World Health Organization

African Region

REGIONAL COMMITTEE FOR AFRICA   **ORIGINAL: ENGLISH**

Seventy-fourth session
Brazzaville, Republic of Congo, 26–30 August 2024

Agenda item 14

FRAMEWORK FOR IMPLEMENTING THE WHO GLOBAL STRATEGY FOR FOOD SAFETY 2022–2030 IN THE AFRICAN REGION

Report of the Secretariat

EXECUTIVE SUMMARY

1.   Food is a source of energy and nutrition and contributes to general well-being. However, it can also act as a vehicle for the transmission of various disease-causing agents such as bacteria, parasites, viruses, fungal and natural toxins, and other chemical contaminants such as pesticides and veterinary drug residues. Every year, unsafe food causes 420 000 deaths worldwide and the loss of 33 million healthy life years. The African Region has the highest burden of foodborne diseases, with 137 000 deaths annually.

2.   In the African Region, national food control systems that are crucial to preventing foodborne diseases and protecting consumers' health have multiple gaps, including weak food monitoring and surveillance, limited capacity of food testing laboratories, weak food inspection capacities and outdated regulations. Furthermore, the food safety landscape is beset with issues and challenges, including inadequate resources, dependence on small- and medium-scale food business operators with limited capacity, lack of multisectoral collaboration and coordination, limited data generation and risk assessment capacities, and low consumer awareness and engagement levels.

3.   In response to the current and emerging food safety challenges, the World Health Organization (WHO) updated its Global strategy for food safety for the period 2022–2030 around five strategic priorities: (i) strengthening national food control systems; (ii) identifying and responding to food safety challenges resulting from global changes and food systems transformation; (iii) improving the use of food chain information, scientific evidence, and risk assessment in making risk management decisions; (iv) strengthening stakeholder engagement and risk communication; and (v) promoting food safety as an essential component of the domestic, regional and international food trade.

4.   This regional framework aims to guide Member States in implementing the Global strategy to accelerate actions towards strengthening national food safety systems in the African Region. Its objectives are to: (i) enhance the capacity of national food control systems by improving their fundamental components, including the application of risk-based and innovative approaches to ensure the safety of the food supply in informal and formal markets; (ii) improve the evidence base for food safety decision-making to protect health and manage risks by strengthening food safety data generation and use; (iii) strengthen multistakeholder and intersectoral collaboration and partnerships to address food safety risks arising from the human-animal-environment interface and food systems transformation; and (v) strengthen stakeholder engagement and risk communication on food safety. Its guiding principles include adopting a

holistic and integrated approach that covers the entire food chain, mainstreaming gender, equity and human rights considerations, ensuring government ownership, multisectoral collaboration, cooperation, and partnerships, and applying evidence- and risk-based interventions.

5.   The proposed priority interventions include developing food safety policies, legislation and standards for the formal and informal food sector**s**; reinforcing capacity for risk-based food inspection; establishing food safety incident and emergency response systems; raising public awareness; strengthening the capacity of the food safety workforce; improving the capacity of food business operators; continuous review and improvement of food control systems; mobilizing resources for food safety programmes; strengthening food monitoring, surveillance and capacity for risk assessment; establishing a coordination mechanism; and enhancing programmatic integration.

6.   The Regional Committee examined and adopt the framework.

CONTENTS

ANNEX

ABBREVIATIONS

AfCTA   African Continental Free Trade Area

FAO   Food and Agriculture Organization of the United Nations

INFOSAN   International Food Safety Authorities Network

IHR-SPAR   International Health Regulations State Party Self-Assessment Annual
               Reporting Tool

JEE   Joint External Evaluation

WHA   World Health Assembly

WHO   World Health Organization

INTRODUCTION

1.   Food safety is defined as the assurance that food will not cause adverse health effects to the consumer when it is prepared and/or eaten according to its intended use.[1] Unsafe food containing harmful levels of bacteria, viruses, parasites, chemicals, or physical substances undermines food and nutritional security, human development, and international trade.[2]

2.   The public health impact of consuming unsafe food remains significant worldwide, with an estimated 600 million people falling ill and 420 000 deaths occurring annually.[3] Low- and middle-income countries bear the brunt, accounting for 53% of all foodborne illnesses and 75% of foodborne-related deaths, with an estimated annual cost of US$ 110 billion in lost productivity and medical expenses.[2] The globalized nature of food chains, coupled with emerging threats such as antimicrobial resistance and climate change, makes the management of food safety risks more complex and challenging. Furthermore, nutrition and food safety are closely interlinked, with bidirectional causal pathways. Unsafe food increases the risk of infection and intoxication, creating a vicious cycle of disease, malnutrition, and disability, particularly affecting vulnerable groups such as infants and young children.[4]

3.   In 2019, the Regional Committee for Africa adopted a strategic plan to reduce the double burden of malnutrition in the African Region for 2019-2025.[5] The strategic plan focuses on reducing all forms of malnutrition, which includes both undernutrition and overnutrition, by implementing targeted interventions across the Region. Safe and nutritious food is essential for achieving these goals, because unsafe food can lead to infections and illnesses that exacerbate malnutrition.

4.   In May 2020, the Seventy-third World Health Assembly (WHA) adopted resolution WHA73.5 on strengthening efforts on food safety.[6] The resolution requested the Director-General, inter alia, to update the WHO Global strategy for food safety in consultation with Member States and with input from stakeholders.[4]

5.   In 2022, the updated WHO Global strategy for food safety 2022–2030 was adopted at the Seventy-fifth World Health Assembly. The vision of the Global strategy is to ensure that all people, everywhere, consume safe and healthy food to reduce the burden of foodborne diseases. It serves as a blueprint for Member States' efforts to strengthen national food safety systems.

6.   This framework is intended to guide Member States in the African Region in the implementation of the Global strategy for food safety and attainment of the global vision.

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[1]   FAO/WHO, General Principles of Food Hygiene. Codex Alimentarius Code of Practice, No. CXC 1-1969, Codex Alimentarius, 2023 (https://www.fao.org/fao-who-codexalimentarius/codex-texts/all-standards/en/, accessed 12 December 2023).

[2]   Jaffee, S. et al., The Safe Food Imperative: Accelerating Progress in Low- and Middle-Income Countries. Washington, DC, World Bank, 2019 (https://openknowledge.worldbank.org/handle/10986/30568,. accessed 12 December 2023).

[3]   WHO estimates of the global burden of foodborne diseases: foodborne disease burden epidemiology reference group 2007– 2015. Geneva, World Health Organization, 2015.

[4]   WHO, Global strategy for food safety 2022-2020 : towards stronger food safety systems and global cooperation, Geneva, World Health Organization, 2022. (https://www.who.int/publications/i/item/9789240057685, accessed 14 December 2023).

[5]   WHO, Strategic plan to reduce the double burden of malnutrition in the African Region (2029-2025), Brazzaville, WHO, Regional Office for Africa, 2019 (https://iris.who.int/handle/10665/331515, accessed 27 June 2024)

[6]   Resolution WHA73.5. Strengthening efforts on food safety. Geneva, World Health Organization, 2020 (https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R5-en.pdf, accessed 14 December 2023)

CURRENT SITUATION

7.   The WHO African Region is estimated to have the highest burden of foodborne diseases per population. More than 91 million people are estimated to fall ill due to the consumption of contaminated food, and 137 000 die each year, representing one third of the global death toll for foodborne diseases.[3]

8.   The Region faces an extensive range and high prevalence of hazards. Bacterial and viral threats cause about 70% of foodborne illnesses, and parasitic threats account for 17% of the diseases. Non-typhoidal *Salmonella* causes the most deaths, killing 32 000 a year, which is more than half of the global deaths from the disease. Chemical hazards such as cyanide and aflatoxins that predominantly affect staple crops account for one quarter of deaths from foodborne diseases in the Region. Konzo, a particular form of paralysis caused by cyanide in cassava, is unique to the Region, resulting in the death of one in five people affected.[3] Furthermore, the contamination of food by pesticides, veterinary drug residues, and adulteration remains a source of concern.

9.   A disproportionate share of the global burden falls on children under the age of five years, who make up an estimated 30% of global premature deaths due to foodborne diseases. Geographically, children are most likely to die from foodborne diseases in sub-Saharan Africa, followed by South Asia.[2]

10.   The majority of households in the Region rely to varying degrees on informal local markets to supply their food.[7] These local markets often lack basic services and infrastructure, including access to safe water supply, suitable sanitation and drainage, and effective waste disposal. These weaknesses increase the risk of food contamination and other health hazards for market vendors and the consuming public. Where live animals are traded for food in the market, the risk of spread of emerging foodborne and zoonotic diseases increases. Street food is a dominant feature of the informal food sector in urban areas in the Region, accounting for 50%[8] of food intake. However, the unsanitary conditions in which it is often prepared and sold raise concerns about its safety. The FAO/WHO Coordinating Committee for Africa has issued regional guidelines[9] to support Member States in designing and implementing measures to improve the safety of street-vended foods. These guidelines include requirements for infrastructure, hygiene, vendor training, and legislation.

11.   The need to harmonize regulatory frameworks and strengthen national food safety systems has garnered increased attention in the Region with the ratification of the African Continental Free Trade Area (AfCFTA) agreement. International standards developed by the Codex Alimentarius Commission are the global reference and are used worldwide to harmonize food safety regulations. As of July 2022, twenty-eight Member States have been supported by the WHO Regional Office for Africa in collaboration with the Food and Agriculture Organization of the United Nations (FAO) to strengthen their national Codex structures to promote harmonization of food standards and technical regulations with the Codex Alimentarius. There is a need for continued efforts to address the challenges in the implementation and enforcement of food standards and utilization of the Codex Alimentarius.

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[7]   World Bank, Food Safety in Africa: past endeavors and future directions, Washington, DC, World Bank, 2022, License: CC BY 3.0 IGO

[8]   Steyn, N P et al., Nutritional Contribution of Street Foods to the Diet of People in Developing Countries: A Systematic Review, *Public Health Nutrition,* 2014; 17 (6): 1363–74

[9]   Codex Alimentarius, Regional guidelines for the design of control measures for street-vended foods (Africa), CXG 22R1999. Codex Alimentarius, 1999(https://www.fao.org/fao-who-codexalimentarius/committees/codex-regions/africa/reg-stan/en/, accessed 4 March 2024)

ISSUES AND CHALLENGES

12.   **Weak food control systems**: The traditional food control systems in most countries in the Region are inadequate to cope with the complex and evolving array of food safety hazards. They are characterized by weak food monitoring and foodborne disease surveillance and limited capacity of food testing laboratories.[10] This impedes effective monitoring of chemical contaminants in food such as heavy metals, residues of pesticides and the timely detection and response to foodborne events. Weak food inspection and enforcement capacities, and outdated and inadequate food safety legislation have also been noted.[10] The weak enforcement of regulations provides insufficient consumer protection against fraudulent practices. The Region has made strides in enhancing active membership and participation in the International Food Safety Authorities Network (INFOSAN), with 45 Member States[11] having designated an Emergency Contact Point in 2023, compared to only 30 Member States[12] in 2016. However, the capacity to detect, assess, and manage food safety incidents and emergencies, including food recall and traceability systems, needs strengthening.

13.   **Inadequate resources**: Investment in food safety in the Region is substantially focused on access to regional and overseas export markets. A study, taking donor investments in food safety as an example, noted that among projects for which a target market was indicated, over half are focused on overseas markets and another 16% on regional exports.[7] Data on national investments in food safety remain insufficient.

14.   **Inadequate capacity of small- and medium-scale food business operators**: Food production, processing, handling, and marketing in most countries are often highly fragmented and dominated by many small producers and handlers, including household-level operators who lack appropriate knowledge and expertise in the application of food safety management systems and food hygiene practices.[10]

15.   **Lack of multisectoral collaboration and coordination**: Without coordination, food control activities are spread among many government departments and agencies. The failure to clarify in legislative documents the responsibilities of the main stakeholders involved in food safety and the mechanisms through which they should work together results in duplication and fragmentation of regulatory activities.[10] Some countries are considering organizational streamlining of their food safety systems or have established high-level mechanisms for developing national strategies and coordination among agencies.

16.   **Limited data generation and risk assessment capacities**: Robust data are required to enhance understanding of the presence and prevalence of food safety hazards and their contribution to health risks. This remains one of the bottlenecks due to underreporting, weak surveillance, inadequate collaboration and data sharing among the key sectors (human health, food and animal health), and limited laboratory capacity coupled with limited, targeted research owing to insufficient resources. The limited risk assessment capacities for establishing relevant food safety standards and implementing risk-based controls are linked to the lack of robust data.

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[10]   Mwamakamba L, et al., Developing and maintaining national food safety control systems: experiences from the WHO African Region, *African Journal of Food, Agriculture, Nutrition and Development,* 2012; 12(4): 6291–6304

[11]   Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe

[12]   Algeria, Angola, Benin, Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Chad, Eswatini, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Madagascar, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, Seychelles, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe

17.   **Low level of consumer awareness and engagement on food safety:** When consumers are quality- and safety-conscious, they can complement the efforts of food control agencies in encouraging the food industry to provide safe food and serve as a critical driving force for food safety improvements. However, the Region has limited consumer awareness and engagement in food safety. While consumer associations are active in some parts of the Region, there is a need to enhance their capacities to raise consumer awareness.

VISION, GOAL, OBJECTIVES, MILESTONES AND TARGETS

18.   **Vision:** Safe and healthy food for all individuals in the African Region.

19.   **Goal:** Effective food safety systems are established and strengthened to reduce the occurrence of foodborne diseases in the African Region.

20.   **Strategic objectives:**

(a)   Enhance the capacity of national food control systems by improving their fundamental components[13] including the application of risk-based and innovative approaches to ensure the safety of the food supply in informal and formal markets;

(b)   Improve the evidence base for food safety decision-making to protect health and manage risks by strengthening food safety data generation and use;

(c)   Strengthen multistakeholder collaboration, including intersectoral collaboration and partnerships to address food safety risks arising from the human-animal-environment interface and food systems transformation;

(d)   Strengthen stakeholder engagement and risk communication on food safety.

21.   **Milestones and targets:**

(a)   **Milestones by 2027**

   (i)   At least 35 Member States will have a food safety system with updated food safety regulations and/or a food safety policy (from 28 in 2022).

   (ii)   At least 35 Member States will have established a national multisectoral collaboration mechanism for food safety events to meet the requirements of at least Level 4 of the International Health Regulations State Party Self-Assessment Annual Reporting Tool (IHR-SPAR) (baseline 11 in 2022).[14]

   (iii)   At least 23 Member States will have systems in place for surveillance of foodborne diseases and contamination that meet the requirements of at least Level 3 (developed capacity) of the International Health Regulations Joint External Evaluation assessment criteria (JEE) (baseline 6 in 2022).

(b)   **Target by 2030**

   (i)   All Member States will have a food safety system with updated food safety regulations and/or a food safety policy;

   (ii)   All Member States will have established a national multisectoral collaboration mechanism for addressing food safety events that meet the requirements of at least Level 4 of the International Health Regulations State Party Self-Assessment Annual Reporting Tool (IHR-SPAR);[4]

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[13]   Food law and regulations; food control management; inspection services; food monitoring and surveillance; food safety incident and emergency response systems; information, education, communication and training

[14]   State Parties Self-Assessment Annual Reporting Tool for 2022

(iii)   All Member States will have systems in place for surveillance of foodborne diseases and contamination that meet the requirements of at least Level 3 (developed capacity) of the International Health Regulations Joint External Evaluation assessment criteria (JEE)[4]

GUIDING PRINCIPLES

22.   **Government ownership**: Governments should provide leadership, coordination and the requisite resources in the planning and implementation of food safety interventions to raise the profile of food safety in their health and development agenda and accelerate actions for equitable improvements in food safety.

23.   **Multisectoral collaboration, cooperation, and partnerships**: The multisectoral nature of food safety necessitates effective cross-sectoral collaboration based on the One Health approach to increase the efficacy and efficiency of interventions. It also requires partnerships among the public and private sectors and academia, including South-South cooperation, to enhance the sharing of resources and solutions to improve food safety systems.

24.   **Gender, equity and rights-based approaches**: In leaving no one behind, interventions should equitably promote and ensure access to safe food for all individuals regardless of gender, socioeconomic status, age and ethnicity.

25.   **Evidence- and risk-based interventions**: Interventions should be informed by robust scientific evidence. Actions should focus on the most significant risks and maximizing risk reduction by adopting preventive measures to optimize resources.

26.   **A holistic and integrated approach to food safety covering the entire food chain**: To effectively reduce food safety risks, a comprehensive and integrated farm-to-table approach is essential in which producers, processors, retailers and consumers assume a shared responsibility in ensuring the safety of the food supply. Food control **measures should cover the farm-to-table continuum.**

PRIORITY INTERVENTIONS AND ACTIONS

27.   **Developing food safety policies, legislation and standards for the formal and informal food sectors**: Member States should develop and regularly update food safety policies, legislation and standards, ensuring alignment with internationally agreed recommendations and requirements such as those of the Codex Alimentarius Commission, while implementing innovative regulatory approaches for the informal sector. Legislation and standards should apply to the entire food chain, including production, processing, and marketing, to ensure coherence across sectors and to define the roles and responsibilities of stakeholders in the food safety system. Furthermore, Member States should strengthen the functionality of national Codex structures and effectively participate and contribute to the work of Codex committees.

28.   **Reinforcing capacity for risk-based food inspection across the food chain**: Member States should establish and implement risk-based food inspection programmes covering domestically produced, imported, and exported food. These programmes should include a coherent and coordinated plan covering the entire food chain and national registration systems for food business operators, including both the formal and informal sectors.

29.   **Establishing food safety incident and emergency response systems**: Member States should strengthen the core capacities defined in the International Health Regulations (2005), specifically for events about food safety, including detection, food traceability and recall systems

for food incidents and emergencies, actively participate in INFOSAN and establish functional national INFOSAN networks. Furthermore, Member States should develop, update, and test cross-sectoral food safety emergency response plans, linking them to other emergency response plans where appropriate.

30. **Raising public awareness**: Member States should implement consumer awareness campaigns that increase awareness and understanding of safe food handling practices and food labelling and empower consumers to make safe food choices. They should implement community-based initiatives to stimulate engagement and empower communities to assume their shared responsibility in ensuring the safety of the food supply while leveraging consumer organizations and civil society networks to amplify food safety awareness efforts. Furthermore, Member States should establish interactive national platforms for sharing food safety information for the different sectors and stakeholders, utilizing national INFOSAN networks or other existing mechanisms.

31. **Strengthening the capacity of the food safety workforce**: Member States should identify and address capacity gaps in the food safety workforce, including food inspectors, laboratory staff, and other professionals with responsibilities in food control. Furthermore, collaboration with the education sector should be fostered to incorporate food safety-related content in school curricula.

32. **Investing in the capacity of food business operators along the food chain**: Member States should develop and implement food safety training programmes for food handlers throughout the value chain, including production, processing, and formal and informal trading. Training food handlers in informal markets should accompany multisectoral actions rooted in the One Health approach to improving hygiene and sanitation in local markets.

33. **Enhancing capacity for continuous review and improvement of food control systems**: Member States should undertake assessments of their national food control system to identify priority areas for improvement. Furthermore, Member States should regularly assess the effectiveness and appropriateness of national food control systems in protecting consumers' health and ensuring fair practices in food trade.[15]

34. **Mobilizing resources for food safety programmes:** Member States should seek innovative approaches to increase domestic funding for sustained improvements in food control systems, primarily for the domestic market. Through public-private partnerships, governments can harness additional expertise, technology, and financial resources from food producers, distributors, and retailers towards better quality and safety assurance.

35. **Strengthening food monitoring and surveillance:** Member States should foster the adoption of the One Health approach to surveillance of foodborne diseases. This includes improving laboratory infrastructure and analytical capacities to address priority hazards, the detection of foodborne diseases and reporting mechanisms and the creation of a network of laboratories to facilitate the exchange of information and expertise and provide accurate and timely information on the burden of foodborne illnesses. WHO has developed guidance to support Member States in strengthening their surveillance of and response to foodborne diseases.[16] These tools include guidance on the application of a One Health approach in the establishment of integrated surveillance of antimicrobial resistance in foodborne bacteria.[17]

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[15] Codex Alimentarius, Principles and guidelines for monitoring the performance of national food control systems, CXG 2017, Codex Alimentarius, 2017 (https://www.fao.org/fao-who-codexalimentarius/codex-texts/guidelines/en/, accessed 11 December 2023)

[16] WHO, Strengthening surveillance of and response to foodborne diseases: introductory module, Geneva, World Health Organization, 2017 (https://apps.who.int/iris/handle/10665/259469, accessed 27 February 2024).

[17] WHO, Integrated Surveillance of Antimicrobial Resistance in Foodborne Bacteria: Application of a One Health Approach, Geneva, World Health Organization, 2017, Licence: CC BY-NC-SA 3.0 IG.

36.   **Reinforcing capacity for food safety risk assessment and management:** Member States should invest in research and establish and sustain data systems at the national level to support food safety risk assessment work at the national, regional, and global levels for standard setting and risk management policies. This will entail tapping into the expertise of local research institutions to generate data for risk assessments. Furthermore, Member States should encourage research on indigenous food preparation and processing methods and their effects on food safety.

37.   **Establishing a coordination mechanism to harmonize operations and enhance government oversight of food value chains:** Member States should establish a lead agency or a coordination mechanism for food control activities across all concerned food safety authorities at the national level. Improving food safety and public health protection also requires effective cross-sectoral collaboration among public health, agriculture, animal health, environment, and other relevant sectors. The role of the health sector in such collaboration includes, inter alia, collecting and sharing human health surveillance data with other sectors to guide public health action in the prevention and control of foodborne diseases. The health sector plays a crucial role in investigating and responding to food safety events, participating in risk assessment and standard-setting activities, and ensuring that health considerations are integrated into policy and regulatory frameworks.

38.   **Enhancing programmatic integration for food safety:** Member States should strengthen integration among programmes such as nutrition, environmental health, and health promotion, to improve safe food handling.

39.   Member States will assess the implementation of this framework's priority interventions and actions. In 2027 and 2030, progress reports will be presented to the Regional Committee.

ACTIONS PROPOSED

40.   The Regional Committee examined and adopted the framework.

Annexes:

1.   WHO Global strategy for food safety 2022–2030 at a glance

AIM
To guide and support Member States in their efforts to prioritize, plan, implement, monitor and regularly evaluate actions towards the reduction of the burden of foodborne diseases by continuously strengthening food safety systems and promoting global cooperation
VISION
All people, everywhere, consume safe and healthy food so as to reduce the burden of foodborne diseases.
PRINCIPLES   • Forward-looking   • Evidence-based   • People-centred   • Cost effective
STRATEGIC PRIORITIES   1. Strengthening national food control systems   2. Identifying and responding to food safety challenges resulting from global changes and food systems transformation   3. Improving the use of food chain information, scientific evidence, and risk assessment in making risk management decisions   4. Strengthening stakeholder engagement and risk communication   5. Promoting food safety as an essential component in domestic, regional and international food trade
GLOBAL TARGETS BY 2030   • A 40% reduction in foodborne diarrhoeal disease incidence estimated per 100 000 population.   • All Member States with at least 80% implementation of a multisectoral collaboration mechanism for food safety events under the State Party self-assessment annual reporting tool.   • A global average capacity score of 3.5 or above (with 5 being the total mark) for surveillance of foodborne diseases and contamination under the Joint External Evaluation tool.

2.   **Milestones and targets**

The WHO Secretariat will elaborate a monitoring and evaluation framework and will collaborate with Member States and partners to monitor the implementation of this framework. A mid-term review will be conducted in 2027 and an end-term review in 2030 and reported to the Regional Committee.

#	Milestone	Year of progress/ number of countries		
		2022	**2027**	**2030**
1.	Member States will have a food safety system with updated food safety regulations and/or a food safety policy	**28**	35	**47**
2.	Member States will have established a national multisectoral collaboration mechanism for food safety events to meet the requirements of at least Level 4 of the International Health Regulations State Party Self-Assessment Annual Reporting Tool (IHR-SPAR)	11	**35**	**47**
3.	Member States will have systems in place for surveillance of foodborne diseases and contamination that meet the requirements of at least Level 3 (developed capacity) of the International Health Regulations Joint External Evaluation assessment criteria (JEE)	6	**23**	**47**