

SEA-Food Hyg-24
Distribution: Limited

Food Safety in South-East Asia Region

*Report of a Regional Consultation
New Delhi, India, 8-10 August 2001*

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1. BACKGROUND

Foodborne diseases are common in most countries of the South-East Asia Region. A large number of people suffer from communicable diseases caused by contaminated food, including drinking water, which can be a major cause of cholera and other forms of epidemic diarrhoeal diseases. Foodborne diseases are one of the major causes of malnutrition. The increasing use of chemicals in agriculture and in food processing industries has added new health concerns resulting from chemical contamination of food. While several countries in the Region have food legislation, many lack well-defined national food safety policies and strategies.

Foodborne illness represents a major threat to public health in both developing and developed countries. Accordingly, policy-makers and consumers in many countries are examining their national approach to food safety, and this has resulted in the emergence of a food safety agenda.

The WHO/South-East Asia Regional Office conducted a regional consultation in New Delhi, 27-30 October 1998 to review the food safety issues and activities of the countries of the SEA Region, to elaborate a regional strategic plan for food safety in South-East Asia. As a result of group work and plenary discussions, the participants developed a 10-Point Regional Strategy for Food Safety in the South-East Asia Region.

This consultation intended to bring the experiences of the participants in implementing the 10-point Regional Strategy in Food Safety and discuss the draft global strategy for food safety programme.

This follow up Regional Consultation on Food Safety was organized by WHO/SEARO in the South-East Asia Regional Office, New Delhi, 8-10 August 2001 at was attended by seven of the ten SEARO countries; Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal and Thailand.

2. OBJECTIVES

The objectives of the Consultation were:

- (1) To review current practices policies and plans for implementation of the 10-Point Regional Strategy on Food Safety, and
- (2) To re-prioritize and plan further activities on the basis of the successes and failures of implementation of 10-Point Regional Strategy on Food Safety.

The list of participants and programme of the Consultation are at Annexes 1 and 2 respectively.

3. INAUGURAL SESSION

Welcoming the participants, Dr Uton Muchtar Rafei, Regional Director, WHO, South-East Asia Regional Office highlighted the importance of the implementing the 10-point Regional Strategy on Food Safety in the countries of the Region, developed in 1998 which is an essential landmark in the regional food safety programme.

The group unanimously nominated Dr Tika B Karki, Nepal as Chairperson, Mrs Shoba Koshy, India as Co-Chairperson and Prof. Dr Dedi Fardiaz, Indonesia to act as Rapporteur. The tentative agenda was adopted without modification.

4. PLENARY SESSION

Dr Gerald Moy, GEMS/Food Manager, Food Safety Programme, World Health Organization, Geneva, presented a global overview of the food safety issues.

Foodborne disease outbreaks and food contamination incidents have occurred on virtually every continent, causing food safety to become the focus of public health policy as well as drawing the attention of international media. Foodborne diseases are estimated to affect one in three persons in developed countries. In developing countries, diarrhoeal diseases are estimated to be the primary cause of death for 2.2 million children and to contribute significantly to malnutrition and depressed immune response. Diarrhoeal diseases are caused primarily by food and waterborne pathogens, with up to 70% attributed to agents transmitted by food.

The factors that have contributed to the emergence of new food safety problems include population growth, globalization of food trade, international tourism, consolidation and industrialization of the food industry and the

changing food consumption patterns. Toxic chemicals in food, including pesticides and dioxins, continue to be significant public health concerns. Food safety concerns have also been expressed about new technologies, such as food irradiation and food derived from new biotechnology.

Food safety is now widely recognized as a major public health issue. This recognition led to the adoption of a Resolution on food safety by the Fifty-third World Health Assembly in May 2000. WHO has made food safety one of top eleven priorities. The Resolution urged countries to integrate food safety as one of their essential public health functions and to provide adequate resources to establish and strengthen their food safety programmes. This includes the development and implementation of systematic and sustainable preventive measures aimed at significantly reducing the incidence of foodborne diseases. Clearly, the priorities of WHO and its Member Countries must be translated at the regional and national levels by allocating enhanced human and financial resources for food safety activities to reduce the burden of foodborne disease for all.

Dr Sultana Khanum welcomed all the participants, and made presentation on the food safety activities. She explained the objectives of the meeting and the progress made in the Member Countries in implementing the 10-Point Regional Strategy as a framework for development of national food safety programmes and to provide adequate resources to establish and strengthen food safety programmes in close collaboration with appropriate national food authorities, nutrition and epidemiological surveillance programmes.

Mr C Sonneveld, Short Term Consultant Food Safety shared his experience with the participants and made the following suggestions.

Food inspectors are not fully competent, for various reasons, to conduct their assignment. In general, there very few food inspectors. In Bangladesh and Nepal, for instance, there is about one food inspector per 1 million inhabitants. The inspectors conduct their assignment based on end product testing. In two of three countries, food inspectors use a checklist.

According to the feedback from the inspected locations (restaurants, factories), there is no added value from the inspectors and the inspectors have a low credibility. In the event of filed cases, action by law is very slow, by which the effectiveness of the work of food inspectors also remains on a low profile. Food inspectors have no knowledge of Hazard Analysis of Critical

Control Point (HACCP). Food and/or sanitary inspectors vary largely in their education and knowledge respectively from food technology to inspectors with a medical background. During the HACCP workshops, it was found that participants with a medical background had difficulty in understanding the HACCP system. It was recommended to train food inspectors on HACCP through an integrated approach by attending a workshop on HACCP, where representatives from the industry also participate, and are actively involved in the HACCP implementation.

Food Inspectors should have at least a BSc education in food technology.

They are recommended to be trained through an integrated approach.

In none of the visited countries, HACCP is in the law. The legislation does not foresee adequately in the prerequisite measures of HACCP like personal hygiene and good manufacturing practices. In one of the countries, it is felt (by the industry) that the legislation is too harsh.

Excellent examples of consumer awareness programmes could be identified: Mother Dairy in New Delhi, the publication of the document "Citizen's Chapter, information for consumers for detection of common adulterant in food articles" issued by the Directorate of prevention of Food adulteration, Government of Delhi, and the training programme and publication of posters on food safety in Bangladesh.

Laboratory facilities and conditions, especially in Nepal and Bangladesh, are very poor. Future assignments to assess laboratories will not be effective, unless the TOR include preparation of project outlines to upgrade these laboratories.

It is recommended that the countries establish a National Food Safety Council in line with Steering committees on the Codex including the establishment of information, communication and service centre.

5. COUNTRY PRESENTATIONS

5.1 Bangladesh

Bangladesh has a population of 130 million in 144 thousand-sq. km. About 80% of deaths are due to diarrhoeal diseases. Only the government affiliated public health laboratory is situated centrally under the control of Ministry of

Health and Family Welfare. In 1994, there was a survey on 'street vended food'. On the basis of the report of that survey, WHO is supporting the Institute of Public Health to conduct food safety programme in Bangladesh. The food safety includes Training of Trainers programme, and awareness building in the general public. There was a five-day workshop on 'HACCP' from 1-5 July 2001. A revised upgraded food law is awaiting enactment in the Parliament. Bangladesh has no food safety policy yet. A National Plan of Action on Nutrition that contains food safety issues and a number of rules and regulations is in place to control food production and sale.

Only the government food testing laboratory at IPH works on food safety and water quality issues. The legal provisions to ensure proper quality control of food are inadequate. The food-testing laboratory of IPH was established during the British regime. After that, hardly any improvements seem to have been made. It needs strengthening in respect of laboratory supplies and staff training.

Political commitment is needed. Participation of the common people should be encouraged to improve the food safety situation in Bangladesh.

5.2 Bhutan

In recent years, the government has accorded high priority to food safety, as the incidence of diarrhoeal diseases is high.

To improve the quality and safety of food, Bhutan became a member of the Codex Alimentarius Commission in 2000. A national Codex Committee was subsequently established with representatives from all relevant stakeholders.

The Ministry of Agriculture has also set up an agency - Quality Control & Regulatory Services (QCRS) with a management board comprising representatives from relevant stakeholders. This agency has started a project funded by FAO to strengthen food quality and safety, which includes training of personnel, inspectors and setting up of a laboratory. Draft food legislation is also being drawn up.

The immediate constraints are lack of trained/skilled manpower in terms of food inspection, analytical capacity and surveillance. This problem is further compounded by the lack of a dedicated food laboratory with facilities for microbiological and chemical analysis.

There are no food legislation, standards and regulations. In the absence of institutionalized training programmes for food handlers, current campaigns including workshops in healthy and hygienic practices are carried out by individuals.

There is a lack of clarity in the roles and responsibilities of ministries involved in food safety and control, namely, the ministries of agriculture and health. Should the Ministry of Agriculture take care of all aspects of food quality and safety? Or should food safety be the purview of the Ministry of Health as it is a public health issue?

5.3 India

Food is the basic necessity of life. The food grain production which was about 51 million tonnes during 1950-51 increased to 192 million tonnes in 1998-99. The country has a buffer stock of about 36 million tonnes of food grains. In spite of enough food production at national level, India has not achieved food security at the house hold level resulting in under nutrition/hunger and hidden hunger. The nutritional problems of public health significance are protein energy malnutrition (PEM), micronutrient deficiencies like vitamin A deficiency, iron deficiency anaemia and iodine deficiency disorders (IDD). In some areas of the country, fluorosis and lathyrism are posing serious health hazard mainly due to excessive consumption of fluorides in water, and due to the presence of aflatoxin in a certain type of pulse. Problems due to food adulteration and consumption of unsafe food are on the rise. A nutrition surveillance model has been developed and successfully implemented through the ICDS in some States, and results showed improvement in nutritional status. The national nutrition policy was adopted in 1993. It envisages comprehensive, integrated and intersectoral strategies including both short-term and long-term interventions for control of undernutrition and micronutrient malnutrition among the people.

5.4 Indonesia

The Government of Indonesia has established the National Agency for Drug and Food Control (NADFC) recently. Previously, this agency was a Directorate-General for Drug and Food Control under the Ministry of Health. As an independent agency, the NADFC collaborates with other government institutions and stakeholders including food producers to formulate an

integrated food safety policy for the purpose of protecting the public from unsafe foods and hazardous substances. A concept called total food safety and hazardous substance control has been included in the food safety policy, in ensuring that foods are fit and safe for human consumption in the entire food chain from farm to table. Indonesia is still facing four major food safety related problems, namely, (1) problems in complying with quality and safety standards in some foods; (2) incidence of many unknown and unreported foodborne disease outbreaks; (3) low level of knowledge, skill, and responsibility of food producers, and small scale industry, in particular, in food quality and safety; and (4) low level of consumer awareness in food safety due to lack of knowledge as well as low ability to buy acceptable foods of high quality and safety standards. In managing the above problems, the Food Safety and Hazardous Substance Control under the NADFC has set up an integrated intersectoral approach to build strong networking among food related stakeholders. Preventive control is the priority of NADFC to improve food producers' common practices in producing safety foods based on their awareness. In addition, the law enforcement will be given to those who violate the law and government regulations. In relation to the 10-Point Regional Strategy for Food Safety in South-East Asia Region, NADFC has set up the following food safety control strategies:

- (1) Increase the competency of HADFC, especially food safety and hazardous substance control as well as hazardous substances.
- (2) Encouraging strong networking among related institutions and other stakeholders.
- (3) Focusing on preventive actions in food control activities.
- (4) Improving of producers and consumers awareness on the importance of food safety in public health.
- (5) Strictly enforcing the law against anyone who violates it.

5.5 Myanmar

Food safety is addressed in the National Health Plan as a primary concern. A National Food Law was recently enacted in 1997 and Myanmar Food & Drug Board Administration (FDA) was established to work with Food and Drug Supervisory Committees at various levels and with City Development Committees. Food inspection is carried out in line with HACCP-based GMP. FDA is actively involved in the training of the industry through provision of

GMP guidelines and the conduction of training courses. The Health Department of the City Development Committees conducts training course for food stall managers. Regular and post market surveillance programmes are carried out on prioritized food. The Central Disease Control Unit of Health Department carries out foodborne disease surveillance in collaboration with local health officials who are members of food and drug supervisory committees. Consumer awareness is promoted through various media like newspaper, journals, magazines, pamphlets, radio and TV talks. A major constraint is the need for financial assistance for the purchase of equipment to strengthen laboratory capability in subcentres.

5.6 Nepal

Nepal has made considerable improvement in the implementation of 10-Point Plan for food safety, excepting epidemiological system. It has been realized that food legislation requires updating and reviewing, keeping account of CODEX principles, standards and guidelines, and the WHO country programme on food safety for 2002 has already been prepared and resources allocated for the first time. There is increased use of agro-chemicals, particularly pesticides, in commercial fruits and vegetables farms which may have health implications for consumers due to increased residue levels. The major activities on food safety are a) assessment of pesticide residue level in vegetables; b) implementation of proactive and preventive food quality management of dairy and meat products; c) updating and reviewing of food legislation in line of CODEX model food laws; and d) human resource development in food compliance monitoring, and food control management. Plans are in preparation for HACCP implementation in different phases.

5.7 Thailand

National Food Safety Programme (1998-2001)

In order to better protect consumers from health hazards from food either produced in Thailand or imported from countries around the world, a National Food Safety Programme has been drafted by Thai Food and Drug Administration and approved by the National Food Committee on 25 July 1999. The programme emphasizes integrated management of and better cooperation and networking among various government agencies whose responsibilities concern safety of food along the food chain, from farm to

table. Academics are associated with the programme for input and activities on research and development and risk assessment process. The programme consists of two main systems: surveillance projects on certain hazards as identified by all agencies to be of high priority, and the setting up of National Crisis Management Centre for Food.

To depict the progress, different elements of a system are currently in place. NFSP is integrated with NPAN, National Health Reform and the ninth National Economic and Social Development Plan. (B E 2545-2549). The cabinet has appointed the National Food Committee to advise on matters related to food safety. Thai Food and Drug Administration has updated regulations to mandate Thai GMP (Notification No. 193 BE 2544). Inspectors were trained on GMP/HACCP/OSO 9000 by both national and international agencies (FAO, GMI, SGS, and CAMPDEN) supplement by pilot plant training centre for bottled drinking water, and milk). Analytical capabilities have been strengthened via proficiency test and number of laboratories enlarged by accreditation on GLP, ISO/IEC G.25/G.17025. Food surveillance was undertaken by Mobile Unit and confirmed in case of positive result by the delegated officer. Also, National Control Product for Salmonella' was initiated for supplementing food export.

A campaign entitled 'Clean Food, Good Taste' was directed at food handlers. Consumer association network/civil society were strengthened and trained for food safety awareness, and consumer rights. Hot line and information by 24-hrs automatic answering machine have been set up and expanded to provide appropriate knowledge for consumer decision. The Thailand Research Fund was established as central policy making group for research to cooperate with TFDA, universities and agencies concerned to strengthen research to achieve better solutions for risk management process.

6. DISCUSSIONS

The objective of the meeting was to reprioritize and plan further activities on the basis of the successes and failures of the implementation of the 10-Point Regional Strategy on Food Safety after reviewing current practices, policies and plans for implementation of the 10 point regional strategy on food safety.

The various approaches to global WHO food safety strategy enunciated in February 2001 at a meeting held in Geneva were discussed. The 10-Point

Strategy developed by WHO was being tested and was open for mid course correction, if any.

There is a need to shift the emphasis in education/training/communication from general hygiene/microbiology to chemical contaminants as well as those encompassing the newer technologies such as G7 organisms/food.

It is considered essential to find cascading ripple effects by using various associations, such as industry, consumers, and voluntary bodies. The use of charismatic personalities, teachers, and religious bodies in spreading the message was considered vital and more effective. The need to use mass media such as radio, TV, video, IT network, newspapers especially the regional and vernacular media as a means to reach disadvantaged and underprivileged groups was considered a priority.

The punitive measures for the law breakers were considered and could be tried only as a last resort after repeated warnings fail to reach the desired results. Positive reinforcement through some type of rewarding system, specially allowing display of certificates or grades for those who comply with good hygiene and food standards was more likely to yield results. However, involving trade/industry associations, voluntary/consumer bodies in the award of such recognition would be more desirable.

A need was felt for a national focal agency on food safety not only for coordination with the CODEX, but also to coordinate the entire gamut of issues related to food safety and quality. Depending on the country situation, it could be a single unit or a loose confederation consisting of all the stakeholders.

The cumulative economic cost of foodborne disease outbreaks/other food safety issues such as export rejects on a country basis would assist policy makers and administrators to realize the enormity of the problem and hence need to be calculated on a priority basis.

Periodic review, of various food safety quality issues coordinated by the national focal agency on food safety needs to be undertaken to develop a harmonized plan of action.

7. CONCLUSIONS AND RECOMMENDATIONS

As a result of the group-work and plenary discussions, the participants developed conclusions and recommendations to further enhance food safety issues in respect and in addition to the 10-point Regional Strategy for Food Safety in the South-East Asia Region.

The Consultation appreciated the efforts of the WHO Regional Committee for South-East Asia in supporting the 10 point strategy and welcomed the recognition of food safety as an essential public health function.

- (1) WHO SEARO should support capacity-building in Member Countries and facilitate the involvement of concerned national food safety authorities in Codex work. A full time Regional Food Safety Adviser should be appointed to assist in conducting food safety activities in the Region.
- (2) Food legislation in the Region urgently needs updating and revisions, taking into account Codex recommendations and the FAO/WHO model food law.
- (3) An overarching food safety body at the national level, such as a council, consisting of representatives of all stakeholders should be established in Member Countries to assure proper coordination of all food safety activities from production to consumption.
- (4) Regional and national capacities for establishing databases for food contamination monitoring and foodborne disease surveillance should be strengthened. As a first step, national focal points for both activities should be identified.
- (5) In view of the fundamental importance of food inspectors in any food safety programme, the qualifications and training of inspectors should be reviewed in the context of national needs and modern approaches, including HACCP.
- (6) All Member Countries should develop a risk communication strategy to promote better knowledge, attitudes and practices related to food safety issues with particular emphasis on consumer awareness and participation.
- (7) The importance of research in identifying priority foodborne hazards and devising means for their prevention and control cannot be denied. All Members Countries should consider

undertaking appropriate studies for assessment of exposure of consumers to chemical contaminants in food.

8. CLOSURE

Dr Sultana Khanum thanked the participants for the work undertaken and for their active contribution to the discussions and for their continued interest in the food safety programme.

Annex 1

LIST OF PARTICIPANTS

Bangladesh

Dr Anjumanara Begum
Bacteriologist
Institute of Public Health
Mohakhali, Dhaka

Mr Gazi Mohd. Nurul Islam Chowdhury
Senior Examiner (Chemical)
BSTI
Dhaka

Bhutan

Mr Tandin Dorji
Laboratory Technologist
Jigme Dorji Wangchuk National Referral
Hospital
Thimphu

Ms Ugen Zangmo
Assistant Programme Officer
National Programme
Thimphu

India

Mrs Shoba Koshy
Director
Ministry of Health and Family Welfare
Nirman Bhavan
New Delhi-110011

Dr Ramesh V. Bhat
Deputy Director
National Institute of Nutrition
Jamai-Osmania
Hyderabad-500 007

Indonesia

Prof. Dr Dedi Fardiaz
Deputy III
Food Safety and Hazardous Substance Control
Badan POM

Dr Ir. Roy Sparingga
Head of Sub Directorate of Surveillance for
Food Safety Handling
Badan POM

Myanmar

Dr (Ms) Khin Saw Hla
Medical Officer
Food and Drug Administration
Department of Health
Yangon

Dr (Mr) Tun Zaw
Medical Officer
Food and Drug Administration
Department of Health
Yangon

Nepal

Dr Tika B. Karki
Director General
Department of Food Technology & Quality Control
Kathmandu

Dr Hukum Deo Shah
Director, Child Health Division
Department of Health Services
Ministry of Health
Kathmandu

Thailand

Mrs Suree Wongpiyachon
Senior Sanitary Technical Officer
Division of Food Sanitary
Department of Health
Ministry of Public Health
Bangkok

Ms Parichut Junplung
Food Technologist
Division of Food Control
Food and Drug Administration
Ministry of Public Health
Bangkok

Other Agencies

Ms D N Iswarawanti
Senior Associate
ICD/SEAMEO Cooperative Programme
University of Indonesia
Jakarta

Mr D H Pai Panandiker
Chairman
ILSI-India
New Delhi

Ms Rekha Sinha
Executive Director
ILSI-India
New Delhi

Mr Jai Singh
Consultant
ILSI-India
New Delhi

WHO Country Office participants

Bangladesh

Mr Gul Bahar Sarkar
Environmental Chemist

India

Mr M M Datta
Sanitary Engineer

Indonesia

Dr Shamsul Huda
Environmental Health Adviser

Nepal

Mr Jan A Speets
Adviser in Environmental Health

WHO/HQ

Dr Gerry Moy
Dr Sultana Khanum

(WHO/SEARO) Secretariat

Dr A. Sattar Yoosuf
Director
Sustainable Development and Healthy
Environments

Dr Lin Aung
STP-EHA

Mr C Sonneveld
STC-Food Safety

Mr Om Prakash Kataria
Sr Administrative Secretary
Nutrition Unit

Annex 2 PROGRAMME

Wednesday, 8 August 2001

- | | |
|-----------------|---|
| 0830 – 0900 hrs | <ul style="list-style-type: none">• Registration of participants |
| 0900 – 1000 hrs | <ul style="list-style-type: none">• Inauguration by Dr Uton Muchtar Rafei, Regional Director, WHO, South-East Asia Regional Office (WHO/SEARO)• Opening remarks by Dr A Sattar Yoosuf, Director, Sustainable Development and Healthy Environments WHO/SEARO• Introduction of participants• Nomination of Chairperson and Rapporteur• Announcements |
| 1030 – 1230 hrs | <p>Plenary Session I</p> <ul style="list-style-type: none">• Adoption of Provisional Agenda and Programme of Work• Global Overview on Food Safety issues, Dr Gerry Moy, WHO/HQ• Regional Situation Analysis by Dr Sultana Khanum, WHO/HQ• Presentation entitled "Partnership to improve Food Safety" by Ms D.N. Iswarawanti, Industry Council for Development (ICD)/ South-East Asian Ministers of Education Organization (SEAMEO), Indonesia |
| 1330 – 1500 hrs | <p>Plenary Session II</p> <ul style="list-style-type: none">• Country Presentations on "Current Food Safety Policies, Plans of Action and Implementation in SEAR Countries" |
| 1530 – 1630 hrs | <p>Plenary Session III</p> <ul style="list-style-type: none">• Country presentations (continued) |

Thursday, 9 August 2001

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|-----------------|--|
| 0900 – 1000 hrs | <p>Plenary Session IV</p> <ul style="list-style-type: none">• Country presentations (continued) |
|-----------------|--|

- 1030 – 1230 hrs **Plenary Session V**
- Country presentations continues
 - Presentation on common findings in three SEAR countries by Mr C Sonneveld
 - STC-Food Safety
 - Establishing Working Groups and their provisional subjects
- 1330 – 1500 hrs **Plenary Session VI**
- Group Works
- 1530 – 1630 hrs **Plenary Session VII**
- Group Works

Friday, 10 August 2001

- 0900 – 1000 hrs **Plenary Session VIII**
- Working Group Final Considerations
- 1030 – 1230 hrs **Plenary Session IX**
- Group Work presentation and recommendations
- 1330 – 1500 hrs **Plenary Session X**
- Finalization of Recommendations
- 1500 hrs
- Closing session