



*In the Name of God, the Compassionate, the Merciful*

**Message from**

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**to the**

**WHO/EMRO CONSULTATION ON**

**FOOD BORNE DISEASE SURVEILLANCE**

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Ladies and gentlemen, dear colleagues,

On behalf of the World Health Organization, I have the pleasure of welcoming you to this Consultation on Food-Borne Disease Surveillance, here in our, by now relatively new, premises of the WHO Regional Office for the Eastern Mediterranean. I would especially like to thank our guests from the United Nations Food and Agriculture Organization (FAO), as well as all the invited experts and our colleagues from WHO headquarters, for their kind support in preparing for and attending this meeting.

Food-borne diseases, regrettably, affect all of us. We expect our food and meals to be enjoyable, nutritious and safe, but a number of different contaminants and natural constituents in foods can, and often will, at very inconvenient moments, cause food-borne

illnesses. These illnesses can be either acute or chronic, often thoroughly upset our daily lives, and can, if not addressed properly, seriously compromise our health.

Detection of food-borne disease, and subsequently the identification of the cause of that disease, is a difficult process. Under-reporting is unfortunately all too common, because food-borne diseases are often perceived as mild, self-limiting diseases, and as a normal occurrence of daily life. Also, some food-borne illnesses, like diarrhoea and cholera, are traditionally seen as water-borne diseases. The reported incidence of food-borne diseases worldwide is only a very small proportion of the real incidence. Data from different parts of the world are not necessarily comparable, which makes a global estimate of the food-borne disease burden rather difficult.

Several worldwide surveys of food-borne disease reports, including outbreak investigations, show that microbiological contamination is a major food safety issue. The presence of food-borne pathogens in a country's food supply affects the health and well-being of the local population, and in addition presents a potential for spread to those who visit that country as well as for all those who consume food imported from that country.

In addition to the physical suffering of the patients, food-borne diseases have considerable economic consequences. These are due to food losses, decreases in food exports, loss of time at work, cost of hospitalization, and decreased revenues from tourism. These consequences seriously affect the local economy and eventually public expenditure, thus perpetuating and aggravating the burden of the diseases.

The lengthening of food chains, and the increase of international trade and travel, give new opportunities and areas to pathogens to cause and spread diseases. Despite our increased knowledge of the sources of the organisms, and the factors contributing to the disease, there seems to be little decrease in total numbers affected, and the socioeconomic impact of food-borne diseases remains very high. One explanation given for the fact that food control is under-budgeted is because surveillance is inadequate and thus the extent of the burden of food-borne disease is not fully understood by policy-makers. Another reason is that a consistent and coordinated effort by industry and government is required, for instance by the application of quality assurance mechanisms, such as good

manufacturing practice or hazard analysis critical control point (HACCP), however, consistency and coordination regrettably are difficult goals to attain.

If we define food-borne disease surveillance as the exercise in which we collect, collate, analyse and interpret food-borne disease-related data from all the major stakeholders in food production and consumption in order to maintain a high level of food safety, the need for reliable data not only on disease incidence but also on the causes and vehicles of those diseases becomes evident.

The occurrence of food-borne diseases in the Eastern Mediterranean Region is accepted as a fact, however disagreeable, of daily life, and most disease episodes go unreported. Medical attention is often only sought at a late stage, when the disease has become really debilitating, and treatment must be more drastic in order to save lives, than if it had been initiated earlier. Certain regional or local habits, such as the consumption of raw and cooked salads, and certain specific food preparation techniques, such as the preparation of cheeses from raw milk, enhance the opportunity for microbiological contamination, and thus the spread of food-borne diseases. The lack of knowledge of the food handler, which leads to sub-optimal food-handling practices, has on a regular basis been reported as a cause for high incidence of food contamination and food-borne diseases. Good manufacturing practices and quality assurance systems, such as the HACCP system, have been introduced in all countries of the Region, but are not yet applied widely. Street food vending is an important food source for a large part of the population of the Region, and often the vendors have little or no formal education in food handling practices. Most countries, even if they have adequate disease surveillance mechanisms in place, have no reporting mechanism for food-borne diseases, at least not one that communicates with the food safety authorities, and this results in the fact that the incidence of food-borne diseases is often not reflected in the setting of any food safety or public health strategies.

Food safety has recently become an issue receiving increased focus in public health. Food safety is a multi-sectoral field, which requires collaboration and coordination by all institutions involved in order to allow for the most efficient use of

resources and avoidance of duplication of efforts, and budgets are, in spite of increased attention given to the area by policy-makers in the recent past, still low. In food safety in general, as well as food-borne disease surveillance in specific, integration of activities by all concerned stakeholders seems therefore to be indicated. By adopting the Regional Action Plan for Food Safety in the 21st century in 1999, all Member States of the Region committed themselves to preparing a country profile, and to developing or strengthening the national food safety programme. Most countries are in the process of preparing the country profile at this moment. For the development or strengthening of the national food safety programme, or food safety control body, it has been suggested that this should be technically assisted by expert working groups, and that the areas for immediate attention are food legislation, food control systems, the promotion of food-safety management systems like HACCP, assuring the effective education of food handlers and other workers in food safety matters, and lastly carrying out research and data collection, including food-borne disease surveillance. With the outcome of this consultation, a framework for integrated food-borne disease surveillance, we hope to be able to provide a useful tool to our Member States to implement this last recommendation.

Ladies and Gentlemen,

To stay within the objectives of this consultation, which are to assess the situation in food-borne disease surveillance in some selected countries of the Eastern Mediterranean Region, in order to prepare a regional framework for food-borne disease surveillance, as well as to identify and prepare at least one sentinel site for food-borne disease, I would at this point like to highlight the importance of considering all partners involved in food-borne disease surveillance. With increased travel, for instance tourism, immigration from developing countries into developed countries, and increased international trade, surveillance becomes indeed an issue of increased importance, and the collection of good quality data a priority issue. Improved food-borne disease data collection mechanisms must be developed to enable better identification of the extent and the location of problems, and of effective ways to solve such problems. Disease surveillance as well and food monitoring data collection should become part of an ongoing national food safety programme. I would once again like to stress the need for

collaboration, not only in food-borne disease surveillance but also in food safety in general.

By bringing together experts from the areas of food control, food monitoring from selected countries of the Region, as well as experts in food-borne disease surveillance, food control and food monitoring in general, we envisaged the development of a generic model or framework for food-borne disease surveillance that can be applied in countries of our Region.

I am looking forward to the output of your deliberations, and wish you a pleasant stay in our office and in Egypt.