

The background features a large, light blue watermark of the UNICEF logo. It consists of a globe with a grid of latitude and longitude lines, surrounded by a laurel wreath. In the center of the globe is a silhouette of a mother holding a child.

UNICEF BACKGROUND GUIDE

AMSIMUN'26

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Dear Delegates,

It is an honour to welcome you to the annual AMSI Model United Nations 2026 conference as the United Nations International Children's Emergency Fund (UNICEF) chairs. It is a pleasure to moderate a committee that is solely focused on the protection, development, and welfare of children around the world.

The United Nations Children's Fund (UNICEF) was founded in 1946 and operates in more than 190 countries and territories to save the lives of children, protect their rights, and help them reach their full potential (UNICEF, n.d.). UNICEF is guided by the United Nations Convention on the Rights of the Child (CRC), which holds that every child has the inherent right to life, survival, development, and protection.

As your chairs, we would like to emphasize that this background guide is only a starting point for your research. It is expected that you will do independent research on the legal system, cultural, and policy position of your country on the matter at hand. This guide is intended to give a background and necessary context before you start writing your position papers and resolutions.

We are extremely excited to start this journey with you. UNICEF is a committee that requires both legal accuracy and moral conviction. We encourage healthy debate, respect for differing views, and creative yet practical solutions.

We look forward to seeing you all represent your countries with professionalism and passion. Please make sure that your position papers are turned in via the proper emails, and do not hesitate to contact us with any questions.

Your Chairs,

Omar Chouman, Ahmad Akel

Topic: State Intervention and Parental Autonomy: Defining the Legal Thresholds of Medical Consent for Children

However, the issue of consent for children's medical procedures becomes a complicated problem when it touches upon the parents' right to make decisions for their offspring, the state's obligations to protect its citizens from harm, and the children's fundamental human rights. While in most cases, it can be assumed that the parent is the one responsible for making medical decisions for their children, the state also retains the right to act whenever there is danger to the child's well-being.

Specifically, the United Nations Convention on the Rights of the Child (1989) states that "the best interests of the child shall be a primary consideration in all actions concerning children" (UNICEF, n.d.), while Article 24 of the same document establishes "the child's right to enjoy the highest attainable standard of health" (UNICEF, n.d.).

In essence, these two statements form the basis of the global child protection policy, which is why conflicts may arise whenever the parent's right to decide is hindered by the medical establishment or the government's regulations. Examples include vaccinations, blood transfusions, experimental medical procedures, and end-of-life care.

History

Traditionally, children have been regarded as part of their parents' being and not as separate persons with their rights. With the passage of time, various legal bodies and the international community have accepted the fact that children should be considered as right holders for whom the state should guarantee their well-being. The convention on the Rights of the Child, adopted in 1989, represents a landmark moment since children became subjects of international law (UNICEF, n.d.).

In the contemporary world, most states recognize the fact that the authority of parents over children is not unlimited, and there could be a need to intervene when the interest of the children is at stake. There are certain principles according to which the state can intervene in cases where vulnerable individuals who cannot look after their own well-being require help.

The policies of public health care, like vaccines, represent one of the areas where this approach manifests itself. Some legal systems give people an opportunity to seek exemption because of religious beliefs or philosophical considerations, but others set more rigid conditions for such cases.

Analysis

Legal issues that must be considered include when does the exercise of parental authority become neglect or abuse to warrant state involvement? For example, medical neglect can be defined as the absence of appropriate medical care leading to severe injury or potential injury to the child. Legal requirements demand that state involvement is required if there is a substantial threat to the child's life or health because of withholding treatment.

From the point of view of ethics, beneficence requires that healthcare providers must always act in the best interest of patients, while the principle of autonomy requires that parents have the right to make decisions regarding their children's welfare. However, balancing the two principles without interfering with family values or violating the rights of the child remains a challenge.

Evolving capacity is another issue that should be considered. As the child gets older and becomes more mature, most legal systems begin to acknowledge his/her ability to participate in or make informed choices on matters of personal health, especially those related to mental and reproductive health.

Legal differences across the globe also make the situation even more complex. Certain legal systems give great weightage to religious liberties and parents' rights, while other systems give importance to scientific facts and the health of society. One of the prime global objectives is the provision of equitable access to basic healthcare services, as stated by WHO (2022).

Overall, too much state involvement and too little state involvement each have their own negative impacts on the situation at hand.

Questions to be answered in your resolutions:

1. How can the legal definition of “best interests of the child” be applied in medical refusal cases?
2. In what instances must the state interfere with parental medical decisions?
3. How should governments reconcile religious rights and health duties?
4. At what point should children be able to make their own medical decisions?
5. What measures could be taken to avoid excessive government action?
6. How can the international community promote uniformity without infringing on state sovereignty?
7. What can UNICEF do to assist states experiencing difficulties with medical consent issues?



Starter Resources

1. <https://www.unicef.org/child-rights-convention>
2. <https://www.cdc.gov/vaccines>
3. <https://www.who.int/health-topics/universal-health-coverage>

Country Matrix

China – United States of America – Russia – Iran – France – Saudi Arabia – Pakistan – Germany – Brazil – Canada – Nigeria – India – Norway – Australia – Poland – Indonesia – Turkey – United Kingdom – Mexico – South Africa – Egypt – Vietnam – Argentina – Netherlands – Ethiopia – Japan – Spain – Estonia – Singapore – Iceland – Taiwan

References:

Centers for Disease Control and Prevention. (2023). Vaccines & immunizations. Retrieved from <https://www.cdc.gov/vaccines>

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