



# Technical Discussions



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Final Report

### Final Report

The Technical Discussions of the XXVIII Meeting of the Directing Council of the Pan American Health Organization, XXXIII Meeting of the Regional Committee of the World Health Organization for the Americas, were held on 25 and 26 September 1981 in the Headquarters of the Organization in Washington, D.C., dealing with the topic, "Sanitary Control of Food."

At its session on 23 September 1981, the Meeting elected Dr. Edith de Bethancourt of Panama as Moderator for the Technical Discussions and Dr. Mauricio García Sainz of Mexico, General Rapporteur. Dr. Harold B. Hubbard of the Pan American Sanitary Bureau served as Technical Secretary.

At the initial plenary session, Dr. A. B. Morrison introduced the subject, emphasizing the importance of food safety being a component of primary health care and that attention be given to educational and other preventive actions. He also pointed out the relationship between the lack of satisfactory protection of food supplies in some countries of the Region with a host of pathological conditions in man, as well as economic losses of the often already precarious food reserves. Desirable criteria of an adequate food protection and control service were outlined, as well as those aspects that may be achievable by Member Countries. Dr. Morrison raised other issues concerned with legislation, institutional arrangements, training, health education and exchanging information.

The Moderator explained the rules and guidelines for the technical discussions.

The participants were divided into two working groups with the following officers elected:

#### Group I:

Moderator: Dr. Edward Ellis (Canada)

Rapporteur: Dr. Juan Ponce de León (Peru)

Technical Secretary: Dr. A.E. Olszyna-Marzys (PASB)

#### Group II:

Moderator: Dr. Leonardo Maranghello Bonifati (Costa Rica)

Rapporteur: Mr. Frederick Symes (Dominica)

Technical Secretary: Dr. Roberto Bobenrieth (PASB)

Group I dealt with the objectives, organization, administration and possible sources of financing of national food control services. Group II focused its attention and discussions on human resources development and educational aspects, including training of food control service staff, food industry personnel, food handlers, street vendors and the general public. Both groups were encouraged to consider the issues assigned to the other if time permitted.

The views expressed in each working group were summarized by their respective officers and consolidated for preparation of this report.

### Health for All by the Year 2000

The participants agreed with the keynote speaker that food safety must be an essential component of primary health care\* if the goals of health for all by the year 2000 are to be achieved. It should be considered as one of the normal activities in health centers and in the communities since these are among the first contact points with the people. Special attention should be given to the education of women and children in basic food safety because they can have the greatest influence over the quality of food. Assistance in these education activities might be provided by the rural health assistants, sanitary inspectors and other active groups in the community, including students.

In addition, basic information on food safety and conservation should be part of the regular education programs of primary, secondary and high school students and the community as a whole.

The sanitary control of food can be effective only if a firm commitment is made by Governments and it is recognized as an important investment for the whole population. There should be full participation by all agencies concerned, with leadership for the sanitary control of food for human consumption coming from the Ministry of Health. It is

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\*At the International Conference on Primary Health Care, held at Alma-Ata, USSR, in 1978, the governments of the world adopted the following definition of primary care: "Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process."

extremely important, however, that there be full cooperation and collaboration among all agencies and ministries, with the Minister of Health having responsibility for interministerial or intersectoral coordination and recognized as the authority entrusted with the sanitary control and safety aspects of all foodstuffs produced domestically or imported. Mechanisms for effective communications among agencies and ministries should be established at the highest level of Government.

#### Purpose of Food Control

The participants recognized that an organized food control service has a dual objective of ensuring the safety of food supplies and thereby protecting the health of people, and avoiding economic losses to the country and consumers. "Food protection" is not an objective per se; its prime purpose is the protection of the consumer through food control.

In the developing countries, the quality of food destined for export is often more strictly controlled than that meant for internal consumption. From the point of view of safety, the primary goal of the national food control service should be the protection of the health of its own population.

#### Food Law

Food legislation in many countries of the Region is obsolete and/or incomplete with either or both needing upgrading. It would be helpful if efforts were made to harmonize legislation on a regional or subregional basis, recognizing, however, that the type of laws established should be commensurate with the cultural, social and economic conditions of the country. Also each country, based on tradition and the legal system, should determine whether laws should be separate or combined with those applying to other products such as drugs, or even incorporated as part of a general Law or Code.

In most countries the legal responsibility for food safety rests with departments other than Health (Agriculture in the case of fresh meat and poultry, Treasury for alcoholic beverages). Often this has been due to historical factors and may not necessarily be a pattern to be followed by other countries in developing their own food control services.

#### Food Regulations and Standards

Basic food laws should not contain details subject to frequent changes (food standards, lists of additives, levels of contaminants or prices for services), since changing laws is often slow. These details should be left to regulations with enforcement delegated by the law to the appropriate government department or agency. These entities should also have responsibility for updating, amending, and proposing new regulations, since when these are obsolete they may become an obstacle for the enforcement agencies and may deter development in the food industry.

The usefulness of appropriate international standards, whether worldwide, regional or subregional, was acknowledged. The work of the FAO/WHO Codex Alimentarius Commission was mentioned along with the need for greater support and stimulation of the activities of the Codex Coordinating Committee for Latin America.

#### Financing of Food Control Services

Food control services in developed countries are usually financed by taxpayers' money as part of national or local authorities' budget. Most developing countries find it difficult to accommodate the cost of an efficient service into their budgets. There was discussion about the possibilities of the food industry itself financing the service or supplementing its costs by means of a tax or levy on the food industry's sale. Another possibility would be to impose compulsory registration of industrialized brands, with a fixed administrative fee, as well as a scale of fees for obligatory analysis prior to registration. Mention was made of countries where one or other system was successfully applied. It was agreed that the choice should depend on the country's legal system, administrative structure and state of the industry. Where fees are authorized, they should be paid into a special account established for the maintenance of the service, and not placed in the general government treasury.

In considering financial assistance from international organizations, it was noted that this type of funding is available for establishing or strengthening food control services but not for financing day-to-day operations. The latter is a cost which must be borne by the countries themselves.

#### Organizational Structure

The control of food by one centralized organization or component administrative units of the country (states, provinces, departments, municipalities) having this jurisdiction, will depend on the size, political structure and resources of the country. In large countries, especially with a federal-type organization, actual enforcement activities will be in the hands of states or provinces. In smaller countries a single service may be sufficient to cover the country, although the municipal authorities of the capital city may exert their own jurisdiction on a part or all aspects of food control. Even in a decentralized system, some central entity will be needed for coordinative, normative, training and epidemiological functions. Several speakers stressed that legislation should be promulgated at the national level, while enforcement, whenever possible, should be decentralized and left to local authorities. However, decentralization should be carefully planned and carried out in stages.

Functional links should exist in the community between the food control system and those concerned with other aspects of primary health care.

#### Inspection Services

Most participants agreed that the inspection and the laboratory services should be linked for an effective food control program. There should be close cooperation between the inspector and the analyst, with each being aware of the other's functions and responsibilities. If priority must be given to one or the other, it should be kept in mind that good inspection of processing plants, for example, can reduce the frequency of sampling.

Multidisciplinary inspectors\* are most frequently used in some countries but it was felt that more attention should be given to training inspectors specialized in food science and technology.

It was stressed that it would be preferable to train inspectors in their own country or in a country with similar social, economic and cultural conditions.

#### Analytical Laboratories

In many cases there is an imbalance between the inspection and laboratory services. In some countries the health authorities do not have adequate laboratory facilities for the analysis of samples.

If a choice has to be made when starting a national food service, priority should be given to inspection. It was pointed out that in many countries different laboratories capable of food analysis exist outside the main government department entrusted with food control. A formal agreement could be made by the Health Authority to carry out its analytical work for the National Food Control service. This may be another government department (agriculture, customs, etc.), a university or a private laboratory recognized and controlled by the health authority. In the absence of laboratory facilities within reasonable distance, some provision should be made for despatching samples elsewhere.

The resources at an official laboratory should be related to the country's resources and needs. It is not prudent to install instrumentation which will be used occasionally, and for which spares and service cannot be obtained, or for which operators cannot be trained or retrained.

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\*These may be individuals trained to perform more than just food safety related activities.

In such situations, subregional or regional laboratories could play a useful part by providing a service for which costly equipment and/or specialized know-how is required, such as analyzing pesticide residues or Salmonella typing. However, it should be kept in mind that such laboratories would have little value in analyzing samples of perishable foods which could not be transported great distances.

#### Training in Priority Areas

It was considered indispensable to have national training centers, especially for technical personnel such as inspectors and nutritionists, but also to have as a complement regional centers and the possibility to obtain fellowships for studies abroad, which would guarantee the opportunity for exchange of technology and strengthening of the national training centers.

With regard to the number of persons to be trained, it was left that this should be commensurate with the needs of each country.

Specialized PAHO activities, such as regional programs, INCAP and others, should be utilized to train particular professionals in sanitary control of foods and also offer training to all types of technical personnel.

The groups considered it indispensable to carry out in-service training of all personal as part of a continuing education program. At the professional level the training should include formal academic instruction.

In courses for inspectors, priority should be given to practical work. The same applies for laboratory workers.

#### Street Vendors

The difficulty of dealing with the problem of street vendors in the cities of Latin America and the Caribbean area was stressed.

There should be a concerted effort by the Ministries of Health of the Member Governments to educate the public through mass media that consumption of contaminated or adulterated food poses a serious health risk.

One of the possible corrective measures would be to relocate street vendors to special areas of the cities in which potable water and other sanitary services can be provided, and where it may be possible to provide some control over the safety of the food being sold.

### Food Losses

The seriousness of food losses due to defective harvesting, storage, transportation, handling and processing, which in some places may be as much as 30 per cent of production, motivated the participants to emphasize the necessity of applying the following measures, some of which are complementary:

- (a) strengthening the inspection of raw materials;
- (b) improving food transportation and storage systems;
- (c) establishing international agreements to guarantee the quality of imported food;
- (d) education of the public in selection of food that is of good quality and on its preparation and storage to avoid contamination.

### Recommendations

1. Food safety must be considered a component of primary health care and should include educational programs aimed at families and communities. Special emphasis should be placed on the education of young schoolchildren and mothers, who may have the greatest influence over how food is handled in the home.
2. Governments should make a commitment to food safety and establish a legislative base to effectively deal with complex problems of food control. There should be close cooperation and collaboration among concerned agencies at the national level along with an effective mechanism for maintaining communications. Ministries of Health should assume leaderships in all activities concerned with the sanitary control of food for human consumption.
3. The strengthening of institutions should be accompanied by a massive program for training personnel at all levels and should be conducted in each country or groups of countries with the help of existing national resources.
4. The Member Governments, donor countries and lending agencies should give high priority to food protection programs in the allocation of funds, especially when limitations exist.
5. There should be close interlinking between the food and nutrition policies of the Member Governments and their food control programs.
6. Recognizing the health, social and economic factors associated with itinerant street vendors, it is recommended that a study be undertaken of this problem with a view to developing appropriate approaches for the regulation of these activities in the countries of the Region.



7. The Pan American Health Organization should collaborate in the convening of a conference or technical consultation to further review these recommendations and those on a food control strategy prepared by the FAO/WHO Consultation on Food Control Strategy (Geneva, 16-21 December 1977).

Representatives of national agencies concerned with health, agriculture and commerce should be encouraged to participate in these working groups or technical consultations in order that they may adapt various strategies to local conditions and incorporate them in an action plan for their country.

Those planning the consultations should take into account the deliberations and relevant recommendations arising out of the forthcoming meeting of the WHO Food Safety Program Staff, which will meet from 28 September to 1 October 1981 in Washington, D.C.