

Briefing Paper

Committee: Health

Topic: The Question of Providing Support for Children from Conflict Zones

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Summary

Armed conflict has a devastating and disproportionate impact on children's physical and mental health. Children living in or fleeing conflict zones face heightened risks of injury, disease, malnutrition, psychological trauma, and loss of access to education and basic healthcare. The United Nations estimates that over half a billion children live in or near conflict zones worldwide. This issue requires urgent international attention, particularly from a health perspective, to ensure children affected by conflict receive adequate medical, psychological, and social support both during active conflicts and in post-conflict recovery. Given the visible, impactful and complicated nature of this issue, it is crucial that the Health Committee approaches it with utmost concern and prioritises the wellbeing of children who are at the heart of the topic.

Definition of Key Terms

Conflict Zones – Areas experiencing armed conflict including civil wars, interstate wars and prolonged internal violence.

Children – all individuals under the age of 18.

Internationally Displaced Persons (IDPs) – People forced to leave their homes due to conflict or violence but who remain within their country's borders.

Refugees – Individuals who have left their country due to a well-founded fear of persecution or violence, who have crossed an international border.

Child Soldiers – Children who are recruited or used by armed forces or armed groups in any capacity, including fighting, labour, or support roles. The use of child soldiers is illegal under international law.

UNICEF – The United Nations Children's Fund. Its role focuses on health, education, clean water, nutrition and child protection, especially in tough environments, conflict zones and emergencies.

WHO – The World Health Organisation, which coordinates international health responses, disease control, and the rebuilding of healthcare systems during and after conflict.

Psychosocial Support – services that address both psychological and social needs, including trauma counselling, community support, and mental health care.

Non-Governmental Organisations (NGOs) – non-profit groups operating outside government structures that serve specific causes, provide humanitarian aid and advocate for change.

Background Information

In recent history, armed conflicts have repeatedly exposed children to extreme health risks. In conflicts such as in Syria, Yemen and South Sudan, healthcare systems have been severely damaged. As a result, millions of children have been left without access to basic medical treatment and, alongside the direct consequences of violence with children being caught in the crossfire, vaccination programmes have been interrupted, and shortages of clean water have increased the spread of otherwise preventable diseases such as cholera, measles, and polio.

Large-scale displacement is another major consequence of conflict and children make up a significant proportion (over 40%) of refugees and internally displaced persons. During and following conflicts, children often end up living in overcrowded refugee camps with limited sanitation, nutrition, and healthcare services. In prolonged crises such as the Syrian civil war, many children have spent their entire lives in displacement camps, resulting in chronic health issues, developmental delays, and severe gaps in education.

In conflict zones, children are frequently exposed to direct violence. In some conflicts, armed groups - state armies as well as insurgent and terrorist groups - have recruited children as fighters, messengers, or labourers, exposing them to physical injury, psychological trauma, and long-term health consequences. Children also can be victims of sexual assault in war-crime ridden conflict zones, such as the Rwandan Genocide, where mass rape was used as a weapon of war and as many as 500,000 women, including many under 18, were systematically raped resulting in lasting severe physical and psychological trauma and the spread of sexually transmitted infections (STI's).

Even after fighting subsides, the effects of conflict continue to harm children's health. Post-conflict states struggle to rebuild healthcare systems due to damaged infrastructure, limited funding, and a shortage of trained medical professionals. As a result, many children suffer from untreated trauma (both mental and physical), long-term disabilities, and preventable illnesses years after conflicts have officially ended. These ongoing challenges, which can last for decades after, highlight the need for sustained international support for children affected by conflict, rather than simply short-term emergency responses alone.

Major Countries and Organizations Involved

Conflict-Affected States – Countries such as Syria, Yemen, Sudan and Afghanistan are central to this issue. In these states, prolonged fighting has injured, killed and displaced millions of children, and restricted their access to healthcare and other support. Governments in these regions often lack the capacity to provide adequate support for children during, and in the aftermath of, an armed conflict.

United States of America – The United States is the world’s largest humanitarian donor and provides major funding for child health programmes in conflict zones through USAID and UN agencies. The US also uses sanctions and diplomatic pressure in response to human rights abuses and its involvement in a conflict, and the humanitarian response to it, can be critical in affecting the impact on children from conflict zones. Changes in US leadership and public opinion strongly affect the scale of its involvement and the recent budget cuts to USAID of over 80% by the Trump administration will likely severely limit the extent to which the US can provide support to children in conflict zones.

United Kingdom, Germany, Canada, Australia and other Influential Countries – They provide funding for healthcare through national aid agencies and multilateral organisations like the UN. These states also influence humanitarian access through diplomacy, arms policies, and peace negotiations and, despite perhaps playing a less critical role than the US, their political priorities and action during conflicts can significantly shape outcomes for children in conflict zones.

United Nations Children’s Fund (UNICEF) – UNICEF is the lead UN agency responsible for child health in emergencies. It delivers support to children in war zones by providing life-saving healthcare and support; delivering essentials like food, water, and vaccines; establishing temporary schools to provide education to children and providing psychosocial support.

World Health Organization (WHO) – The WHO coordinates international health responses in conflict zones. It supports local healthcare infrastructure and assists post-conflict states in restoring national health systems.

United Nations High Commissioner for Refugees (UNHCR) – The UNHCR’s role during conflict is to provide aid and protection to refugees, asylum seekers and internally displaced peoples. It works with other UN agencies to deliver coordinated humanitarian responses and looks to find long-term solutions for individuals, including children, under its remit.

United Nations Office of the Special Representative of the High-Commissioner for Children and Armed Conflict (OSRSG-CAAC) – the leading UN advocate for the protection and well being of children affected by armed conflict. Its role is to protect children, raise awareness, collect information and foster international cooperation.

Timeline of Events (Relevant UN Treaties)

1949 – The Geneva Conventions are adopted, establishing protections for civilians during armed conflict, including special protection for children and medical facilities.

1989 – The UN Convention on the Rights of the Child (CRC) is adopted, guaranteeing children’s right to healthcare, protection from violence, and survival and development.

1996 – Office of the Special Representative of the High-Commissioner for Children and Armed Conflict created to strengthen the protection of children affected by armed conflict.

2000 – The Optional Protocol on the Involvement of Children in Armed Conflict is adopted, seeking to prevent child recruitment and protect children from direct participation in hostilities.

2005 – UN Security Council Resolution 1612 unanimously condemns the use of child soldiers and reporting mechanism on grave violations against children, including killing, maiming, and attacks on hospitals and schools.

2011 – The outbreak of the Syrian civil war leads to one of the largest child refugee crises in modern history, placing major strain on international health and protection systems.

2015 – The UN Sustainable Development Goals (SDGs) are adopted, including targets on child health, universal healthcare, and reducing violence against children in fragile and conflict-affected states.

2020 – The COVID-19 pandemic exposes weaknesses and vulnerabilities in healthcare systems in conflict zones, disrupting vaccination programmes and increasing child mortality risks.

Present – Conflicts and ongoing violence, including in Sudan, Myanmar, Ukraine and Yemen, has led to renewed warnings from the UN about attacks on healthcare facilities and the support provisions for children in conflict zones.

Previous Attempts to Solve the Issue

Emergency Humanitarian Health Responses – International bodies have tried to focus on emergency medical care and these responses have saved lives, including those of children, but are often short-term, dependent on donor funding and disrupted by insecurity and lack of access.

Vaccination and Disease Control Campaigns – WHO and UNICEF have led large-scale vaccination efforts against diseases in conflict-affected states. These campaigns have reduced outbreaks but are frequently interrupted by fighting and population displacement.

UN Monitoring Mechanisms – Through the Office of the Special Representative of the High-Commissioner for Children and Armed Conflict, the UN monitors violations against children and publishes annual reports naming perpetrators. While this has increased awareness and documentation, it has had limited impact on stopping violations during active conflicts and providing direct support for children in conflict zones.

Refugee Health Programmes – UNHCR and NGOs have provided healthcare in refugee camps and host countries for refugees, particularly in countries such as Jordan, Lebanon, and Türkiye. However, overcrowding and limited funding have often stretched services beyond capacity resulting in insufficient support for refugees fleeing war.

Post-Conflict Health System Rebuilding – Some efforts have been made to rebuild child healthcare systems after conflict, including training healthcare workers and restoring hospitals. These initiatives are slow, expensive, and often disrupted by renewed violence and political instability.

Possible Solutions

Protected Healthcare Access – The international community could prioritise the protection of hospitals, clinics, and medical staff through diplomatic pressure and increased monitoring mechanisms. Direct attacks on healthcare facilities must carry clear consequences under international law as the threat of ‘moral condemnation’ has been proven to be an insufficient deterrent.

Expanded Mobile and Emergency Health Services – Scaling up of mobile clinics and emergency medical teams that can help reach children in active conflict zones and remote areas where fixed healthcare facilities have been destroyed or are inaccessible would provide invaluable emergency support for children. This could be pivotal in saving lives during a conflict and for people displaced to refugee camps.

Sustained Funding for Child Health – Donor states could commit to longer-term funding for child healthcare, including vaccination programmes and treatment for long term illness, rather than relying on short-term emergency appeals which have proven to be limited in impact.

Mental Health and Psychosocial Support – Greater investment in counselling, trauma care, and community-based mental health programmes is needed to address the psychological effects of conflict on children which, when left undressed, can cause long-term mental health problems for children in conflict zones.

Support for Refugees and the Countries who host them – Countries hosting large numbers of refugee children could receive increased international assistance to strengthen healthcare and education services and prevent system overload - helping both refugees and the local communities that support them.

Bibliography and Useful Links

1. [United Nations Children's Fund \(UNICEF\)](#)
2. [World Health Organisation \(WHO\)](#)
3. [United Nations High Commissioner for Refugees \(UNHCR\)](#)
4. [UN Secretary-General Reports on Children and Armed Conflict](#)
5. [UN Convention on the Rights of the Child](#)
6. [‘Almost One in Five Children Live in Conflict Zones’ - The Guardian](#)
7. [‘Protect Children In Conflict: UNICEF’s Call To Action For 2025’ - Forbes](#)
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10. [Child Suffering in Sudan - AP News](#)