General Assembly Plenary

Committee Staff

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<tr>
<th>Director</th>
<th>Dieyun Song</th>
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<td>Assistant Director</td>
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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

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<td>GA/RES/1/1</td>
<td>Safeguarding the Health of Refugee Children and Youth</td>
<td>48 votes in favor, 4 votes against, 5 abstentions</td>
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<td>GA/RES/1/2</td>
<td>Safeguarding the Health of Refugee Children and Youth</td>
<td>54 votes in favor, 1 votes against, 2 abstentions</td>
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<td>GA/RES/1/3</td>
<td>Safeguarding the Health of Refugee Children and Youth</td>
<td>44 votes in favor, 4 votes against, 9 abstentions</td>
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<td>GA/RES/1/4</td>
<td>Safeguarding the Health of Refugee Children and Youth</td>
<td>46 votes in favor, 3 votes against, 8 abstentions</td>
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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.
The General Assembly Plenary,

Guided by the founding principles of the Universal Declaration of Human Rights (1948),

Excited by the possibilities of moving toward the Sustainable Development Goals (SDGs) as declared in General Assembly resolution 70/1—Transforming our World: the 2030 Agenda for Sustainable Development, especially Sustainable Development Goal (SDG) 3: Well-being and health, SDG 6: clean water and, SDG 17: public and private partnerships,

Encouraged by the explicit delineation of the healthcare needs of refugee children and youth described in the 2016 New York Declaration for Refugees and Migrants,

Fully aware of the pressing need to integrate gender-specific and gender-sensitive issues in the plight of the refugees in hygienic and physical health for a more inclusive approach in the protection and promotion of the rights of refugee children and youth,

Emphasizes on the need to establish systematic needs assessment to integrate knowledge of targeted community complexities of children in refugee transit and resettlement camps, while acknowledging refugee children’s susceptibility to extreme marginalization,

Recognizing the crucial nature of information integration into the global healthcare system, especially information specific to refugee children and youth,

Deeply concerned by the increasing population of 6.8 million refugee children and youth suffering from the detrimental implications of inadequate health responses as previously stated by the United Nations International Children’s Emergency Fund (UNICEF),

Recognizing the global strategy for public health through the United Nations High Commissioner for Refugees (UNHCR’s) strategic plans for public health 2008-2012 to ensure access of refugees to HIV protection, prevention, care and treatment services,

Deeply convinced that a global standard of clinical excellence can be maintained with respect to cultural identity, especially within the unique circumstances of refugee children living in foreign host states,

Affirming that adolescent girls between the ages of 13-18 in refugee camps are constantly exposed to rape and other harmful circumstances as stated by the UNHCR’s Assessment Mission of 2001,

Re-emphasizes the primacy of the sovereignty of all Member States, especially in regard to partnerships with local non-governmental organizations (NGOs) and the promotion of discussions of sexual and reproductive health,

Recognizing the impact of the WHO High 5s: Action on Patient Safety project which lead to improved safety and service excellence, but understanding the need for the importance of updating the scope of the project,

Highlighting the structure of the 2010 World Health Organization (WHO) Best Practices for Injections and Related Procedures Toolkit and understanding the necessity to adapt this toolkit to account for new practices and new diseases,

Celebrating the World Health Organizations (WHO) 2016 Action Plan for Refugee and Migrant Health in the European Union encouragement of Member States to “generate evidence. . .providing surveillance and health
highlighting the efforts of the UNHCR to acquire and organize data upon the youth health of refugees within each host nation where ever possible,

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

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

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

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

2. **Invites** Member States to facilitate the systems analysis of refugee health care operations will prioritize the needs of refugee children and youth comprehensibly through a three-pronged, gender-sensitive approach that:
   a. Addresses the information of healthcare practices;
   b. Focuses on research and analysis procedures;
   c. Conducts data collection and the appropriate dissemination of materials;
   d. Incorporates culturally-sensitive and competent training efforts;
   e. Bears in mind the utmost importance of sovereignty when considering the expertise of NGO’s and their collaboration with Member States;

3. **Recommends** the establishment of a board of healthcare field experts nominated by respective Member States with representation from UN agencies, such as United Nations Children’s Emergency Fund and the Office of the UNHCR, healthcare-related NGOs such as Anti-Virus Emergency Response Team’s needle and syringe programs for HIV prevention and the Stephan Lewis Foundation, which will:
   a. Meet annually at the WHO headquarters upon the commencement of the next fiscal year in 2020 to discuss the aforementioned topics;
   b. Discuss best practices in the field of healthcare in regard to needle usage, environmental sanitation, surgical tools, anesthesia, and sexually transmitted diseases for refugee children and youth;
   c. Observe and prepare for diseases and threats to health which are relevant to individual regions and peoples, especially those communicable diseases hosted by mothers or youth that threaten the lives of children and seriously inhibit future developmental processes;
   d. Develop a response framework and operationalized checklist to ensure sensitivity to the many cultures and nations which UN agencies and NGOs come into contact with when providing medical assistance to refugee children and youth, especially in regard to developing for ensuring informed consent is gained from unaccompanied children;
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;
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.
The General Assembly Plenary,

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

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

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

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

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

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

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

Reaffirming the 1954 Convention Relating to the Status of Stateless Persons,

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

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

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

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

Further recalling the UN General Assembly resolution 36/215 of 1981 as well as the New York Declaration on Refugees and Migrants with the purpose of guaranteeing everyone’s rights, handling gender-related issues, and promoting international cooperation,
Reiterating the Human Right to Water and Sanitation (A/RES/64/292) as a universal right to access of clean and safe drinking water, and sanitation of every human being, specifically of children,

Keeping in mind General Assembly resolutions 72/151 and 72/821, which demonstrate the heightened concern for safeguarding the health of refugee children,

Acknowledging General Assembly Resolution 71/177, Rights of the Child (2016), which states that children in many parts of the world remain in a critical condition, as a result of poor nutrition and lack of access to adequate food, safe drinking water, and sanitation,

Noting the Global Compact for Refugees that emphasize the shared responsibility of Member-States and subsidiary organs of the United Nations (UN), with the Civil Society Organizations (CSOs), private sectors, and international organizations in safeguarding the bio-psychosocial well-being of refugees, especially the children and youth,

Recognizing the measures implemented by the United Nations Children’s Fund (UNICEF), World Health Organization (WHO), United Nations High Commissioner for Refugees (UNHCR) of comprehensive approaches in various initiatives which are relating to protection of refugee children and youth rights and promoting the stable health care system and to promote partnership with research institutes and universities in order to promote refugee children and youth access to clean water by making use of local resources,

Applauding the work of organizations such as the World Food Programme (WFP) in their progress towards bringing attention to the harmful consequences of malnutrition in refugee children and youth, and providing food security in refugee camps,

Acknowledging UN-Water’s effort to coordinate over 30 UN organizations that carry out water and sanitation programs to ‘deliver as one’ in response to water related challenges,

Recognizing the UNHCR’s Community Based Protection (CBP) policy in which communities and humanitarian actors who assist them can identify a refugee community’s most serious protection risks, explore their causes and effects, and jointly decide how to prevent and respond to them,

Applauding the inter-agency coordination which gave rise to the WHO, UNHCR, and UNICEF Joint Statement on General Principles on Vaccination of Refugees, Asylum-Seekers and Migrants in the WHO European Region November 2015, which promoted guidelines and recommendations for widespread vaccination practices,

Expanding upon the Comprehensive Refugee Response Framework created by the United Nations High Commissioner on Refugees to accommodate the needs of children,

Noting also the effectiveness of National Target and Nutrition Improvement Programmes in treating children with SAM, curing the malnutrition of more than 90% of children,

Lauding the implementation of the Comprehensive Refugee Response Framework (CRRF), with regards to ensuring the provision of food to refugee children and youth,

Noting with Satisfaction the tracking systems used by the International Organization of Migration (IOM) for a database of refugees such as the Displacement Tracking Matrix, as it is difficult to maintain holistic and consistent childcare over time,

Commending the work of the WHO in their Ahimsa program to track biodata for refugees,

1. Invites all current refugee programs and frameworks operated by the United Nations (UN) and its associated bodies or those funded by UN monetary contributions to include a pediatric emphasis in their units to care specifically for the needs of children and youth in the camps and recommends that it institute the universal vaccination response plan outlined below;
2. **Recommends** the coordination of a universal vaccination response plan for refugee children under the direction of the General Assembly Committee within the mandates of the WHO, UNICEF, and the UNHCR, who are charged with implementing and funding a joint task force known as the Task Force for the Vaccination of Refugee Children (TVRC) which will:

   a. Establish standardized vaccination requirements including Polio and Measles-Mumps-Rubella, as well as specific vaccines that are salient to regional concerns;

   b. Provide a comprehensive physical evaluation upon their entry into the camp;

   c. Offer a timeline that requires timely vaccinations while accommodating the existing difficulties and maintains feasibility of implementation in all regions;

   d. Educate both children and parents about the importance of vaccinations to minimize attrition rates during the vaccination process;

   e. Design an incentivization program to facilitate the return of children for a further implementation of required vaccinations (including booster shots and secondary requirements);

   f. Use protective equipment, comprehensive training, and safety practices to promote quality healthcare at all levels to protect the children and the healthcare workers providing the vaccination;

   g. Include current refugees in the implementation of the universal vaccination response plan as a number of refugees have relevant underutilized skills;

   h. Evaluate the current status of the vaccination supply chain in order to determine what steps should be taken to streamline this process to more efficiently deliver vaccinations to refugee children;

   i. Coordinate sharing between Member States with developed supply chain networks to share best practices with other Member States involved in the vaccination supply chain;

3. **Suggests** that Member States establish a biannual report based on the existing WHO database ‘Effective Vaccine Management Global Data Analysis’ cooperating with WHO, UNHCR, UNICEF in order to track major sources hindering vaccine procurement and supply chain, inter alia conflict-affected areas, hard-to-reach areas, natural disasters and out-of-date vaccines, mainly focused on the following parameters:

   a. Information systems and supportive functions;

   b. Vaccine management, maintenance, and distribution;

   c. Building capacity, equipment, and transportation;

   d. Pre-shipment, storage temperature, and arrival;

4. **Encourages** the development of diagnostic services through the creation of the Medical Aid Record (MAR) to support the WHO in providing consistent treatment, which will:

   a. Serve as wearable technology (options for which should be explored by the WHO’s research division) that preserves health records for individuals to share with their healthcare professionals to prevent inconsistent medical treatment through the implementation of MAR;

   b. Facilitate effective communication and decrease linguistic barriers between refugee children and youth who cross borders and the healthcare professionals who treat them by using internationally recognized classifications for vaccines and other major health issues;
c. Invite all Member States to build infrastructure of refugee healthcare through innovation which allows for Public-Private Partnerships (PPPs) to develop options necessary to accommodate the increasing needs for refugee healthcare by:
   i. Providing materials required for the assembly of this technology;
   ii. Generating expertise in the form of manufacturers or relevant schematics;
   iii. Producing technological support from the Member States who are capable of contribution;

d. Recommend the reallocation of the budget of WHO vaccination programs towards the creation of the MAR;

5. Invites the WFP and other relevant UN subsidiary bodies to implement National Target and Nutrition Improvement Programmes which aim to monitor and combat malnutrition amongst youth populations within refugee camps by:
   a. Employing ready-to-use therapeutic foods which require minimal preparation while providing sufficient quantities of nutrients such as rice, soy, and mung beans;
   b. Disseminating the Integrated Management of Acute Malnutrition (IMAM) metric formulated by UNICEF in order to assess the health of refugee children afflicted by SAM, which include anthropomorphic measurements such as weight, Mid-upper-arm circumference (MUAC), & Weight-Height Ratio;
   c. Providing Member States with an evidence-based approach to combating SAM amongst vulnerable refugee children and youth populations;

6. Exhorts Member States and international organizations with the economic capability and desire to enlarge their contribution to humanitarian aid to provide funding and donations toward providing vaccines and implementing the strategy outlined above within established structures and donation pipelines;

7. Suggests that UNICEF explore the concept of creating community centers that will be run by skilled refugees, which can provide structure and cohesion to the daily life of refugee children, enhance their cultural identity, and provide a location for the distribution of the vaccines described in the universal vaccination response plan outlined above;

8. Suggesting the utilization of UNHCR’s Community-Based Protection (CBP) in order to more effectively identify specific hygiene and water-related health risks of refugee children in different areas to assist educational experts in:
   a. Recognizing specific sanitation issues unique to relevant communities;
   b. Teaching refugee children good hygiene practices that address both universal and community specific issues;

9. Encourages triadic collaboration between relevant UN agencies such as UNHCR and UNICEF, host states, and CSOs in addressing:
   a. Existing resources under the United Nations with a focus on clean water supply in order to protect refugee children and youth health regarding:
      i. Proper sanitation facilities and procedures in order to promote good hygiene;
      ii. Safe drinking water in order to combat water-bourne illnesses;
   b. The negative impacts towards the health of female adolescent refugees by:
i. Providing educational resources on iron rich foods that are found in Host States in order to combat anemia, which is common amongst female adolescents;

ii. Supplying educational and nutritional resources to aid in the recovery of mental health issues amongst female adolescent refugees;

10. **Strongly recommends** that Member States reinvigorate the CRRF in order to alleviate the malnutrition faced by refugee children by:

   a. Integrating refugees into their own particular food assistance framework;

   b. Imploring donor states to provide more funding in accordance with their ability to assist host states in achieving their pledge relating to refugee children’s health under the CRRF;

11. **Proposes** the implementation of Refugee Education and Child Health (REACH) under the mandate of UNICEF with a focus of:

   a. Promoting the creation of water sanitation facilities and corresponding training modules for refugees that reflect sustainable clean water and sanitation infrastructure within refugee camps;

   b. Advocating the employment of sanitation experts and educators to refugee camps to instill good hygiene practices and proper utilization of water sanitation facilities among refugee children;

   c. Collaborating with programs such as those of the WFP in refugee camps by developing programs for refugee children and youth such as;

      i. Food distribution including complementary feeding of mother and child for first 1000 days of infantile development;

      ii. Treatment of malnutrition from lack of proper nutrients and scarce meals, incorporating the provision of clean drinking water;

   d. Achieving sustainability by empowering older refugee children and youth to take responsibility to pass their sanitation knowledge to younger generations;

   e. Encouraging REACH educators to support the continuation of UNICEF’s Handwashing Promotion: Monitoring and Evaluation Module as a guideline that assists sanitation program development and implementation;

   f. Endorsing the employment of REACH professionals to include members of the refugee population who will be expected to fully respect the regional cultural identity and sovereignty of Member States by noting the necessity of a pre- and post-assessment of educational experts’ intent in order to reproduce effective programs;

   g. Conducting routine bi-yearly water inspections, in accordance with UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), in order to promote the quality of water provided to refugee children and youth in refugee camps and to safeguard a sustainable continuation of the program after REACH experts have completed their missions, while encouraging sovereignty programs to preserve the sovereignty of all Member States;

12. **Suggests** the expansion of the UNHCR program for Identifying Persons with Specific Needs (PWSN) to promote gender equality and opportunities for developing infants in refugee camps by extending resources for:

   a. Nutritional needs of pregnant and lactating women (PLWs);

   b. Family centered care for refugee families revolving around proper nutrition;

   c. Dialogue among member states regarding active programs;
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.
The General Assembly Plenary,

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Suggests the formation of a Category Profiling System (CPS) which will work with the Inter-Agency Standing Committee (IASC) to promote collaboration of information sharing between Host Member States, United Nations International Children’s Emergency Fund (UNICEF), United Nations Development Programme (UNDP) and other UN organs as they share their statistical data, with the assurance that all sovereignty will remain to those governing bodies, and records concerning the health of refugee children and youth to:
a. Compartmentalize acquired financial and technical aid which will be efficiently delivered to participating Member states based on their need for aid;

b. Assign need-based scaling to Member States: Adequate, Moderate, and Insufficient regarding the health status of refuge children and youth by utilizing a weighted factor analysis (WFA) to create a scale that classifies Member States;

c. Determine the summation of all weighted sections be multiplied by those correlated statistics accumulated amongst the aforementioned categories, in order to appropriately allocate countries into correct classifications;

d. Calculate a CPS based on the health and hygiene status of children and youth in refugee camps worldwide according to the models set by the International Migrant Stock (ISM) and Center for Global Development with weighted factors of:

i. The economic stability and GDP, which will hold a weight of .3;

ii. The political stability, which will hold a weight of .2;

iii. The efficiency of infrastructure, including the physical and organizational structures such as provision of clean water, functioning roads, and electric systems within each Member state holding a weight of .1;

iv. The functioning and sustainable health care systems in refugee camps will hold a weight of .3;

v. The availability of job training for youth and potential integration, will hold a weight of .3;

vi. The ability to provide adequate nutrition for all age groups of children and youth will hold a weight of .3;

vii. The attendance of women in primary schools, technical courses, and provincial leadership positions will receive a weight of .1;

e. Refers to states classifications that they be organized similar to the Intervention Pyramid launched by the Inter-Agency Standing Committee (IASC) coordination of humanitarian assistance that focuses on and addressing issues beginning at the base with:

i. Basic services such as access to clean resources, health care, and security;

ii. Community and Gender support;

iii. Specialized services for refugee children and youth;

2. 

Encourages Member States to standardize and distribute the operation of consistent health information management to monitor the minor’s development status to identify the needs-based health approaches specially for vulnerable children;

3. 

Affirms the need for data collection and knowledge of the specific necessity to provide direct assistance for refugees by aiding basic psychosocial and health care, are referring refugee children and youth with mental health challenges to local health facilities, and recognizing the statistical information gathered concerning the health of refugee children and youth information;

4. 

Invites Member States to commit to the Sustainable Categorization Goals (SCGs) Agenda 2035 to set guidelines for Member States to safeguard health of children and youth refugees, which follow the ideas of the Sustainable Development Goals Agenda of 2030 that encompass:

a. Eliminating the Most Common Diseases;

b. Analyzing Mental Health Status;

c. Empowerment of Female Equality;

d. Maintaining Records of Vaccinations;
e. Monitoring Records of Birthrates;

f. Improvement of Language Abilities;

g. Successful Integration in hosting countries;

h. Support Systems of Proper Nutrition;

5. **Endorses** the utilization of existing monitoring databases that generate information regarding the situation of refugees, including children and youth, in refugee camps designated by the UNHCR and its cooperation with the United Nations Partner Portal (UNPP)—an online database that facilitates information sharing among NGOs for humanitarian projects;

6. **Supports** the IASC to conduct a biyearly audit of the CPS to ensure success and efficiency and report its finding to the General Assembly;

7. **Recommends** the collaboration of UN personnel and CSO’s with governmental refugee aid programs to:

   a. Increase the on-site workforce as a means to reduce the refugee-to-personnel ratio in host Member States;

   b. Effectively implements the Category Profiling System as it requires an intensive effort to profile every Host Member State based on their needs.
Committee: General Assembly Plenary  
Topic: Safeguarding the Health of Refugee Children and Youth

The General Assembly Plenary,

Expressing deep concern for the wellbeing of the 25.4 million refugees of which more than half are children, many of whom are suffering from unmet needs caused by minimal or no healthcare,

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

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

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

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

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

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

Reaffirming the 1954 Convention Relating to the Status of Stateless Persons,

Reaffirming the framework established by UNICEF and OHCHR’s Convention on the Rights of the Child (1989), which highlights the primary rights of refugee children,

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

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

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

Further recalling the UN General Assembly resolution 36/215 of 1981 as well as the New York Declaration on Refugees and Migrants with the purpose of guaranteeing everyone’s rights, handling gender-related issues, and promoting international cooperation,
Reiterating the Human Right to Water and Sanitation (A/RES/64/292) as a universal right to access of clean and safe drinking water, and sanitation of every human being, specifically of children,

Keeping in mind General Assembly resolutions 72/151 and 72/821, which demonstrate the heightened concern for safeguarding the health of refugee children,

Acknowledging General Assembly Resolution 71/177, Rights of the Child (2016), which states that children in many parts of the world remain in a critical condition, as a result of poor nutrition and lack of access to adequate food, safe drinking water, and sanitation,

Noting the Global Compact for Refugees that emphasize the shared responsibility of Member-States and subsidiary organs of the United Nations (UN), with the Civil Society Organizations (CSOs), private sectors, and international organizations in safeguarding the bio-psychosocial well-being of refugees, especially the children and youth,

Recognizing the measures implemented by the United Nations Children’s Fund (UNICEF), World Health Organization (WHO), United Nations High Commissioner for Refugees (UNHCR) of comprehensive approaches in various initiatives which are relating to protection of refugee children and youth rights and promoting the stable health care system and to promote partnership with research institutes and universities in order to promote refugee children and youth access to clean water by making use of local resources,

Applauding the work of organizations such as the World Food Programme (WFP) in their progress towards bringing attention to the harmful consequences of malnutrition in refugee children and youth, and providing food security in refugee camps,

Acknowledging UN-Water’s effort to coordinate over 30 UN organizations that carry out water and sanitation programs to ‘deliver as one’ in response to water related challenges,

Recognizing the UNHCR’s Community Based Protection (CBP) policy in which communities and humanitarian actors who assist them can identify a refugee community’s most serious protection risks, explore their causes and effects, and jointly decide how to prevent and respond to them,

Applauding the inter-agency coordination which gave rise to the WHO, UNHCR, and UNICEF Joint Statement on General Principles on Vaccination of Refugees, Asylum-Seekers and Migrants in the WHO European Region November 2015, which promoted guidelines and recommendations for widespread vaccination practices,

Expanding upon the Comprehensive Refugee Response Framework created by UNHCR to accommodate the needs of children,

Noting also the effectiveness of National Target and Nutrition Improvement Programmes in treating children with SAM, curing the malnutrition of more than 90% of children,

Lauding the implementation of the Comprehensive Refugee Response Framework (CRRF), with regards to ensuring the provision of food to refugee children and youth,

Noting with Satisfaction the tracking systems used by the International Organization of Migration (IOM) for a database of refugees such as the Displacement Tracking Matrix, as it is difficult to maintain holistic and consistent childcare over time,

Commending the work of the WHO in their Ahimsa program to track biodata for refugees,

1. Invites all current refugee programs and frameworks operated by the United Nations (UN) and its associated bodies or those funded by UN monetary contributions to include a pediatric emphasis in their units to care specifically for the needs of children and youth in the camps and recommends that it institute the universal vaccination response plan outlined below;
2. **Recommends** the coordination of a universal vaccination response plan for refugee children under the direction of the General Assembly Committee within the mandates of the WHO, UNICEF, and the UNHCR, who are charged with implementing and funding a joint task force known as the Task Force for the Vaccination of Refugee Children (TVRC) which will:

   a. Establish standardized vaccination requirements including Polio and Measles-Mumps-Rubella, as well as specific vaccines that are salient to regional concerns;

   b. Provide a comprehensive physical evaluation upon their entry into the camp;

   c. Offer a timeline that requires timely vaccinations while accommodating the existing difficulties and maintains feasibility of implementation in all regions;

   d. Educate both children and parents about the importance of vaccinations to minimize attrition rates during the vaccination process;

   e. Design an incentivization program to facilitate the return of children for a further implementation of required vaccinations (including booster shots and secondary requirements);

   f. Use protective equipment, comprehensive training, and safety practices to promote quality healthcare at all levels to protect the children and the healthcare workers providing the vaccination;

   g. Include current refugees in the implementation of the universal vaccination response plan as a number of refugees have relevant underutilized skills;

   h. Evaluate the current status of the vaccination supply chain in order to determine what steps should be taken to streamline this process to more efficiently deliver vaccinations to refugee children;

   i. Coordinate sharing between Member States with developed supply chain networks to share best practices with other Member States involved in the vaccination supply chain;

3. **Suggests** that Member States establish a biannual report based on the existing WHO database ‘Effective Vaccine Management Global Data Analysis’ cooperating with WHO, UNHCR, UNICEF in order to track major sources hindering vaccine procurement and supply chain, inter alia conflict-affected areas, hard-to-reach areas, natural disasters and out-of-date vaccines, mainly focused on the following parameters:

   a. Information systems and supportive functions;

   b. Vaccine management, maintenance, and distribution;

   c. Building capacity, equipment, and transportation;

   d. Pre-shipment, storage temperature, and arrival;

4. **Encourages** the development of diagnostic services through the creation of the Medical Aid Record (MAR) to support the WHO in providing consistent treatment, which will:

   a. Serve as wearable technology (options for which should be explored by the WHO’s research division) that preserves health records for individuals to share with their healthcare professionals to prevent inconsistent medical treatment through the implementation of MAR;

   b. Facilitate effective communication and decrease linguistic barriers between refugee children and youth who cross borders and the healthcare professionals who treat them by using internationally recognized classifications for vaccines and other major health issues;
c. Invite all Member States to build infrastructure of refugee healthcare through innovation which allows for Public-Private Partnerships (PPPs) to develop options necessary to accommodate the increasing needs for refugee healthcare by:

i. Providing materials required for the assembly of this technology;

ii. Generating expertise in the form of manufacturers or relevant schematics;

iii. Producing technological support from the Member States who are capable of contribution;

d. Recommend the reallocation of the budget of WHO vaccination programs towards the creation of the MAR;

5. Invites the WFP and other relevant UN subsidiary bodies to implement National Target and Nutrition Improvement Programmes which aim to monitor and combat malnutrition amongst youth populations within refugee camps by:

a. Employing ready-to-use therapeutic foods which require minimal preparation while providing sufficient quantities of nutrients such as rice, soy, and mung beans;

b. Disseminating the Integrated Management of Acute Malnutrition (IMAM) metric formulated by UNICEF in order to assess the health of refugee children afflicted by SAM, which include anthropomorphic measurements such as weight, Mid-upper-arm circumference (MUAC), & Weight-Height Ratio;

c. Providing Member States with an evidence-based approach to combating SAM amongst vulnerable refugee children and youth populations;

6. Exhorts Member States and international organizations with the economic capability and desire to enlarge their contribution to humanitarian aid to provide funding and donations toward providing vaccines and implementing the strategy outlined above within established structures and donation pipelines;

7. Suggests that UNICEF explore the concept of creating community centers that will be run by skilled refugees, which can provide structure and cohesion to the daily life of refugee children, enhance their cultural identity, and provide a location for the distribution of the vaccines described in the universal vaccination response plan outlined above;

8. Suggesting the utilization of UNHCR’s Community-Based Protection (CBP) in order to more effectively identify specific hygiene and water-related health risks of refugee children in different areas to assist educational experts in:

a. Recognizing specific sanitation issues unique to relevant communities;

b. Teaching refugee children good hygiene practices that address both universal and community specific issues;

9. Encourages triadic collaboration between relevant UN agencies such as UNHCR and UNICEF, host states, and CSOs in addressing:

a. Existing resources under the United Nations with a focus on clean water supply in order to protect refugee children and youth health regarding:

i. Proper sanitation facilities and procedures in order to promote good hygiene;

ii. Safe drinking water in order to combat water-bourne illnesses;

b. The negative impacts towards the health of female adolescent refugees by:
i. Providing educational resources on iron rich foods that are found in Host States in order to combat anemia, which is common amongst female adolescents;

ii. Supplying educational and nutritional resources to aid in the recovery of mental health issues amongst female adolescent refugees;

10. **Strongly recommends** that Member States reinvigorate the CRRF in order to alleviate the malnutrition faced by refugee children by:

   a. Integrating refugees into their own particular food assistance framework;

   b. Imploring donor states to provide more funding in accordance with their ability to assist host states in achieving their pledge relating to refugee children’s health under the CRRF;

11. **Proposes** the implementation of Refugee Education and Child Health (REACH) under the mandate of UNICEF with a focus of:

   a. Promoting the creation of water sanitation facilities and corresponding training modules for refugees that reflect sustainable clean water and sanitation infrastructure within refugee camps;

   b. Advocating the employment of sanitation experts and educators to refugee camps to instill good hygiene practices and proper utilization of water sanitation facilities among refugee children;

   c. Collaborating with programmes such as those of the WFP in refugee camps by developing programs for refugee children and youth such as:

      i. Food distribution including complementary feeding of mother and child for first 1000 days of infantile development;

      ii. Treatment of malnutrition from lack of proper nutrients and scarce meals, incorporating the provision of clean drinking water;

   d. Achieving sustainability by empowering older refugee children and youth to take responsibility to pass their sanitation knowledge to younger generations;

   e. Encouraging REACH educators to support the continuation of UNICEF’s Handwashing Promotion: Monitoring and Evaluation Module as a guideline that assists sanitation program development and implementation;

   f. Endorsing the employment of REACH professionals to include members of the refugee population who will be expected to fully respect the regional cultural identity and sovereignty of Member States by noting the necessity of a pre- and post-assessment of educational experts’ intent in order to reproduce effective programs;

   g. Conducting routine bi-yearly water inspections, in accordance with UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), in order to promote the quality of water provided to refugee children and youth in refugee camps and to safeguard a sustainable continuation of the program after REACH experts have completed their missions, while encouraging sovereignty programs to preserve the sovereignty of all Member States;

12. **Suggests** the expansion of the UNHCR program for Identifying Persons with Specific Needs (PWSN) to promote gender equality and opportunities for developing infants in refugee camps by extending resources for:

   a. Nutritional needs of pregnant and lactating women (PLWs);

   b. Family centered care for refugee families revolving around proper nutrition;

   c. Dialogue among member states regarding active programs;
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.