has a 79 percent vaccination rate for the third dose of the DTP vaccine and 91 percent coverage for the polio vaccine.²¹⁹ Overall, the country's immunization rates have been improving. However, Guatemala still has one of Latin America's lowest vaccination coverage rates.²²⁰ Like Guatemala, many countries in this bloc do well in some areas but lack in others when vaccinating children.

Countries with a GHS Index Score Below 40

The last bloc consists of countries with the lowest scores on the Global Health Security Index (GHS). These countries

213 Global Health Security Index, "GHS Index Map."

214 Global Health Security Index, "GHS Index Map."

215 Global Health Security Index, "GHS Index Map."

216 Global Health Security Index, "GHS Index Map."

217 Global Health Security Index, "GHS Index Map."

218 "Guatemala," The World Factbook, accessed August 9, 2023, <https://www.cia.gov/the-world-factbook/countries/guatemala/#economy>.

219 "Immunization Dashboard Guatemala," World Health Organization, accessed August 9, 2023. <https://immunizationdata.who.int/pages/profiles/gtm.html>.

220 Neudy Rojop et al., "COVID-19 Attitudes and Vaccine Hesitancy among an Agricultural Community in Southwest Guatemala: A Cross-Sectional Survey," *Vaccines* 11, no. 6 (June 2, 2023): 1059, <https://doi.org/10.3390/v11061059>.

likely face several barriers to providing immunization to their population. Many countries in this bloc have made efforts to invest in immunization, but they face challenges that make the process more difficult. Several countries have experienced conflicts or climate crises that make it more difficult to administer immunizations. This makes them more vulnerable, which can saturate healthcare systems and risk disease outbreaks. Therefore, they are the ones that would benefit the most from increased immunizations. Additionally, these countries often have a lot of their population in areas that are difficult to reach with vaccination. This makes transporting and providing vaccines even more difficult. As a result, these countries are usually the ones with the most zero-dose communities.²²¹

Countries in this bloc comprise 24 of the 195 countries analyzed by the GHS Index. However, many of these countries have a higher rate of overall scores. This shows that immunization rates might be the result of a barrier. It can also be an area of improvement for the country. Additionally, it is important to consider the impact of the COVID-19 pandemic on the overall vaccine coverage of countries in this bloc. The pandemic might have affected the score of these countries, as they are recovering from the delay in vaccination caused by the pandemic. Some examples of countries with scores below 40 are El Salvador, Lesotho, and Yemen.²²²

These countries usually require more help from international organizations and are often the focus of UNICEF campaigns. They can benefit from funding to improve their ability to purchase and deliver vaccines. Educational campaigns to improve vaccine confidence and reduce misconceptions can help these countries. Additionally, these countries could benefit from creative solutions to barriers or technology implementation. Countries with a score below 40 must increase their efforts to promote immunization coverage and improve the health and well-being of their populations.

Committee Mission

UNICEF's mandate is to advocate for protecting children's rights, help meet their basic needs, and increase their opportunities to reach their full potential.²²³ Immunization is a key factor in meeting UNICEF's goals. Delegates must focus on reducing inequity in vaccine coverage. Moreover, they must work on providing the most disadvantaged children with proper immunization. The committee should aim toward achieving the 17 SDGs. Immunization is necessary to fulfill SDG 3 regarding good health and well-being. UNICEF considers the protection and development of children to be essential to human progress.²²⁴ To achieve this, children must have access to vaccination.

Between 2019 and 2021, 48 million children missed out entirely on vaccinations. These children did not receive a single dose of any life-saving vaccine. The COVID-19 pandemic interrupted childhood vaccinations globally. The world is facing a setback in vaccination rates, with levels that have not been seen since 2008.²²⁵ Vaccines are essential because they save lives. Therefore, immunization is necessary to ensure a child's health. They are also vital to promoting children's happiness. Delegates must work to promote immunization around the world. No child's health should be in jeopardy because of a lack of immunization. As part of the General Assembly, UNICEF can make recommendations to States on international problems.²²⁶ Together, UNICEF hopes to meet its mandate and improve immunization rates for every child.

221 Global Health Security Index, "GHS Index Map."

222 Global Health Security Index, "GHS Index Map."

223 "UNICEF mission statement," UNICEF, accessed June 22, 2023, <https://www.unicef.org/about-us/mission-statement>.

224 UNICEF, "UNICEF mission statement."

225 UNICEF, *The State of the World's Children 2023: For every child, vaccination*.

226 "Functions and powers of the General Assembly," United Nations, accessed August 14, 2023, <https://www.un.org/en/ga/about/background.shtml>.

Research and Preparation Questions

Your dais has prepared the following research and preparation questions as a means of providing guidance for your research process. These questions should be carefully considered, as they embody some of the main critical thought and learning objectives surrounding your topic.

Topic A

1. How prevalent is child abuse in your country?
2. What risk factors in your country lead to higher rates of domestic violence, and what measures can be taken to mitigate this violence?
3. How common is gender-based violence in your country?
4. How can your country help those who are more likely to face abuse and domestic violence?
5. Does your country have policies or laws in place to combat child abuse?
6. How effective is the justice system in supporting those who have suffered from child abuse and domestic violence? Does your country have any programs in place to support the victims?
7. How can collaborating with other countries and international organizations be beneficial for this process?

Topic B

1. How effective is the healthcare immunization plan in your country?
2. Does your country face any barriers regarding healthcare providers, equipment, and geographical limitations?
3. Does your country have any proposed/active solutions or policies to improve its immunization rates?
4. Does your country have the proper equipment and infrastructure to allow for a successful immunization program? And if not, how does your country plan to establish and maintain one?
5. How is your country looking to build vaccine confidence and decrease misinformation? Are there any social or cultural factors that lead to vaccination hesitancy?
6. What was your country's response to the COVID-19 pandemic? Did it collaborate with any other countries or international bodies to improve the immunization rates?

Important Documents

Topic A

- “Ending Violence Against Children: Six Strategies for Action.” UNICEF. Accessed July 17, 2023. <https://www.unicef.org/documents/ending-violence-against-children-six-strategies-action>.
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Topic B

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