



WHO  
GLOBAL  
STRATEGY  
FOR FOOD  
SAFETY  
2022-2030

# Member States Briefing: WHO Global Strategy for Food Safety 2022-2030



# AGENDA

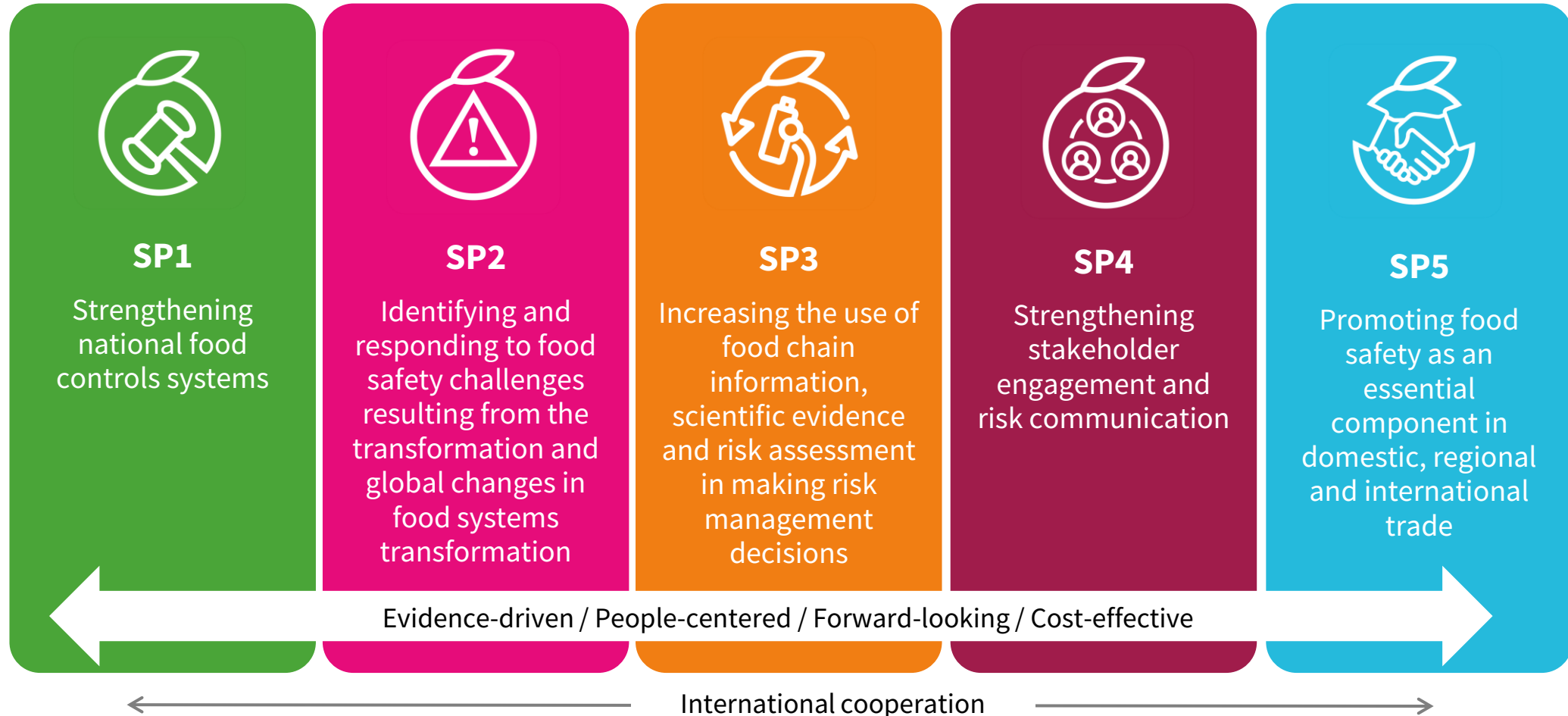
10:30-10:35	Opening	Dr Francesco Branca, Director of the Nutrition and Food Safety Department
10:35-10:50	WHO Global Strategy for Food Safety 2022-2030	Dr Simone Moraes Raszl, Scientist, Multisectoral Actions on Food Systems, Nutrition and Food Safety Department
10:50-11:00	Updates on the updated WHO Guideline on the sale of live animals in traditional food markets	
11:00-11:20	Discussion and Q&A	
11:20-11:30	Summary and Closing Remarks	Dr Francesco Branca

# WHO Global Strategy for Food Safety: 2022- 2030

- **Vision:** To ensure that **all people, everywhere**, consume safe and healthy food.
- **Focus:** Strengthen **multisectoral collaboration** and **innovative** public health approaches.
- **Implementation:** WHO will work with Member States and partners to modify, redesign or strengthen their national food safety systems in **five strategic priority areas**.



# Overview of the Strategic Priorities (SP)





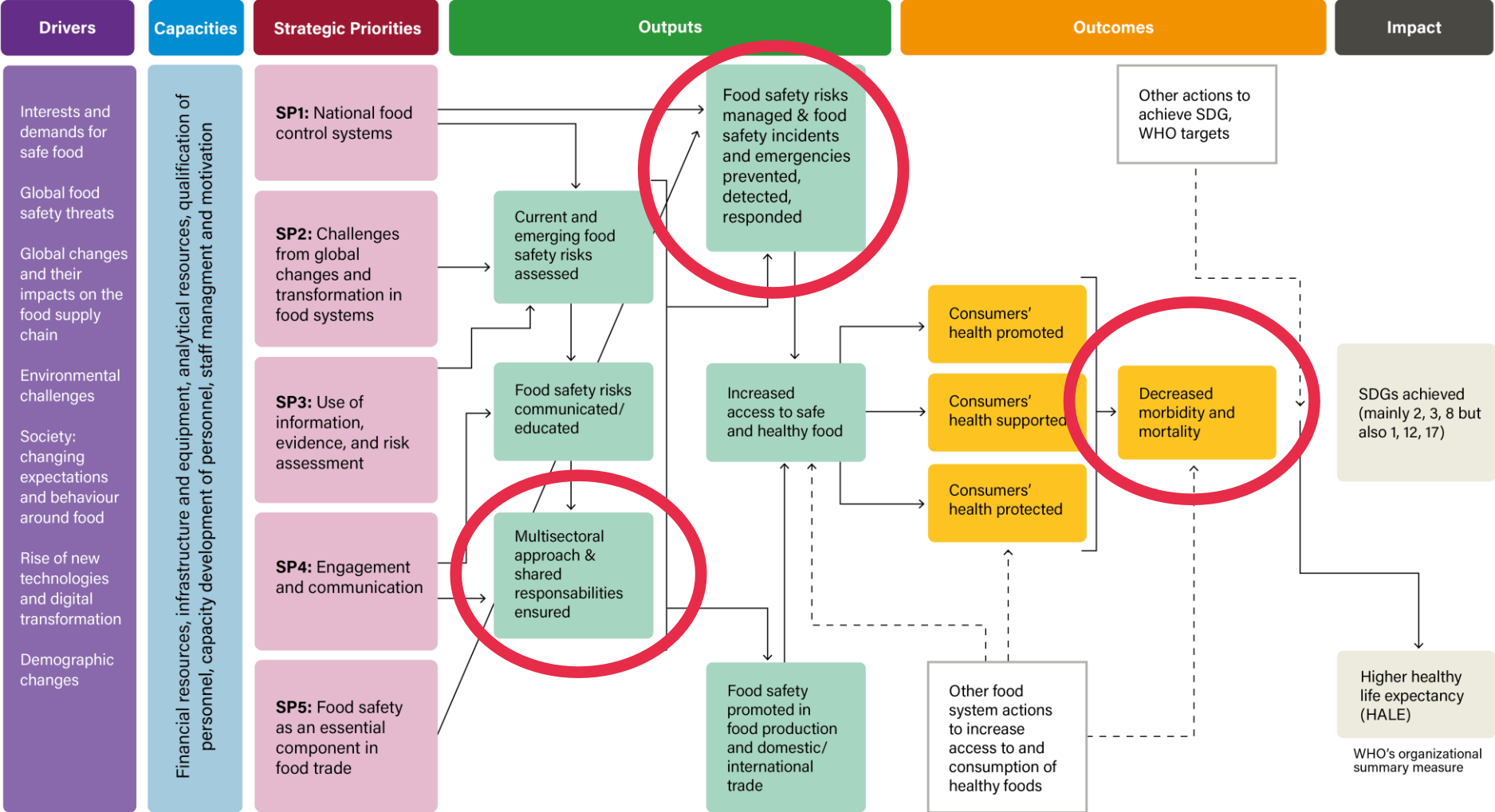
**Expected impact: 2030**

**40%**



Reduction in the estimated global average of foodborne diarrheal disease / 100 000 hab.

# From priorities to outcomes






**Principles: Forward-looking, Evidence-based, People-centered, Cost-effective**

WHO's continued guidance and support to prioritize, plan, implement, monitor and regularly evaluate actions by continuously strengthening food safety systems and promoting global cooperation



# What we want to achieve with the strategy in 2030

Indicator	Type	Source	Indicator as of 2022	Target by 2030
 Foodborne diarrhoeal disease incidence estimated per 100 000 population	Outcome indicator (impact)	WHO global estimates on foodborne disease burden informed by FERG	4 154	40% reduction in the global average
 Multisectoral collaboration mechanism for food safety events	Capacity indicator (progress)	International Health Regulations (2005): State Party Self-Assessment Annual Reporting Tool	57% of countries with at least 80% capacity	100% of countries with at least 80% capacity
 Surveillance of foodborne diseases and contamination		International Health Regulations (2005): Joint External Evaluation Tool	1.5	Global average capacity score 3.5






# Mechanisms and support for implementation







# Multisectoral collaboration mechanisms for food safety events

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 <p>Foodborne diarrhoeal disease incidence estimated per 100 000 population</p>	Outcome indicator (impact)	WHO global estimates on foodborne disease burden informed by FERG	4 154	40% reduction in the global average
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# Multisectoral collaboration mechanisms for food safety events

## “Multi sectorial collaboration mechanism for food safety events” indicator: IHR- SPAR\*

\*IHR State Party Self-Assess

Indicators	
<b>Level</b>	<b>C13.1 Multisectoral collaboration mechanism<sup>97</sup> for food safety<sup>98</sup> events</b>
<b>Level 1</b>	A multisectoral collaboration mechanism that includes an INFOSAN <sup>99</sup> Emergency Contact Point <sup>100</sup> is under development, activated on an ad hoc basis. <input type="checkbox"/>
<b>Level 2</b>	A multisectoral collaboration mechanism that includes the INFOSAN Emergency Contact Point is in place at the national level AND Communication channels <sup>101</sup> between the INFOSAN Emergency Contact Point, the National IHR Focal Point and all relevant sectors for food safety events, including for emergencies, have been established at the national level. <input type="checkbox"/>
<b>Level 3</b>	A multisectoral collaboration mechanism and communication channels that includes the INFOSAN Emergency Contact Point is in place at the national, intermediate and local levels, if appropriate, to the structure and governance of the country. <input type="checkbox"/>
<b>Level 4</b>	A multisectoral collaboration mechanism and communication channels between the INFOSAN Emergency Contact Point, the National IHR Focal Point and all relevant sectors for food safety events including emergencies, at the international level have been established. <input checked="" type="checkbox"/>
<b>Level 5</b>	The multisectoral collaboration mechanism related to food safety events and Communication channels between the INFOSAN emergency contact, the National IHR Focal Point, and other relevant sectors for food safety events including emergencies at national and international level have been exercised (as applicable), reviewed, evaluated and updated as appropriate. <input type="checkbox"/>
Please add below comments describing the rationale for the checked level for this indicator and specify the activities that are related to capacity-building for this indicator. Choose all applicable check boxes according to the status of implementation and the area related to your comments	

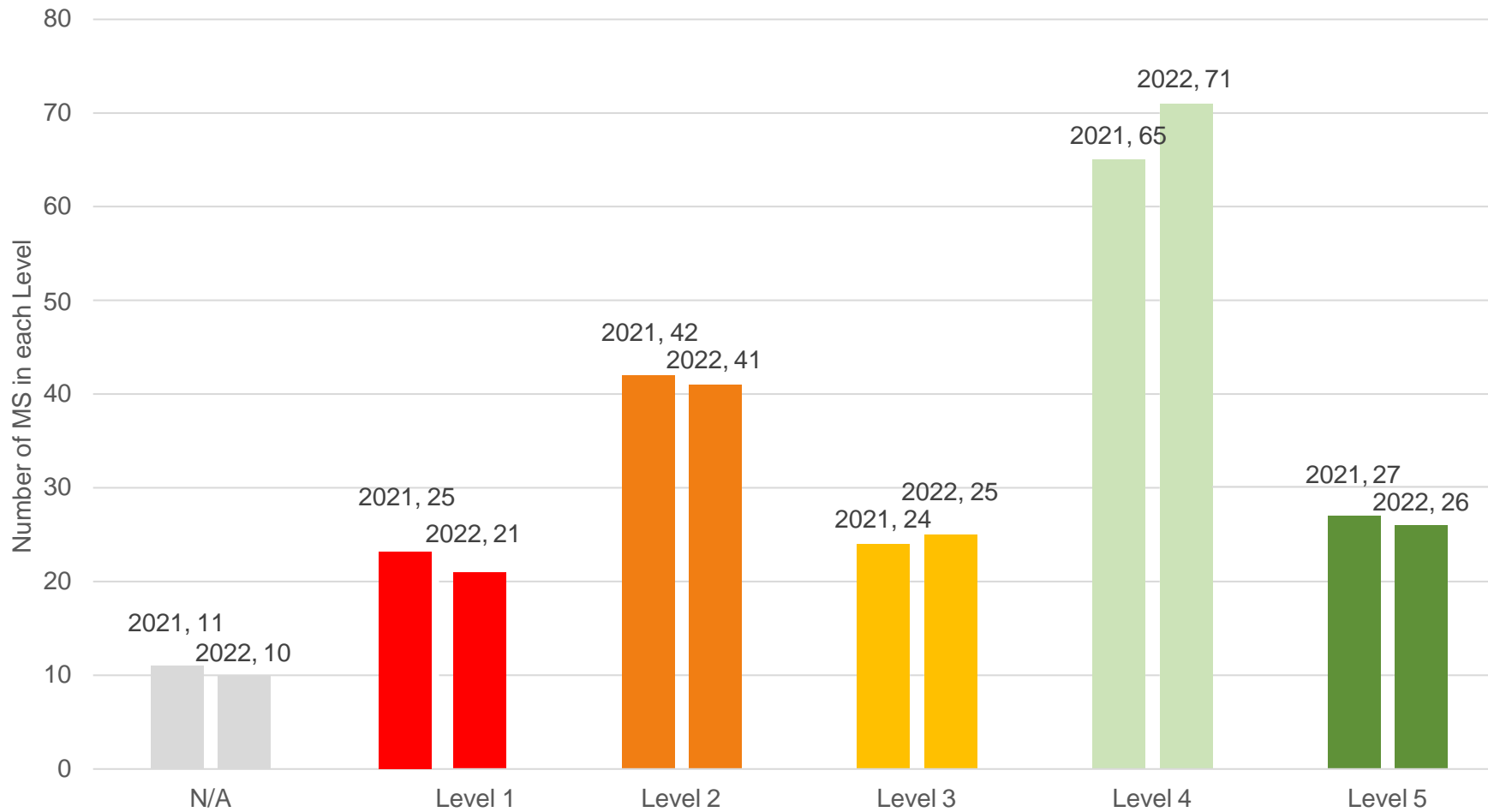
**100% of MS**





# What have we done so far?




IHR-SPAR 2021 and 2022 - comparison



In 2022,  
**50%** of MS  
are in Level 4+.  
3% increase  
from 2021



# Multisectoral collaboration mechanisms for food safety events

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# Surveillance of foodborne diseases and contamination

**Global average 3.5**

Level 1 → Level 3

Levels 2 and 3 → Level 4

Scores	IHR (2005) food safety indicator (P.6.1) under JEE assessment criteria for surveillance of foodborne diseases and contamination
1- No capacity	No or very limited surveillance system in place for FBDs or for food contamination (chemical and microbiological) monitoring.
2- Limited capacity	Country has IBS <sup>9</sup> or EBS <sup>10</sup> and monitoring system in place to monitor trends and detect foodborne events (outbreak or contamination).
3- Developed capacity	IBS or EBS system includes laboratory analysis to assign etiology for FBDs or origin of contamination event and investigate hazards in foods linked to cases outbreaks or events.
4- Demonstrated capacity	Country has capacity to undertake rapid risk assessments of acute foodborne events at the national and subnational levels.
5- Sustainable capacity	Country has a surveillance system in place that integrates information from the entire food chain, including timely and systematic information exchange, to enable a better understanding of risk and mitigation possibilities.

# What have we done so far?

- IFC/WHO Global Strategy for Food Safety Assessment tool
- **Investment case** on surveillance of foodborne diseases (Bangladesh, Kenya and Viet Nam)
- **Coordination framework** for the FAO Strategic Priorities for Food Safety (2022-2031) and the WHO Global Strategy for Food Safety
- Establishment of the **WHO Alliance for Food Safety**
- **Assessment of National Food Control Systems** to support development of national roadmaps (Afghanistan, Cabo Verde, Papua New Guinea, and Tajikistan).
- Countries approved for **Codex Trust Fund**: Botswana, Cook Islands, Kiribati, Lesotho, Solomon Islands, Tajikistan and Vanuatu.
- The International Agency for Research on Cancer and the FAO/WHO Joint Expert Committee on Food Additives conducted a **risk assessment of the health impacts of aspartame**.
- Ensuring alignment with the **Quadripartite One Health Plan of Action**.



Focal points workshop for the FAO/WHO Food control assessment tool, Cabo Verde, April 2023











# What have we done so far?

## Translated Executive Summary



<https://iris.who.int/handle/10665/364638>

# WHO Global Strategy for Food Safety – roadmap for implementation

	2022	2023	2024	2025	2026	2027	2028	2029	2030
<b>Enabling</b> Advocacy, resource mobilization, develpt of tools, baseline survey, country roadmaps									
<b>Implementation</b> Capacity building, application of tools									
<b>Tracking progress</b> Assessment of implementation			 		 		 		 
<b>Tracking impact</b> Monitoring indicators									



# Estimating the burden of FBD:

Foodborne Disease Burden  
Epidemiology Reference Group



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# Work: 2021-2025

In 2021, WHO reconvened the FERG to advise on the methodology to update the global estimates of foodborne diseases.

The FERG will support WHO's goals to:

1. Publish updated estimates on foodborne disease burden in 2025 as requested by Member States
2. Develop a monitoring framework to measure impact in food safety
3. Support countries to strengthen national capacity to estimate the burden of foodborne diseases



# The timeline of WHO work supported by the FERG



Initiative to estimate the global burden of foodborne diseases

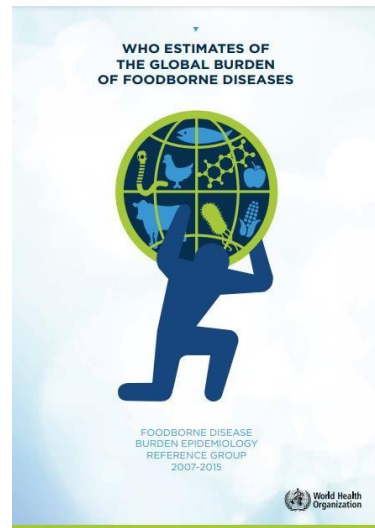
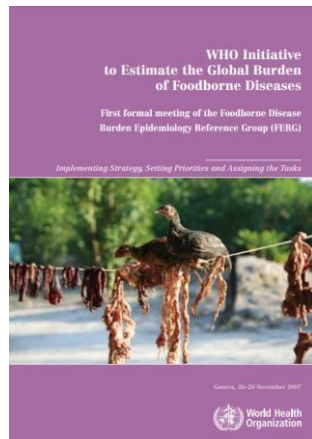
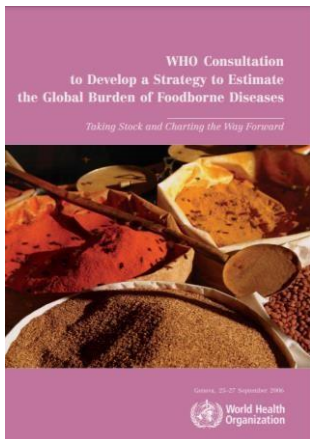
- FERG1 convened

- WHO's first-ever report on the global burden of foodborne diseases

- WHA 73.5 mandate to update estimates

- FERG2 convened

- Updated estimates to be published



SEVENTY-THIRD WORLD HEALTH ASSEMBLY  
Agenda item 15.3

WHA73.5  
3 August 2020

## Strengthening efforts on food safety

The Seventy-third World Health Assembly,  
Having adopted the written silence procedure through decision WHA73(7) (2020),  
Recalling resolutions WHA53.15 (2000) on food safety and WHA63.3 (2010) on advancing food safety initiatives, and acknowledging that the challenges outlined in these resolutions continue as the food safety systems of many Member States are under development and need significant improvements in their key components, such as regulatory infrastructure, enforcement, surveillance, inspection,





# About to launch

## WHO Alliance for Food Safety:

**Main objective:** to provide support for the **implementation of the WHO Global Strategy for Food Safety 2022-2030** with initial focus on surveillance of foodborne diseases and food monitoring.

**Expected outcomes:** Improved foodborne disease surveillance and improved capacity to collect, analyze, and use data related to foodborne diseases and food monitoring.

**21 WHO Collaborating Centers, UN organizations and national competent authorities** were invited to take part in the alliance.

**Launch of the Alliance:** Geneva, 6-8 May 2024 (first hybrid meeting to launch the Alliance)



# Global Strategy for Food Safety: towards stronger food safety systems and global cooperation.

1 NO POVERTY



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



17 PARTNERSHIPS FOR THE GOALS



8 DECENT WORK AND ECONOMIC GROWTH



3 GOOD HEALTH AND WELL-BEING



2 ZERO HUNGER



## Updates on the new WHO guideline on traditional food markets

WHO guideline: Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets

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# Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets

Interim guidance  
12 April 2021



## Executive summary

Traditional food markets<sup>1</sup>, rather than supermarkets, are the norm in many parts of the world. Such markets form part of the social fabric of communities and are a main source of affordable fresh foods for many low-income groups and an important source of livelihoods for millions of urban and rural dwellers worldwide.

Traditional food markets that are regulated by national or local competent authorities and that operate to high standards of hygiene and sanitation are safe for workers and customers.

Significant problems can arise when these markets allow the sale and slaughter of live animals, especially wild animals, which cannot be properly assessed for potential risks – in areas open to the public. When wild animals<sup>2</sup> are kept in cages or pens, slaughtered and dressed in open market areas, these areas become contaminated with body fluids, faeces and other waste, increasing the risk of transmission of pathogens to workers and customers and potentially resulting in spill over of pathogens to other animals in the market. Such environments provide the opportunity for animal viruses, including coronaviruses, to amplify themselves and transmit to new hosts, including humans.

Most emerging infectious diseases – such as Lassa fever, Marburg haemorrhagic fever, Nipah viral infections and other viral diseases – have wildlife origins. Within the coronavirus family, zoonotic viruses were linked to the severe acute respiratory syndrome (SARS) epidemic in 2003 and the Middle East respiratory syndrome (MERS), which was first detected in 2012. The COVID-19 pandemic stems from the introduction of the novel coronavirus, SARS-CoV-2, into human populations. Although the specific mechanism of SARS-CoV-2 emergence has not been definitively identified, at some point or over time, interactions may have occurred that allowed for cross- and perhaps multiple-species pathogen transmission. The World Health Organization (WHO), the Food and Agriculture Organization of the United Nations

<sup>1</sup> A traditional food market is the term used throughout this document to include wet markets, informal markets and farmers' markets that sell foods of animal origin/non-animal origin/dried goods and where live animals are sometimes housed and slaughtered on site.

(FAO), the World Organisation for Animal Health (OIE) and

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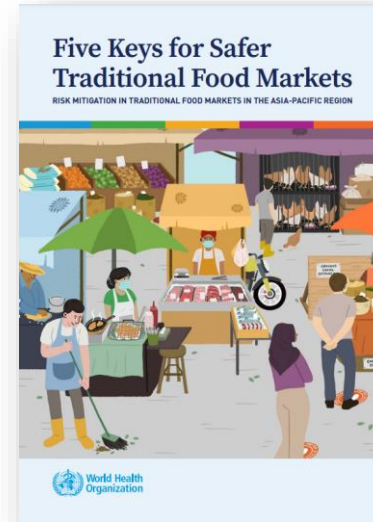
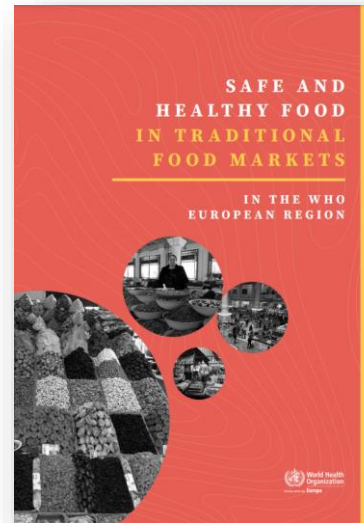
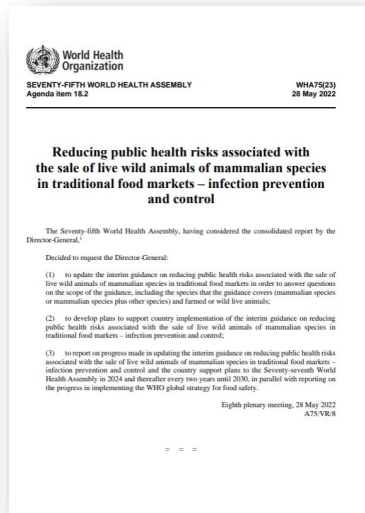
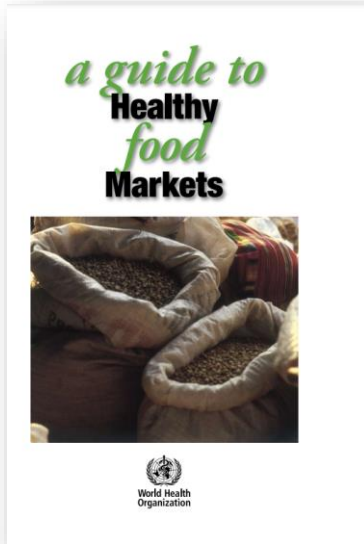
SEVENTY-FIFTH WORLD HEALTH ASSEMBLY  
Agenda item 18.2

WHA75(23)  
28 May 2022

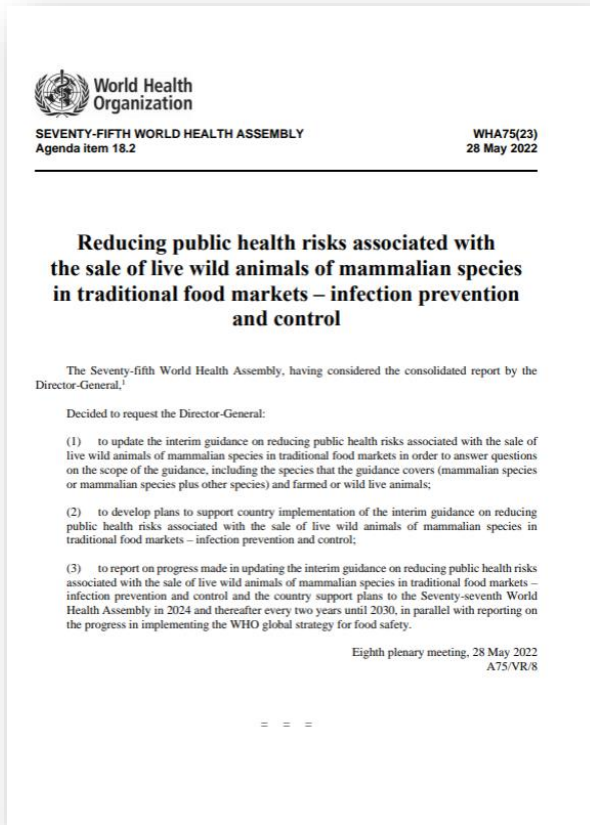
- (1) to update the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets in order to answer questions on the **scope of the guidance**, including the species that the guidance covers (mammalian species or mammalian species plus other species) and **farmed or wild live animals**;
- (2) to develop **plans to support country implementation** of the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control;
- (3) to **report on progress made** in updating the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control and the country support plans to the Seventy-seventh World Health Assembly in 2024 and thereafter every two years until 2030, in parallel with reporting on the progress in implementing the WHO global strategy for food safety.



# WHO publications on food markets



# How is WHO responding to the request from Member States?



- Update of the existing Interim Guidance based on the WHO methodology → science and evidence based
- Alignment with:
  - WHO Global Strategy for Food Safety 2022-2030
  - Quadripartite One Health Joint Plan of Action
  - Resolution WHA75.7 on Strengthening health emergency preparedness and response in cities and urban settings



# WHO Steering Committee

Dr Bernadette ABELA  
HQ/UCN/NTD/VVE

Ms Elena ALTIERI  
HQ/EXT/DCO/BIU

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Dr Luz DE REGIL  
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HQ/WPE/HSP/MHS

Dr Maria VAN KERKHOVE  
HQ/WPE/EPP/EZD

Dr Sophie VON DOBSCHÜTZ  
HQ/WPE/EPP/EZD

## Tasks done by the Steering Committee:

- Selection of GDG
- Discussion on the scope
  - Expand scope to all species, domestic and wild
  - Expand the scope to all uses: food + pet, fur and traditional medicine
  - Discussions on the PICO questions (Population, Intervention, Comparison and Outcome)
  - Definition of the external review group to work with OHHLEP in the peer review
- Integrated surveillance manual for food markets settings is under development (OHJPA)



# Guidance Development Group (GDG)

**Dr Amber BARNES**  
United States of America

**Dr Rajeev BHAT**  
Estonia

**Dr Victoria BROOKES**  
Australia

**Dr Sandra CHEN SHANQUAN**  
People's Republic of China

**Dr Sukanta CHOWDHURY**  
People's Republic of Bangladesh

**Dr Cesar GAVIDIA CHUCAN**  
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**Dr Ekhlās HAILAT**  
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**Mr Woody JAY APA**  
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**Dr Pedro JIMÉNEZ BLUHM**  
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**Dr Erik KARLSSON**  
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Egypt

**Mr James WATUWA**  
Uganda



- Setting the scene
- Rapid reviews
  - Mapping of countries that banned sale of live wild mammals for food since April 2021
  - Definitions and types of food markets
  - Species allowed
  - Efficacy of evidences
- Scope
- PICO questions

**Observers:**

- Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES)
- Food and Agriculture Organization (FAO)
- International Alliance against Health Risks in Wildlife Trade
- Ministry of Health, Welfare and Sport of the Kingdom of the Netherlands
- UN Environment Programme (UNEP)
- United Nations Office on Drugs and Crime (UNODC), and the World Organisation for Animal Health (WOAH)



## UPDATED SCOPE

This guideline is specifically focused on reducing the risk of pathogen emergence and transmission through biosecurity measures in the human-animal-environment interface associated with the traditional market for food with respect to the social, economic, and cultural roles of these markets. This guideline concentrates on traditional markets for food, or sections of these markets, where the sale of products of animal origin, both live, dead, and processed take place.

The new interim guidance will not address specific pathogens but a list of main potential risks for public health associated with human-animal-interface in traditional food markets is listed in the table below. This is not an exhaustive list.

## Agreed PICO (Population, Intervention, Comparison and Outcome) questions during the 1<sup>st</sup> GDG meeting:

**1:** Would banning the sale of live animals (I) in traditional markets for food (S) mitigate the risk of zoonotic disease transmissions (O) from animals to humans (P) in comparison with markets where the sale of live animals is permitted (C)?

**2:** Should the sale of farmed wild animal live/products (I) or the sale of wild captured animals live/products (O) be used to mitigate pathogen transmission (O) in the animal-human-environment interface (P) in traditional markets for food (S)?

**3:** Should biosecurity measures (I) or no measures (C) be used to mitigate the transmission of the pathogen (O) from the animal-human-environment interface in the people present (P) in traditional markets for food (S)?

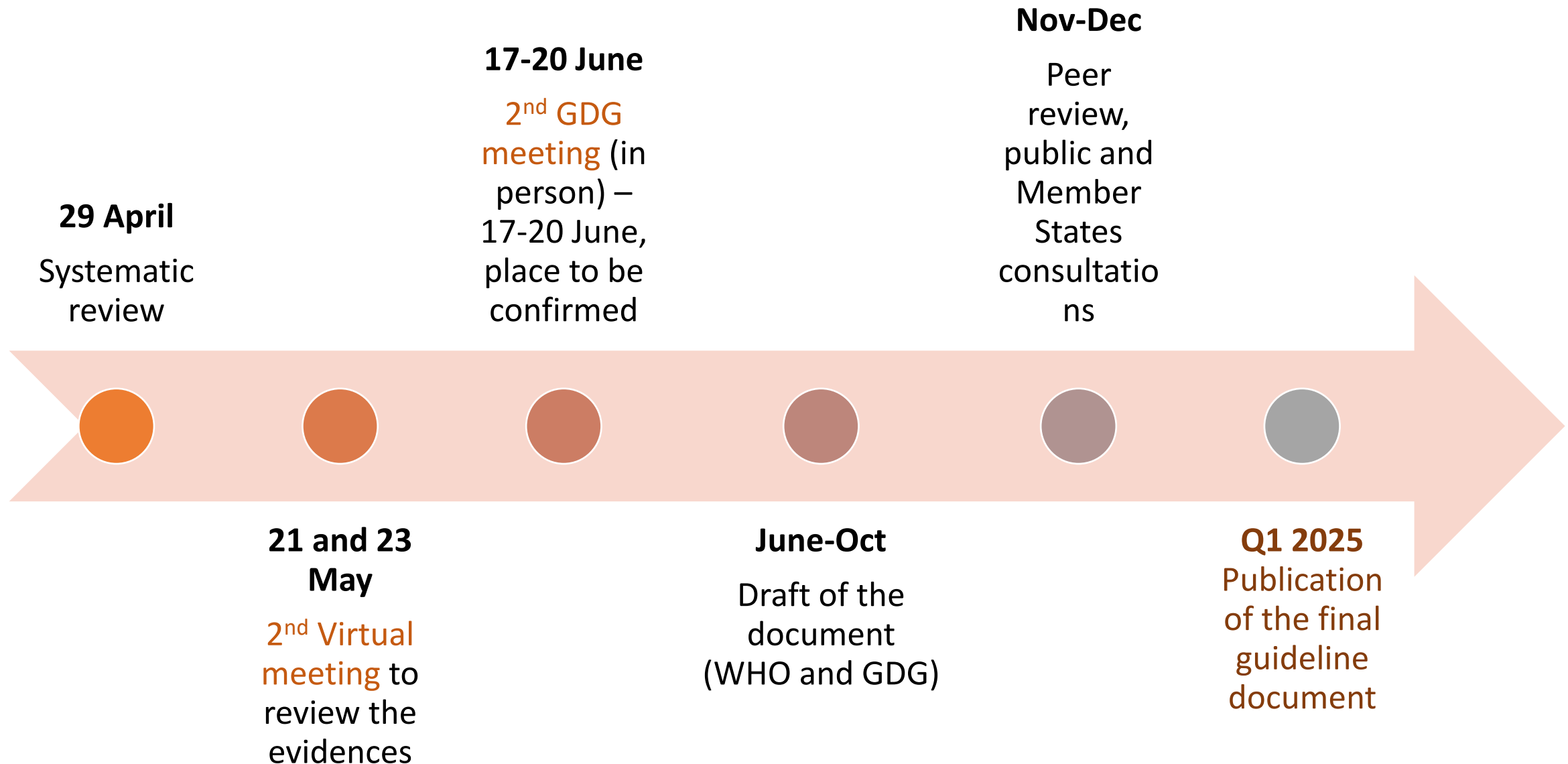
**4:** Should combined multiple animal management interventions (I) or usual practice (C) be applied to mitigate pathogen transmission (O) to the people present (P) in traditional markets for food (S)?

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# 2024/2025 - Next steps and meetings





WHO  
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SAFETY  
2022-2030

*Thank you!*

For more information, please contact:

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