



Boston University Academy Model United Nations Conference IX  
Saturday, January 30th to Sunday, January 31st, 2021  
Boston University Academy  
Boston, MA

***Zika Virus and Safety of  
GMO-products***

***General Assembly: World Health  
Organization (WHO)***

***Background Guide***

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## Committee Staff

Adi Venkatesh, chair

Nikhil Rich, co-chair

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Sudarshan Ramanan, Secretary-General

John Lee, Secretary-General

Jonas Rajagopal, Secretary-General



# Welcome Letter

Hello Delegates,

Welcome to the 2020 Boston University Academy Model UN conference. My name is Adi Venkatesh and my vice-chair for this year's conference is Nikhil Rich. We are looking forward to introducing this year's simulation of the World Health Organization (WHO) and we're excited for a great conference!

The purpose of this guide is to give delegates background information about this year's topics. This guide will give you general information about each topic and a view of your own countries' position. While this background guide does include information about your country, it doesn't include everything you will need to write your position paper and to succeed in the debate. You will need to research your respective countries and represent their positions accurately during the conference. It is also helpful to research the other countries since you will need to work with them to find ways to ameliorate the public health crises we face today. We look forward to seeing you all at the conference and all the creative solutions you come up with!

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# Position Paper Information

Delegates must write two position papers, in this committee, one for The Zika virus epidemic in Brazil and another for the safety of GMO foods and products. To be eligible for awards, please email your position papers to me no later than January 31st - printed papers received at the start of the conference will not be accepted. To receive comments on your position papers, please email them to me no later than January 29th. Chairs will review position papers, and well-written and well-researched papers are eligible for the committee's Best Position Paper Award, as well as influencing other award determinations. If you use external sources such as websites, you must cite them with a footnote. External sources include sources provided in this background guide. A Note for the Position Paper on the Zika Virus Epidemic: This position paper must only include sources from 2018 or before and should be written as if it were being written in the 2018. While this may be confusing, it is to ensure that we have a meaningful debate because of the Decline in Zika Virus cases since then. This does not apply to the position paper on GMOs.

# Position Paper Information

Position papers are 1-2 pages in length, double-spaced, and should follow a three-part scheme: 1) Introduction to the topic, 2) Actions the delegate's country has already taken to address the topic, and 3) The delegate's proposed action on the topic. Position papers should follow the following conventions on headers:

Delegate: Victor Orlov

School: Boston University Academy

Committee: World Health Organization (WHO)

Position: Belgium

Topic: Availability of Low-Cost Medication in Lesser Economically Developed Countries

# Committee Structure

The World Health Organization (WHO) was created by the United Nations on April 7th 1948 after World War II. After its foundation, WHO's main concern was the eradication of smallpox. This horrific disease was successfully eradicated in 1980. WHO eventually wants to create "a better, healthier future for people around the world". Currently, WHO is focused on fighting communicative diseases like HIV/AIDS, Tuberculosis, Polio, Influenza, and providing safe air, water, food, medicines, and vaccinations.



# Topic Background

## Topic 1: The Zika virus epidemic

(See note above in Position Paper Guidelines)

The Zika Virus is a “mosquito-borne flavivirus”. The Flavivirus genus comes from the Flaviviridae family. This family includes more than 70 other viruses such as Yellow fever, Dengue, and West-Nile virus. The Zika virus was first discovered in monkeys and later found in humans in Uganda and the United republic of Tanzania in 1952. The first outbreak of the virus was reported in the Federated states of Micronesia and several large outbreaks ensued in French Polynesia and several other territories in the pacific. Although there has been a sharp decrease in cases since 2016, recent outbreaks remind the global community of the virus’ threat.

# Topic Background

## Topic 1: The Zika virus epidemic

(See note above in Position Paper Guidelines)

Another outbreak in Brazil revealed an association with the virus to Guillain-Barre syndrome. This syndrome is a rare disorder in which the immune system attacks the nerves. During recent years however, the virus has been most recognized because it is a cause of birth Defects. The defects can cause Zika Virus syndrome in which the child's brain is underdeveloped as a result of the infection being transmitted to the fetus in the womb. In 2016 a total of 216207 cases of the virus were announced in Brazil and an estimated total of 8604 children were born with birth defects. As of now, a total of 86 countries have reported transmission of the Zika virus. The incubation period, which is the time from transmission of the virus to symptoms is between three and fourteen days. The World Health Organization supports countries and controls the Zika virus through the Zika strategic response framework. This resolution seeks to control the Zika infection, monitor its transmission, and support the families and infants affected by the virus.



# **Topic Background**

## **Topic 1: The Zika virus epidemic**

(See note above in Position Paper Guidelines)

The WHO has called for research and development communities to produce a vaccine for the Virus. On this front, WHO has led multiple initiatives to establish clear communications between “developers, regulators and public health experts” in order for rapid development of the vaccine. Corresponding with UNICEF and individual experts in 2016, the World Health Organization created a vaccine target product profile(TPP). The TPP was last revised in 2017 to account for new data since the publication of the document. However after multiple workshops and conferences with several experts, no vaccine for the virus has been approved for clinical use.

# Topic Background

## Topic 1: The Zika virus epidemic

(See note above in Position Paper Guidelines)

While cases of the virus are low, there are still many concerns about it. As outlined in several cases of the virus in India in 2018, Zika may have been transmitted locally instead of being brought from outside the country. Later that year, more outbreaks had been reported in different areas. This means that not only is the virus globally transmitted, it is expected to spread. Another cause for concern is the similarities between the symptoms of the Zika Virus to other similar viruses such as influenza and dengue. Fortunately, as the amount of reported cases had declined, The World Health Organization has declared the end of “the public health emergency of international concern”. Experts such as Dr. Eve Lackritz believe that the cause for the decline in cases is due to herd immunity resulting in a global decline even in countries which haven't been exposed to the virus. However these countries are not completely safe yet with many experts suggesting that they may possibly experience large outbreaks in the future. Another reason for the decline in reported cases is the reality that many cases of the Zika virus are simply misunderstood as other afflictions and therefore go unreported. This reinforces the need for tighter surveillance of the virus throughout the Global community.

# Topic Background

## Topic 1: The Zika virus epidemic

(See note above in Position Paper Guidelines)

### Questions to Consider

- ❖ How can the World Health Organization keep a tight surveillance on the virus to ensure there are no future outbreaks?
- ❖ How useful is herd immunity in comparison to a vaccine?
- ❖ What strategies can be implemented in order to diagnose the disease earlier?
- ❖ What goals should the international community set for the Zika virus in years to come?
- ❖ How has your country worked with the international community or the World Health Organization to fight against the Zika virus, even if your country has not been directly affected by it? Ex: Funding, research, or humanitarian aid?

Argentina, Belgium, Brazil, Bangladesh, Canada, China, Chile, Colombia, Democratic Republic of the Congo, Ecuador, Egypt, France, Germany, Israel, Italy, India, Indonesia, Ireland, Jamaica, Puerto Rico, Japan, Lebanon, Mexico, Malaysia, Netherlands, New Zealand, Nigeria, Norway, Peru, Portugal, Philippines, Pakistan, Russia, South Africa, South Korea, Sweden, Thailand, United States, United Kingdom, Vietnam

# Topic Background

## Topic 1: The Zika virus epidemic

(See note above in Position Paper Guidelines)

**Countries with major outbreaks:** *Brazil, Portugal, Colombia, India, Nigeria, Argentina*

These countries have or have had major Zika Virus. They need to seek international assistance in preventing their epidemics from worsening, avoiding the spread of the virus to other countries, and economic assistance to recover from the ongoing crisis. These countries should focus on fighting, improving their infrastructure, and deciding what measures need to be taken in order to ensure the safety of their people.

**Aid requiring countries:** *Bangladesh, Chile, Colombia, DRC, Ecuador, Israel, Indonesia, Italy, Jamaica, Puerto Rico, Lebanon, Mexico, Malaysia, Peru, Pakistan, South Africa, South Korea, Thailand, Vietnam*

Countries in this bloc should focus on gaining humanitarian aid and improving the living conditions for their people. These countries have not contracted Ebola yet, or to a much smaller extent but are in the danger zone. They should also think about stopping the spread of Ebola. They should work with countries currently experiencing epidemics to learn from their experience in managing a possible outbreak and to better ties with affected countries to better funnel personnel between the two.

# Topic Background

## Topic 1: The Zika virus epidemic

(See note above in Position Paper Guidelines)

**Fully Stable countries:** *United States, United Kingdom, Norway, Netherlands, New Zealand, Canada, Russia, Sweden, France, Germany, China, Egypt, Ireland, Japan*

These countries are mainly fully developed countries that can help in providing the necessary humanitarian aid. Some of these countries such as Canada, the USA, New Zealand, and France have had exposure to the virus. They have dealt with them and are currently free of the disease in their respective countries. Any treaties and resolutions requiring international aid or funding will most likely need these countries as sponsors(not necessarily as resolution sponsors, they could also fund any programs as a signatory).

# Topic Background

## Topic 2: The safety of GMO foods and products

Genetically Modified Organisms are plants or animals that have been modified using genetic engineering. GMOs are incredibly valuable to the Global food crisis as well as a spark for major ethicacy debates in the quest to cure world hunger. Most GMOs are developed in order to improve crop yield by increasing the crops' resistance to disease and herbicides. Not only are GMOs easily grown, they improve the price of food because of their larger yields and reliability. GMOs also reduce the amount of pesticides and herbicides needed to grow crops which reduces the chance of developing diseases such as cancer or Alzeihmer's. Another use for GMOs is in livestock since the annual meat consumption of the world is growing larger every year. This has led many farmers to use antibiotics to treat animals which is a much more efficient and easy way to keep the animals healthy. While there are many benefits of GMOs, their long term effects have yet to be determined. Unlike most conventionally grown products which are majourly considered to be safe, GMOs normally undergo "specific assessments" by national authorities. The WHO Department of Food Safety and Zoonoses assists these national authorities by identifying foods that should be assessed for potential risk.



# Topic Background

## Topic 2: The safety of GMO foods and products

The three main health concerns for GMO products are “allergenicity, gene transfer and outcrossing.” Allergenicity refers to the process in which genes from allergenic organisms are transferred to non-allergenic organisms. Gene transfer refers to the potential of genes from GM food products being transferred to human cells. Finally, outcrossing can cause health issues when a GMO product is used to feed livestock which in turn causes issues upon consumption by humans. Several countries have implemented separation of different type crop fields and their specific yield in order to solve this problem. If products such as antibiotics do not leave the livestock, the consumer can build immunity to drugs which can lead to health problems in the future. Studies have shown that in the USA 10 years after the introduction of GMOs; a spike in food allergies occurred and 1 in every 13 children has an allergy. There has also been an increase of 50 percent in childhood allergies in the past 20 years. Another concern for GMOs is their impact on the environment. GMOs can drastically change “wild populations” of organisms upon being released into the environment. The edited genes can also persist in the next generation of plants after the yield is harvested. If a GMO plant is grown in order to avoid pests, the edited genes could still affect another organism.

# Topic Background

## Topic 2: The safety of GMO foods and products

Regulations on GMOs vary for every country. Countries with GMO regulations normally focus on their impact on human health however countries which regularly receive or use GMO products regulate them in general factoring possible health and environmental damage. The world health organization, acting with FAO, has “provided technical advice for the Codex Alimentarius Commission which was fed into the Codex Guidelines on safety assessment of GM foods.” The two main international protocols that address GMOs “are the Cartagena Protocol of 2000 and the Nagoya-Kuala Lumpur Supplementary Protocol of 2010.” The Cartagena protocol’s goal is to help ensure safe transfer of GMOs and it addresses transportation of GMO products, unintended and illegal transboundary transmission, and information sharing. The Nagoya-Kuala Lumpur Supplementary Protocol has the goal of sustaining GMO products by defining the rules and procedures needed to be followed in order to save human life.





# Topic Background

## Topic 2: The safety of GMO foods and products

### Questions to Consider

- ❖ What is your country's specific stance on GMOs?
- ❖ Will solely GMOs be enough to cure world hunger?
- ❖ How can WHO solve the problem of GMOs' genes being spread to wild organisms?
- ❖ Do GMOs offer more benefits than risks?
- ❖ Given the risks of GMOs, are they cost efficient in reducing world hunger?
- ❖ How have non-governmental organizations contributed/hindered GMO production?

### Bloc positions:

Countries with GMO restrictions/regulation: *Belgium, Brazil, China, Egypt, France, South Africa, South Korea, Mexico, USA, Germany, New Zealand, Russia*

These countries should focus on their reasons behind implementing regulations against GMOs. They should focus on health or safety concerns but they should also consider any potential benefits GMO products can bring to their country.

# Topic Background

## Topic 2: The safety of GMO foods and products

### **Bloc positions:**

Countries which grow or make GMO products or approve of them: *Argentina, UK, Israel, Italy, Japan, Lebanon, Netherlands, Norway*

These countries should focus on the reasons for approving GMO products. How have these products been beneficial to your country and how can they solve global issues such as world hunger and affordability of food. These countries should also think about the potential risks of GMO products and any cases in which these products have caused damage. This may be environmentally or healthwise or even damage to infrastructure.

Countries which do not have strong views on the issue: *Bangladesh, Chile, Colombia, DRC, Ecuador, Indonesia, Ireland, Jamaica, Puerto Rico, Nigeria, Vietnam*

These countries should focus on developing a strong stance on GMOs. They should think about national and international GMO protocol and think of their countries' viewpoint on them. These countries should also consider the United Nations 2030 agenda and consider the impact GMOs would have on achieving these goals before making a decision on this issue.



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