



## **Anne Arundel County Public Schools Model UN Conference 2025-2026 Global Forced Migration (Refugees) and Vaccines**

### **Background Guide**

#### **Topic A: Global Forced Migration (Refugees)\***

The world is currently experiencing the highest levels of forcible displacement in recorded history. As of June 2024, an unprecedented 122.6 million people have been forced to flee their homes due to conflict, violence, climate change, and persecution. Of those, 43.7 million are refugees and 72.1 million are internally displaced people (UNHCR, Figures at a Glance). The 1951 Refugee Convention defines a refugee as “someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion” (UNHCR, What Is A Refugee). Internally displaced people (IDPs) have been forced from their homes due to similar circumstances but have not crossed an international border to seek safety. Unlike refugees, IDPs resettle within their own countries (UNHCR, Internally Displaced People).

Refugees flee from various threats, including persecution, conflict, violence, and human rights violations which endanger their lives and safety. Many are forced to escape due to wars, ethnic or religious discrimination, political oppression, or environmental disasters, such as droughts and floods, that disrupt their livelihoods. According to the United Nations High Commissioner for Refugees (UNHCR), these individuals are often left with no choice but to leave their homes to seek safety and protection in other countries (UNHCR, Global Trends).

IDPs face similar challenges. The UNHCR explains, “IDPs are among the most vulnerable people in the world, and many are trapped in protracted displacement for years or even decades. Uprooted from their homes and livelihoods, they often face dangerous conditions and continue to face risks even after fleeing for safety. National governments have the primary responsibility to protect and assist their displaced citizens and residents, but they may be unable or unwilling to do so.” (UNHCR, Internationally Displaced People). Although this group of people may face fewer cultural issues, they can be forced into areas controlled by hostile ethnic, racial, and/or religious groups. Thus, countries with significant IDP and/or refugee populations may have additional hurdles to peace, prosperity, stability, and security due their roles as host countries.

Children are among the most vulnerable victims of forced displacement as they face significant threats to their safety, well-being, and development. According to the UNHCR, children comprise over half of the world’s forcibly displaced population. Many children grow up away from home, often separated from their families. They may have endured or witnessed acts of violence and, while in exile, confront dangers such as abuse, neglect, exploitation, trafficking, violence, or being recruited into armed groups. The displacement of children disrupts their emotional, educational, and social development, leaving lasting psychological and physical

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scars. Further, almost half of forcibly displaced children are not in school, which means that they lose time in their education as well as other health and social services which many schools offer (UNHCR, Children).

Women are particularly vulnerable to violence, abuse, and exploitation in situations of displacement and conflict. In addition to economic losses from their displacement and limited job options, displaced women often face gender-based violence, including sexual assault, harassment, and trafficking, both during their journey and in refugee camps or host communities as they may also be seeking protection and resources for their children. Limited access to healthcare, legal protection, jobs, and support services exacerbates their vulnerabilities, leaving many without the means to seek justice or recover from trauma. Additionally, cultural and systemic barriers can prevent women from reporting abuse or accessing resources for themselves and their families (UNHCR, Women).

Refugees face significant obstacles when they enter host countries. They usually have little time to prepare to leave their home, arrive with few personal belongings or resources, and may not speak the host country's primary language. They may experience difficulty assimilating into local culture, finding housing and employment, and providing for their basic needs. Children often fall behind in school as they try to assimilate. Families can encounter toxic public attitudes and political narratives that incorrectly define and wrongly vilify refugees (Amnesty International, Refugees, Asylum Seekers, and Migrants).

Meanwhile, host countries and communities face substantial economic, social, and political costs and challenges when accommodating large numbers of refugees. The influx often strains public services such as healthcare, education, and housing, creating financial burdens for governments and local communities. Competition for jobs, especially in low-skill sectors, can lead to tensions between refugees/IDPs and host populations, while cultural and linguistic differences pose barriers to integration. Additionally, ensuring the safety and security of refugees/IDPs and addressing xenophobia or discrimination require coordinated efforts. These challenges highlight the need for international cooperation and support, as emphasized by the United Nations High Commissioner for Refugees (UNHCR) in its Global Compact on Refugees.

Notable points regarding forced displacement (from UNHCR Figures at a Glance and USA for UNHCR):

- Every day, 25,000 people are forced to flee their homes because of conflict and persecution. (derived from UNHCR Figures at a Glance)
- Two-thirds of refugees come from four countries: Syria, Venezuela, Ukraine, and Afghanistan (Refugee-Statistics Page)
- Sixty-nine percent of refugees live in countries neighboring their countries of origin.
- Top refugee host countries: Iran (3.8M), Türkiye (3.1M), Colombia (2.8M), Germany (2.7M), and Uganda (1.7M) (Refugee-Statistics Page)
- Refugee children are five times more likely to be out of school than their non-refugee peers.
- Close to half of all refugee children – 49 per cent – remain out of school (UNHCR. Education)

## **Questions to Consider**

1. What legal problems do refugees and displaced people face, and how can the UN help?
2. How can the UN protect human rights while dealing with forced migration?
3. Should child refugees be treated differently than adults, and why?
4. How are forced migration, corruption, and organized crime connected?
5. How does forced migration affect people's physical and mental health?
6. How can poor or rural areas support displaced people, and who should help?
7. How does forced migration affect trade and development between countries?

## **Topic B: Vaccines**

Vaccines help protect people from dangerous diseases by preparing the body's immune system to recognize and fight infections before a person actually becomes sick. The first vaccine was developed in 1796 by Edward Jenner, who noticed that people who had caught cowpox didn't get smallpox—a deadly disease at the time. Although the idea of exposing people to illness to build immunity had already existed for centuries, Jenner's method was safer and more effective. His discovery marked a turning point in medical history and eventually led to the widespread use of vaccines. Since then, vaccines have saved millions of lives and dramatically improved public health all over the world.

Today, vaccines protect people from many serious illnesses. These include polio, measles, mumps, rubella, hepatitis, human papillomavirus (HPV), tetanus, meningitis, diphtheria, and smallpox. According to the World Health Organization (WHO), most vaccines are between 85 and 98 percent effective. Because of this success, many of these diseases have become rare or have even disappeared in certain parts of the world.

Global health organizations such as the WHO, UNICEF, and the Centers for Disease Control and Prevention (CDC) have been leaders in distributing vaccines and educating people about their benefits. One of the most important global efforts is the Global Polio Eradication Initiative, which began in 1988. This campaign works to stop the spread of polio, especially in rural and remote communities where vaccines are harder to deliver. It also raises awareness about the importance of getting vaccinated. Even though polio has been eliminated in most parts of the world, countries like Pakistan and Afghanistan still face outbreaks due to political instability and limited healthcare access.

Diseases like polio and measles, which were once nearly wiped out in many countries, have started to come back. For example, in 2019 the United States experienced its highest number of measles cases in over 25 years. In one case, the polio virus was found in a sewage system in Iran, where polio had not been seen since 1997. Scientists discovered that it came from someone who had recently traveled from Pakistan. This shows that even in places where a disease is gone, it can return if vaccination rates fall and people carry the virus across borders.

Vaccine hesitancy is when people are uncertain or unwilling to get vaccinated. The WHO considers it one of the biggest global health threats. There are several reasons why people might be hesitant. One major reason is misinformation. Some people believe false claims about vaccines, such as the idea that vaccines cause autism. This rumor started from a study published in 1998 that was later proven false and retracted by the journal, but it is still shared online today. Another reason is complacency. In places where diseases are no longer common,

some parents assume their children won't get sick and believe vaccines are unnecessary. People may also distrust the government or healthcare system, especially when vaccines are made mandatory.

When too many people choose not to vaccinate, large groups of unprotected individuals—called "pockets"—can form. These communities are vulnerable to outbreaks. In Romania, for example, measles spread to over 15,000 children after the country's vaccination rate fell to 75 percent. This pattern has been seen in many other countries as well. These pockets of unprotected individuals can also impact those in the community who are unable to be vaccinated due to their age or preexisting conditions.

Developing vaccines is expensive and takes a lot of time and scientific research. One of the biggest challenges is that viruses can change over time. This process is called antigenic drift. It means that a vaccine made for one version of a virus might not work if the virus mutates. Influenza is a good example. Because the flu virus changes so often, a new flu vaccine has to be developed each year to match the current strain.

Another problem is that fewer companies are now making vaccines, and public funding has decreased. As a result, it's harder for researchers to get the money they need to develop new vaccines. In the United States, only a few large companies now control the vaccine market, which makes it difficult for smaller companies to participate.

The two biggest problems facing vaccination efforts today are lack of access to vaccines and rising vaccine hesitancy. In many poor or rural areas, families still cannot get the vaccines they need due to weak healthcare systems or conflict zones. Increasing funding for vaccine programs and finding better ways to deliver vaccines to remote areas could help solve this problem. Programs like the Global Polio Eradication Initiative are already working toward this goal.

Meanwhile, in wealthier countries, vaccine hesitancy continues to grow. Education is one important solution, but it needs to go beyond simply convincing hesitant parents. It should include training for doctors, healthcare providers, and even policymakers, so that everyone involved in public health understands how vaccines work and why they matter. Some countries have also introduced public policies, such as school vaccination requirements or compensation programs for rare vaccine side effects, to build public trust.

Ultimately, vaccines remain one of the most powerful tools we have to fight disease. But their success depends on making sure everyone, everywhere has access to them—and that people trust and understand their value.

### **Questions to Consider**

1. How could people in your country who are against vaccines make it harder for your country to support global vaccine programs?
2. What groups or organizations in your country can help people feel more confident about getting vaccines?
3. What is the best way to make sure people around the world can get vaccines, and how can your country help make that happen?

4. What successful ideas from past vaccine campaigns (like the one for polio) could be used again to solve today's vaccine problems?
5. How can scientists keep working on new vaccines if there isn't enough money to pay for research?

## Bibliography

### Topic A: Global Forced Migration (Refugees)

UN High Commissioner for Refugees, "Internally Displaced People," accessed 3 December 2024 at <https://www.unhcr.org/en-us/internally-displaced-people.html>

UN High Commissioner for Refugees, "Figures at a Glance," accessed 3 December 2024 at <https://www.unhcr.org/en-us/figures-at-a-glance.html>

UN High Commissioner for Refugees, "What is a Refugee?" accessed 3 December 2024 at <https://www.unhcr.org/en-us/what-is-a-refugee.html>

USA for UNHCR, "Statistics," accessed on 3 December 2024 at <https://www.unrefugees.org/refugee-facts/statistics/>

UN High Commissioner for Refugees, "Mid-Year Trends," accessed 3 December 2024 at <https://www.unhcr.org/us/mid-year-trends>

UN High Commissioner for Refugees, "Children," accessed 3 December 2024 at <https://www.unhcr.org/us/what-we-do/how-we-work/safeguarding-individuals/children>

UN High Commissioner for Refugees, "Internally Displaced People." accessed 3 December 2024 at <https://www.unhcr.org/about-unhcr/who-we-protect/internally-displaced-people>

UN High Commissioner for Refugees, "Convention and Protocol Relating to the Status of Refugees," accessed 3 December 2024 at <https://www.unhcr.org/media/convention-and-protocol-relating-status-refugees>

### Topic B: Vaccines

"A Brief History of Vaccination." Immunisation Advisory Centre. Immunisation Advisory Centre. September 22, 2016. <https://www.immune.org.nz/vaccines/vaccine-development/brief-history-vaccination>.

Adam Miller · CBC News · Posted: , and 2019 9:00 AM ET | Last Updated: 7 hours ago. "If the U.S. Loses Its Measles Elimination Status, Could Canada Be next? | CBC News." CBC, September 28, 2019. <https://www.cbc.ca/news/health/canada-us-measles-elimination-status-1.5300111>.

Ahmed, Nishat. "Polio Spreads in Afghanistan and Pakistan 'Due to Unchecked Borders'." The Guardian. Guardian News and Media, February 20, 2019

"Celebrating 50 Years of Global Immunization Success at CDC," Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, April 19, 2016), <https://www.cdc.gov/globalhealth/immunization/worldimmunization/default.htm>.

- “Diseases & Vaccines.” Immunize Canada. Government of Canada. Accessed November 1, 2019. <https://immunize.ca/diseases-vaccines>.
- “GPEI-Polio Endgame Strategy.” Accessed October 5, 2019. <http://polioeradication.org/who-we-are/polio-endgame-strategy-2019-2023/>.
- Hannoun, Claude. “The Evolving History of Influenza Viruses and Vaccines.” Expert Review of Vaccines (November 12, 2013). <http://www.medscape.com/viewarticle/812621>.
- “Immunization.” World Health Organization. World Health Organization, February 23, 2018. <https://www.who.int/topics/immunization/en/>.
- Institute of Medicine (US) Committee on the Evaluation of Vaccine Purchase Financing in the United States. Financing Vaccines in the 21st Century: Assuring Access and Availability. (Washington, DC: National Academies Press (US), 2003). Executive Summary. <https://www.ncbi.nlm.nih.gov/books/NBK221816/>.
- Lisa Schnirring | News Editor | CIDRAP News |, and 2018. “Polio Experts Address Fears over Disease Resurgence.” CIDRAP. Accessed September 15, 2019. <http://www.cidrap.umn.edu/news-perspective/2018/11/polio-experts-address-fears-over-disease-resurgence>.
- “Measles in Europe: Record Number of Both Sick and Immunized,” February 7, 2019. <http://www.euro.who.int/en/media-centre/sections/press-releases/2019/measles-in-europe-record-number-of-both-sick-and-immunized>.
- “Our Mission.” GPEI. WHO/UNICEF. Accessed November 1, 2019. [polioeradication.org/who-we-are/our-mission/](http://polioeradication.org/who-we-are/our-mission/).
- Pam Hunt. “A Resurgence of Polio? Experts Fear a Cautionary Tale in Measles.” STAT (blog), August 19, 2019. <https://www.statnews.com/2019/08/19/could-the-world-see-a-resurgence-of-polio-experts-fear-a-cautionary-tale-in-measles/>.
- Roser, Max, Sophie Ochmann, Hannah Behrens, and Hannah Ritchie. “Eradication of Diseases.” Our World in Data. Oxford University Press, June 3, 2014. <https://ourworldindata.org/eradication-of-diseases>.
- “Poliomyelitis.” Accessed September 16, 2019. <https://www.who.int/news-room/fact-sheets/detail/poliomyelitis>.
- “Six Common Misconceptions about Immunization,” World Health Organization (World Health Organization, February 19, 2013), [https://www.who.int/vaccine\\_safety/initiative/detection/immunization\\_misconceptions/en](https://www.who.int/vaccine_safety/initiative/detection/immunization_misconceptions/en)
- Stern, Alexandra Minna, and Howard Markel. “The History Of Vaccines And Immunization: Familiar Patterns, New Challenges.” Health Affairs 24, no. 3 (May/June 2005): 611–21. <https://doi.org/10.1377/hlthaff.24.3.611>.

“Vaccine History: Developments by Year.” The Children’s Hospital of Philadelphia. The Children’s Hospital of Philadelphia. November 20, 2014. <https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-history/developments-by-year>.

“Vaccine History Timeline.” The History of Vaccines. The College of Physicians of Philadelphia. Accessed November 1, 2019. <https://www.historyofvaccines.org/timeline/all>.

“Viruses and Evolution.” The History of Vaccines. The College of Physicians of Philadelphia. Accessed November 1, 2019. <https://www.historyofvaccines.org/content/articles/viruses-and-evolution>.

WHO. “WHO | Measles.” Accessed September 28, 2019. <http://www.who.int/immunization/diseases/measles/en/>.

WHO. “WHO | Measles and Rubella Surveillance Data.” Accessed September 28, 2019. [http://www.who.int/immunization/monitoring\\_surveillance/burden/vpd/surveillance\\_type/active/measles\\_monthlydata/en/](http://www.who.int/immunization/monitoring_surveillance/burden/vpd/surveillance_type/active/measles_monthlydata/en/).

WHO. “WHO | Sixth Session of the Conference of the Parties to the WHO FCTC.” Accessed October 5, 2019. <http://www.who.int/fctc/cop/sessions/cop6/en/>.