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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>10:30-10:35</td>
<td>Opening</td>
<td>Dr Francesco Branca, Director of the Nutrition and Food Safety Department</td>
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<tr>
<td>10:35-10:50</td>
<td>WHO Global Strategy for Food Safety 2022-2030</td>
<td>Dr Simone Moraes Raszl, Scientist, Multisectoral Actions on Food Systems, Nutrition and Food Safety Department</td>
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<tr>
<td>10:50-11:00</td>
<td>Updates on the updated WHO Guideline on the sale of live animals in traditional food markets</td>
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<td>11:00-11:20</td>
<td>Discussion and Q&amp;A</td>
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<td>11:20-11:30</td>
<td>Summary and Closing Remarks</td>
<td>Dr Francesco Branca</td>
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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)

**SP1**
Strengthening national food controls systems

**SP2**
Identifying and responding to food safety challenges resulting from the transformation and global changes in food systems transformation

**SP3**
Increasing the use of food chain information, scientific evidence and risk assessment in making risk management decisions

**SP4**
Strengthening stakeholder engagement and risk communication

**SP5**
Promoting food safety as an essential component in domestic, regional and international trade

Evidence-driven / People-centered / Forward-looking / Cost-effective

International cooperation
Expected impact: 2030

40%

Reduction in the estimated global average of foodborne diarrheal disease / 100 000 hab.
From priorities to outcomes

### Drivers
- Interests and demands for safe food
- Global food safety threats
- Global changes and their impacts on the food supply chain
- Environmental challenges
- Society: changing expectations and behaviour around food
- Rise of new technologies and digital transformation
- Demographic changes
- Financial resources, infrastructure and equipment, analytical resources, qualification of personnel, capacity development of personnel, staff management and motivation

### Capacities

### Strategic Priorities
- **SP1:** National food control systems
- **SP2:** Challenges from global changes and transformation in food systems
- **SP3:** Use of information, evidence, and risk assessment
- **SP4:** Engagement and communication
- **SP5:** Food safety as an essential component in food trade

### Outputs
- Food safety risks, managed & food safety incidents and emergencies prevented, detected, responded
- Current and emerging food safety risks assessed
- Food safety risks communicated/educated
- Increased access to safe and healthy food
- Multisectoral approach & shared responsibilities ensured
- Food safety promoted in food production and domestic/international trade

### Outcomes
- Consumers’ health promoted
- Consumers’ health supported
- Consumers’ health protected
- Other food system actions to increase access to and consumption of healthy foods
- Other actions to achieve SDG, WHO targets

### Impact
- Higher healthy life expectancy (HALE)
- SDGs achieved (mainly 2, 3, 8 but also 1, 12, 17)
- WHO’s organizational summary measures

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**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

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<tr>
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<td>40% reduction in the global average</td>
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<td>Multisectoral collaboration mechanism for food safety events</td>
<td>Capacity indicator (progress)</td>
<td>International Health Regulations (2005): State Party Self-Assessment Annual Reporting Tool</td>
<td>57% of countries with at least 80% capacity</td>
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<td>1.5</td>
<td>Global average capacity score 3.5</td>
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Mechanisms and support for implementation

- Assessment tool (IFC/WB)
- Roadmap
- FERG
- Codex
- FAO/WHO Food Safety Scientific Advice programmes
- Quadripartite OH Joint Plan of Action
- INFOSAN
- WHO Alliance for Food Safety*
- Repository of existing tools and identification of need for development
- FAO/WHO food control assessment tool

Prevalence is expected to increase on child overweight, child and adult obesity indicators between 2018-2025…
## Multisectoral collaboration mechanisms for food safety events

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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

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<th>Level</th>
<th>Description</th>
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<tr>
<td><strong>Level 1</strong></td>
<td>A multisectoral collaboration mechanism that includes an INFOSAN Emergency Contact Point is under development, activated on an ad hoc basis.</td>
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<td><strong>Level 2</strong></td>
<td>A multisectoral collaboration mechanism that includes the INFOSAN Emergency Contact Point is in place at the national level AND Communication channels 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.</td>
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<tr>
<td><strong>Level 3</strong></td>
<td>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.</td>
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<tr>
<td><strong>Level 4</strong></td>
<td>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.</td>
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<tr>
<td><strong>Level 5</strong></td>
<td>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.</td>
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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

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<th>Scores</th>
<th>IHR (2005) food safety indicator (P.6.1) under JEE assessment criteria for surveillance of foodborne diseases and contamination</th>
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<tbody>
<tr>
<td>1- No capacity</td>
<td>No or very limited surveillance system in place for FBDs or for food contamination (chemical and microbiological) monitoring.</td>
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<tr>
<td>2- Limited capacity</td>
<td>Country has IBS(^5) or EBS(^6) and monitoring system in place to monitor trends and detect foodborne events (outbreak or contamination).</td>
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<td>3- Developed capacity</td>
<td>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.</td>
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<td>4- Demonstrated capacity</td>
<td>Country has capacity to undertake rapid risk assessments of acute foodborne events at the national and subnational levels.</td>
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<td>5- Sustainable capacity</td>
<td>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.</td>
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**Global average 3.5**

- Level 1 → Level 3
- Levels 2 and 3 → Level 4
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**.
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Enabling</th>
<th>Implementation</th>
<th>Tracking progress</th>
<th>Tracking impact</th>
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<tbody>
<tr>
<td>2022</td>
<td>Advocacy, resource mobilization, develop tools, baseline survey, country roadmaps</td>
<td>Capacity building, application of tools</td>
<td>Assessment of implementation</td>
<td>Monitoring indicators</td>
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<td>2023</td>
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Estimating the burden of FBD:

Foodborne Disease Burden Epidemiology Reference Group
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

- **2006**: Initiative to estimate the global burden of foodborne diseases
- **2007**: FERG1 convened
- **2015**: WHO’s first-ever report on the global burden of foodborne diseases
- **2020**: WHA 73.5 mandate to update estimates
- **2021**: FERG2 convened
- **2025**: Updated estimates to be published
Member States will be engaged in the FBD burden estimation process

In accordance with the WHO data principles,

- Member States will be consulted to review and input on:
  1. National primary data sources where available
  2. Individual country estimates derived from the statistical model applied to the national primary data from all countries

- Country consultations will be organized in early 2025

- In advance of the country consultations, Member States are requested to:
  - Nominate technical national focal points (requested on 26 June 2023 via Circular Letter (C.L.20.2023))
  - Share foodborne outbreak data by 10 May 2024 (Link to the call)
  - Suggest experts who are eligible to participate in the source attribution study by 31 March 2024 (Call for experts)
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.
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
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, other than supermarkets, are seen in many parts of the world, such markets form part of the social fabric of communities and are a source of affordable fresh foods for many low-income groups and an important means to deliver 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 vital for workers and consumers.

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' are kept in cages or pens, slaughtered and dressed in open market areas, these areas become contaminated with body fluids, feces 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 multiply themselves and transmit to new hosts, including humans.

Most emerging infections diseases - such as Lassa fever, Marburg hemorrhagic fever, SARS and infections and other viral diseases - have wildlife origins. Within the enzootic cycle, zoonotic viruses were linked to the severe acute respiratory syndromes (SARS) outbreaks in 2003 and the Middle East respiratory syndromes (MERS), which were 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 mechanisms of SARS-CoV-2 emergence have not been definitively identified, at some point or over time, infections may have established an allowed passage and perhaps multiple-species pathogens transmission. The World Health Organization (WHO), the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE) have reviewed the human and animal food systems, including traditional food markets, and the health risks associated with the sale of live wild animals of mammalian species in traditional food markets.

To ensure the safety of animal products, and in the context of emerging pathogens, risk management strategies should be implemented to prevent infection, control and containment.

(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 \(\rightarrow\) 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

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HQ/UCN/NTD/VVE

Ms Elena ALTIERI
HQ/EXT/DCO/BIU

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Nutrition and Food Safety Department

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Dr Nathalie Laure ROEBBEL
HQ/HEP/SDH/SDO

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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
Peru

Dr Ekhlas HAILAT
Jordania

Professor Spencer HENSON
Canada

Mr Woody JAY APA
Philippines

Dr Pedro JIMÉNEZ BLUHM
Chile

Dr Erik KARLSSON
Cambodia

Dr Ashok KUMAR
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Republic of Zimbabwe

Dr Patrick NGUIPDOP DJOMO
United Kingdom of Great Britain and Northern Ireland

Professor Adewale Olusegun OBADINA
Nigeria

Dr Riccardo ORUSA
Italia

Ms Drazho POLIKSENI
Albania

Ms Noura SAID
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 1st 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)?
2024/2025 - Next steps and meetings

29 April
Systematic review

21 and 23 May
2nd Virtual meeting to review the evidences

17-20 June
2nd GDG meeting (in person) – 17-20 June, place to be confirmed

June-Oct
Draft of the document (WHO and GDG)

Nov-Dec
Peer review, public and Member States consultations

Q1 2025
Publication of the final guideline document
Thank you!

For more information, please contact:

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