



General Assembly Plenary

Committee Staff

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Agenda

- I. Safeguarding the Health of Refugee Children and Youth
- II. Rebuilding Community Security in Post-Conflict Iraq and Syria

Resolutions adopted by the Committee

Code	Topic	Vote
GA/RES/1/1	Safeguarding the Health of Refugee Children and Youth	48 votes in favor, 4 votes against, 5 abstentions
GA/RES/1/2	Safeguarding the Health of Refugee Children and Youth	54 votes in favor, 1 votes against, 2 abstentions
GA/RES/1/3	Safeguarding the Health of Refugee Children and Youth	44 votes in favor, 4 votes against, 9 abstentions
GA/RES/1/4	Safeguarding the Health of Refugee Children and Youth	46 votes in favor, 3 votes against, 8 abstentions

Summary Report for the General Assembly Plenary

The General Assembly Plenary held its annual session to consider the following agenda items:

- I. Safeguarding the Health of Refugee Children and Youth
- II. Rebuilding Community Security in Post-Conflict Iraq and Syria

The session was attended by representatives of 58 Member States. On Tuesday, the committee adopted the agenda of I, II, beginning discussion on the topic of Safeguarding the Health of Refugee Children and Youth.

By Wednesday 3:00 pm, the Dais received a total of 11 working papers covering a wide range of sub-topics, including mental health, primary health care, vaccination, water sanitation and so forth. The rich substance not only reflect delegates' in-depth research, but also creative approaches to some pressing issues faced by the international community. After ongoing negotiations and continued efforts to strengthen the work on the floor, the committee successfully merged the 11 working papers into 4 by Thursday afternoon.

On Thursday, 4 draft resolutions had been approved by the Dais, 1 of which had amendments. The committee adopted 4 resolutions following voting procedure. The resolutions represented a wide range of issues, including gender sensitivity, inter-agency cooperation, mainstreaming mental health in refugee assistance, expanding the availability of vaccination, and the establishment of a category profiling system. The body fostered an environment of collaboration, confidence, and excellence through leadership, diplomacy, and mutual empowerment. Consensus building remained at the core of the committee throughout the entire conference, and the works adopted by the body represent true leadership and diplomacy.

Code: GA/RES/1/1

Committee: General Assembly Plenary

Topic: Safeguarding the Health of Refugee Children and Youth

1 *The General Assembly Plenary,*
2
3 *Guided by the founding principles of the Universal Declaration of Human Rights (1948),*
4
5 *Excited by the possibilities of moving toward the Sustainable Development Goals (SDGs) as declared in General*
6 *Assembly resolution 70 /1—*Transforming our World: the 2030 Agenda for Sustainable Development*, especially*
7 *Sustainable Development Goal (SDG) 3: Well-being and health, SDG 6: clean water and, SDG 17: public and*
8 *private partnerships,*
9
10 *Encouraged by the explicit delineation of the healthcare needs of refugee children and youth described in the 2016*
11 *New York Declaration for Refugees and Migrants,*
12
13 *Fully aware of the pressing need to integrate gender-specific and gender-sensitive issues in the plight of the refugees*
14 *in hygienic and physical health for a more inclusive approach in the protection and promotion of the rights of refugee*
15 *children and youth,*
16
17 *Emphasizes on the need to establish systematic needs assessment to integrate knowledge of targeted community*
18 *complexities of children in refugee transit and resettlement camps, while acknowledging refugee children’s*
19 *susceptibility to extreme marginalization,*
20
21 *Recognizing the crucial nature of information integration into the global healthcare system, especially information*
22 *specific to refugee children and youth,*
23
24 *Deeply concerned by the increasing population of 6.8 million refugee children and youth suffering from the*
25 *detrimental implications of inadequate health responses as previously stated by the United Nations International*
26 *Children’s Emergency Fund (UNICEF),*
27
28 *Recognizing the global strategy for public health through the United Nations High Commissioner for Refugees*
29 *(UNHCR’s) strategic plans for public health 2008-2012 to ensure access of refugees to HIV protection, prevention,*
30 *care and treatment services,*
31
32 *Deeply convinced that a global standard of clinical excellence can be maintained with respect to cultural identity,*
33 *especially within the unique circumstances of refugee children living in foreign host states,*
34
35 *Affirming that adolescent girls between the ages of 13-18 in refugee camps are constantly exposed to rape and other*
36 *harmful circumstances as stated by the UNHCR’s Assessment Mission of 2001,*
37
38 *Re-emphasizes the primacy of the sovereignty of all Member States, especially in regard to partnerships with local*
39 *non-governmental organizations (NGOs) and the promotion of discussions of sexual and reproductive health,*
40
41 *Recognizing the impact of the WHO High 5s: Action on Patient Safety project which lead to improved safety and*
42 *service excellence, but understanding the need for the importance of updating the scope of the project,*
43
44 *Highlighting the structure of the 2010 World Health Organization (WHO) Best Practices for Injections and Related*
45 *Procedures Toolkit and understanding the necessity to adapt this toolkit to account for new practices and new*
46 *diseases,*
47
48 *Celebrating the World Health Organizations (WHO) 2016 Action Plan for Refugee and Migrant Health in the*
49 *European Union encouragement of Member States to “generate evidence. . .providing surveillance and health*

50 protection and community information” “particularly immediate needs during episodes of mass international
51 migration,”
52

53 *Highlighting* the efforts of the UNHCR to acquire and organize data upon the youth health of refugees within each
54 host nation where ever possible,
55

56 *Commending* the UNHCR on their adaptation to the digital age by ensuring data visualization tools are clear and
57 compelling, humanizing statistics and ensuring they are accessible to all peoples,
58

59 *Notes the success* of the Call to Action on Protection from Gender Based Violence in Emergencies an initiative carried
60 out by the European Union,
61

62 *Highlighting* the necessity for global refugee camps where the focus is on children and youth, such as the Al
63 Mhrejib Fhoud Refugee Camp, where the pediatric unit is the most developed and utilized component of the
64 operation,
65

66 1. *Encourages* Member States to mainstream all efforts to improve refugee health to emphasize:
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68 a. The distinct healthcare needs of refugee and migrant children and youth;
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70 b. The unique medical needs of refugee girls, especially related to sexual and reproductive health;
71

72 2. *Invites* Member States to facilitate the systems analysis of refugee health care operations will prioritize the
73 needs of refugee children and youth comprehensibly through a three-pronged, gender-sensitive approach that:
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75 a. Addresses the information of healthcare practices;
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77 b. Focuses on research and analysis procedures;
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79 c. Conducts data collection and the appropriate dissemination of materials;
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81 d. Incorporates culturally-sensitive and competent training efforts;
82

83 e. Bears in mind the utmost importance of sovereignty when considering the expertise of NGO’s and
84 their collaboration with Member States;
85

86 3. *Recommends* the establishment of a board of healthcare field experts nominated by respective Member States
87 with representation from UN agencies, such as United Nations Children’s Emergency Fund and the Office of
88 the UNHCR, healthcare-related NGOs such as Anti-Virus Emergency Response Team’s needle and syringe
89 programs for HIV prevention and the Stephan Lewis Foundation, which will:
90

91 a. Meet annually at the WHO headquarters upon the commencement of the next fiscal year in 2020 to
92 discuss the aforementioned topics;
93

94 b. Discuss best practices in the field of healthcare in regard to needle usage, environmental sanitation,
95 surgical tools, anesthesia, and sexually transmitted diseases for refugee children and youth;
96

97 c. Observe and prepare for diseases and threats to health which are relevant to individual regions and
98 peoples, especially those communicable diseases hosted by mothers or youth that threaten the lives of
99 children and seriously inhibit future developmental processes;
100

101 d. Develop a response framework and operationalized checklist to ensure sensitivity to the many cultures
102 and nations which UN agencies and NGOs come into contact with when providing medical assistance
103 to refugee children and youth, especially in regard to developing for ensuring informed consent is
104 gained from unaccompanied children;

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4. *Suggests* the development and publication of comprehensive reports which reflect the discussions held by the board of field experts and representatives from UN agencies and NGOs to:
 - a. Provide recommended uses regarding healthcare practices, especially those that are adaptable to the growing bodies of refugee children and youth;
 - b. Address regional issues and the best means to resolve disease outbreaks and health-related emergencies;
 - c. Emphasize the customs and norms unique to individual peoples and cultures regarding childhood development, invasive health practices, and religious beliefs to honor identity;
 5. *Further invites* Member States to improve on traditional health practices, in accordance with UNHCR's Refugee Children: Guidelines on Protection and Care (1994), that bridge the gap between traditional and medical health practices to achieve:
 - a. The identification of community traditional healers to settle an effective collaboration with the locals;
 - b. The establishment of a knowledge-sharing platform contributing to the elimination of traditional health practices related to reproductive health, in accordance with WHO's Resolution A46/VR/12 (1993);
 6. *Welcomes* the creation of a new campaign entitled *Baby in My Arms*, which would build upon the World Health Organization's Global Strategy for Infant and Child Feeding and the work of the board of healthcare field experts, and to be funded voluntarily through national and international Civil Society Organizations (CSOs) that specialize in sexual and reproductive health such as the United Nations Population Fund (UNFP) or Cooperative Assistance and Relief Everywhere (CARE), to:
 - a. Create extensive pediatric units in refugee camps to safeguard the reproductive and sexual health of girls and young women;
 - b. Educate and train new mothers in refugee camps about breastfeeding practices;
 7. *Further encourages* the creation of a feedback loop review system by establishing a Personnel Training Consultation Segment (PTCS) of UNHCR's annual meeting to:
 - a. Share best practices and recent innovations related to personnel training for the treatment of refugee children and youth;
 - b. Evaluate the effectiveness of personnel training procedures to assess the gaps between training received and services provided, including:
 - i. Assessment of an age-specific approach to examining-techniques, screening processes, and prescribed treatment methods;
 - ii. The culturally sensitive nature of all interactions, especially with unaccompanied children and in relation to sexual education programs for victims;
The translation and interpretation capabilities of personnel;
 - c. Explore opportunities for training and integrating non-staff personnel to participate in the treatment of refugee children and youth, especially those refugees within the camps who have previous medical training, awareness of present cultural complexities, and shared experiences with refugee children;
 8. *Requests* UNICEF to consider creating an educational program within refugee camps which can:
 - a. Focus on reproductive, sexual, and mental health for refugee children and youth;

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- b. Emphasize female hygiene education to better inform adolescent refugees and remove the stigma by using UNICEF’s Menstrual Hygiene Management;
9. *Further recommends* Member States initiate a joint project with UNHCR to tackle sexual and gender-based violence to protect refugee girls at all stages of a refugee crisis which includes:
- a. Coordinates specialized Sexual and Gender-Based Violence (SGBV) prevention and response services that are accessible to all refugee youth and children;
 - b. Standardizes equitable access to health care related to the needs of youth and girls;
10. *Emphasizes* the collection of data on children and youth through a new Safe Passage Initiative (UNSPI) housed under the WHO and UNCHR that would include:
- a. Explicitly addressing the unique challenges of collecting and maintaining accurate data on unaccompanied children and youth;
 - b. Exploring the technological opportunities for monitoring refugee children’s health while preserving their right to privacy and cultural identities in a pilot project in which technological expert and ethicist are assigned to several refugee camps in willing and able Member States, for a period of two years to explore the possible use of:
 - i. Real-time technological devices wristband trackers of general health indices;
 - ii. Biometrics to determine the flow of communicable diseases as migrant children travel from one camp or resettlement community to another;
 - c. Safe and responsible collection of data to make recommendations on the most efficient, safe, and humane refugee relocation and transportation processes.

Code: GA/RES/1/2

Committee: General Assembly Plenary

Topic: Safeguarding the Health of Refugee Children and Youth

1 *The General Assembly Plenary,*

2
3 *Expressing* deep concern for the wellbeing of the 25.4 million refugees of which more than half are children, many
4 of whom are suffering basic needs caused by minimal or no healthcare,

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6 *Alarmed by* the sanitation conditions facing refugee camps where preventable disease are shortening the lives of
7 vulnerable refugee children,

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9 *Establishing that* investments are needed for refugee children and youth to have access to proper nutrition and can
10 improve their livelihood,

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12 *Reinforcing* that the issue of Safeguarding the Health of Refugee Children and Youth is a global epidemic, and that
13 the responsibility for its solution falls upon every Member-State, to include the provision of resources,

14
15 *Recalling the Universal Declaration of Human Rights* of 1948, especially its provisions enunciating the right of
16 children for healthcare and sanitation with the aim protecting the healthcare of refugee children and youth and ensuring
17 the fundamental equal rights of people conventions and resolutions that emphasize the vital nature of proper healthcare
18 for refugees, including the *Convention Relating to the Status of Refugees (1951)*, whose definitions have been followed
19 throughout this document,

20
21 *Pursuant to* the Sustainable Development Goals (SDGs) SDG 1 regarding poverty, SDG 2 on world hunger, SDG 3
22 for good health and well-being, SDG 3.2 which establishes a goal of reducing and eliminating preventable deaths of
23 children under 5, SDG 4 on quality education as it relates to the dissemination of good sanitation practices, SDG 6
24 on the importance of water and sanitation, especially in regard to refugee populations, and SDG 9 for industry
25 innovation and infrastructure, which serves as a vital landmark in the fight for universal well-being, and SDG 17 in
26 the spirit of collaboration,

27
28 *Recalling the 1951 Convention Relating to the Status of Refugees* and the *1967 Protocol Relating to the Status of*
29 *Refugees*, with emphasis on Article 23 of the former, which establishes the equality of local nationals and refugees
30 in terms of Public Relief,

31
32 *Reaffirming* the *1954 Convention Relating to the Status of Stateless Persons*,

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34 *Reaffirming* the framework established by UNICEF and OHCHR's *Convention on the Rights of the Child 1989*,
35 which highlights the primary rights of refugee children,

36
37 *Acknowledging* the need for increased food security to combat malnutrition in refugee camps, in order to aid in the
38 well-being of refugee children and youth,

39
40 *Acknowledging* the UNHCR guidelines on Refugee Children which provides guidelines for the protection and care
41 of refugee children by providing healthcare,

42
43 *Alarmed by* reports generated by the UNHCR stating that 7.5%- 15% of children in refugee camps suffer from
44 severe acute malnutrition (SAM),

45
46 *Further recalling* the UN General Assembly resolution 36/215 of 1981 as well as the *New York Declaration on*
47 *Refugees and Migrants* with the purpose of guaranteeing everyone's rights, handling gender-related issues, and
48 promoting international cooperation,

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50 *Reiterating* the Human Right to Water and Sanitation (A/RES/64/292) as a universal right to access of clean and
51 safe drinking water, and sanitation of every human being, specifically of children,
52
53 *Keeping in mind* General Assembly resolutions 72/151 and 72/821, which demonstrate the heightened concern for
54 safeguarding the health of refugee children,
55
56 *Acknowledging* General Assembly Resolution 71/177, *Rights of the Child (2016)*, which states that children in many
57 parts of the world remain in a critical condition, as a result of poor nutrition and lack of access to adequate food, safe
58 drinking water, and sanitation,
59
60 *Noting* the Global Compact for Refugees that emphasize the shared responsibility of Member-States and subsidiary
61 organs of the United Nations (UN), with the Civil Society Organizations (CSOs), private sectors, and international
62 organizations in safeguarding the bio-psychosocial well-being of refugees, especially the children and youth,
63
64 *Recognizing* the measures implemented by the United Nations Children’s Fund (UNICEF), World Health
65 Organization (WHO), United Nations High Commissioner for Refugees (UNHCR) of comprehensive approaches in
66 various initiatives which are relating to protection of refugee children and youth rights and promoting the stable
67 health care system and to promote partnership with research institutes and universities in order to promote refugee
68 children and youth access to clean water by making use of local resources,
69
70 *Applauding* the work of organizations such as the World Food Programme (WFP) in their progress towards bringing
71 attention to the harmful consequences of malnutrition in refugee children and youth, and providing food security in
72 refugee camps,
73
74 *Acknowledging* UN-Water’s effort to coordinate over 30 UN organizations that carry out water and sanitation
75 programs to ‘deliver as one’ in response to water related challenges,
76
77 *Recognizing* the UNHCR’s Community Based Protection (CBP) policy in which communities and humanitarian
78 actors who assist them can identify a refugee community’s most serious protection risks, explore their causes and
79 effects, and jointly decide how to prevent and respond to them,
80
81 *Applauding the* inter-agency coordination which gave rise to the WHO, UNHCR, and UNICEF *Joint Statement on*
82 *General Principles on Vaccination of Refugees, Asylum-Seekers and Migrants in the WHO European Region*
83 *November 2015*, which promoted guidelines and recommendations for widespread vaccination practices,
84
85 *Expanding upon* the Comprehensive Refugee Response Framework created by the United Nations High
86 Commissioner on Refugees to accommodate the needs of children,
87
88 *Noting also* the effectiveness of National Target and Nutrition Improvement Programmes in treating children with
89 SAM, curing the malnutrition of more than 90% of children,
90
91 *Lauding* the implementation of the Comprehensive Refugee Response Framework (CRRF), with regards to ensuring
92 the provision of food to refugee children and youth,
93
94 *Noting with Satisfaction* the tracking systems used by the International Organization of Migration (IOM) for a
95 database of refugees such as the Displacement Tracking Matrix, as it is difficult to maintain holistic and consistent
96 childcare over time,
97
98 *Commending the work of* the WHO in their Ahimsa program to track biodata for refugees,
99
100 1. *Invites* all current refugee programs and frameworks operated by the United Nations (UN) and its associated
101 bodies or those funded by UN monetary contributions to include a pediatric emphasis in their units to care
102 specifically for the needs of children and youth in the camps and recommends that it institute the universal
103 vaccination response plan outlined below;
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- 105 2. *Recommends* the coordination of a universal vaccination response plan for refugee children under the direction
106 of the General Assembly Committee within the mandates of the WHO, UNICEF, and the UNHCR, who are
107 charged with implementing and funding a joint task force known as the Task Force for the Vaccination of
108 Refugee Children (TVRC) which will:
109
- 110 a. Establish standardized vaccination requirements including Polio and Measles-Mumps-Rubella, as well
111 as specific vaccines that are salient to regional concerns;
112
 - 113 b. Provide a comprehensive physical evaluation upon their entry into the camp;
114
 - 115 c. Offer a timeline that requires timely vaccinations while accommodating the existing difficulties and
116 maintains feasibility of implementation in all regions;
117
 - 118 d. Educate both children and parents about the importance of vaccinations to minimize attrition rates
119 during the vaccination process;
120
 - 121 e. Design an incentivization program to facilitate the return of children for a further implementation of
122 required vaccinations (including booster shots and secondary requirements);
123
 - 124 f. Use protective equipment, comprehensive training, and safety practices to promote quality healthcare
125 at all levels to protect the children and the healthcare workers providing the vaccination;
126
 - 127 g. Include current refugees in the implementation of the universal vaccination response plan as a number
128 of refugees have relevant underutilized skills;
129
 - 130 h. Evaluate the current status of the vaccination supply chain in order to determine what steps should be
131 taken to streamline this process to more efficiently deliver vaccinations to refugee children;
132
 - 133 i. Coordinate sharing between Member States with developed supply chain networks to share best
134 practices with other Member States involved in the vaccination supply chain;
135
- 136 3. *Suggests* that Member States establish a biannual report based on the existing WHO database ‘Effective
137 Vaccine Management Global Data Analysis’ cooperating with WHO, UNHCR, UNICEF in order to track major
138 sources hindering vaccine procurement and supply chain, inter alia conflict-affected areas, hard-to-reach areas,
139 natural disasters and out-of-date vaccines, mainly focused on the following parameters:
140
- 141 a. Information systems and supportive functions;
142
 - 143 b. Vaccine management, maintenance, and distribution;
144
 - 145 c. Building capacity, equipment, and transportation;
146
 - 147 d. Pre-shipment, storage temperature, and arrival;
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- 149 4. *Encourages* the development of diagnostic services through the creation of the Medical Aid Record (MAR) to
150 support the WHO in providing consistent treatment, which will:
151
- 152 a. Serve as wearable technology (options for which should be explored by the WHO’s research division)
153 that preserves health records for individuals to share with their healthcare professionals to prevent
154 inconsistent medical treatment through the implementation of MAR;
155
 - 156 b. Facilitate effective communication and decrease linguistic barriers between refugee children and youth
157 who cross borders and the healthcare professionals who treat them by using internationally recognized
158 classifications for vaccines and other major health issues;
159

- 160 c. Invite all Member States to build infrastructure of refugee healthcare through innovation which allows
161 for Public-Private Partnerships (PPPs) to develop options necessary to accommodate the increasing
162 needs for refugee healthcare by:
- 163
- 164 i. Providing materials required for the assembly of this technology;
- 165 ii. Generating expertise in the form of manufacturers or relevant schematics;
- 166 iii. Producing technological support from the Member States who are capable of contribution;
- 167
- 168 d. Recommend the reallocation of the budget of WHO vaccination programs towards the creation of the
169 MAR;
- 170
- 171 5. *Invites* the WFP and other relevant UN subsidiary bodies to implement National Target and Nutrition
172 Improvement Programmes which aim to monitor and combat malnutrition amongst youth populations within
173 refugee camps by:
- 174
- 175 a. Employing ready-to-use therapeutic foods which require minimal preparation while providing
176 sufficient quantities of nutrients such as rice, soy, and mung beans;
- 177
- 178 b. Disseminating the Integrated Management of Acute Malnutrition (IMAM) metric formulated by
179 UNICEF in order to assess the health of refugee children afflicted by SAM, which include
180 anthropomorphic measurements such as weight, Mid-upper-arm circumference (MUAC), & Weight-
181 Height Ratio;
- 182
- 183 c. Providing Member States with an evidence-based approach to combating SAM amongst vulnerable
184 refugee children and youth populations;
- 185
- 186 6. *Exhorts* Member States and international organizations with the economic capability and desire to enlarge their
187 contribution to humanitarian aid to provide funding and donations toward providing vaccines and implementing
188 the strategy outlined above within established structures and donation pipelines;
- 189
- 190 7. *Suggests* that UNICEF explore the concept of creating community centers that will be run by skilled refugees,
191 which can provide structure and cohesion to the daily life of refugee children, enhance their cultural identity,
192 and provide a location for the distribution of the vaccines described in the universal vaccination response plan
193 outlined above;
- 194
- 195 8. *Suggesting* the utilization of UNHCR's Community-Based Protection (CBP) in order to more effectively
196 identify specific hygiene and water-related health risks of refugee children in different areas to assist
197 educational experts in:
- 198
- 199 a. Recognizing specific sanitation issues unique to relevant communities;
- 200
- 201 b. Teaching refugee children good hygiene practices that address both universal and community specific
202 issues;
- 203
- 204 9. *Encourages* triadic collaboration between relevant UN agencies such as UNHCR and UNICEF, host states, and
205 CSOs in addressing:
- 206
- 207 a. Existing resources under the United Nations with a focus on clean water supply in order to protect
208 refugee children and youth health regarding;
- 209
- 210 i. Proper sanitation facilities and procedures in order to promote good hygiene;
- 211 ii. Safe drinking water in order to combat water-borne illnesses;
- 212
- 213 b. The negative impacts towards the health of female adolescent refugees by:
- 214

- 215 i. Providing educational resources on iron rich foods that are found in Host States in order to
216 combat anemia, which is common amongst female adolescents;
- 217 ii. Supplying educational and nutritional resources to aid in the recovery of mental health issues
218 amongst female adolescent refugees;
- 219
- 220 10. *Strongly recommends* that Member States reinvigorate the CRRF in order to alleviate the malnutrition faced by
221 refugee children by:
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- 223 a. Integrating refugees into their own particular food assistance framework;
- 224
- 225 b. Imploring donor states to provide more funding in accordance with their ability to assist host states in
226 achieving their pledge relating to refugee children’s health under the CRRF;
- 227
- 228 11. *Proposes* the implementation of Refugee Education and Child Health (REACH) under the mandate of UNICEF
229 with a focus of:
- 230
- 231 a. Promoting the creation of water sanitation facilities and corresponding training modules for refugees
232 that reflect sustainable clean water and sanitation infrastructure within refugee camps;
- 233
- 234 b. Advocating the employment of sanitation experts and educators to refugee camps to instill good
235 hygiene practices and proper utilization of water sanitation facilities among refugee children;
- 236
- 237 c. Collaborating with programs such as those of the WFP in refugee camps by developing programs for
238 refugee children and youth such as;
- 239
- 240 i. Food distribution including complementary feeding of mother and child for first 1000 days of
241 infantile development;
- 242 ii. Treatment of malnutrition from lack of proper nutrients and scarce meals, incorporating the
243 provision of clean drinking water;
- 244
- 245 d. Achieving sustainability by empowering older refugee children and youth to take responsibility to pass
246 their sanitation knowledge to younger generations;
- 247
- 248 e. Encouraging REACH educators to support the continuation of UNICEF’s Handwashing Promotion:
249 Monitoring and Evaluation Module as a guideline that assists sanitation program development and
250 implementation;
- 251
- 252 f. Endorsing the employment of REACH professionals to include members of the refugee population
253 who will be expected to fully respect the regional cultural identity and sovereignty of Member States
254 by noting the necessity of a pre- and post-assessment of educational experts’ intent in order to
255 reproduce effective programs;
- 256
- 257 g. Conducting routine bi-yearly water inspections, in accordance with UN-Water Global Analysis and
258 Assessment of Sanitation and Drinking-Water (GLAAS), in order to promote the quality of water
259 provided to refugee children and youth in refugee camps and to safeguard a sustainable continuation of
260 the program after REACH experts have completed their missions, while encouraging sovereignty
261 programs to preserve the sovereignty of all Member States;
- 262
- 263 12. *Suggests* the expansion of the UNHCR program for Identifying Persons with Specific Needs (PWSN) to
264 promote gender equality and opportunities for developing infants in refugee camps by extending resources for:
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- 266 a. Nutritional needs of pregnant and lactating women (PLWs);
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- 268 b. Family centered care for refugee families revolving around proper nutrition;
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- 270 c. Dialogue among member states regarding active programs;

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13. *Recommends* the UNHCR strengthen and extend past partnerships with logistical firms such as Commonwealth Handling Equipment Pool (CHEP) in cooperation with Member States in order to improve the allocation of resources to refugee children and youth, through:
 - a. Incorporating the analysis provided by the logistical firm into a larger framework that can be implemented throughout refugee camps, specifically focusing on collaboration with WASH, JMP, and Member States;
 - b. Streamlining the process of transporting resources to refugee children in the most critical situations;
 14. *Exhorts* Member States to increase donations, both financial and resource-based, to the WFP in order to further fulfill SDG 2 and SDG 3;
 15. *Requests* that Member States improve the operation of regional organizations by enhancing communication channels regarding healthcare for refugee children and youth in the manner of the joint project of the WHO regional office for Europe and European Commission entitled *Health and Migration Knowledge Management Development and Dissimilating Technical Guidance on Key Issues Related to Non-Communicable Diseases and Migration*;
 16. *Encourages* all Member States to implement WHO’s Youth Advocacy Project focused on the involvement of social workers and volunteers to enhance the well-being of refugee children and youth;
 17. *Invites* all Member States to create a National Action Plan that will facilitate the pursuance of the goals outlined above as falls within the prerogative of the refugee camps within their sovereign borders;
 18. *Recommends* that Member States begin a program that acknowledges the refugee identification card as a temporary identifier that would provide equal treatment and affirm refugee status within the host country that reiterates the goal of repatriation;
 19. *Encourages* the goal of repatriation that underwrites all refugee protection programs and support for mental health programs that can enhance the preservation of a cultural identity that will facilitate the reintegration of refugee children into their home culture;
 20. *Welcomes* further initiatives upon the issue during the next session.



Code: GA/RES/1/3

Committee: General Assembly Plenary

Topic: Safeguarding the Health of Refugee Children and Youth

1 *The General Assembly Plenary,*

2
3 *Following the Convention Relating to the Status of Refugees (1951) and the Universal Declaration of Human Rights*
4 *(1948),*

5
6 *Appreciating the achievements of the New York Declaration for Refugees and Migrants (2016),*

7
8 *Drawing the attention* of the global community towards the 2030 agenda of Sustainable Development adopted in
9 General Assembly resolution 70/1, specifically to Sustainable Development Goals (SDGs) 2 and 3, which focus on
10 Zero Hunger and Health, and SDG 17 which are crucial to ensure the safety of refugee children and youth and
11 promote global partnership between UN Entities, Governmental Entities, and CSO which will aid in creating a new
12 five-year agenda for categorization,

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14 *Expressing its appreciation for the Member States' progressive cooperation to convene in International Conference*
15 *on 10th to 11th of December 2018 to adopt the Global Compact for Safe, Orderly and Regular Migration,*

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17 *Bearing in mind* the 6.8 million refugees with their different situations and health status of every refugee children
18 and youth,

19
20 *Recognizing* the need for more efficient actions in providing necessary aid to Member States hosting refugee
21 children and youth,

22
23 *Fully believing* in the role for the General Assembly to coordinate the lead efforts,

24
25 *Stressing* the reliability and continuity of Primary Health Care (PHC) for Refugee Children and Youth,

26
27 *Emphasizing* the alarming growth of refugee populations in the recent years and the consequential need for an
28 increase in aid and on-site personnel,

29
30 *Believing* in the ability of Civil Societies to work in cooperation with United Nations personnel and entities and
31 further promoting the inclusion of these Civil Society Organizations (CSOs) in addressing and safeguarding health
32 of refugee children population,

33
34 *Convinced* that cooperation between UN personnel, CSO's and Governmental Refugee aid programs will improve
35 the utilization of said aid programs by increasing the work force,

36
37 *Reiterating* the importance of safe data collection, storing, analyzing, and sharing of data related to the physical and
38 health status of refugee children and youth through the Monitoring Information System (MIS),

39
40 *Being devoted to* the implementation of SDG indicators like genuine progress indicators (BGPIS) in refugee camps
41 and institutions under goal 16 of the 2030 agenda to effectively track the progress of CPS after its initiation,

42
43 1. *Suggests* the formation of a Category Profiling System (CPS) which will work with the Inter-Agency Standing
44 Committee (IASC) to promote collaboration of information sharing between Host Member States, United
45 Nations International Children's Emergency Fund (UNICEF) , United Nations Development Programme
46 (UNDP) and other UN organs as they share their statistical data, with the assurance that all sovereignty will
47 remain to those governing bodies, and records concerning the health of refugee children and youth to:

48

- 49 a. Compartmentalize acquired financial and technical aid which will be efficiently delivered to
50 participating Member states based on their need for aid;
51
- 52 b. Assign need-based scaling to Member States: Adequate, Moderate, and Insufficient regarding the
53 health status of refugee children and youth by utilizing a weighted factor analysis (WFA) to create a
54 scale that classifies Member States;
55
- 56 c. Determine the summation of all weighted sections be multiplied by those correlated statistics
57 accumulated amongst the aforementioned categories, in order to appropriately allocate countries into
58 correct classifications;
59
- 60 d. Calculate a CPS based on the health and hygiene status of children and youth in refugee camps world-
61 wide according to the models set by the International Migrant Stock (ISM) and Center for Global
62 Development with weighted factors of:
63
- 64 i. The economic stability and GDP, which will hold a weight of .3;
65 ii. The political stability, which will hold a weight of .2;
66 iii. The efficiency of infrastructure, including the physical and organizational structures such as
67 provision of clean water, functioning roads, and electric systems within each Member state
68 holding a weight of .1;
69 iv. The functioning and sustainable health care systems in refugee camps will hold a weight of .3;
70 v. The availability of job training for youth and potential integration, will hold a weight of .3;
71 vi. The ability to provide adequate nutrition for all age groups of children and youth will hold a
72 weight of .3;
73 vii. The attendance of women in primary schools, technical courses, and provincial leadership
74 positions will receive a weight of .1;
75
- 76 e. Refers to states classifications that they be organized similar to the Intervention Pyramid launched by
77 the Inter-Agency Standing Committee (IASC) coordination of humanitarian assistance that focusses on
78 and addressing issues beginning at the base with:
79
- 80 i. Basic services such as access to clean resources, health care, and security;
81 ii. Community and Gender support;
82 iii. Specialized services for refugee children and youth;
83
- 84 2. *Encourages* Member States to standardize and distribute the operation of consistent health information
85 management to monitor the minor's development status to identify the needs-based health approaches specially
86 for vulnerable children;
87
- 88 3. *Affirms* the need for data collection and knowledge of the specific necessity to provide direct assistance for
89 refugees by aiding basic psychosocial and health care, are referring refugee children and youth with mental
90 health challenges to local health facilities, and recognizing the statistical information gathered concerning the
91 health of refugee children and youth information;
92
- 93 4. *Invites* Member States to commit to the Sustainable Categorization Goals (SCGs) Agenda 2035 to set guidelines
94 for Member States to safeguard health of children and youth refugees, which follow the ideas of the Sustainable
95 Development Goals Agenda of 2030 that encompass:
96
- 97 a. Eliminating the Most Common Diseases;
98
- 99 b. Analyzing Mental Health Status;
100
- 101 c. Empowerment of Female Equality;
102
- 103 d. Maintaining Records of Vaccinations;
104

- 105 e. Monitoring Records of Birthrates;
106
107 f. Improvement of Language Abilities;
108
109 g. Successful Integration in hosting countries;
110
111 h. Support Systems of Proper Nutrition;
112
- 113 5. *Endorses* the utilization of existing monitoring databases that generate information regarding the situation of
114 refugees, including children and youth, in refugee camps designated by the UNHCR and its cooperation with
115 the United Nations Partner Portal (UNPP)—an online database that facilitates information sharing among
116 NGOs for humanitarian projects;
117
- 118 6. *Supports* the IASC to conduct a biyearly audit of the CPS to ensure success and efficiency and report its finding
119 to the General Assembly;
120
- 121 7. *Recommends* the collaboration of UN personnel and CSO's with governmental refugee aid programs to:
122
- 123 a. Increase the on-site workforce as a means to reduce the refugee-to-personnel ratio in host Member
124 States;
125
- 126 b. Effectively implements the Category Profiling System as it requires an intensive effort to profile every
127 Host Member State based on their needs.

Code: GA/RES/1/4

Committee: General Assembly Plenary

Topic: Safeguarding the Health of Refugee Children and Youth

1 *The General Assembly Plenary,*
2
3 *Expressing* deep concern for the wellbeing of the 25.4 million refugees of which more than half are children, many
4 of whom are suffering from unmet needs caused by minimal or no healthcare,
5
6 *Alarmed by* the sanitation conditions facing by refugee camps where preventable disease are shortening the lives of
7 vulnerable refugee children,
8
9 *Establishing that* investments are needed for refugee children and youth to have access to proper nutrition and can
10 improve their livelihood,
11
12 *Reinforcing that* the issue of Safeguarding the Health of Refugee Children and Youth is a global epidemic, and that
13 the responsibility for its solution falls upon every Member-State, to include the provision of resources,
14
15 *Recalling the Universal Declaration of Human Rights* of 1948, especially its provisions enunciating the right of
16 children for healthcare and sanitation with the aim protecting the healthcare of refugee children and youth and ensuring
17 the fundamental equal rights of people conventions and resolutions that emphasize the vital nature of proper healthcare
18 for refugees, including the *Convention Relating to the Status of Refugees* (1951), whose definitions have been followed
19 throughout this document,
20
21 *Pursuant to* the Sustainable Development Goals (SDGs) SDG 1 regarding poverty, SDG 2 on world hunger, SDG 3
22 for good health and well-being, SDG 3.2 which establishes a goal of reducing and eliminating preventable deaths of
23 children under 5, SDG 4 on quality education as it relates to the dissemination of good sanitation practices, SDG 6
24 on the importance of water and sanitation, especially in regard to refugee populations, and SDG 9 for industry
25 innovation and infrastructure, which serves as a vital landmark in the fight for universal well-being, and SDG 17 in
26 the spirit of collaboration,
27
28 *Recalling the 1951 Convention Relating to the Status of Refugees* and the *1967 Protocol Relating to the Status of*
29 *Refugees*, with emphasis on Article 23 of the former, which establishes the equality of local nationals and refugees
30 in terms of Public Relief,
31
32 *Reaffirming* the *1954 Convention Relating to the Status of Stateless Persons*,
33
34 *Reaffirming* the framework established by UNICEF and OHCHR's *Convention on the Rights of the Child* (1989),
35 which highlights the primary rights of refugee children,
36
37 *Acknowledging* the need for increased food security to combat malnutrition in refugee camps, in order to aid in the
38 well-being of refugee children and youth,
39
40 *Acknowledging* the UNHCR guidelines on Refugee Children which provides guidelines for the protection and care
41 of refugee children by providing healthcare,
42
43 *Alarmed by* reports generated by the UNHCR stating that 7.5%- 15% of children in refugee camps suffer from
44 severe acute malnutrition (SAM),
45
46 *Further recalling* the UN General Assembly resolution 36/215 of 1981 as well as the *New York Declaration on*
47 *Refugees and Migrants* with the purpose of guaranteeing everyone's rights, handling gender-related issues, and
48 promoting international cooperation,
49

50 *Reiterating* the Human Right to Water and Sanitation (A/RES/64/292) as a universal right to access of clean and
51 safe drinking water, and sanitation of every human being, specifically of children,
52
53 *Keeping in mind* General Assembly resolutions 72/151 and 72/821, which demonstrate the heightened concern for
54 safeguarding the health of refugee children,
55
56 *Acknowledging* General Assembly Resolution 71/177, *Rights of the Child (2016)*, which states that children in many
57 parts of the world remain in a critical condition, as a result of poor nutrition and lack of access to adequate food, safe
58 drinking water, and sanitation,
59
60 *Noting* the Global Compact for Refugees that emphasize the shared responsibility of Member-States and subsidiary
61 organs of the United Nations (UN), with the Civil Society Organizations (CSOs), private sectors, and international
62 organizations in safeguarding the bio-psychosocial well-being of refugees, especially the children and youth,
63
64 *Recognizing* the measures implemented by the United Nations Children’s Fund (UNICEF), World Health
65 Organization (WHO), United Nations High Commissioner for Refugees (UNHCR) of comprehensive approaches in
66 various initiatives which are relating to protection of refugee children and youth rights and promoting the stable
67 health care system and to promote partnership with research institutes and universities in order to promote refugee
68 children and youth access to clean water by making use of local resources,
69
70 *Applauding* the work of organizations such as the World Food Programme (WFP) in their progress towards bringing
71 attention to the harmful consequences of malnutrition in refugee children and youth, and providing food security in
72 refugee camps,
73
74 *Acknowledging* UN-Water’s effort to coordinate over 30 UN organizations that carry out water and sanitation
75 programs to ‘deliver as one’ in response to water related challenges,
76
77 *Recognizing* the UNHCR’s Community Based Protection (CBP) policy in which communities and humanitarian
78 actors who assist them can identify a refugee community’s most serious protection risks, explore their causes and
79 effects, and jointly decide how to prevent and respond to them,
80
81 *Applauding the* inter-agency coordination which gave rise to the WHO, UNHCR, and UNICEF *Joint Statement on*
82 *General Principles on Vaccination of Refugees, Asylum-Seekers and Migrants in the WHO European Region*
83 *November 2015*, which promoted guidelines and recommendations for widespread vaccination practices,
84
85 *Expanding upon* the Comprehensive Refugee Response Framework created by UNHCR to accommodate the needs
86 of children,
87
88 *Noting also* the effectiveness of National Target and Nutrition Improvement Programmes in treating children with
89 SAM, curing the malnutrition of more than 90% of children,
90
91 *Lauding* the implementation of the Comprehensive Refugee Response Framework (CRRF), with regards to ensuring
92 the provision of food to refugee children and youth,
93
94 *Noting with Satisfaction* the tracking systems used by the International Organization of Migration (IOM) for a
95 database of refugees such as the Displacement Tracking Matrix, as it is difficult to maintain holistic and consistent
96 childcare over time,
97
98 *Commending* the work of the WHO in their Ahimsa program to track biodata for refugees,
99
100 1. *Invites* all current refugee programs and frameworks operated by the United Nations (UN) and its associated
101 bodies or those funded by UN monetary contributions to include a pediatric emphasis in their units to care
102 specifically for the needs of children and youth in the camps and recommends that it institute the universal
103 vaccination response plan outlined below;
104

- 105 2. *Recommends* the coordination of a universal vaccination response plan for refugee children under the direction
106 of the General Assembly Committee within the mandates of the WHO, UNICEF, and the UNHCR, who are
107 charged with implementing and funding a joint task force known as the Task Force for the Vaccination of
108 Refugee Children (TVRC) which will:
109
- 110 a. Establish standardized vaccination requirements including Polio and Measles-Mumps-Rubella, as well
111 as specific vaccines that are salient to regional concerns;
112
 - 113 b. Provide a comprehensive physical evaluation upon their entry into the camp;
114
 - 115 c. Offer a timeline that requires timely vaccinations while accommodating the existing difficulties and
116 maintains feasibility of implementation in all regions;
117
 - 118 d. Educate both children and parents about the importance of vaccinations to minimize attrition rates
119 during the vaccination process;
120
 - 121 e. Design an incentivization program to facilitate the return of children for a further implementation of
122 required vaccinations (including booster shots and secondary requirements);
123
 - 124 f. Use protective equipment, comprehensive training, and safety practices to promote quality healthcare
125 at all levels to protect the children and the healthcare workers providing the vaccination;
126
 - 127 g. Include current refugees in the implementation of the universal vaccination response plan as a number
128 of refugees have relevant underutilized skills;
129
 - 130 h. Evaluate the current status of the vaccination supply chain in order to determine what steps should be
131 taken to streamline this process to more efficiently deliver vaccinations to refugee children;
132
 - 133 i. Coordinate sharing between Member States with developed supply chain networks to share best
134 practices with other Member States involved in the vaccination supply chain;
135
- 136 3. *Suggests* that Member States establish a biannual report based on the existing WHO database ‘Effective
137 Vaccine Management Global Data Analysis’ cooperating with WHO, UNHCR, UNICEF in order to track major
138 sources hindering vaccine procurement and supply chain, inter alia conflict-affected areas, hard-to-reach areas,
139 natural disasters and out-of-date vaccines, mainly focused on the following parameters:
140
- 141 a. Information systems and supportive functions;
142
 - 143 b. Vaccine management, maintenance, and distribution;
144
 - 145 c. Building capacity, equipment, and transportation;
146
 - 147 d. Pre-shipment, storage temperature, and arrival;
148
- 149 4. *Encourages* the development of diagnostic services through the creation of the Medical Aid Record (MAR) to
150 support the WHO in providing consistent treatment, which will:
151
- 152 a. Serve as wearable technology (options for which should be explored by the WHO’s research division)
153 that preserves health records for individuals to share with their healthcare professionals to prevent
154 inconsistent medical treatment through the implementation of MAR;
155
 - 156 b. Facilitate effective communication and decrease linguistic barriers between refugee children and youth
157 who cross borders and the healthcare professionals who treat them by using internationally recognized
158 classifications for vaccines and other major health issues;
159

- 160 c. Invite all Member States to build infrastructure of refugee healthcare through innovation which allows
161 for Public-Private Partnerships (PPPs) to develop options necessary to accommodate the increasing
162 needs for refugee healthcare by:
- 163
- 164 i. Providing materials required for the assembly of this technology;
- 165 ii. Generating expertise in the form of manufacturers or relevant schematics;
- 166 iii. Producing technological support from the Member States who are capable of contribution;
- 167
- 168 d. Recommend the reallocation of the budget of WHO vaccination programs towards the creation of the
169 MAR;
- 170
- 171 5. *Invites* the WFP and other relevant UN subsidiary bodies to implement National Target and Nutrition
172 Improvement Programmes which aim to monitor and combat malnutrition amongst youth populations within
173 refugee camps by:
- 174
- 175 a. Employing ready-to-use therapeutic foods which require minimal preparation while providing
176 sufficient quantities of nutrients such as rice, soy, and mung beans;
- 177
- 178 b. Disseminating the Integrated Management of Acute Malnutrition (IMAM) metric formulated by
179 UNICEF in order to assess the health of refugee children afflicted by SAM, which include
180 anthropomorphic measurements such as weight, Mid-upper-arm circumference (MUAC), & Weight-
181 Height Ratio;
- 182
- 183 c. Providing Member States with an evidence-based approach to combating SAM amongst vulnerable
184 refugee children and youth populations;
- 185
- 186 6. *Exhorts* Member States and international organizations with the economic capability and desire to enlarge their
187 contribution to humanitarian aid to provide funding and donations toward providing vaccines and implementing
188 the strategy outlined above within established structures and donation pipelines;
- 189
- 190 7. *Suggests* that UNICEF explore the concept of creating community centers that will be run by skilled refugees,
191 which can provide structure and cohesion to the daily life of refugee children, enhance their cultural identity,
192 and provide a location for the distribution of the vaccines described in the universal vaccination response plan
193 outlined above;
- 194
- 195 8. *Suggesting* the utilization of UNHCR's Community-Based Protection (CBP) in order to more effectively
196 identify specific hygiene and water-related health risks of refugee children in different areas to assist
197 educational experts in:
- 198
- 199 a. Recognizing specific sanitation issues unique to relevant communities;
- 200
- 201 b. Teaching refugee children good hygiene practices that address both universal and community specific
202 issues;
- 203
- 204 9. *Encourages* triadic collaboration between relevant UN agencies such as UNHCR and UNICEF, host states, and
205 CSOs in addressing:
- 206
- 207 a. Existing resources under the United Nations with a focus on clean water supply in order to protect
208 refugee children and youth health regarding:
- 209
- 210 i. Proper sanitation facilities and procedures in order to promote good hygiene;
- 211 ii. Safe drinking water in order to combat water-borne illnesses;
- 212
- 213 b. The negative impacts towards the health of female adolescent refugees by:
- 214

- 215 i. Providing educational resources on iron rich foods that are found in Host States in order to
216 combat anemia, which is common amongst female adolescents;
- 217 ii. Supplying educational and nutritional resources to aid in the recovery of mental health issues
218 amongst female adolescent refugees;
- 219
- 220 10. *Strongly recommends* that Member States reinvigorate the CRRF in order to alleviate the malnutrition faced by
221 refugee children by:
- 222
- 223 a. Integrating refugees into their own particular food assistance framework;
- 224
- 225 b. Imploring donor states to provide more funding in accordance with their ability to assist host states in
226 achieving their pledge relating to refugee children's health under the CRRF;
- 227
- 228 11. *Proposes* the implementation of Refugee Education and Child Health (REACH) under the mandate of UNICEF
229 with a focus of:
- 230
- 231 a. Promoting the creation of water sanitation facilities and corresponding training modules for refugees
232 that reflect sustainable clean water and sanitation infrastructure within refugee camps;
- 233
- 234 b. Advocating the employment of sanitation experts and educators to refugee camps to instill good
235 hygiene practices and proper utilization of water sanitation facilities among refugee children;
- 236
- 237 c. Collaborating with programmes such as those of the WFP in refugee camps by developing programs
238 for refugee children and youth such as;
- 239
- 240 i. Food distribution including complementary feeding of mother and child for first 1000 days of
241 infantile development;
- 242 ii. Treatment of malnutrition from lack of proper nutrients and scarce meals, incorporating the
243 provision of clean drinking water;
- 244
- 245 d. Achieving sustainability by empowering older refugee children and youth to take responsibility to pass
246 their sanitation knowledge to younger generations;
- 247
- 248 e. Encouraging REACH educators to support the continuation of UNICEF's Handwashing Promotion:
249 Monitoring and Evaluation Module as a guideline that assists sanitation program development and
250 implementation;
- 251
- 252 f. Endorsing the employment of REACH professionals to include members of the refugee population
253 who will be expected to fully respect the regional cultural identity and sovereignty of Member States
254 by noting the necessity of a pre- and post-assessment of educational experts' intent in order to
255 reproduce effective programs;
- 256
- 257 g. Conducting routine bi-yearly water inspections, in accordance with UN-Water Global Analysis and
258 Assessment of Sanitation and Drinking-Water (GLAAS), in order to promote the quality of water
259 provided to refugee children and youth in refugee camps and to safeguard a sustainable continuation of
260 the program after REACH experts have completed their missions, while encouraging sovereignty
261 programs to preserve the sovereignty of all Member States;
- 262
- 263 12. *Suggests* the expansion of the UNHCR program for Identifying Persons with Specific Needs (PWSN) to
264 promote gender equality and opportunities for developing infants in refugee camps by extending resources for:
- 265
- 266 a. Nutritional needs of pregnant and lactating women (PLWs);
- 267
- 268 b. Family centered care for refugee families revolving around proper nutrition;
- 269
- 270 c. Dialogue among member states regarding active programs;

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13. *Recommends* the UNHCR strengthen and extend past partnerships with logistical firms such as Commonwealth Handling Equipment Pool (CHEP) in cooperation with Member States in order to improve the allocation of resources to refugee children and youth, through:
 - a. Incorporating the analysis provided by the logistical firm into a larger framework that can be implemented throughout refugee camps, specifically focusing on collaboration with WASH, JMP, and Member States;
 - b. Streamlining the process of transporting resources to refugee children in the most critical situations;
 14. *Exhorts* Member States to increase donations, both financial and resource-based, to the WFP in order to further fulfill SDG 2 and SDG 3;
 15. *Requests* that Member States improve the operation of regional organizations by enhancing communication channels regarding healthcare for refugee children and youth in the manner of the joint project of the WHO regional office for Europe and European Commission entitled *Health and Migration Knowledge Management Development and Dissimilating Technical Guidance on Key Issues Related to Non-Communicable Diseases and Migration*;
 16. *Encourages* all Member States to implement WHO’s Youth Advocacy Project focused on the involvement of social workers and volunteers to enhance the well-being of refugee children and youth;
 17. *Invites* all Member States to create a National Action Plan that will facilitate the pursuance of the goals outlined above as falls within the prerogative of the refugee camps within their sovereign borders;
 18. *Recommends* that Member States begin a program that acknowledges the refugee identification card as a temporary identifier that would provide equal treatment and affirm refugee status within the host country that reiterates the goal of repatriation;
 19. *Encourages* the goal of repatriation that underwrites all refugee protection programs and support for mental health programs that can enhance the preservation of a cultural identity that will facilitate the reintegration of refugee children into their home culture;
 20. *Welcomes* further initiatives upon the issue during the next session.