

Food Safety: WHO's more than Half a Decade of Global Action



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Accessing safe food is basic human rights. However, with more than a decade already into the 21st century, food and waterborne diarrhoeal diseases are still killing an estimated 2.2 million people annually, most of who are children. It is also evident that food contamination contributes to the burden of non-communicable diseases, in particular cancer and cardiovascular diseases, and can also affect reproductive health and the immune system.

Global evidence also demonstrates that food safety is critical to nutrition security (ensuring access to food that is nutritious as well as sufficient), and that several challenges affect it namely: the emergence of increased microbial resistance in bacteria causing disease; the risks posed by newly identified pathogenic microorganisms and chemical substances in the food supply; the introduction of new technologies, including genetic engineering, and nanotechnology.

WHO concern in Food safety as part of Nutrition and Wellbeing resulted in the creation of The Codex Alimentarius, a joint programme between WHO and the FAO since 1963 that has been very fruitful, and evolved over half a century with the rapid development of new challenges in food technology and consumption.

The primary objectives of the Codex which are protecting the health of consumers and ensuring fair practices in the food trade are in fact embedded within the WHO constitution since 1948 which states clearly that we need to:

- assist governments in strengthening health services

- relating to food safety;
- promote improved nutrition, sanitation and other aspects of environmental hygiene;
- develop international standards for food; and,
- assist in developing informed public opinion among all peoples on matters of food safety.

In this role, WHO has continued to do its part to assist the Codex in arriving at decisions within the framework of sound science and appropriate risk analysis.

Since 2003, WHO continues to provide administrative, managerial and financial support to the operation of the Codex Alimentarius Commission and its committees, particularly those responsibilities assigned to WHO in the Codex Procedural Manual, under the FAO/WHO Project and Fund for Enhanced Participation in Codex (Codex Trust Fund).

Over the last decade, the WHO Global Food Safety Strategy developed in the year 2000 has re-emphasized the WHO's normative role in international standards setting, facilitation of risk assessment, development of methods for quantitative microbiological and chemical risk assessment, food borne disease surveillance and assessment of the safety of the products of genetic engineering. The strategy also called for enhancing risk communication and advocacy; and improving international and national cooperation. Many WHO activities in line with this global strategy are carried out in close collaboration with FAO within the framework of the Codex alimentarius.

As it became evident that global trade including food and animal trade have become a global health security issue, and in order to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide, the International Health Regulations (IHR) entered into force in 2007 whereby the rights and obligations of countries to report public health events to WHO and establish a number of procedures that WHO must follow in its work to uphold global public health security. Food Safety is an essential component of these new IHR.



Accordingly, in 2010 the World Health Assembly Resolution (WHA63.3) confirmed food safety as an essential public health priority, committed WHO and its Member States to a range of multisectoral and multidisciplinary actions to promote the safety of food at local, national and international levels and outlined some of the key actions needed to advance food safety.

In 2012, WHO proposed a 9 year global strategy for food safety and food borne zoonoses, with the main goal of reducing the burden of food borne diseases, thereby strengthening the health security and sustaining development of Member states.

There are still and there will always be multiple challenges in conducting clinical research in Lebanon, whether in resources, opportunities or regulation. These will also be explored in the articles that follow.

I would like to thank all the authors of the articles about clinical research in Lebanon in the trilingual sections of this magazine. Our aim is to introduce this complex topic to our readers: The review is by no means exhaustive, but it sheds some light on the status of an important field, and the related activities that are behind major advances in health and well-being.

The strategy is built on three pillars:

1. **Addressing the infrastructure:** ('the car')
Providing leadership and assisting in the development and strengthening of risk-based, sustainable, integrated

national systems for food safety.

The focus under this strategic direction includes: food safety laws and regulations, modern and updated food standards; Effective food inspection services; Education and provision of timely information and communication.

2. **Normative work:** ('the petrol')

Providing science-based measures along the entire food chain to protect health by assessing, preventing and responding to food safety risks

The focus under this strategic direction includes: international, independent food safety risk assessments, in particular on microbiological and chemical hazards; wide dissemination of related scientific evidence; performing trend analysis, modelling and forecasting.

3. **Cross-sectoral collaboration:** ('the driver')

Improving international and national cross-sectoral collaboration, and enhancing communication and advocacy.

With this strategy, availability of safe food to all, the "destination" will hopefully be reached, and the way to reach it, the "road map" ,is drawn accordingly.

References:

- 1- *Strategic Plan for Food Safety, Including Foodborne Zoonoses, WHO 2013–2022*
- 2- *Report on Progress to the 16th Meeting of the Regional Coordination Mechanism (RCM) of the Arab States, 25-26 November 2011 Beirut*