

WHO and FAO have a recipe for safer food

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This month (May 2003), the World Health Assembly will be discussing an issue which is of interest to all citizens of all countries, irrespective of their level of development: how can the world's food supply be made safer?⁽¹⁾ Having faced a variety of crises in the past few years stemming directly from food-related scares, countries have been forced by circumstances to give food safety and regulation a prominent place on their political agendas.

Food safety programmes are increasingly focusing on a farm-to-table approach to reducing foodborne hazards. This involves consideration of every step in the chain, from raw material to consumption, without forgetting surveillance and monitoring by the health sector of cases of food-borne disease. Such disease is a continued burden in all countries, with a clear trend towards increase in recent years, as shown by available data from both industrialized and developing countries in all parts of the world ⁽²⁾.

The route from farm to table is long and complex, involving many sectors, most prominently health, agriculture and trade. Health and agriculture departments have been allies in the fight for safer food at the international level for over 40 years, since the Food and Agriculture Organization (FAO) and WHO established the Codex Alimentarius Commission (referred to here as Codex), to implement the Joint FAO/WHO Food Standards Programme ⁽³⁾. Its goal is to achieve the highest attainable levels of consumer protection worldwide, including food safety and quality. To this end, Codex develops internationally agreed standards and related texts for use in domestic regulation and international trade in food that are based on scientific principles and fulfil the objectives of consumer health protection and fair practices in food trade.

Since 1995, a third sector, trade, has become actively involved in Codex matters, as a result of the international recognition afforded to the Codex food standards by the Sanitary and Phytosanitary Agreement of the World Trade

Organization. All eyes are now on Codex because of the key role it plays at the interface between the three sectors which, working together, are in a position to deliver safer food to the world.

The task seems insuperable, but Codex is the only international system which can provide the foundation for a safer food supply by establishing standards and guidelines based on the best available international scientific knowledge and representing agreement between governments and stakeholders. Today food is traded between all parts of the globe, and without such a harmonized set of benchmark measures, no country can hope to guarantee the safety of the food its citizens eat.

The international community has turned to Codex in recent years to deal with an increasing number of issues, indicating that the need for the Commission is even greater now than it was at the time of its creation. Codex has been able to gather all the necessary forces, for example, to tackle head-on an issue of passionate concern to consumers worldwide: genetically modified (GM) foods. It began putting together an international task force in 1999, and finalized principles for risk analysis of GM foods in 2002, as well as guidelines for the assessment of GM foods derived from plants and microorganisms.

In 2002, a major evaluation of Codex was carried out, partly as a reflection of a need recognized by FAO and WHO to ensure the relevance of Codex work in today's world. The Report on the evaluation ⁽⁴⁾ concluded that Codex should primarily focus on health-related issues in these areas. This translates into increased direct involvement of WHO in Codex. It should be realized, however, that a stronger orientation of Codex towards health-related priorities at the organizational level will not in itself do the job of making food safe. Strong support and participation are also indispensable. The health sector, both at the national and international levels, has a responsibility to increase its efforts and involvement in the new food safety landscape, and

this most certainly includes participation in a refocused Codex.

The integration of food safety, food standards, food production and food trade considerations in an agreed focus on sustainable development represents a significant step forward for developing economies. It will benefit health directly in these countries as well as contributing to their economic development through trade in safer food products. This is sometimes called "the food safety win/win situation".

Although food safety gets a lot of press coverage in the industrialized world, the most significant related disease burden remains in the developing countries.

Participation in Codex discussions will put developing countries in a better position to establish food safety systems adapted to their national situation and to the demands of the international market. It is also hoped that the newly established Trust Fund for Participation in Codex will be able to support effective participation by developing countries ⁽⁵⁾.

The Codex Alimentarius Commission is now at a crossroads. It was set up 40 years ago when the world was a very different kind of place. The international community now has a unique opportunity to move Codex into the new century, with impetus from the World Health Assembly and the FAO Conference. Codex alone cannot guarantee the world safer food. But without Codex, the world would have no way to work for it. It represents one of the basic ingredients of the recipe. ■

1. Fifty-sixth World Health Assembly; Document A56/34; 2003.
2. Tirado C, Schmidt K, editors. WHO surveillance programme for control of foodborne infections and intoxications in Europe. Seventh report, 1993-1998. Available from URL: http://www.bgw.de/internet/7threport/7threp_fr.htm
3. FAO/WHO food standards. Codex Alimentarius. Available from URL: www.codexalimentarius.net
4. FAO/WHO. Report of the evaluation of the Codex Alimentarius and other FAO and WHO food standards work. Rome/Geneva, 15 November 2002.
5. Fund launched to advance food safety and quality. *Bulletin of the World Health Organization* 2003;81:232. See also www.who.int/fsf

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