In the Name of God, the Compassionate, the Merciful

Message from

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to the
WHO GLOBAL SALMONELLA SURVEILLANCE IV INTERNATIONAL TRAINING COURSE
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Ladies and Gentlemen, Dear Colleagues,

On behalf of the World Health Organization, it is my pleasure to welcome you all to this international training course on WHO global salmonella surveillance level four in the Eastern Mediterranean Region, which is being held jointly by the Centers for Disease Control and Prevention (CDC), Atlanta, USA and WHO. I would take this opportunity to thank CDC for jointly conducting with WHO a number of previous WHO global salmonella courses, which have strengthened foodborne disease surveillance in the Region.

Following the occurrence in the recent past of a number of extremely serious large-scale food emergencies, policy-makers and consumers in many countries are re-evaluating the existing food safety strategies. Many of these food emergencies have involved more than one country, such as those involving dioxin contamination, bovine spongiform encephalopathy (BSE), foot and mouth disease and, most recently, avian influenza. Issues such as the increasing application of biotechnology in food production, and the new climate in world trade and the challenges this implies, necessitate comprehensive review and overhaul of current national food control systems. A future
goal in food safety should be to develop sustainable, integrated food safety systems to reduce health risks along the entire food chain, from the primary producer to the consumer.

In the WHO Eastern Mediterranean Region, the Regional Committee adopted, in 1999, the regional plan of action for food safety. In this plan the Member States agreed to assess their current food safety infrastructure and problems at national level and to carry out a country diagnosis in order to prepare a country profile. They also agreed to develop, strengthen and implement effectively their national food safety programmes; to continue to monitor and evaluate their food safety activities; and finally to initiate a coordinated effort to improve food control systems. Emphasis was placed on the inclusion of all relevant partners in food safety programme activities, such as government departments in food safety, food control and public health, as well as industry, trade organizations, research industries and academic bodies, and last but certainly not least consumer organizations. Following the adoption of the plan, a number of new initiatives have been taken at national and regional level.

On a global level, food safety is becoming an increasingly important public health issue, with increased focus on the inclusion of consumers and consumer associations in decision-making processes. In 2000 the World Health Assembly passed resolution WHA53.15 on food safety which recognized, among other things, that foodborne diseases significantly affect peoples’ health and well-being and have economic consequences, not only for individuals but for communities and countries as well. The work of Codex Alimentarius was recognized as being important for protection of the health of consumers. For future action, the Member States were urged to integrate food safety matters into information programmes for consumers, particularly in school curricula, and to initiate culture-specific health and nutrition education programmes for food handlers, producers and consumers. In addition, outreach programmes have to be developed for the private sector in order to improve food safety at the consumer level, and collaboration developed with consumer associations and the food industry in order to attain good and ecologically safe farming and good hygienic and manufacturing practices.
Foodborne microbiological diseases are widespread in both developed and developing countries, and millions of people suffer from frequent episodes of diarrhoea, in many cases resulting in serious further health consequences. While these microbiological contaminations of food represent the majority of the cases, chemical hazards also represent a significant source of foodborne illness, even though in many cases it has been proven difficult to link the disease directly with a food.

Ladies and Gentlemen, Dear Colleagues,

The role of the consumer in today’s society needs careful consideration and most industrialized countries have a consumer protection agency. It is important to establish and encourage local or national consumer associations in order to ensure that the interests and concerns of consumers about food are adequately reported and addressed.

The objectives of this training course are to: enable the conduct of integrated surveillance across the disciplines of public health, animal health and food safety; identify ways that epidemiologists and microbiologists can collaborate for the surveillance and control of foodborne and other infectious enteric disease; explain the methods used to calculate the burden of illness for foodborne and other infectious enteric diseases; Demonstrate the ability to perform diagnostic techniques gained during previous courses, and practise advanced laboratory techniques related to foodborne and other infectious enteric diseases; and identify appropriate response and control measures for foodborne and other infectious enteric diseases.

I expect that the technical presentations in this course, and your deliberations during the working sessions, will indeed lead to concrete action, as well as plans for action in your countries, in order to achieve the goal of SAFE FOOD FOR ALL.

I would like to thank our colleagues from CDC once again for their collaboration and the WHO/Global Salmonella Unit in headquarters for preparing this important course. Finally it only remains for me to wish you a successful course, and a pleasant stay in this beautiful city of Cairo.