



## Overview of UNICEF

“UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children’s rights.”<sup>1</sup> In times of epidemics, wars, and political turmoil, the needs of children in developing nations are often forgotten. The United Nations recognizes the need to protect the basic rights of children, especially their health and mental well-being. In this tradition, UNICEF was established on December 11, 1946, to provide for the needs of children in post war Europe and China. Its range of action was later broadened in 1950 to include the long-term needs of mothers and children in developing countries.

In 1959 UNICEF established the Convention on the Rights of the Child (CRC), which has since been ratified by all nations except the United States and Somalia. This document serves to enumerate the rights of children first addressed in the International Declaration of Human Rights. Most significant are the rights to immunization and health care, protection from interference and harm, parental contact wherever feasible and safe, and also the protection of mental well being.

Having become a permanent part of the United Nations in 1953, UNICEF now has programs in 161 countries and is headquartered in New York. “In 1999 the total UNICEF expenditure was \$1,064 million.”<sup>2</sup> Ninety-one percent of those funds are spent on programs. Sixty-one percent of the funding comes from governments and the other thirty-nine percent comes from direct fund raising.

“UNICEF is committed to ensuring special protection for the most disadvantaged children.”<sup>3</sup>

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<sup>1</sup> [www.unicef.org](http://www.unicef.org).

<sup>2</sup> *ibid.*

<sup>3</sup> *ibid.*



## Topic 1: Women and Children in Armed Conflict

### Statement of the Problem

Millions of children are caught up in conflicts in which they are not merely bystanders, but targets. Some fall victim to a general onslaught against civilians; others die as part of a calculated genocide. Still other children suffer the effects of sexual violence or multiple deprivations of armed conflict that expose them to hunger or disease. Just as shocking, thousands of young people are cynically exploited as combatants.

*Promotion and Protection of the Rights of Children*<sup>4</sup>

The effects of *events beyond the normal boundaries of human experience* on victims of armed conflict can be especially traumatic and psychologically wounding to women and children.<sup>5</sup> Negation of familial security which establishes a feeling of well-being can result in any number of reactions from victims such as withdrawal from contact, ceasing of play or laughter, obsession with war games, depression, aggressiveness, temperament changes, nightmares, eating disturbances, fainting, learning problems, loss of speech and bladder control, attachment to adults, aches and pains, and even suicide. Although these symptoms normally subside with time, they can be passed from generation to generation via parenting techniques; those that are long term are most commonly caused by the loss of a close emotional relationship during the event(s). Victims who have been raped or abused in other ways are often forced to leave their families because of cultural stigmas and the impossibility of marriage.

This so-called *social fabric* is often affected and targeted first because money that would normally be directed towards social services is re-routed towards military expenditures such as armaments. Those that are able to make sense of the results of the events are often more able to cope with the outcome. The common belief that removal from conflict situations will resolve psychological torment is false; refugees are still subject to sexual and physical harassment, abuse, shortages (i.e., poor food distribution and lack of medical care), and child soldier recruitment (any military personnel under the age of 18).<sup>6</sup>

Concern over the age of conscription and recruitment arises for example from the reaction of children to shelling on the front lines: children often become excited and forget to take cover.<sup>7</sup> Children are often the victims of the aftermath of war, especially the unexploded landmines left behind by armies. They are the orphans who are left behind, ripped from their parents and often their culture when they are adopted out.

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<sup>4</sup> *Promotion and Protection of the Rights of Children*, United Nations, ([www.un.org](http://www.un.org)) p. 5, sect. 1

<sup>5</sup> *Psychosocial*, ([www.savethechildren.org](http://www.savethechildren.org)) p. 1

<sup>6</sup> *Child Soldiers*, Center for Defense Information, ([www.cdi.org/atp/childsoldiers/facts.html](http://www.cdi.org/atp/childsoldiers/facts.html)) p. 1

<sup>7</sup> *Rights of the Child*, ([www.unicef.org](http://www.unicef.org)) p. 14, sect. 2 pt. 47



## Brief History of the Problem

Social revolutions have long divided traditional societies.<sup>8</sup> During 1995 alone there were thirty or more armed conflicts; all were within states along ethnic, religious, and cultural lines. Some believe this to be a result of power struggles during economic hardships that cause massive poverty, while others believe it to be the logical outcome of modern warfare. As a result of this *unregulated terror*<sup>9</sup> children are forced to witness or take part in atrocities. Consequently, an estimated 2 million deaths of children have occurred throughout these outbreaks.<sup>10</sup>

Armed conflict within states has long divided communities by disrupting families and daily life, and by creating enemies from neighbors. This has an especially profound impact on women and children. The affects conflict has on women can be directly attributed to those it has on their children ranging from withdrawal to suicide. Amid the turmoil of war, families are separated, children are forced into military service, and emotional ties are severed, causing immense psychological and psychosocial havoc. In response to these dilemmas the United Nations has created *The Human Rights Charter* and *The Rights of the Child*, both of which are nearly universally accepted, to help aid and protect all races and ages globally from rights violations, especially those of women and children during conflict.

The recruitment of children as soldiers has become a major concern of the United Nations. Over fifty countries currently recruit children as soldiers—some as young as seven<sup>11</sup>—resulting in more than 300,000 children participating in armed conflict<sup>12</sup> in over thirty countries around the world. To be considered a child soldier the child may be used as a combatant, messenger, servant, etc.; there is no international law that prohibits this practice.<sup>13</sup> A United Nations agreement that states that no person under the age of fifteen may serve in the military, government or guerrilla has been almost universally accepted. In addition, an optional protocol for this document called *Straight Eighteen* is being processed that would limit the age of recruitment and conscription to eighteen.<sup>14</sup> Only two countries to date have failed to ratify *The Rights of the Child*: the United States and Somalia. Somalia does not currently have a recognized government.

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<sup>8</sup> *Promotion and Protection of the Rights of Children*, United Nations, ([www.un.org](http://www.un.org)) p. 6, sect. 4

<sup>9</sup> *Promotion and Protection of the Rights of Children*, United Nations, ([www.un.org](http://www.un.org)) p. 6, sect. 3

<sup>10</sup> *Promotion and Protection of the Rights of Children*, United Nations, ([www.un.org](http://www.un.org)) p. 5, sect. 2

<sup>11</sup> *Child Soldiers*, Amnesty International, ([www.amnesty-usa.org](http://www.amnesty-usa.org))

<sup>12</sup> *Rights of the Child*, ([www.unicef.org](http://www.unicef.org)) p. 13, sect. 2 pt. 44

<sup>13</sup> *Child Soldiers*, ([www.cdi.org/childsoldiers/facts.html](http://www.cdi.org/childsoldiers/facts.html)) p. 2

<sup>14</sup> *Psychosocial*, ([www.savethechildren.net](http://www.savethechildren.net)) p. 2



## Past UN Action

The United Nations Children's Fund (UNICEF) runs several programs for which it has outlined recommended steps to achieve maximum effectiveness. In this plan non-material aspects are central to psychosocial well-being during the post-war rehabilitation process. For example, the encouragement of a community to develop vocational skills not only promotes self-worth, but also enables citizens to satisfy their own material needs. This allows for the promotion of identity and self-worth which are inter-related with material wants.

Through the creation of *The Human Rights Charter* and *The Rights of the Child*, the United Nations has established a set of guidelines by which both governments and non-governmental organizations may conduct themselves appropriately in their efforts to aid torn communities and displaced persons.

The United Nations has established that programs, whether executed by non-governmental agencies, governments, or in conjunction with multiple organizations, should work to protect children and women's rights in order to develop the best possible care and the full potential of children.<sup>15</sup> By approving United Nations rights documents which serve as a guide for future actions almost universally, the United Nations member states have expressed their concern for victims of armed conflict and their desire to extend offers of aid and support to them.

## Proposed Solutions

By integrating modern techniques in the area of child development with local traditional concepts, practices, and community involvement the effectiveness of outcomes may be increased.<sup>16</sup> Derived from this is the maxim that *non-governmental organizations should assist, not direct.*<sup>17</sup>

The staff that instigates community rehabilitation programs can also be a concern, as their actions may hinder progress. While working in refugee camps staff are subject to extreme pressures that can cause them to be ill tempered and short of patience. It is best to send a team to the work site prior to commencement in order to gain a better understanding of the situation.<sup>18</sup> This problem may also be avoided via staff support programs such as training sessions, changes of scenery, feedback, and clarification of ethical issues (to avoid the abuse of refugees by journalists, etc.).<sup>19</sup>

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<sup>15</sup> *Programmes*, United Nations, ([www.unicef.org](http://www.unicef.org))

<sup>16</sup> *Principles and Approaches*, ([www.savethechildren.net](http://www.savethechildren.net)) p. 1

<sup>17</sup> *Principles and Approaches*, ([www.savethechildren.net](http://www.savethechildren.net)) p. 2

<sup>18</sup> *Principles and Approaches*, ([www.savethechildren.net](http://www.savethechildren.net)) p. 1, sect. 1

<sup>19</sup> *Principles and Approaches*, ([www.savethechildren.net](http://www.savethechildren.net)) p. 2, sect. 6



Another integral piece of rehabilitation programs is the community. *You need to know those you try to help....* In order to aid a disrupted community, more than a superficial historical and cultural knowledge is required. Workers must possess a deeper understanding of how the community functions and why certain events have occurred. One example of this is child development; rehabilitation workers will be more able to aid if they understand the local relevance of questions such as: What is the definition of an orphan? Who is obligated towards them? What about attitudes towards widows and their children; will they be able to remarry or inherit? How should the deaths of parents and death in general, in addition to other disturbing matters, be addressed? For this reason, knowledge of local ceremonies and rites for spiritual and psychological cleansing (i.e., for rape or the death of a child) can be extremely helpful.

Familial stability can be an effective way to encourage and promote safety, security, and sympathy. The simulation of familiar routines and tasks as well as interaction with others constitutes a universal need. The production of these common everyday functions creates a sense of meaning and security while returning to a *normal* pattern simultaneously. Organized events and educational activities play an especially important role for children.<sup>20</sup> One major familial concern is evacuation from the area of conflict. Although this offers many short-term benefits, the risk of the trauma of separation from family permanently or temporarily gravely outweighs these. In this case, familial reunification becomes the primary priority.<sup>21</sup> In order to avoid further damage, necessity demands that trust be re-built after a sense of security is established between camp workers and refugees. To accomplish this, relationships must be established via support and listening roles, play, fulfillment of promises, and real task involvement with feedback. This re-establishes self-esteem, positive identity and direction.

## **Bloc Positions**

There is actually a sharp division in attitudes about women and children in armed conflict between the wealthier nations and those who find themselves embroiled in conflict on their home territory.

The Western bloc has the money and the luxury of being able to use professional soldiers. They have also not had war, with the exception of Israel, on their home turf for at least a generation, so they are not as likely to encounter such dangers as unexploded landmines. In Europe there is still a collective memory of the war years and so there is a sensitivity towards the victims of these conflicts. The U.S. especially is less willing to accept refugees and to bend on the use of land mines. Canada is surprisingly welcoming of refugees.

The Latin American bloc for the most part is also removed from conflict for the time being, but it is sympathetic with the victims also, because of its history of revolution.

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<sup>20</sup> *Principles and Approaches*, ([www.savethechildren.net](http://www.savethechildren.net)) p. 3

<sup>21</sup> *Principles and Approaches*, ([www.savethechildren.net](http://www.savethechildren.net)), p. 1



The Eastern, African, Arab and Asian blocs all have more recent experience with war and its aftermath. Many of the countries in these blocs are at this moment embroiled in conflict. Many of these nations do not have the money to hire professional armies, and may not have the population base to be selective about the age of their soldiers. They are also left with the aftermath of wars which they must live with, including orphans, ravaged economies, and unexploded landmines throughout the country. These are the countries that need the psychological rehabilitation and help in finding homes for refugees.



## Topic 2: Children and AIDS

### Statement of the Problem

AIDS and the HIV virus have reached catastrophic levels in undeveloped countries. Children are the most devastated by this virus. Children lose their parents to it and have nowhere to go. Children get it from their parents and have no choice. Children lose educators that can teach them about avoiding it. Children are forced into sex trades where they cannot avoid contracting it. Certain drugs have proved useful in preventing death from and the transmission of HIV. Unfortunately, these drugs are very expensive and not widely available in certain areas.

Every day 1600 children are born or infected with the HIV virus. Many developing countries do not have the ability or the resources to battle this pandemic. American drug companies either cannot or will not make treatments affordable for people in these areas. Millions of uninfected children have been orphaned by the virus. In 1999 alone, 500,000 children died of AIDS, bringing the total to 4.3 million child fatalities to the disease.

Education is important and has been affected by the HIV virus. In high concentration areas, interest in education has fallen. School enrollments have dropped and graduation rates have plummeted. In some areas, even willing children cannot be educated. Only those with money for uniforms, school supplies, and tuition costs can even receive an education. Unfortunately, education is vital in preventing the spread of the disease. Preventative measures and means of transmission need to be taught to children.

Education becomes more difficult to receive as the disease spreads. In 1999, 860,000 primary school children in sub-Saharan Africa lost their teachers to AIDS. This shows that the problem is self-propagating. Children need to be taught ways to avoid the disease, but those that are supposed to be educating them are being taken at an alarming rate by the disease only they could help prevent. In epidemic regions, half of all girls ages 15-19 believe that they have no chance of contracting the disease. In surveys of 17 countries, over half of adolescent boys could not name a single means of protection from HIV.

Other problems with education also raise HIV transmission rates. UNICEF says that gender discrimination causes many problems. An ethic of male superiority leads to the loss of respect for women. Instances of forced sex then become more common. Worldwide it is four times more likely that a woman will receive HIV from a man than the other way around. Because of this, children need to be taught about gender equality. Gender equality would lead to a reduction of forced sex rates in which the male might be infected.



## **Brief History of the Problem**

AIDS has a surprisingly brief but alarming history. In 1959, a man died in the Congo in what is the first documented case of the disease. In 1978, men in the United States began showing symptoms of what would later be called AIDS. By 1980, the death toll from AIDS in the U.S. was 31. Kaposi's sarcoma was first noticed in 1981 and the death toll reached 159. AIDS was linked to blood the next year, and blood banks were warned about contamination of their supplies in 1983. In 1984, the French discovered the virus that causes AIDS. The first International Conference on AIDS was held in Atlanta in 1985, and upwards of 12,000 people had died. AIDS had become a world issue, but it continued to grow in urgency.

In 1987, AZT became the first anti-HIV drug approved and the US shut its doors to HIV-infected immigrants and travelers. In 1989, the FDA authorized pre-approval distribution of AZT under a protocol for the treatment of pediatric patients with HIV. After two years of intense ACT UP protests over the price of the drug, Burroughs-Wellcome lowered AZT's price by 20%. At this time Haiti stopped distributing tainted blood products.

By 1997 the statistics were such that the "approximate total worldwide death count [was] 6,400,000" and the "approximate number of HIV-positive people worldwide [was] 22,000,000. To put this number in perspective, it is larger than the continent of Australia."<sup>22</sup> Also in 1997, the first case of AIDS spread through kissing was documented and the U.S. death rate fell for the first time. In 1999, the FDA granted accelerated approval to a new protease inhibitor for use in children four years of age and older for HIV infection.

Estimates for the future suggest that by 2010, 40 million children could be orphaned in Africa due to AIDS. In some areas of the world AIDS is coming under control, but in others it is spiraling out of control. AIDS awareness is fighting a new battle, that of complacency. It is difficult for the western world to grasp the chaos, which has become the AIDS epidemic in places like Africa and Asia. This complacency threatens funding for AIDS research, AIDS activism, and the progress that has been made in disease prevention.

## **Past UN Action**

The UN developed a program in 1996 to deal specifically with AIDS, called UNAIDS. This group is comprised of six co-sponsors: UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank. Since the epidemic began, only a relatively short time ago, uncountable conferences have been held in attempts to establish a handle on the spread of AIDS.

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<sup>22</sup> ([www.aegis.com](http://www.aegis.com))





In one recent conference in January 2000, Dr. Peter Piot, executive director of UNAIDS, “outlined the links between AIDS and war, and the special vulnerability of communities ravaged by conflict. He also said that humanitarian aid workers, military, and police forces properly trained in HIV prevention and behavior change could be a tremendous force for prevention.” He elaborated on the progress of the organization, including “dissemination of HIV/AIDS information on Africa within the United Nations has been intensified.... The International Partnership Against AIDS in Africa has made significant progress: a common Framework for Action has been elaborated, and a number of country-level initiatives have moved collaborative action forward.... Intensified discussions are now underway with the UN Department of Peacekeeping Operations on responsible behaviour and protection of peacekeeping troops and humanitarian staff, including training before and during deployment, and the development of a UN medical policy on HIV/AIDS for peacekeeping mission staff.”<sup>23</sup>

Topics elaborated on in the many conferences and meetings in which the UN has been involved include the child sex trade, transmission of AIDS through child abuse, discrimination as a result of AIDS status, children orphaned by AIDS, access to AIDS drugs, prevention and education.

### **Proposed Solutions**

There are many possible solutions to this epidemic, none are comprehensive, and few are easy. Dr. Piot of UNAIDS has outlined a series of pragmatic solutions to the AIDS crisis. He seeks an emphasis on long-term strategies, especially involving training, prevention and education, perhaps with the help of the armed forces. He also advocates counseling and testing for all uniformed troops. He has proposed debt cancellation by the wealthiest of countries for the worse hit African nations, to increase health care spending and prevention. Dr. Piot also wants harsher laws against the sexual exploitation of children.

Other possible improvements could be gained from sexual education, expansion of employment and educational opportunities, and stronger health and social services for families and communities. Proposals have also been made to provide AIDS drugs to impoverished nations at reduced prices. There are also advocates for universal testing. One prevention measure often mentioned is the female condom. Linked to this issue, some people also would like to see social restructuring in areas where women are not empowered to make choices about their bodies.

Early identification and adequate treatment would go a long way towards stemming the spread of the epidemic. Sexual education and empowerment would also help to keep the young healthier. In some western nations the fight against apathy must be waged, because the disease has not disappeared globally.

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<sup>23</sup> ([www.unaids.org](http://www.unaids.org))



## **Bloc Positions**

The western world is growing increasingly complacent about AIDS. The disease is often thought of as treatable and no longer fatal. Many AIDS activists fear this will lead to a resurgence in the infection rate. Most of the drug companies are located within these nations, and these companies are concerned with their profit margins. They are not pleased with the prospect of selling drugs at reduced rates. There is another danger of complacency in that it reduces the private funding available to help develop new and better treatments for AIDS.

Africa is truly the hardest hit by the AIDS epidemic. This bloc is also comprised mainly of impoverished nations, many without the governmental structures necessary to provide health care, educate the populace about disease, and care for the innocent victims, the orphans. Africa would like to see aid in the form of better and cheaper medications and also in manpower to help with the ordeal of caring for a massive population of infected individuals.

The Arab bloc is facing some culturally sensitive issues. Some have placed the blame for their growing infection rate at the foot of Islam. What is important for these nations is balancing the requirements of universal prevention and education with their cultural traditions. Their cultural preservation and the health of their populace are not mutually exclusive.

Both the Eastern bloc and the Latin American bloc are faced with a growing infection rate, although it is nowhere near the rate of Africa. They need help with education and prevention, lest the problem get as out of hand as it is in Africa.

The Asian bloc is facing a similar problem to the Latin American bloc, but with more of a problem surrounding the sex trade. Many young people in places such as Thailand are infected because of this and are also helping to spread the disease because of a misconception that young prostitutes are less likely to be infected.

## **Children and AIDS: Bibliography**

[www.aegis.com/topics/timeline](http://www.aegis.com/topics/timeline)  
[www.amnesty-usa.org](http://www.amnesty-usa.org)  
[www.cdi.org/childsoldiers/facts.html](http://www.cdi.org/childsoldiers/facts.html)  
[www.savethechildren.net](http://www.savethechildren.net)  
[www.un.org](http://www.un.org)  
[www.unicef.org](http://www.unicef.org)  
[www.us.unaids.org](http://www.us.unaids.org)