



# **HO MMUNC**

## **XXXVIII**

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# **UNICEF**

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# **HO MMUNC XXXVIII**

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# LETTER FROM THE SECRETARIAT

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**DEAR DELEGATES,**

It is our pleasure to welcome you to Horace Mann's 38th Annual Model United Nations Conference, HoMMUNC XXXVIII! Since 1985, HoMMUNC has brought together future world leaders to discuss pressing global issues. We hope that this day can be full of meaningful and didactic debate, discourse, and collaboration. We are honored to be able to organize this conference for all of you, and hopefully provide you with an enjoyable Model UN experience. We hope you are as excited as we are!

We encourage you to deeply explore your topics and arrive at HoMMUNC prepared to engage with others and involve yourself in debate, regardless of your age or experience with Model UN. Each committee is composed of a diverse group of delegates and will address a unique set of topics ranging from protecting freedom of the press to the weaponization of smallpox and the preservation of indigenous culture. We challenge you to delve deep into research and think creatively about how to address these complicated issues. Take this opportunity to learn as much as you can, work collaboratively, and be a leader in your committee.

Model United Nations has played a massive role in our lives over the past three years, and we are thrilled to share it with all of you. It has been our pleasure preparing HoMMUNC XXXVIII along with our dedicated junior and senior staff over the past six months. We hope you have an enriching and enjoyable experience at the conference!

Sincerely,

**NATE CHIANG AND LILY WENDER**

Secretaries-General of HoMMUNC XXXVIII

## **COMMITTEE BACKGROUND AND PROCEDURE:**

**Procedure Roll Call:** at the beginning of every committee session, the chair will take attendance, and every delegate must respond “present.” If you are late coming to committee, send a note to the dais to let them know you are present.

**Motions:** used to open and close debate, decide to move to voting procedure, to propose a speakers list, moderated or unmoderated caucus. The chair will entertain several motions at one time, then will have all delegates vote on each motion in order of most to least disruptive, and the motion with the majority passes.

**Speaker’s List:** a type of debate used to start committee, often meant to set the agenda, in which the chair would create a list of speakers.

**Moderated Caucus:** another form of debate, used most often during committee, that has a set time, speaking time, and specific topic to debate. Your chair will call upon countries to speak. When a delegate wishes to speak, they will raise their placard when told.

**Unmoderated Caucus:** a time when the rules of formal debate are suspended, during which delegates can leave their seats. This time is used for delegates to build blocs and write draft resolutions.

**Resolutions:** require a set number of sponsors who worked on drafting the resolution, and a list of signatories who would like to see the resolution debated. Resolutions are presented by the sponsors of the draft resolution, after which a Q&A session will be held.

# TOPIC: CHILD MALNUTRITION

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## Overview

Child malnutrition remains a persistent global challenge, affecting millions of children's health, growth, and development. The United Nations Children's Fund (UNICEF) plays a vital role in addressing this issue, working tirelessly to ensure that every child has access to adequate nutrition and the opportunity to thrive. Child malnutrition is a global threat, however, it is particularly prominent in developing countries.

Firstly, what is child malnutrition? Child malnutrition encompasses a range of conditions caused by deficiencies, imbalances, or excesses in a child's intake of essential nutrients. It is a multidimensional challenge influenced by factors such as inadequate diet, poor healthcare, unsanitary conditions, and socioeconomic disparities.

Undernutrition, which includes

stunting (low height for age), wasting (low weight for height), and being underweight, remains a grave concern.

On the other hand, overnutrition, including obesity, poses an emerging threat, particularly in low-income settings undergoing nutrition transitions.

Child malnutrition has profound and lifelong implications for a child's physical, cognitive, and emotional development. Malnourished children are more susceptible to illnesses, impaired cognitive function, and reduced educational attainment. Moreover, malnutrition perpetuates the cycle of poverty, hindering a nation's social and economic progress. Children who are malnourished face many challenges and side effects not only physically, but also cognitively and emotionally. Malnutrition can impair brain development, leading to cognitive deficits, learning disabilities, and reduced intellectual capacity. This can hinder a child's ability to perform well in school and reach their full

potential. Malnourished children may also experience delays in reaching developmental milestones such as walking, talking, and motor skills. There are also educational challenges. The physical and cognitive effects of malnutrition can contribute to early school dropouts, perpetuating the cycle of poverty and limiting future opportunities. Additionally, there can be economic and societal consequences from reduced productivity as well as higher mortality rates.

Delegates should work towards finding solutions that can solve all of these problems. An estimated 144 million children around the world are affected by stunting, 47 million are affected by wasting, and 38 million are underweight. This is only increasing due to the additional political and economic problems facing many developing nations. The causes of child malnutrition are multifaceted and often rooted in systemic disparities. Poverty, limited access to nutritious food, inadequate healthcare,

lack of clean water and sanitation, and social inequalities all contribute to the persistence of malnutrition. Addressing this complex challenge requires a comprehensive approach that spans policy, education, healthcare, and community engagement. Organizations like UNICEF play a pivotal role in crafting and implementing interventions that encompass nutrition-specific programs as well as broader nutrition-sensitive initiatives. By forging partnerships, advocating for policy changes, and mobilizing resources, these efforts strive to break the vicious cycle of child malnutrition, creating a pathway toward a healthier, more equitable future for children worldwide.

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## History

Around 45% of children's deaths under 5 years old are due to child malnutrition. Child malnutrition has been a longstanding challenge throughout human history, deeply intertwined with societal, economic,

and environmental factors. Centuries ago, communities faced challenges in ensuring a consistent and nutritious food supply due to factors such as limited agricultural practices, seasonal variations, and inadequate knowledge about nutrition. Before the advent of modern scientific understanding of nutrition, child malnutrition often went unrecognized as a distinct issue. High child mortality rates were common, and malnutrition was often attributed to other factors, including infectious diseases and lack of access to clean water.

The late 19th and early 20th centuries witnessed significant advancements in scientific knowledge about nutrition. The discovery of essential nutrients like vitamins and minerals, coupled with the identification of their role in growth and development, led to a deeper understanding of malnutrition's causes and consequences. Both World Wars highlighted the importance of proper nutrition for children's health and

development. Efforts to address child malnutrition gained momentum during these times due to the recognition of its impact on physical fitness and the workforce.

After World War II, international organizations like the United Nations and its specialized agencies, including UNICEF, were established. These organizations recognized child malnutrition as a global issue and started initiatives to combat it through food aid, nutritional education, and healthcare interventions. One example was the advent of school feeding programs which emerged as a way to ensure children received adequate nutrition.

The mid-20th century's Green Revolution brought advances in agricultural technology and increased food production. However, its focus on staple crops sometimes overshadowed the importance of diverse diets, leading to challenges in addressing micronutrient deficiencies.

The 1970s and 1980s saw a growing emphasis on addressing malnutrition through a holistic approach that combined nutritional interventions with improved healthcare, sanitation, and education. Organizations like UNICEF played a pivotal role in promoting Integrated Management of Childhood Illness (IMCI) programs, which aimed to tackle both malnutrition and diseases simultaneously. The late 20th century witnessed various global commitments to tackle child malnutrition, including the Millennium Development Goals. These goals emphasized reducing child mortality and improving maternal health, recognizing the central role of nutrition in achieving these objectives.

The 21st century's Sustainable Development Goals (SDGs) continue to address child malnutrition as a critical issue. The focus has expanded beyond mere survival to encompass thriving and quality of life. Malnutrition's complex nature is increasingly recognized, with efforts

directed not only at undernutrition but also at obesity and diet-related chronic diseases. Despite progress, child malnutrition remains a challenge, particularly in low-income and middle-income countries. Factors such as poverty, unequal access to resources, climate change, and conflicts continue to hinder efforts to eliminate malnutrition entirely.

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#### Current Situation

The current situation regarding child malnutrition remains a pressing global concern with a range of multifaceted challenges. While there have been notable improvements in certain regions, disparities persist, particularly in low and middle-income countries. Stunting, wasting, and being underweight continue to afflict millions of children under the age of five, impairing their physical growth and cognitive development. Simultaneously, the emerging issue of childhood obesity is on the rise, driven by changing dietary habits, sedentary



lifestyles, and inadequate access to healthy foods. Conflict, climate change, and economic inequalities exacerbate the problem, as children in crisis-affected areas or marginalized communities face heightened vulnerability to malnutrition's consequences.

Despite international efforts, achieving global targets for child nutrition, as outlined in the Sustainable Development Goals (SDGs), remains a significant challenge due to the complex interplay of social, economic, and environmental factors.

Organizations like UNICEF and the World Health Organization (WHO) continue to work diligently to provide nutrition-specific and nutrition-sensitive interventions, advocate for policy changes, and raise awareness about the importance of proper nutrition during the critical early years of a child's life. While progress has been made, sustained commitment and innovative strategies are essential to ensure a future where every child has

access to adequate nutrition and the opportunity to grow and develop to their fullest potential.

The UNICEF-WHO-World Bank JME Working Group was established in 2011 to address the call for harmonized child malnutrition estimates that would be instrumental in benchmarking progress on child malnutrition. The first edition of the JME was released in 2012 and provided estimates for stunting, wasting, severe wasting, underweight, and overweight, as well as a detailed description of the methodology (UNICEF & WHO, 2012). Since its inception, the JME outputs have comprised a harmonized country-level dataset of primary data (e.g., national estimates based on household surveys), as well as regional and global model-based estimates. The JME dataset of country estimates requires the collection of national data sources that contain information on child malnutrition, specifically collected data on the height, weight, and age of

children under 5, which can be used to generate national-level prevalence estimates for stunting, wasting, severe wasting, and overweight. These national-level data sources are mainly comprised of household surveys – e.g., Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), Standardized Monitoring and Assessment of Relief and Transition (SMART) surveys, and Living Standards Measurement Study (LSMS). It is essential delegates work towards understanding this data and learning ways of limiting these high numbers.

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### Possible Solutions

There are many ways to prevent child malnutrition from remaining a permanent problem around the world. Firstly, there is nutritional planning. This involves a political commitment by the government. A well-planned and well-executed long-term project can accelerate the developmental process and the benefits

can be rewarding and permanent. Nutritional planning involves the formulation of a nutrition policy and overall long-term planning to improve the production and supply of food, ensure its equitable distribution, and programs to increase the purchasing power of people. This may include, land reforms, proper guidance in agriculture to help farmers get better yields from their lands, and help in proper marketing of farm produce.

To help increase the capacity of people to buy nutritious food in adequate quantity, income-generating activities for the weaker sections of the community, making available good quality food at affordable prices through proper public distribution systems, etc. are some of the plans governments can implement. Many of these solutions occur within countries so it is crucial that blocs are willing to implement these changes in all of their countries. Secondly, it is important to have an improved healthcare system. Infections like malaria, measles, and

diarrhea are prevalent in our society and they precipitate acute malnutrition among children and infants.

A good healthcare system that provides immunization, oral rehydration, periodic deworming, early diagnosis, and proper treatment of common illnesses can go a long way in preventing malnutrition in society. Not only is it important to treat individuals, it is important to teach through nutrition education. As delegates, you should work towards finding ways to incorporate resources from all countries in order to fully terminate child malnutrition.

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#### Bloc Positions

**Africa:** Roughly 30% of children in Africa are malnourished. It is important that delegates of African nations understand that the majority of their countries are in deep need of resources and strategies to rapidly decrease this number. Many African nations have agreed to a plan to support research collaborations and

mount high-level advocacy for increased investment to reach 90% coverage of the 10 highest-impact nutrition interventions that must be attended to meet the malnutrition challenges in their region. Africa has made strides to lower child malnutrition but mainly composed of developing countries, it would be difficult to fully focus their resources on this.

**North America:** North America mainly is composed of developed countries such as the US and Canada. Those countries typically have healthy people due to their resources and don't struggle as much with child malnutrition.

**Latin America and South America:** Latin America is mainly composed of small developing countries. However, from 2000 to 2018, Latin American nations were able to collectively lower the child malnutrition average from 17% to 9%. South American countries

are similar in the way they have worked to reduce child malnutrition; however, they take up a bigger area and have a larger population to handle with their already limited resources.

**Asia:** Asia is a big land mass and many of the countries vary on their resources because it simply contains so many countries. For example, 7.7 percent of children in India are malnourished, which considering its population is an abysmal amount of children. For countries in Asia, delegates will have to understand policies in their respective country and find what solutions need to occur.

**Europe:** Europe is mainly composed of developed countries that have little to no child malnutrition. European delegates should work towards finding ways to use their resources to maximize the reduction in child malnutrition for countries that struggle with it.

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## Questions to Consider

1. What steps have been taken in your nation to address the pressing issue of child malnutrition?
2. How can countries use JME data to better understand the problems regarding child malnutrition?
3. How will developed nations use their resources to help developing nations in need? Who will allocate the resources and aid given?
4. How will countries combine their resources for solutions that are usually country-specific?
5. How can nations develop and implement education programs to teach people about ways of preventing child malnutrition?
6. What sources of funding can be used to implement these solutions on a global scale?

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